

Original Research Article

EVALUATION OF INTRAOCULAR PRESSURE, REFRACTION, ANTERIOR CHAMBER DEPTH, MACULAR THICKNESS FOLLOWING ND-YAG LASER CAPSULOTOMY IN PATIENTS WITH POSTERIOR CAPSULAR OPACIFICATION

M. Suryachandra¹, Rajkumar Patra², Vinayak Ganesh Bhat³, Meenakshi⁴

¹Associate Professor, Department of Ophthalmology, Government Medical college, Srikakulam, Andhra Pradesh, India

²Associate Professor, Department of Ophthalmology, Institute of medical Sciences (IMS) & SUM Hospital Campus-II, SOA Deemed to be University, Bhubaneswar, Odisha, India.

³Associate Professor, Department of Biochemistry, Institute of medical Sciences (IMS) & SUM Hospital, SOA Deemed to be University, Bhubaneswar, Odisha, India.

⁴Professor, Department of Ophthalmology, Andhra Medical college, Visakhapatnam, Andhra Pradesh, India.

Received : 11/08/2026
Received in revised form : 12/09/2026
Accepted : 26/09/2026

Corresponding Author:

Dr. T. Jyothirmai,
Professor, Department of
Ophthalmology, Andhra Medical
college, Visakhapatnam, Andhra
Pradesh, India.
Email: medjournalreview@gmail.com

DOI: 10.70034/ijmedph.2026.4.39

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2026; 16 (4); 261-265

ABSTRACT

Background: Posterior capsular opacification is one of the most common delayed complications of cataract surgery, leading to reduced visual acuity and visual quality. Nd: YAG laser capsulotomy is the treatment of choice, but it may cause transient changes in intraocular pressure, anterior chamber depth, refraction, and macular thickness, warranting careful postoperative evaluation. The objective is to evaluate the changes in intraocular pressure, anterior chamber depth, refraction, and macular thickness following Nd:YAG laser capsulotomy in patients with posterior capsular opacification. To assess the correlation between the total laser energy used during Nd:YAG laser capsulotomy and postoperative changes in intraocular pressure and macular thickness.

Materials and Methods: This prospective observational study included 50 patients with posterior capsular opacification who underwent Nd: YAG laser capsulotomy at a tertiary care centre. Intraocular pressure, anterior chamber depth, refraction, and macular thickness were assessed at baseline and during follow-up at 1 hour, 1 week, 1 month, and 2 months post-procedure. Total laser energy used was recorded. Statistical analysis was performed using paired t-tests and Pearson's correlation analysis, with p-values <0.05 considered statistically significant.

Results: A significant improvement in best-corrected visual acuity was observed following Nd: YAG capsulotomy, with patients achieving BCVA of 6/9–6/6, increasing from 6% at baseline to 46% at 2 months. Mean intraocular pressure showed a significant transient rise at 1 day and 1 week post-procedure ($p < 0.05$), returning to baseline by one month. Anterior chamber depth increased significantly during follow-up. Macular thickness increased significantly at one week ($p < 0.001$) and gradually normalised by two months. A significant positive correlation was found between total laser energy used and both IOP elevation and increase in macular thickness ($p < 0.001$).

Conclusion: Nd: YAG laser capsulotomy is a safe and effective procedure for the management of posterior capsular opacification. The associated changes in intraocular pressure and macular thickness are transient, reversible, and energy-dependent, underscoring the importance of judicious laser energy use and appropriate postoperative monitoring.

Keywords: Intraocular pressure; Macular thickness; Anterior chamber depth; Posterior capsular opacification.

