Management of Malpositioned IOLs:
IOL exchange combined with Corneal Surgery

A. **Endothelial Keratoplasty in unicameral eyes with ACIOLs:**
Realize that the eye is a single chamber and allow for adequate air injection

**Pearls:**
- a. Consider removing AC IOL and replacing with sulcus-positioned, iris or scleral fixated PCIOL. This is especially important in the setting of cystoid macular edema
- b. Consider using a chamber maintainer for all maneuvers. Viscoelastic may not be easy to remove unless the eye is vitrectomized. Be prepared to perform an anterior or pars plana vitrectomy, if necessary
- c. If you decide to maintain the ACIOL, consider graft insertion technique that is compatible with reduced working space (remember, plastic is not the corneal endothelium’s best friend)
- d. Maintain air in eye – no need to burp air out unless IOP is very high (usually, no pupillary block)

B. **EK in unicameral eyes with iris or scleral fixated PCIOLs:**
These eyes usually behave like most PCIOL pseudophakes except for the possible migration of air into the vitreous cavity

**Pearls:**
- a. Monitor air migration during injection and amount for all air injected into the eye
- b. May not need to burp air out after initial period of tamponade (pupillary block unlikely) unless IOP very high

C. **EK with IOL exchange:**
Scoring, stripping and use of viscoelastics in unicameral eyes:
As a rule I prefer to avoid viscoelastics in these cases

**Pearls:**
- a. Avoid dispersive devices
- b. Consider performing the entire procedure with a chamber maintainer or irrigating scorer/stripper
c. If using a chamber maintainer, consider passing the tubing from the bottle through the lock on a phaco machine to allow foot control by surgeon. Unwanted irrigation may lead to unwanted expulsion of donor graft out of the eye!

d. Remember: Descemet Membrane stripping may not be necessary in non-guttate endothelial dysfunction

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