Scleral Fixated IOL
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No Financial Interest

SFIOL

A. Secondary procedure (In case of ICCE Aphakia)

- Young Patients
- Loss/absence of Iris tissue
- Surgical Iridectomy/aniridia
- Compromised Angle
**B. Primary Procedure**

- Capsulozonular deficiency (PC rent intraoperatively)
- Subluxated/Dislocated crystalline lens
- Ectopia lentis
- IOL Exchange in PKP or PBK

**PREOP CONSIDERATIONS**

- Pupil
- Iris tissue
- Synechiae
- Visual axis
- Posterior capsule zonule complex
- Anterior vitreous
- Nucleus and lens matter

In partial capsular support

In no capsular support

- 2 point fixation
- 4 point fixation
INSTRUMENTS

INTRAOCULAR LENS:

- PMMA single piece eyelets on haptics
  - 7 mm. optic
  - 13.5-14.0 mm overall
- Foldable acrylic single piece optics 6-6.5 mm
  - overall minimum 13 mm

SUTURE

SUTURE:

- Prolene 10-0 double armed with straight needle
- Nylon 10-0 or 9-0 [if prolene not available]

IOL

- Have eyelets on the haptic: to aid suture fixation
- Have large-diameter optics (7 mm): to compensate for possible decentration
METHOD

- Two partial thickness, triangular scleral flaps are made 180° apart in horizontal meridian after the conjunctival flap dissection.
- Useful to cover the prolene suture knots.
- Anterior Vitrectomy is done in all cases to clear the vitreous from anterior chamber and around the lens.

FOUR POINT FIXATION

- Similar to two point fixation.
- But here IOL is fixed at 4 points, 2 place on each haptic.
- Two 10-0 polypropylene suture are passed, at two places.
- This will avoid tilt or decentration of IOL.
FOUR POINT FIXATIONS

Four Point Suture Fixation
2 prolene sutures are passed through sclera
IOL is fixed at four points, 2 place on each
haptic to avoid tilting/decentration of IOL.

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