Novel Approach to Scleral Re-Fixation of a Single Dislocated Haptic of a Previously Sclera-fixated IOL

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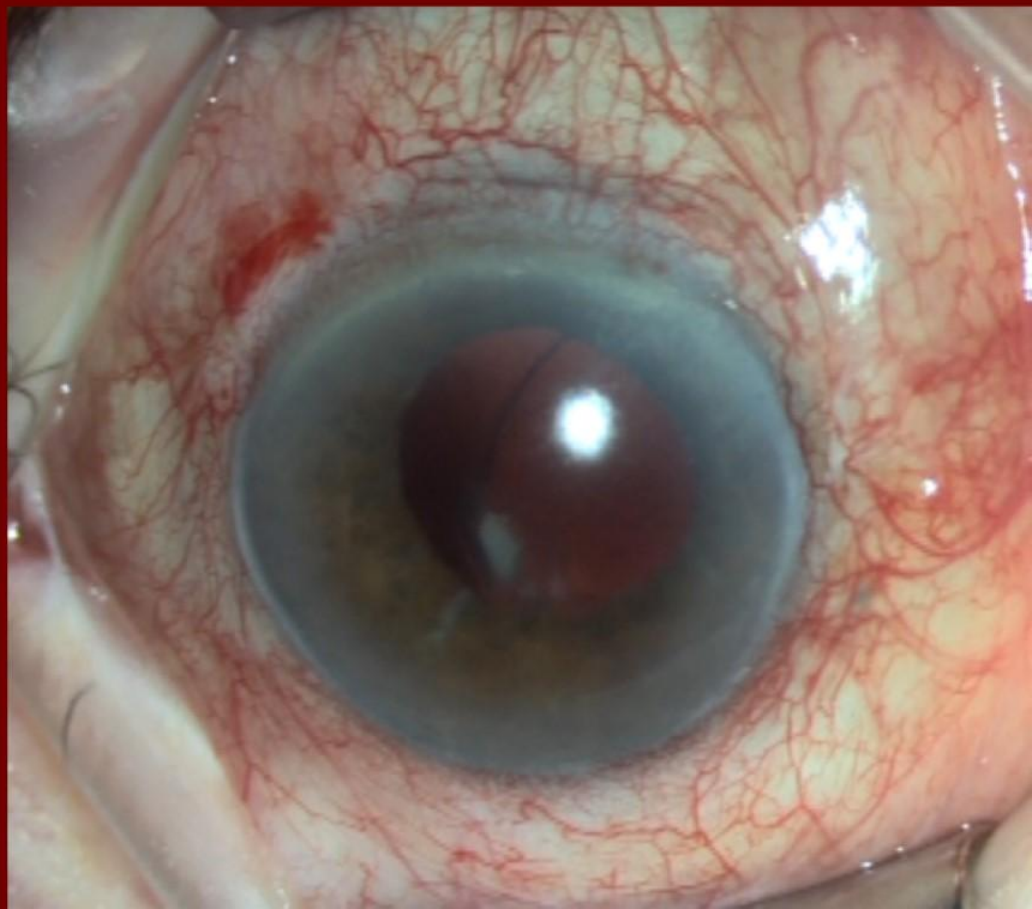
Author has no financial interest

Purpose

- To present a unique technique for re-fixating a single dislocated haptic of a previously scleral-fixated intraocular lens (IOL). The haptic of this IOL did not have suture fixation islets.

Methods

- Case Report
  - An 87 year-old Caucasian male presented with a dislocated IOL secondary to a single dislocated haptic.