INTRODUCTION

Posterior capsular opacification (PCO) is the most common long-term complication after cataract surgery, especially following posterior chamber intraocular lens implantation. It results from proliferation and migration of residual lens epithelial cells onto the posterior capsule, causing fibrotic or pearl-like opacification. Clinically, PCO presents with reduced visual acuity, glare, decreased contrast sensitivity, and impaired visual quality, affecting daily activities and quality of life.^[1,2]

Nd laser posterior capsulotomy is the treatment of choice for visually significant PCO because it is non-invasive, provides rapid visual recovery, and has a high success rate.^[3] However, it may cause transient or persistent elevation of intraocular pressure (IOP), mainly due to trabecular meshwork blockage by inflammatory debris, vitreous prolapse, or laser-induced shock waves.^[4,5]

Nd capsulotomy may also alter anterior chamber depth (ACD) because of posterior displacement of the intraocular lens.^[6] Inflammatory mediators and vitreoretinal traction can cause temporary increases in macular thickness and, occasionally, cystoid macular edema in susceptible patients.^[7-9] Mild refractive changes have also been reported and may affect visual outcomes.^[10]

Assessment of ocular changes after Nd capsulotomy is important for early detection and management of complications. Understanding their extent, time course, and reversibility can improve postoperative care. The association between laser energy and these changes is also clinically important, as lower energy may reduce adverse effects without affecting efficacy.

This study evaluated short-term changes in intraocular pressure, refraction, anterior chamber depth, and macular thickness after Nd laser capsulotomy in patients with posterior capsular opacification. It also assessed the correlation between laser energy and postoperative ocular parameter changes.

MATERIALS AND METHODS

A prospective observational study was conducted in the Department of Ophthalmology at the Government Regional Eye Hospital, Visakhapatnam, Andhra Pradesh, India from October 2025 to January 2026. The study included patients who underwent Nd laser

capsulotomy for visually significant posterior capsular opacification after uncomplicated cataract surgery. A total of 50 eligible patients meeting the inclusion criteria during the study period were enrolled by convenient sampling.

Patients aged ≥ 18 years with visually significant posterior capsular opacification who provided written informed consent were included. Those with pre-existing glaucoma, ocular hypertension, retinal disorders (e.g., diabetic macular edema or age-related macular degeneration), intraocular surgery within the previous six months, poor fixation, or uncooperative behaviour were excluded.

Data were collected using a pre-designed semi-structured questionnaire that recorded demographic details, ocular history, and pre- and post-procedure clinical parameters. Baseline evaluation included best-corrected visual acuity, intraocular pressure (Goldmann applanation tonometry), refraction (auto-refractometry with subjective refinement), anterior chamber depth (optical biometry or anterior segment optical coherence tomography), and macular thickness (optical coherence tomography).

Nd laser capsulotomy was performed using standardised settings. Total laser energy (mJ) and the number of laser pulses were recorded. Follow-up examinations were conducted at 1 hour, 1 week, 1 month, and 2 months, with repeat assessment of intraocular pressure, refraction, anterior chamber depth, and macular thickness.

The study received approval from the Institutional Ethics Committee with reference number 238/IEC AMC/OCT 2025. Written informed consent was obtained from all participants, and confidentiality was maintained. Data were entered in Microsoft Excel and analyzed using SPSS version 24. Results were presented as tables and figures. Descriptive statistics (mean, standard deviation, and percentages), paired t-test, and Pearson's correlation analysis were used. A p-value < 0.05 was considered statistically significant.

RESULTS

Data Analysis and Results: A total of 50 patients with posterior capsular opacification who underwent Nd:YAG laser capsulotomy were included in the study. Of these, 31 (62%) were females and 19 (38%) were males. The mean age of the study population was 67 years, with a range of 22 to 86 years. The right eye was more commonly involved (58%).

Table 1: Best Corrected Visual Acuity (BCVA) at Different Time Points After Nd:YAG Capsulotomy

BCVA Category	Baseline n (%)	1 Week n (%)	1 Month n (%)	2 Months n (%)
< 6/60	21 (42%)	6 (12%)	3 (6%)	2 (4%)
6/60 – 6/24	19 (38%)	15 (30%)	9 (18%)	6 (12%)
6/18 – 6/12	7 (14%)	17 (34%)	20 (40%)	19 (38%)
6/9 – 6/6	3 (6%)	12 (24%)	18 (36%)	23 (46%)

A marked improvement in best corrected visual acuity (BCVA) was observed following Nd:YAG laser capsulotomy [Table 1]. At baseline, 42% of patients had BCVA worse than 6/60, which

progressively reduced to 4% at two months. Conversely, patients achieving BCVA of 6/9–6/6 increased from 6% at baseline to 46% at two months.

