Exchange for an angle supported IOL

Three steps:

A. Explantation

B. Anterior vitrectomy

C. Implantation

A. Explantation technique:

Armamentarium:

- Clayman forceps or similar
- Lester Spatula
- Iris Hooks
- MST instruments or microforceps
- Triamcinolone

Technique:

- Two 1.2 mm corneal paracentesis
- Small amount of OVD (Ophthalmic Viscoelastic Devices) to protect endothelium
- 6.2 mm scleral or corneal main incision
- With Clayman forceps, or similar, grasps the haptic (optic slippers) and slowly, with zig-zag movements, remove the IOL-bag complex.
- With myotic pupil, it is advisable to place two iris hooks

B. Anterior vitrectomy:
Anterior approach
Bimanual
Two independent paracentesis (don’t use main incision)
Triamcinolone to stain the vitreous
High cut rate
Vitreous is very liquefied
Iridotomy with vitrectome
Be sure that there is not vitreous band and that the pupil is round

C. Angle-supported IOL implantation technique

- IOL: Kellman open loop

Benefits:
- Easy
- Fast
- Cheap
- Every surgeon is familiar with it

Contraindicated:
- Anomalous angle
- Uveitis
- Extreme white to white
- Altered endothelium

Technique:
- Miochol-E to constrict the pupil
- Cohesive OVD especially inferiorly and superiorly to create space for the haptics.
- Place the inferior haptics in the inferior angle taking care not to catch the iris (glide could be of help)
- Push the superior haptics with a Lester spatula to implant them in the superior angle.
- Suture, remove OVD and be aware that pupil is round and the iridectomy is permeable.

Complications:
- Pupillary block
• C.M.E
• Pupillary ovalization