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**EVALUATION OF THE NUMBER OF PATIENTS WITH CATARACTS OPERATED
WITH THE METHOD OF PHACOEMULSIFICATION OF THEDEPARTMENT OF
OPHTHALMOLOGY AT THE CLINICAL HOSPITAL STIP**

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Abstract: The lens in the eye has a biconvex form, it is avascular, elastic and represents a transparent structure that is located in the frontal plane at 3 to 4 mm behind the cornea. Anatomically the lens is distinguished by two main parts: a crust that has soft consistency and constitutes the peripheral elastic region and a nucleus that has a firm consistency and constitutes the central region. There is no clear border between the bark and the nucleus, the bark gradually crossing into the nucleus by passing from the poison to depth. The nucleus is formed after 25 years, gradually with age it is enlarged and strengthened at the expense of the elastic cortex. About 45 years the nucleus begins to sclerotize which reduces its elasticity as well as the ability for accommodation.

The lens is normally transparent, any congenital or acquired blurring of the nucleus or bark with or without prominence of visual acuity is called cataract.

The cataract according to its maturity is divided:

1.Cataractasenilisincipiens- the initial cataract in this stage of the sting is at its inception and the patient can carry out his tasks without difficulty.

2.Cataractasenilisintumescens-swollen lens is characterized by swelling of the lecithin masses in which the anterior chamber becomes shallow, presses on the irydorconneal angle and secondary glaucoma may occur. There is a characteristic silvery glare. The patient at this stage can look at the fingers before the eye.

3.Cataractasenilis non-matura-an unripe cataract where the lens is partially cloudy, a weak reflex from the eye is obtained because the blemishes are not of equal intensity. The patient can count fingers in front of the eye.

4 Cataractasenilismatura-the cataract is the one where the lentil is completely blurred, it has gray or gray white color and does not get a reflex from the fundus. The patient sees nothing but has a sense of light and shows where the light source is exactly.

5.Cataractasenilishypermatura - the cataract in this stadium is overwhelmed or generally smoothed, it reduces its dimension until it cleaves and dilutes the cortex of the lens. At this stage, the patient has no feeling of light and projection.

6.CataractasenilisMorgagnina -Morgagnieva cataract is an overdose of cataract in which complete bark liquefaction occurs which causes the core to move along the lower half of the capsule bag.

The basic method for treating the quartz is the operating method in an older age the basic method was the method of intracapsular lens extraction which over time was replaced by the extracapsular lens extraction method that today more recently displaces the sophisticated method of microsurgery or the method of phacoemulsification.

Keywords: cataract, phacoemulsification , lens

**ЕВАЛУАЦИЈА НА БРОЈОТ НА ПАЦИЕНТИ СО КАТАРАКТИ ОПЕРИРАНИ
СО МЕТОДОТ НА ФАКОЕМУЛСИФИКАЦИЈА НА ОЧНОТО ОДДЕЛЕНИЕ ВО
КЛИНИЧКА БОЛНИЦА ШТИП**

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Резиме: Леката во окото има биконвексна форма таа е аваскуларна,еластична и претставува прозирна структура која се наога во фронталната рамнина на 3 до 4 мм позади корнеата. Анатомски на леката се разликуваат два главни дела и тоа кора која има мека конзистенција и го сочинува периферното еластично подрачје и јадро кое има цврста консистенција и го сочинува централното подрачје. Јасна граница помеѓу кората и јадрото нема, кората постепено преминува во јадрото преминувајќи од поврашината кон длабочината. Јадрото се образува после 25 година, постепено со годините се увеличува и уцврствува за сметка на еластичната кора. Околу 45 година јадрото започнува да склерозира со кое се намалува неговата еластичност како и способноста за акомодација.

Леката нормално е прозирна , секое нејзино вродено или стекнто заматување на јдрото или кората со или без зафакање на видната острена се нарекува катаракта.

Катарактата според нејзината зрелост се дели :

1.Cataractasenilisincipiens- Почетна катаракта во овој стадиум матнините се во својот почеток и пациентот без тешкоти може да ги извршува своите задолженија.

2.Cataractasenilisintumescens-Набабрена лека се карактеризира со бабрење на лекините маси зарди што предната комора станува плитка ,притиска на иридокорнеалниот агол и може да дојде до појава на секундарен глауком.има карактеристичен сребреникаст отсјај.пациентот во овој стадиум може да ги назира прстите пред окото.

3.Cataractasenilis non matura-Незрела катаракта каде што леката е делумно заматена се добива слаб рефлекс од фундусот на окото затоа што матнините не се со еднаков интензитет.Пациентот брои прсти пред окото.

4 Cataractasenilismatura -зрела катаракта е онаа каде што леката е целосно заматена има сива или сиво бела боја и не се добива рефлекс од фундусот.Пациентот ништо не гледа но има чувство на светло и покажува од каде точно е изворот на светлина.

