“SPONTANEOUS, LATE, IN-THE-BAG IOL DISLOCATION:
ETIOLOGY, RISK FACTORS, PREVENTION, AND MANAGEMENT “

Session: 21-205 ASCRS San Francisco 2013

Date/Time: April 21, 2013 from 10:00 AM to 11:30 AM

Reposition: Ab externo scleral fixation with scleral flap

Armamentarium:

- Double armed 10-0, 9-0 polypropylene suture with a 16 mm long, straight needle or 8-0 Gore-Tex.
- Hypodermic 25-gauge needle (nesting needle)
- Lester Spatula
- Optional: MST instruments, microforceps

Surgical technique:

- Fornix- based conjunctival flap.
- Partial - thickness triangular scleral flap.
- A 25 gauge hypodermic needle bent at the hub is placed 1.5 mm posterior to the limbus entering the eye perpendicular to the sclera, then under the haptic and through the capsular bag and above the optic of the IOL.
- One end of a double- armed 10-0 polypropylene suture on two long needles is placed through a paracentesis (opposite to the scleral incision) and into the barrel of the hypodermic (nesting) needle, which is then retracted out of the eye.
- A second pass 1.0 mm adjacent to the previous entry was made in a similar fashion and placed anterior to the haptic, thus creating a loop that was tightened and tied externally.
- When indicated a second haptic is fixated in an identical manner.
- When required a limbal or pars plana vitrectomy is performed.
Complications:

- Anterior vitreous hemorrhage
- Tilted capsular bag
- Suture breakage or erosion
- Late endophthalmitis