Table 2: Anterior Chamber Depth (ACD) Distribution Over Time

ACD (mm)	Baseline n (%)	1 Day n (%)	1 Month n (%)	2 Months n (%)
2.0 – 3.5	24 (48%)	16 (32%)	9 (18%)	8 (16%)
3.5 – 4.0	20 (40%)	22 (44%)	23 (46%)	22 (44%)
> 4.0	6 (12%)	12 (24%)	18 (36%)	20 (40%)

The distribution of anterior chamber depth (ACD) over different follow-up periods is shown in Table 2. At baseline, 48% of patients had an ACD between 2.0 and 3.5 mm, which reduced to 16% at two months.

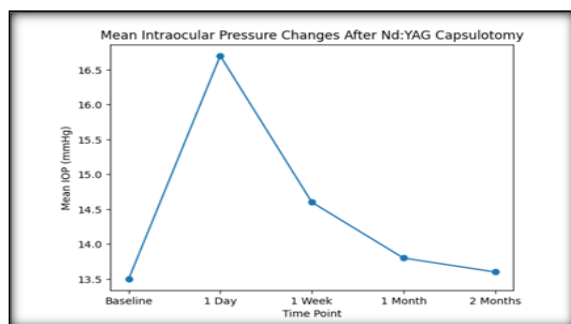
There was a corresponding increase in patients with ACD greater than 4.0 mm from 12% at baseline to 40% at two months.

Table 3: Intraocular Pressure (IOP) Distribution at Different Time Points

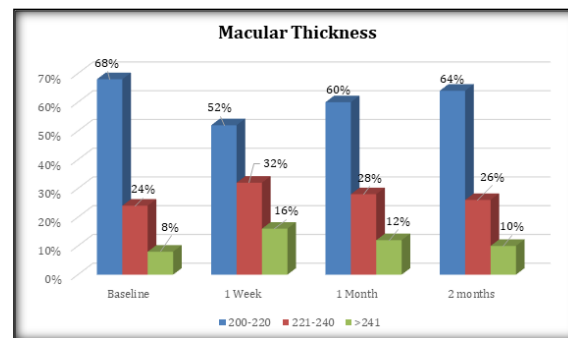
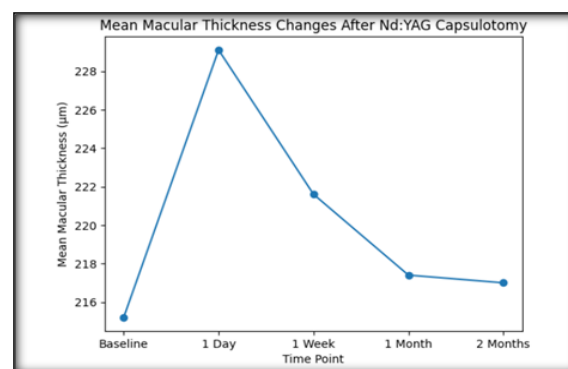
IOP (mmHg)	Baseline n (%)	1 Hour n (%)	1 Day n (%)	1 Week n (%)	1 Month n (%)
9 – 15	36 (72%)	19 (38%)	25 (50%)	33 (66%)	35 (70%)
16 – 20	13 (26%)	22 (44%)	18 (36%)	14 (28%)	13 (26%)
> 21	1 (2%)	9 (18%)	7 (14%)	3 (6%)	2 (4%)

The distribution of intraocular pressure (IOP) at different time points is presented in [Table 3]. A transient rise in IOP was noted following Nd:YAG capsulotomy, particularly in the immediate post-procedure period. The proportion of patients with IOP greater than 21 mmHg increased from 2% at baseline to 18% at 1 hour, gradually decreasing during subsequent follow-up.

procedure ($229.1 \pm 17.6 \mu\text{m}$; $p < 0.001$). At 1 month, macular thickness remained mildly elevated ($221.6 \pm 15.2 \mu\text{m}$; $p = 0.006$) but showed a declining trend. By 2 months, the mean macular thickness ($217.4 \pm 13.0 \mu\text{m}$) was not significantly different from baseline ($p = 0.214$). No patient developed clinically significant cystoid macular edema during the follow-up period.

