Sutured PCIOLs

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Introduction

- Malpositioned IOLs
- Early
- Hyperopic
- Late
- PEX
- Capsule contraction,
  fibrosis
- ROP
- High Myopia, PP, RGP,
  Infections
Case #1: SPA in the Sulcus

Avoiding an Oval Pupil

Double Needle Iris Fixation

ASCRS Film Festival 2015
John Hart, MD
Bloomfield Hills, Michigan
Iris Suture Fixation Pearls

- Clear corneal incision 3.5-4mm
- Fold 3-piece IOL at 6 and 12 o'clock for the sulcus and 3 and 9 o'clock: bucket handle delivery without capsule support
- Intracameral pharmacological control of pupil size
- Start with McCannel Suture technique
- Suture retrieval: present suture to yourself with additional hook if there is peripheral corneal edema
- Push down on the optic rather than rotating while placing optic behind the iris

Iris Suture Fixation: Check list

- 10-0 polyester PCT needle (Alcon) or 10-0 prolene CIF-4 needle (Ethicon)
- Bonn microhooks (FST; No. 10031-13) or sinkey hook
- Dispersive viscoelastic
- McCannel suture technique
- Siepser suture technique

Case #2: Repositioning with Hoffman Pockets
Hoffman Pocket Pearls

- Mark pockets 180 degrees apart.
- Avoid 3 and 9 o'clock if possible.
- 300 micron grooved incision; stay 1mm in clear cornea to avoid dellen post-op.
- Dissect corneal scleral pocket with crescent blade approximately 2.5x 2.5mm.
- Mark borders of pocket; check with spatula prior to sclerotomies.
- Phenylephrine in the pocket to assist with hemostasis.

Case #3: PBK caused by ACIOL

Large Incision SSF: Checklist

- Crescent blade
- Gore-Tex CV8 thread, Ttc-9 needle (W. L. Gore & Associates, Inc.)
- Anterior chamber maintainer 23 gauge
- 23 gauge MVR blade
- 25 gauge Grieshaber MAXGrip(TM) retinal forceps Alcon
- 23 gauge microforceps MED
- CZ2080 ALCON
Case #3: Small Incision SSF

5.0 mm
3.0 mm
4mm
Toric marker to mark sclerotomies; avoid 3 and 9 o'clock if possible
Clear corneal incision 4mm temporally
Fold IOL over spatula
Make sclerotomies 4-5mm apart and 2.5mm posterior to the limbus; use 1mm sideport blade or 23 gauge MVR blade
Bury knots in sclerotomies
Watch for hypotony; close sclerotomies if necessary; fiber to close conjunctiva

Small Incision SSF: Pearls
Treatment: Malpositioned PCIOLs

Single piece acrylic IOL
- Sutures
- In the bag
- Lasso scleral suture fixation (SSF)
- Capsular support
- Yes
  - 3-piece IOL removal
  - AO60/CZ70BD SSF
  - Glued IOL

Three-piece IOL
- Sutures
- In the bag
- Lasso scleral suture fixation (SSF)
- Capsular support
- No
  - AO60/CZ70BD SSF
  - Glued IOL

Thank You!