Methods

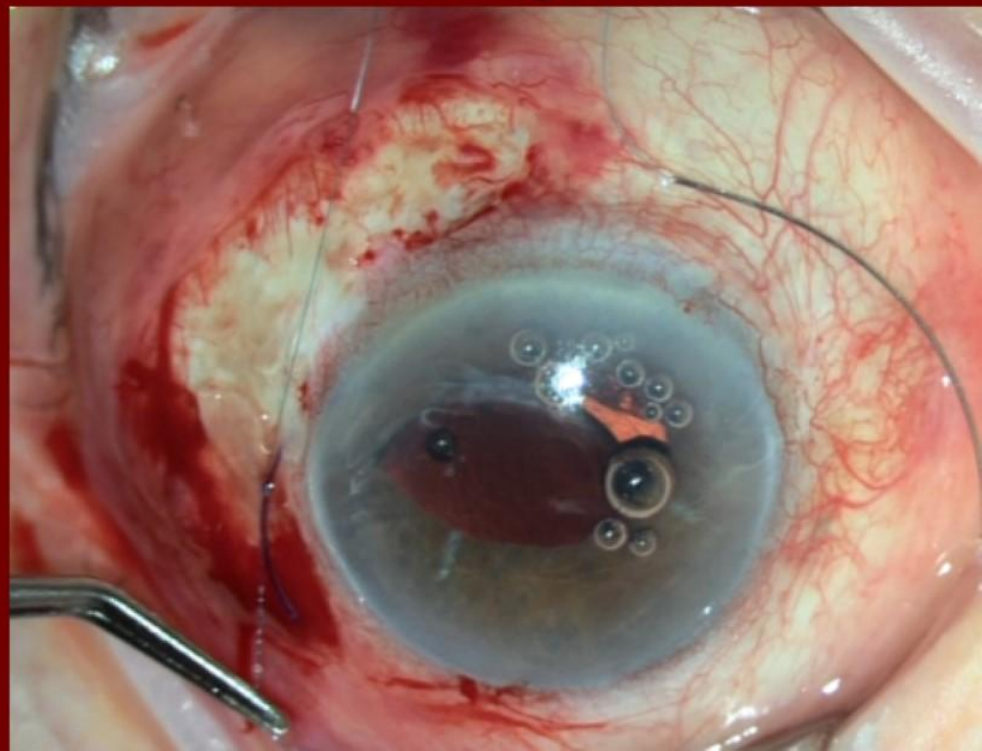
- 2 years prior, the patient had undergone scleral-suture fixation of the IOL-capsular bag complex due to IOL subluxation secondary to pseudoexfoliation. Since then, during subsequent pars plana vitrectomy surgery to clean up some capsular bag and cataract remnants, the retinal surgeon inadvertently cut one of the 9-0 prolene scleral fixation sutures. The next day, the IOL was dislocated.

Methods

The dislocated IOL was re-fixated to the sclera using the following technique:

- The dislocated PMMA haptic was prolapsed up into the anterior chamber and the distal end was retrieved through the temporal scleral tunnel incision.
- 9-0 prolene suture (opposite end of needle) was tied securely to the haptic (image 1).