**Figure 1: Mean Intraocular Pressure Changes**

The mean baseline IOP was 13.5 ± 2.3 mmHg. A statistically significant increase in mean IOP was observed at 1 day (16.7 ± 3.0 mmHg; $p < 0.001$) and 1 week (14.6 ± 2.5 mmHg; $p = 0.004$) when compared to baseline. By 1 month and 2 months, mean IOP values returned to near baseline levels, and the difference was not statistically significant ($p > 0.05$), indicating spontaneous normalization of IOP. Macular thickness measurements are summarized in the [Figure 2 and 3]. The mean baseline macular thickness was $215.2 \pm 12.4 \mu\text{m}$. A statistically significant increase was observed at 1 week post-

**Figure 2: Macular Thickness Distribution****Figure 3: Mean Macular Thickness Changes.****Table 4: Correlation Between Laser Energy and Increase in Macular Thickness**

Total Energy (mJ)	Mean IOP Rise (mmHg) $\pm$ SD	Mean Increase (μm) $\pm$ SD
< 50	1.9 ± 0.8	6.8 ± 4.0
50 – 100	3.7 ± 1.3	13.4 ± 6.5
> 100	6.1 ± 2.0	22.1 ± 8.9

A significant positive correlation was observed between total laser energy used and rise in intraocular pressure as well as increase in macular thickness [Table 4]. Patients receiving higher laser energy (>100 mJ) showed greater mean IOP rise (6.1 ± 2.0

mmHg) and greater increase in macular thickness ($22.1 \pm 8.9 \mu\text{m}$) compared to those receiving lower energy levels. Pearson correlation analysis demonstrated a strong and statistically significant association between laser energy and IOP rise ($r =$

0.64, $p < 0.001$) and between laser energy and macular thickness increase ($r = 0.59$, $p < 0.001$).

DISCUSSION

Posterior capsular opacification remains the most frequent delayed complication of cataract surgery, and Nd:YAG laser posterior capsulotomy is widely accepted as the definitive treatment. The present study evaluated the short-term changes in visual acuity, intraocular pressure, anterior chamber depth, macular thickness, and their relationship with laser energy following Nd:YAG capsulotomy in patients with posterior capsular opacification.

In the present study, a significant improvement in best corrected visual acuity (BCVA) was observed following Nd:YAG laser capsulotomy. The proportion of patients with BCVA worse than 6/60 decreased markedly over the follow-up period, while those achieving BCVA of 6/9–6/6 increased substantially by two months. This improvement can be attributed to the optical clearing of the visual axis following disruption of the opacified posterior capsule, resulting in improved light transmission and contrast sensitivity.

These findings are consistent with those reported by Vyankatesh Jagannathrao Pharanade et al,^[11] Saroj Bala et al,^[12] Arun Vaidhya et al,^[13] Abhishek Kumar et al,^[14] Radhika Paranjpe et al,^[15] Sheetal Baldava et al,^[16] Gautam Jain et al,^[17] Varsha Ramesh Dhakne et al,^[18] Piyali Sarkar et al,^[19] Pratima Sahu et al,^[20] and Ajit K. Joshi et al,^[21] all of whom demonstrated significant visual improvement following Nd:YAG capsulotomy. The sustained visual improvement observed in the present study further supports the effectiveness and reliability of the procedure.

