

Sir,

We thank Mr Murray for his comments on our paper 'Postoperative myopic shift due to trapped intracapsular Healon'. Trapped intracapsular Healon probably represents a subset of capsular distension syndrome (CDS) and in our hands we have found this to be rare. In addition to this CDS in itself is also relatively rare when compared with the large number of cataract operations performed without this complication. The zero incidence of CDS in Mr Murray's hands following a change of both intraocular implant and viscoelastic might at first sight suggest that this combination was instrumental in causing CDS. We, however, suggest that the zero incidence of CDS found in Mr Murray's later cases is due to a more thorough removal of the viscoelastic by virtue of not using Viscoat and Healon GV, which are both known to be difficult to remove from within the eye intraoperatively. Limited evidence in

post-mortem eyes<sup>1</sup> and in 16 eyes undergoing surgery<sup>2</sup> suggests that Viscoat is more difficult to remove from the eye than Healon or Healon GV. Healon GV is more difficult to remove due to its higher molecular weight.

We agree with Mr Murray that CDS is probably under-diagnosed and should be suspected in any case of unexplained myopia. We would like to take this opportunity to re-emphasise the importance of careful and thorough removal of viscoelastic from behind the posterior chamber implant intraoperatively, as we feel that this will significantly reduce the incidence of CDS. The use of fluorescein-coloured viscoelastic has been shown to facilitate its removal at the end of the surgical procedure.<sup>3</sup>

#### References

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materials after experimental cataract surgery *in vitro*. J Cataract Refract Surg 1992;18:3-6.

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3. Smith KD, Burt WL. Fluorescent viscoelastic enhancement. J Cataract Refract Surg 1992;18:572-6.

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