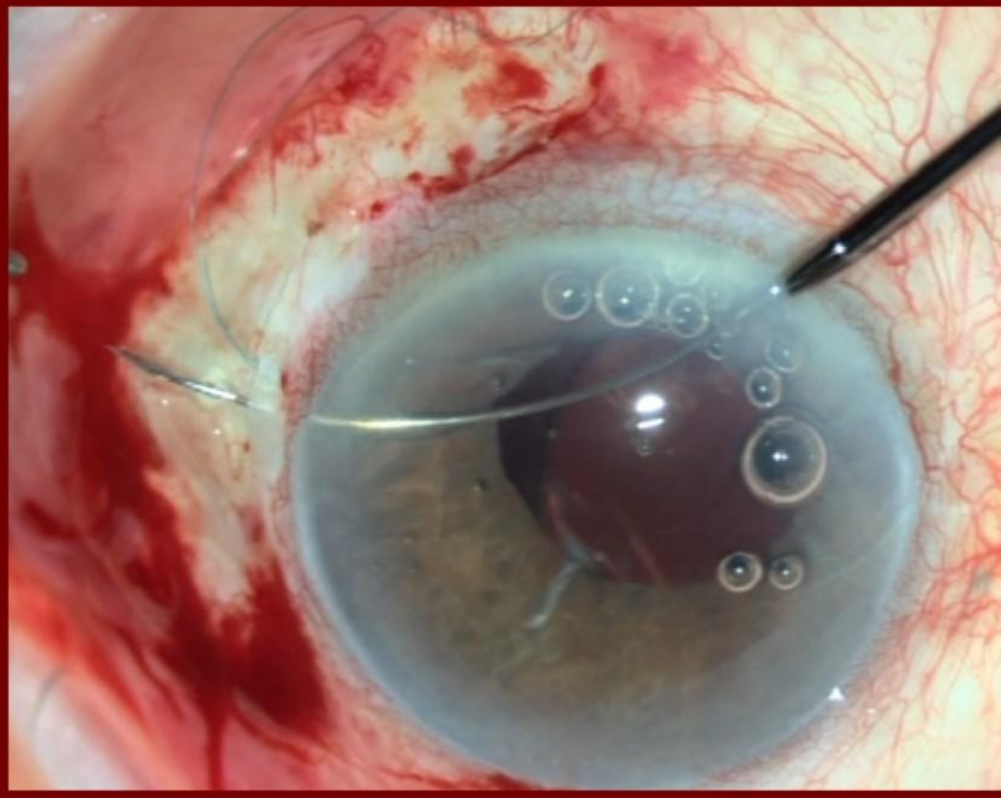
Image 1



Methods

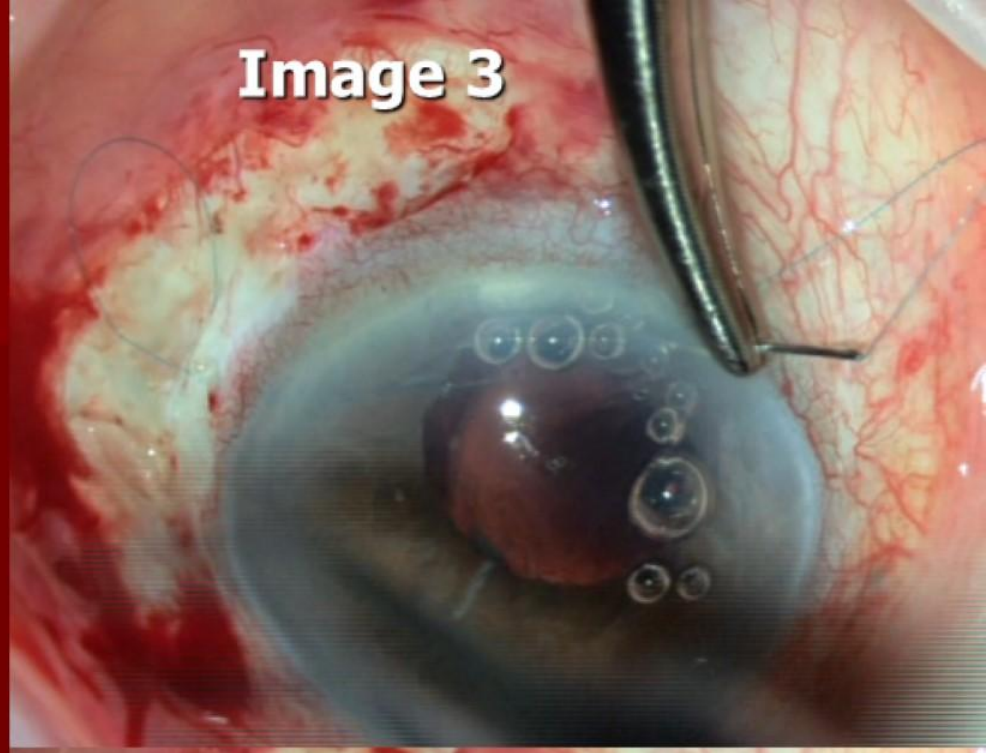
- The haptic was then repositioned behind the iris.
- A temporal scleral flap was created
- The back end of the needle of the 9-0 prolene suture was then passed through the wound and out a nasal paracentesis incision (image 2).