A transient rise in intraocular pressure (IOP) was observed in the immediate post-procedure period, with peak elevation occurring within the first 24 hours. Mean IOP values subsequently declined and returned to baseline levels by one month, with no patient developing persistent ocular hypertension.

The early IOP elevation following Nd:YAG capsulotomy is believed to result from obstruction of the trabecular meshwork by inflammatory debris, liberated lens capsule fragments, vitreous particles, and shock wave-induced changes. The spontaneous normalization of IOP observed during follow-up suggests effective clearance of debris and resolution of inflammation.

These findings are in agreement with previous studies by Saroj Bala et al,^[12] Arun Vaidhya et al,^[13] Radhika Paranjpe et al,^[15] Sheetal Baldava et al,^[16] Hashim Thiab Hassan,^[22] Pratima Sahu et al,^[20] and Ajit K. Joshi et al,^[21] who reported a similar pattern of early IOP rise followed by normalization. The statistically significant changes in mean IOP observed in the present study are also comparable to those reported by Abhishek Kumar et al,^[14] Shah et al.,^[14] Varsha Ramesh Dhakne et al,^[18] Vaishali Budhwar et al,^[23] and Ender Sirakaya et al.^[24]

The present study demonstrated a statistically significant increase in anterior chamber depth (ACD) following Nd:YAG capsulotomy. Over the follow-up period, there was a gradual shift toward higher ACD values, which remained stable at two months.

This increase in ACD can be explained by posterior displacement of the intraocular lens following disruption of the posterior capsule and release of capsular tension. Similar findings have been reported by Saroj Bala et al,^[12] and Sumera Nisar,^[25] with statistically significant changes also observed by Abhishek Kumar et al,^[14] and Shah et al.^[26] The consistency of these findings across studies suggests that changes in ACD are a predictable anatomical consequence of capsulotomy rather than a pathological event.

A significant increase in macular thickness was observed at one week following Nd:YAG capsulotomy, with gradual reduction toward baseline by two months. Importantly, none of the patients developed clinically significant cystoid macular edema during the study period.

The transient increase in macular thickness is likely due to post-laser inflammatory mediator release and mild vitreoretinal traction, which can increase retinal vascular permeability. The spontaneous resolution observed supports the concept that these changes are temporary and self-limiting in patients without pre-existing retinal pathology.

These findings are consistent with studies by Sheetal Baldava et al,^[16] Varsha Ramesh Dhakne et al,^[18] and Vaishali Budhwar et al,^[23] who reported similar transient macular thickness changes following Nd:YAG capsulotomy.

A significant positive correlation was observed between total laser energy used and both IOP elevation and increase in macular thickness. Patients receiving higher energy levels demonstrated greater ocular parameter changes. This relationship can be explained by the greater mechanical and shock wave effects associated with higher laser energy, leading to increased inflammatory response and tissue disruption.

These findings are in agreement with those reported by Tarannum Shakeel et al,^[27] Abhishek Kumar et al,^[14] Munavvar Ansari et al,^[28] and Vaishali Budhwar et al,^[23] who demonstrated similar energy-dependent increases in IOP and macular thickness. The association between increasing laser energy and IOP elevation observed in the present study is also consistent with findings reported by Ali Asgar Yetkin,^[29] and Hashim Thiab Hassan.^[22]

The results of the present study highlight the importance of judicious use of laser energy during Nd:YAG capsulotomy to minimize postoperative complications. Close monitoring of IOP in the immediate post-procedure period and macular thickness during early follow-up is recommended, particularly in patients requiring higher laser energy.

Strengths and limitations: The small sample size and short follow-up period limited the assessment of long-term outcomes. Exclusion of high-risk patients

(e.g., glaucoma and retinal disorders) reduced the generalizability of the findings. In addition, the single-center design may have introduced institutional bias. Larger multicenter studies with longer follow-up are needed.

CONCLUSION

Nd:YAG laser posterior capsulotomy results in significant and sustained improvement in visual acuity in patients with posterior capsular opacification. Although the procedure is associated with transient increases in intraocular pressure and macular thickness, these changes are self-limiting and closely related to laser energy used. Careful titration of laser energy and appropriate postoperative surveillance can further enhance the safety profile of this widely performed procedure.

