Surgical Management of Malpositioned IOLs and Subluxated Cataracts

Samuel Masket MD
Clinical Professor - UCLA
Los Angeles

Disclosures: Samuel Masket MD

- Consultant Alcon Laboratories
- Consultant Power Vision
- Consultant Ocular Therapeutics
- Consultant WaveTec
- Speaking Honoraria/Royalties Haag-Streit
- Speaking Honoraria MST
- Royalties Morcher

Subluxated Cataracts: Issues

- Etiology of Zonulopathy - progressive?
- Extent of Zonulopathy
- Associated Ocular Conditions
  - Cataract type
  - Glaucoma
  - Iris/Pupil
  - Vitreous herniation
  - Posterior segment
- The Capsulotomy - key
When To Place a CTR

- "At late as you can, but as early as you must" - Ken Rosenthal
- Capsule hooks allow bag contents to be emptied and avoid dealing with CTR issues if the capsule tears; CTR interferes with cortex
- Employ capsule support devices:
  - Standard Iris hooks
  - Mackool CSS
  - MST
  - Yaguchi-Kozawa
- Place CTR and IOL of choice
Yaguchi-Kazawa Double Hooks

- 2 point fixation for each hook
- Ends are smooth
- 5 per package
- Available only in Japan

info@handaya.co.jp
**MST Hooks**

- G 4 per package
- G Broad capsule contact
- G Reaches to periphery of bag
- G Keeps posterior capsule on stretch