Complications – My Top 5 Pearls
IOL Explantation

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Case History

• 72 yo M c/o trouble reading small print and writing
  (pt is a novelist)
• POH sig for:
  • Keratoconus, both eyes.
  • OD – RGP does not improve VA
  • OS – Happy with RGP-corrected VA and comfort
• Retinal detachment, right eye. 2010. S/p SB
• SK, right eye. 11/2010
• CE, right eye 2013
  • IOL dislocation – IOL repositioning 2 months later
• Cataract OS

Disclosure

Anthony J. Aldave, M.D.
• Consultant (ad hoc)
  • Avellino Laboratories
  • W. L. Gore & Associates
  • Noveome Biotherapeutics (Stemnion)
• Research Funding
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• Speaker’s Bureau
  • Avellino Laboratories
Case History
Topography

Management
• IOL repositioning in the sulcus
• IOL retention with iris fixation or transcleral fixation
• IOL removal
• IOL removal and placement of ACIOL, iris-fixated IOL or scleral-fixated IOL

Case History
Specular Microscopy

Case History
Dislocated IOL
• AMO AR40M
  • -3.0 D

Description | AR40M
---|---
Optic Characteristics
Prismatic: -30.0 x 15.0 Degrees
Barrel: 6.0 mm
Shape: Meniscus
Material: UV-blocking hydrophobic acrylic
Edge Design: GoldEdge with 0.075 square edge, and round anterior edge
Case History
IOL Calculations

Dislocated IOL Management

IOL Explantation
Intraocular Folding Technique

IOL Explantation
Tip # 1 Evaluation
• Always perform specular microscopy to obtain endothelial cell count
  • If reduced, consider combined IOL removal/exchange and DMEK
IOL Explantation

Tip # 2 Surgical Planning
• Significant and/or repeated IOL decentration in the sulcus typically indicative of zonular defect
  • IOL fixation or explantation, not recenteration, should be performed

Tip # 3 Surgical Planning
• IOL decentration in the sulcus may be due to broken or bent haptic
  • IOL calculations should be performed in all cases of planned IOL repositioning or iris/scleral fixation in case IOL exchange is needed

IOL Explantation

Tip # 4 Surgical Technique
• Location and size of the incision dependent on explantation technique
  • 3 mm corneal or scleral tunnel incision
    • Intraocular folding of the IOL or bisecting IOL optic
  • 6 mm scleral tunnel incision
    • Minimizes risk of potential endothelial cell damage

Tip # 5 Surgical Technique
• Following explantation, decision regarding type, location and power of IOL to be implanted depends on a variety of factors:
  • Adequacy of capsular support
  • Candidacy for iris-fixation
  • History of CME or glaucoma
  • Anterior chamber depth
  • Corneal endothelial cell density
  • Refractive error relative to the contralateral eye
Thank You!

- Questions
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