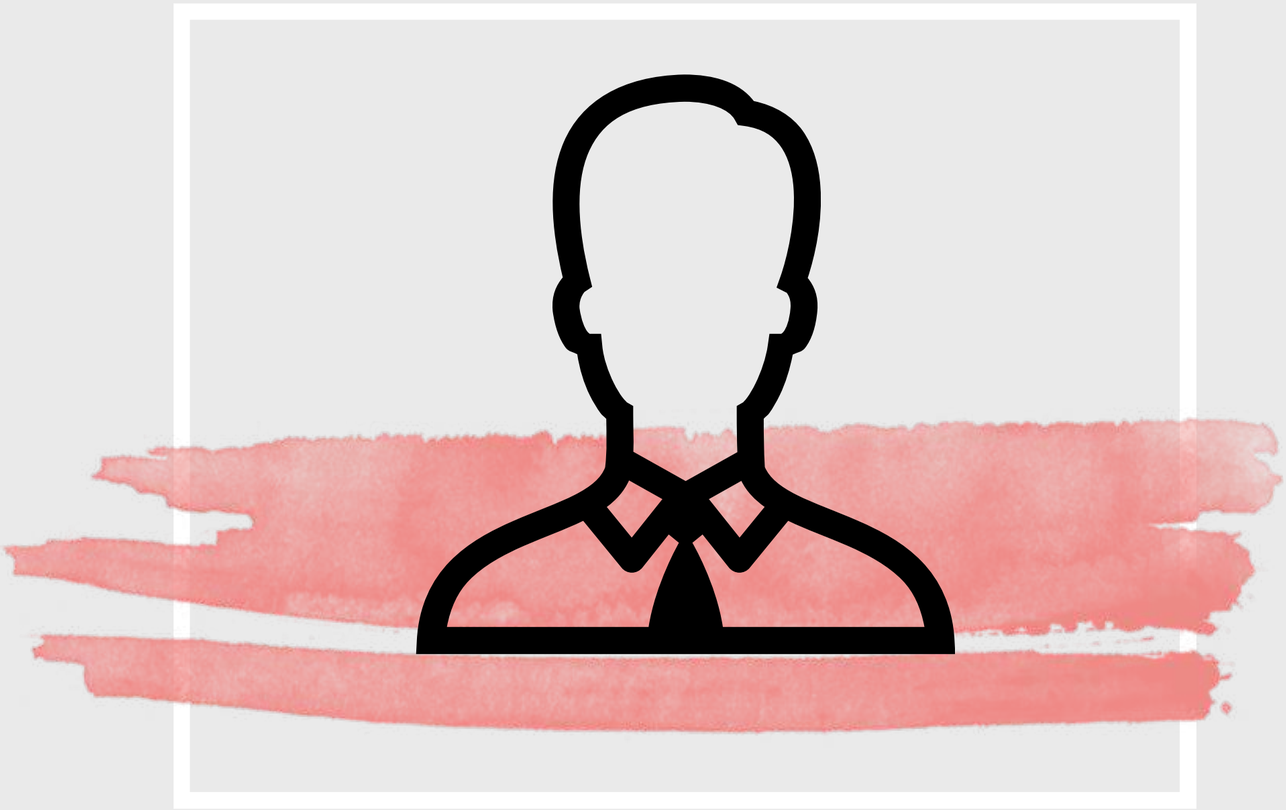
UNDERNEATH THE IOL

Prof. Dr. Abdallah K. Hassouna
Prof of Ophthalmology-Ain Shams University
Watany Eye Hospital
President of ARVO Egypt Chapter



Age: 56

Medical History:
Irrelevant

Ocular History:
RT Cataract surgery 3 weeks ago

Complaint:
Foggy vision + Pain+ Lacrimation

RT		LT
0.6	**UCVA**	0.4
-0.25/_x_	**AR**	-1.50/-2.00x130
0.6	**BCVA**	1.0
20	**IOP**	22
Pseudophakic	**A/S**	NC++

Corneal edema
Conjunctival injection
Flare & cells

+

IOL position in RT eye (as shown in diagram)

