CONCLUSION

Primary posterior chamber intraoccular lens implantation lsa logic method to correct aphakia in children.

Phacoemulsification with implantation of a soft acrylic 1I01l provides an effective and safe procedure for small incision cataract surgery in pediatric patient. Acrylic lOlls have several advantages including: being biocompatible, inducing mild inflammatory reaction, easy to handle, controlled unfolding, good stability, and centration with less incidence of postoperative capsule opacification.

Out of our clinical study, we would like to stress on some points regarding pediatric cataract surgery:

1. Early optical rehabilitation is necessary in children to promote development of binocular function and reduce incidence of amblyopia, strabismus, and poor vision.
2. It is recommended to choose a power of lOll aiming ito slightly hypermetropia in children below 7 years old.
3. Subconjunctival injection of long-acting steroid is effectivei in decreasing postoperative inflammation.
4. Using short acting mydriatic to maintain playing pupil rather than long-acting drops.
5. In case of unilateral congenital cataract, patching is required to promote proper visual development of the pseudophalkic eye.

6. Parent education about pathophysiology of amblyopia is critical so the family can understand the treatment strategies and follow through with the occlusion therapy.

RECOMMENDATIONS

Future research must continue so as to develop more hydrophilic IOL materials to be used on IOL optics both rigid and foldable. Surface coatings could potentially be developed to be applied to the present lenses to make them more hy~roph~IjIC.