REFERENCES

- Konopińska J, Młynarczyk M, Dmuchowska DA, Obuchowska I. Posterior capsule opacification: a review of experimental studies. *J Clin Med*. 2021;10(13):2847. doi:10.3390/jcm10132847.
- Awasthi N, Guo S, Wagner BJ. Posterior capsular opacification: a problem reduced but not yet eradicated. *Arch Ophthalmol*. 2009;127(4):555-562. doi:10.1001/archophthalmol.2009.3.
- Manikala S. Treatment with Nd:YAG for posterior capsular opacification after cataract surgery. *Indian J Clin Exp Ophthalmol*. 2021;7(1):87-91. doi:10.18231/j.ijceo.2021.018.
- Lighthizer N, Johnson S, Holthaus J, Holthaus K, Cherian B, Swindell R, et al. Nd:YAG laser capsulotomy: efficacy and outcomes performed by optometrists. *Optom Vis Sci*. 2023;100(10):665-669. doi:10.1097/OPX.0000000000002057.
- Varghese MM, Biradar SG. A clinical study on the intraocular pressure changes following Nd:YAG laser capsulotomy. *Indian J Clin Exp Ophthalmol*. 2021;7(3):496-502. doi:10.18231/j.ijceo.2021.102.
- Öztürk C, Cevher S, Duran M, Üçer MB, Töngüş O. Anterior segment changes following Nd:YAG laser posterior capsulotomy: a quantitative ultrasound biomicroscopy study. *Lasers Med Sci*. 2025;40(1):174. doi:10.1007/s10103-025-04392-0.
- Raza A, Arif M, Iqbal M, Khan MA, Jan S, Hussain M. Macular thickness changes after Nd:YAG laser capsulotomy. *Pak J Med Sci*. 2013;29(2):641-644. doi:10.12669/pjms.292.3069.
- Karahan E, Tuncer I, Zengin MO. The effect of Nd:YAG laser posterior capsulotomy size on refraction, intraocular pressure, and macular thickness. *J Ophthalmol*. 2014;2014:846385. doi:10.1155/2014/846385.
- Rotsos TG, Moschos MM. Cystoid macular edema. *Clin Ophthalmol*. 2008;2(4):919-930. doi:10.2147/OPTH.S3234.
- Özdemir M, Özdemir G. Refractive changes after Nd:YAG laser posterior capsulotomy. *Eur J Ophthalmol*. 2004;14(5):383-386. doi:10.1177/112067210401400506.
- Pharande VJ, Nasta NV, Pol VS, Takalkar AA. Visual outcome and complications after ND YAG laser therapy in posterior capsular opacity following manual small incision cataract surgery. *Int J Curr Pharm Res*. 2025;17(2):1517-1521.
- Bala S, Kumar R, Chaudhary R, Singh K, Kaur M, Bhatti A. Study of effect of Nd:YAG laser capsulotomy on intraocular pressure, anterior chamber depth and macular thickness in patients of posterior capsular opacification. *Int J Sci Stud*. 2025;13(4):11-15.
- Vaidhya AT, Subbulakshmi S, Hamsa VS. Comparison of visual outcome and IOP changes before and after Nd:YAG laser capsulotomy in patients with posterior capsular opacification. *Am J Psychiatr Rehabil*. 2023;28(5):276-282. doi:10.69980/ajpr.v28i5.374.
- Kumar A, Suman N, Chaturvedi P, Saxena R, Jyostna, Parray A. Evaluation of IOP, refraction, anterior chamber depth, macular thickness and specular microscopy post ND YAG laser in patients with posterior capsular opacification. *Int J Med All Body Health Res*. 2025;6(3):228-234.
- Paranjpe R, Gandhi S, Bhavsar D, Goyal K, Agrawal T, Goli KB. Evaluation of intraocular pressure, refraction, anterior chamber depth, macular thickness, and specular microscopy post-neodymium-doped yttrium-aluminum-garnet laser in patients with posterior capsular opacification. *Cureus*. 2024;16(10):e70987. doi:10.7759/cureus.70987.
