

New Technique for Refixation of a Luxated IOL

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Advantages:

Less invasive technique to refixate a luxated 3-piece intraocular lens. No need for explantation or suturing, independent from iris changes and capsular support.

Methods:

Pars plana vitrectomy, design of two 24G ciliary sulcus sclerotomies and - starting from there - a 2-3mm long limbusparallel intrascleral tunnel, grasp of the tips of the IOL haptics with a 25G endgripping forceps and implantation of the haptics into the intrascleral tunnel.

Effectiveness / Safety:

This technique reduces surgical time and preserves the concept of small incision surgery as well as the work in a closed system. In the presented case no complication occurred.

Sutureless Intrasccleral PCIOL Fixation

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Advantages:

We report a new technique for sutureless fixation of a standard 3-piece intraocular lens in eyes without sufficient capsular support. This technique includes independence from iris changes, the use of small incisions, no need for extra orders or storage of special IOL's, less costs, standard IOL calculation formula, excellent centration and no IOL tilt, good long term stability and the option to use multifokal or toric IOL's.

Methods:

A standard 3-piece IOL is implanted with an injector, and the trailing haptic is fixated in the corneal incision. The leading haptic is then grasped at the tip with a 25G endgripping forceps and pulled through a 24G ciliary sulcus sclerotomy, and left externalized. After the trailing haptic is luxated intraocularly, the tip is grasped with the 25G forceps and pulled into the second ciliary sulcus sclerotomy. Now this forceps is used to pull both haptics into a limbusparallel intrascleral tunnel.

Effectiveness / Safety:

We have used this technique in more than 30 cases with insufficient or no capsular support. The technique is standardized and can be performed by any vitreoretinal surgeon. We found very low complication rate and good long term stability.