already have been removed, or the oil is planned for removal at the same time as cataract surgery. In these circumstances, they advocate a planned extracapsular extraction, with particular attention being paid to careful hydrodissection of the nucleus prior to expression, because of the loss of vitreous pressure consequent upon prior vitrectomy. Alternatively, a posterior infusion cannula can be used to induce positive vitreous pressure at the point of nucleus expression.

We are surprised that no mention was made of phacoemulsification as a means of cataract extraction in these circumstances. This technique is now firmly established in the management of cataract, and amongst many other advantages it obviates the need for nucleus expression. We feel that 'post-vitrectomy cataracts' may indeed constitute a specific indication for the use of this technique when cataract surgery is needed.

Roger Gray, MRCP, FRCOphth
Taunton and Somerset Hospital
Taunton
Somerset UK

Bradley Horsborough, FRACS, FRACO
'Visiting' Senior Registrar
Brisbane, Queensland
Australia

Reference

1. Baer RM, Aylward WG, Leaver PK. Cataract extraction following vitrectomy and silicone oil tamponade. Eye 1995;9:309–12.

Sir,

In response to the letter from Mr Roger Gray and Mr Bradley Horsborough we entirely agree that phacoemulsification techniques are well suited to the removal of cataractous lenses after, or at the time of, silicone oil removal. This is particularly the case now that phacoemulsification is undertaken through a corneal pocket, rather than a scleral one. (Because of the amount of conjunctival and sub-conjunctival scarring associated with previous retinal re-attachment surgery, in eyes treated with intravitreal silicone oil, a scleral pocket is not ideal.)

We are currently removing silicone oil through a posterior capsulorhexis, following phacoemulsification via a corneal pocket, and this has proved a very satisfactory method. Likewise, phacoemulsification in eyes from which silicone oil has previously been removed has proved highly effective. During the period in which the cases reported in our paper were operated, however, phacoemulsification via a corneal pocket was not in routine use.

We are grateful to Mr Gray and Mr Horsborough for their helpful comments.

R. Baer, FRCS, FRCOphth
G. W. Aylward, MD, FRCS, FRCOphth
P. K. Leaver, FRCS, FRCOphth

Moorfields Eye Hospital
City Road
London EC1V 2PD
UK