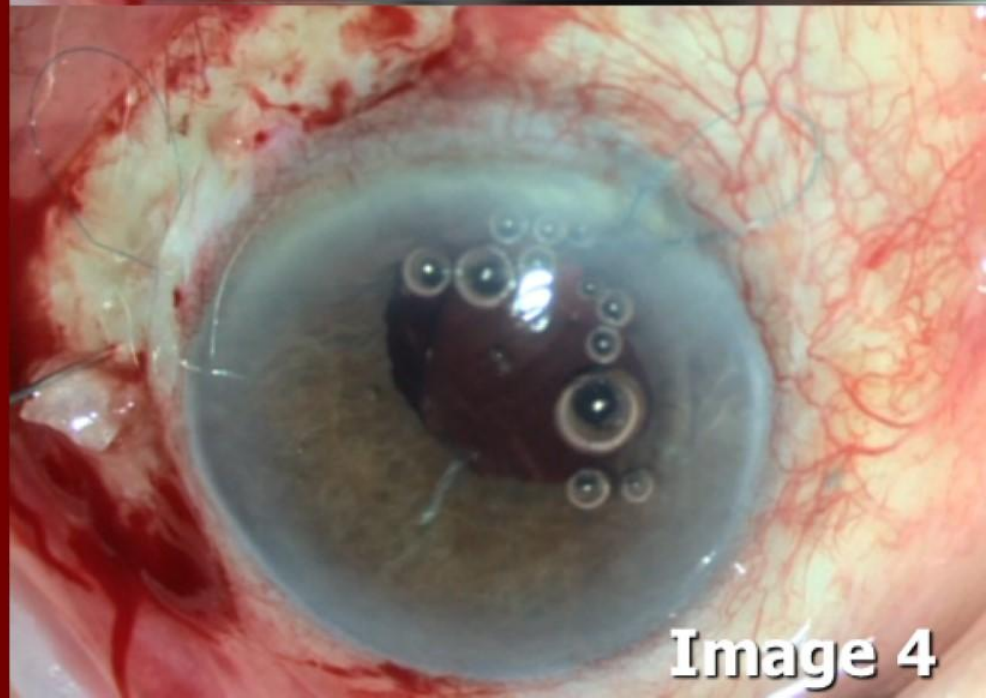
Image 2



Methods

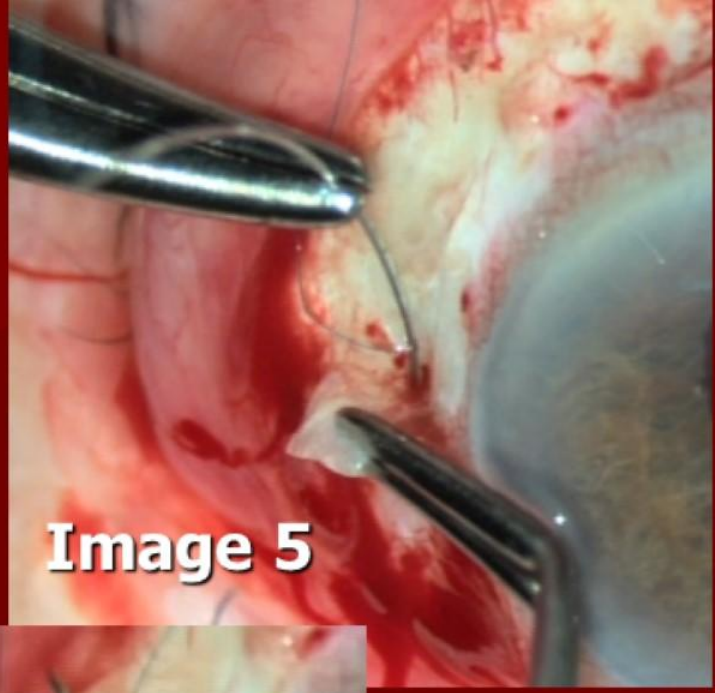
- The front end of the needle was then passed posteriorly through the pupil, temporally behind the iris, and out through the bed of the temporal scleral flap (images 3+4).