5.cataractasenilishypermatura - Презрела катаракта во овој стдиум леката се набира или во целина се смежкурува ,ја намалува својата димензија доага до распагање и разводнување на кортексот на леката. Во оваа фаза пациентот нема чувство на светлина и проекција.

6.CataractasenilisMorgagnina -Моргагниева катаракта е презрела катаракта кај која настанува потполна ликвефакција на кората која предизвикува поместување на јадрото према долната половина на капсуларната кесичка.

Основниот метод за лекување на катарактата е оперативниот метод во постаро време основен метод е бил методот на интраапсуларна екстракција на лека кој со текот на времето се заменил со методот на екстракапсуларна екстракција на лека кој денес во поново време постепено го измествува софицицираниот метод на микрохирургија или методот на факоемулзификација.

Клучни зборови:катаракта,факоемулзификација, лека,

ВОВЕД

Операцијата на катаракта е еден од најбезбедните и најчесто изведувача оперативни зафати восветот. Факоемулзификациската екстракција на леката (eng. phacoemulsification-PHACO) со имплантација на интраокуларни леќи (IOL) во задната комора е златен стандард во операција на катаракта. Се работи за ултразвучен оперативен зафат со „малрез“.

Предноста на модерниот метод на операција на катаракта (перде) е помал рез, помал постоперативен астигматизам (цилиндер), помали компликации на окото и побрзо закрепнување на видот.Веќе по неколку дена пациентот може да се врати на работа и наасвојот нормален живот.

Факоемулзификационата хирургија вклучува употреба на машина со микропроцесорско контролирана динамика на течности. Фако сондата е ултразвучно рачен дел со титаниум или челична игла . Врвот на иглата вибрира на ултразвучна фреквенција за да ја скалпира и емулгира катаракта додека пумпата аспирира честички низ врвот. Во некои техники, вториот фин челик инструмент наречен "chopper" се користи од страна на "side port "за да помогне во кршење на јадрото на помали парчиња. Катарактата обично се разделува на две или четири парчиња и секое парче е емулзификувано и аспирирано со вшмукување. Емулзификацијата на јадрото го олеснува аспирирањето на честичките. По отстранувањето на сите тврди централни леќи со факоемулзификација, поблагата надворешна кортексна лека се отстранува само со вшмукување. Сондата за наводнување-аспирација или бимануалниот систем се користи за аспирирање на останатите периферни кортикални материји, притоа оставајќи ја задната капсула непроменета. Како и кај другите процедури за екстракција на катаракта, имплантацијата на интраокуларна лека (ИОЛ), се става во преостанатата капсула на леката. За вградување на ИОЛ, иницијата треба да се зголеми. Во овој најсовремен метод, операцијата на катаракта обично може да се изврши за помалку од 30 минути и обично бара само минимална седација.

ЦЕЛ НА ТРУДОТ

Целта на трудот е да ја прикаже статистика на оперирани пациенти сокатаракта на различни возрасти за периодот од 2014 до 2017 година со модерниот метод на факоемулзификациска екстракција на лека и имплантација на ИОЛ во Клиничка Болница Штип на Очноодделение .

МАТЕРИЈАЛ И МЕТОДИ

Вкупниотбројна оперирани лица на Очно одделение во Клиничка болница Штип со имплантација на интраокуларна лека со факоемулзификација за периодот од 2014 до 2017 година.Тоа се 1654 пациенти поделени во различни возрастни категории,за период од различни години.

РЕЗУЛТАТИ И ДИСКУСИЈА

За период од 2014 година до 2017 година очното одделение во Клинична Болница Штип оперирани се вкупно 1654 пациенти од кои 1350 се оперирани по методот на факоемулсификација од нив 567 се мажи ,а 624 жени.

Табела 1.Оперирани лица по двата метода Екстракапсуларна екстракција и Факоемулзификација :

Пол	Екстракапсуларна екстракција	Факоемулзификација
Мажи	132	654
Жени	172	696
Вкупно	304	1350

Табела 2.Оперирани лица на различна возраст по метод на Факоемулзификационата хирургија:

Пол	До 40 Год.	40-60 Год.	Над 60 год.
мажи	4	83	567
жени	5	67	624
вкупно	9	150	1191

Табела 3.Вкупно оперирани лица по методот на факоемулсификација од 2014 година до 2017 година:

Пол	2014	2015	2016	2017
Мажи	152	74	143	285
Жени	132	87	182	295
Вкупно	284	161	325	580

ЗАКЛУЧОК

Со напреднување на возраста процентот за појава на катаракта се зголемува. Ова статистика докажува дека катарактата е најчесто застапена кај лица над 60 години(1191 од вкупно 1350 пациенти) и подеднакво ги опфака и двата пола. Со воведувањето на факоемулсификацијата како оперативен метод за лекување на катаракта ЕЦЦЕ оперативниот метод се помалку се користи како метод наизбор. Поради тоа што факоемулсификацијата е побезбеден и побрз метод, а исто така нема потреба од шевови се очекува во наредните години уште повеќе да се применува и целосно да ја замени старата метода на екстракапсуларна екстракција на леќа.

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