

Simple method to evaluate adequacy of capsule for foldable intraocular lens implantation in the sulcus

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Abstract

We describe a simple method for evaluating the adequacy of the capsule for implantation of a foldable intraocular lens (IOL) during phacoemulsification complicated by a posterior capsule tear. After cortical lens material clean-up and anterior vitrectomy (if required), 2 knots of 10-0 nylon are tied to the trailing haptic of the IOL using a 2/1/1 configuration. Then, the IOL is inserted into the sulcus. If it is unstable when the surgeon tries to deepen or shallow the anterior chamber, gently pulling the nylon thread will prevent posterior IOL dislocation. Two further attempts to implant the IOL in the other meridians of the capsule are made. The results of using this technique in 10 eyes of 10 patients are reported. Optic decentration occurred in 1 case (10%). No postoperative dislocation was observed, and no patient required surgery for IOL decentration during the follow-up. © 2004 ASCRS and ESCRS.

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Indexed Keywords

EMTREE medical terms: article; cataract; clinical article; eye injury; follow up; human; lens capsule; lens implantation; lens luxation; outcome assessment; phacoemulsification; priority journal; prosthesis failure; surgeon; vitrectomy

MeSH: Acrylic Resins; Adult; Aged; Aged, 60 and over; Female; Humans; Intraoperative Complications; Lens Capsule, Crystalline; Lens Implantation, Intraocular; Lenses, Intraocular; Male; Middle Aged; Phacoemulsification; Postoperative Complications; Rupture; Treatment Outcome; Viscoelastic Substances; Visual Acuity

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