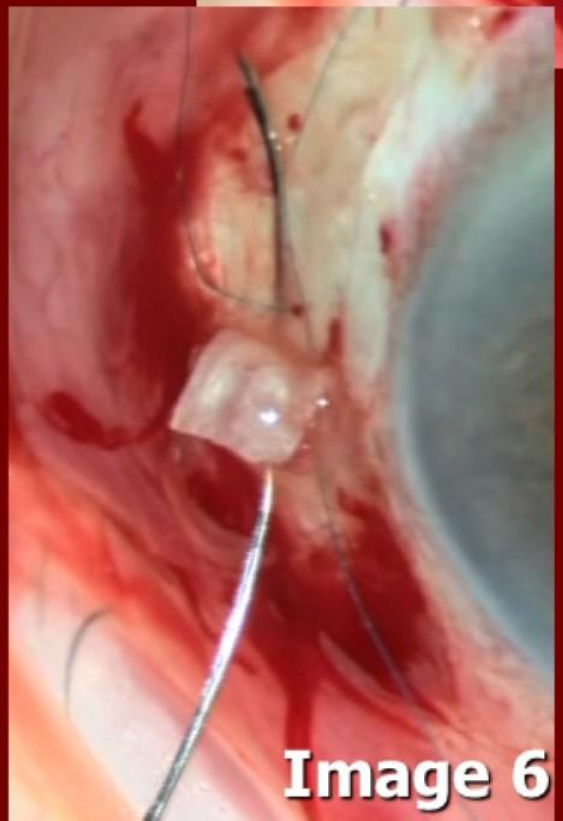




Methods

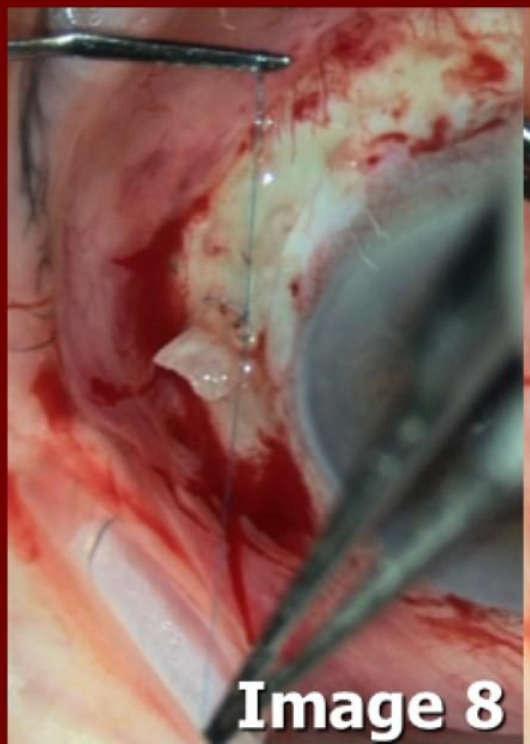
- The needle/suture was then passed through the hinge of the flap twice—internal to external initially, then external to internal subsequently (images 5+6).





Methods

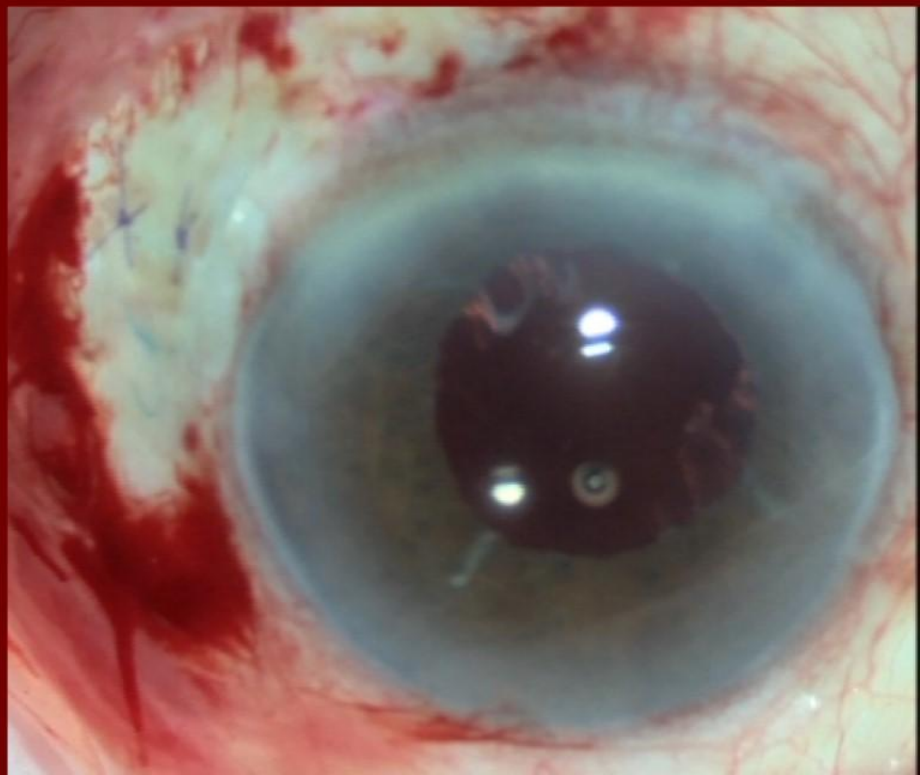
- The needle was cut and removed from the suture. The distal end of the suture was tied to the internal loop under the scleral flap (images 7-9).



Methods

- The scleral flap was sutured down with 8-0 vicryl (image 10).

Image 10



Results

- The IOL was in a central and stable position (and has remained so for a year post-op).

Conclusions

- A previously scleral-fixated IOL with a single dislocated haptic without an islet may be successfully re-fixated in a secure fashion with the technique described.
- Future haptic slippage is highly unlikely.
- IOL exchange utilizing an IOL with islets incorporated into the haptics is not necessary.