IRIS Repair Options

How previously unattainable functional results can provide your patients with a better quality of life

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This is how it was!

This is what we got!

This is how it looked!
My first attempts were not well accepted
“Sector Iridectomies do not bother patients”

It was a slow process!

Learning the landmarks

Finally adding more sutures
Additive effects
Moving around the eye
Repairing various defects

Technique Basics
• Placement of Paracentesis
  – Align over the intended track
  – Both for entry and exit
  – 15 degree 1.2 mm incision
  – Anterior to Limbus (.5 mm)
    • Clear Cornea
    • Lubricate
    • Use tong of tier to enter track or Iris Spatula
• Use the Unfurling technique
  – Identify the end of the posterior pigment
  – Iris Collarette Location for alignment
  – Pull and stretch

Suture Placement Technique
• Use long stiff needle
  – CIF-4
  – 10-0 Polypropylene
  – Guide through the iris collarette
• Unfurl the iris margin
  – Stabilize
  – Tease the underside
  – Look for pigment margins
Egress moves

• Use Cannulae
  – Viscoelastic in double Luer lock syringe
  – 27 guage cannulae

• Engagement
  – Express viscoelastic as the iris is pierced
  – Drive the needle into the cannula
  – Follow the retreating cannula.

Special thanks to

Kissing Medical Visuals
Suture Tying Technique

- Externalize distal end
- Double tie surgeon knot
- Slide back into eye over defect
- Externalize
- Place locking knot
- Draw into position
- Introduce intra-ocular scissors 90 degrees away

How the steps work

Enter paracentesis cross defect
Draw suture out through Paracentesis, throw double knot

The Close

Slide knot over the defect by adjusting tension on either side
Close surgeon’s knot then re-introduce the Bond’s hook across defect

The Lock down

Slide simple knot over surgeons knot using differential tension
Draw ends to fully complete tightened knot
Detail of progression
Single over double

Practice Kit

Shoelaces are fine