- Baldava S, Karan S, Khazi AJ, Oosman S. Observational study of the effect of ND-YAG posterior capsulotomy on intraocular pressure, refraction and macular thickness in posterior capsular opacification. *Res J Med Sci*. 2023;17:78-81. doi:10.59218/makrjms.2023.10.78.81.
- Jain G, Rathi A, Chauhan RS, et al. To evaluate the effects of Nd:YAG laser capsulotomy on visual acuity and spherical equivalent. *Int J Med Sci Innov Res*. 2022;7(4):268-274.
- Dhakne VR, Karad SH, Waghambare SB, Karad HT, Nisale UH, Karad MT, et al. Clinical study of visual outcome and complications of Nd:YAG laser capsulotomy in posterior capsular opacification following small incision cataract surgery at a tertiary eye care centre in rural Maharashtra: a prospective observational study. *J Evid Based Med Healthc*. 2021;8(19):1409-1413.
- Sarkar KC, Sarkar P, Baral T. Visual outcome following Nd:YAG laser capsulotomy in posterior capsular opacification in pseudophakic adult patients: a prospective observational study in a tertiary care centre. *Indian J Clin Exp Ophthalmol*. 2020;6(3):343-347. doi:10.18231/j.ijceo.2020.075.
- Sahu P, Mishra AK. Safety and efficacy of Nd:YAG laser capsulotomy in management of posterior capsular opacification. *Int J Adv Med*. 2019;6(1):76-80. doi:10.18203/2349-3933.ijam20190108.
- Joshi AK, Parashar A, Rasika K. Visual outcome of patients with posterior capsular opacification treated with Nd:YAG laser. *Int J Ocul Oncol Oculoplasty*. 2019;5(3):103-107.
- Hassan HT. Changes in intraocular pressure after ND-YAG laser posterior capsulotomy. *Int J Clin Exp Ophthalmol*. 2020;4(1):21-30. doi:10.29328/journal.ijceo.1001029.
- Budhwar V, Devendra J, Chander A. Effects of ND YAG laser capsulotomy on intraocular pressure and macular thickness. *Ann Int Med Dent Res*. 2019;5(2):OT08-OT12.
- Sırakaya E, Ağadayı A, Küçük B, Hepokur M. Effect of Nd:YAG laser capsulotomy on refraction and anterior segment parameters in patients with posterior capsular opacification. *Erciyes Med J*. 2019;41(3):316-320. doi:10.14744/etd.2019.18571.
- Nisar S, Rehman D, Rehman A. Effect of ND:YAG laser posterior capsulotomy on the anterior chamber depth. *Pak J Physiol*. 2019;15(1):18-20.
- Shah V, Verma A, Pandey N. Clinical outcomes of Nd:YAG laser posterior capsulotomy: impact on intraocular pressure, refraction, anterior chamber depth, and macular thickness. *Open Access J Ophthalmol*. 2023;8(2):000283. doi:10.23880/OAJO-16000283.
- Shakeel T, Gupta S, Vats V, Kakkar A. An observational study on refraction, intraocular pressure, and macular thickness after Nd:YAG laser posterior capsulotomy in a tertiary care centre of Uttarakhand. *TNOA J Ophthalmic Sci Res*. 2025;63:203-207.
- Ansari M, Abrar F. Evaluation of change in intraocular pressure and macular thickness after Nd:YAG laser posterior capsulotomy. *Int J Med Ophthalmol*. 2021;3(1):117-120.
- Yetkin AA. Evaluation of Nd:YAG laser capsulotomy results in patients who underwent cataract extraction and intraocular lens implantation with the endocapsular phacoemulsification method. *J Surg Med*. 2023;7(1):69-74. doi:10.28982/josam.7565.