

Management of Malpositioned Posterior Chamber IOLs

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Purpose: Posterior chamber IOLs have now been associated with late decentration as the capsule bag/IOL complex may exhibit late zonulysis; this phenomenon has been most typically associated with pseudoexfoliation, but may also be observed in patients who exhibit chronic inflammation, ROP, and other conditions that alter the blood/aqueous barrier. Furthermore, there are a variety of other causes that may induce IOL decentration either immediately or later following cataract surgery. The purpose of this presentation is to discuss the various causes for malpositioned PCLs and to consider the available alternative strategies to manage these case problems.

Methods: A certain set of skills is required in order to work surgically manage cases of this nature. Those skills include working with dim illumination, scleral and iris suturing methods, use of micro instrumentation, pars plana entry and vitrectomy, optic capture, etc.

Results: A number of case types will be presented and discussed. Individual evaluation and management are to be stressed

Conclusions: Malpositioned posterior chamber IOLs are encountered with increasing frequency and a series of strategies are necessary for proper management. Closed chamber surgical techniques are presented and offer an opportunity for successful long term centration and fixation.