He was put on

- Steroids tapered over 3 wks
- NSAID

- Local Betablocker eyedrops
- Hypertonic Saline

After 2 weeks

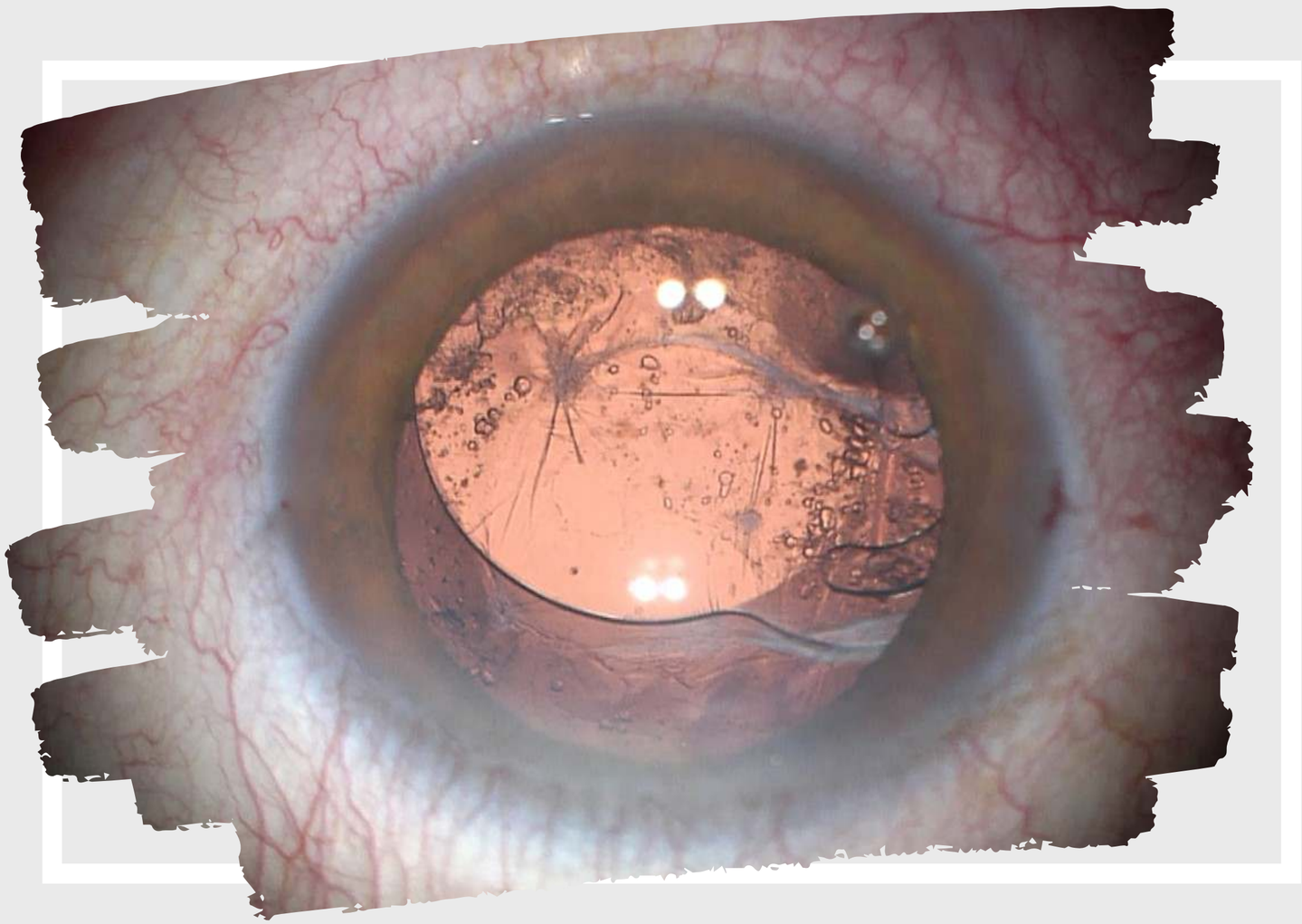
UCVA	0.7
AR	-0.25/-0.75x66
BCVA	0.9
IOP	17
A/S	Inflammation and edema subsided

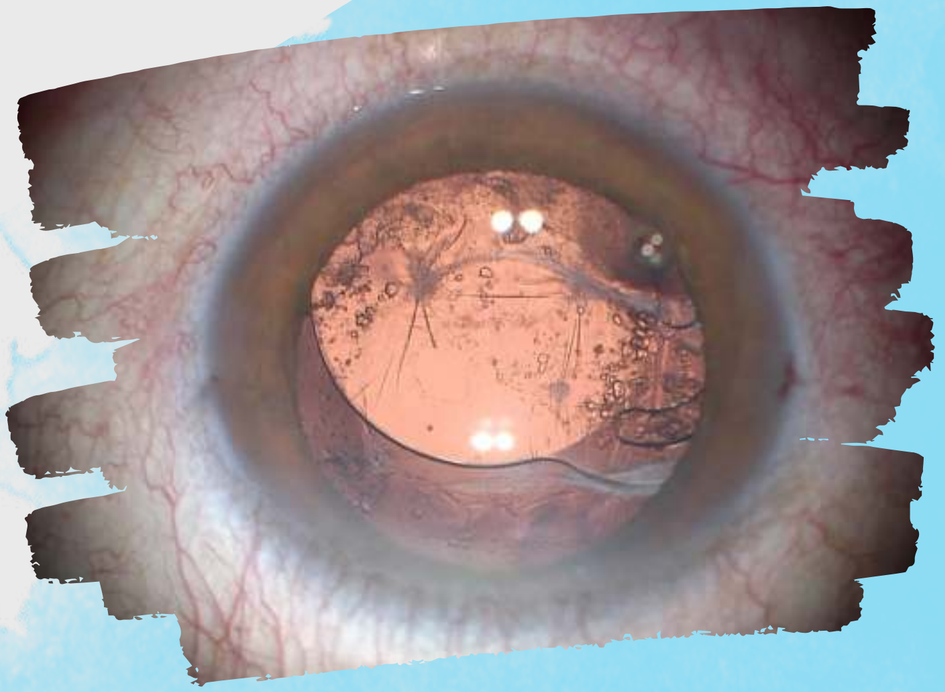
2 Years Later....

Patient came back complaining of:

Drop of vision

BCVA	**0.4**
IOP	**16**
A/S	**PCO++**

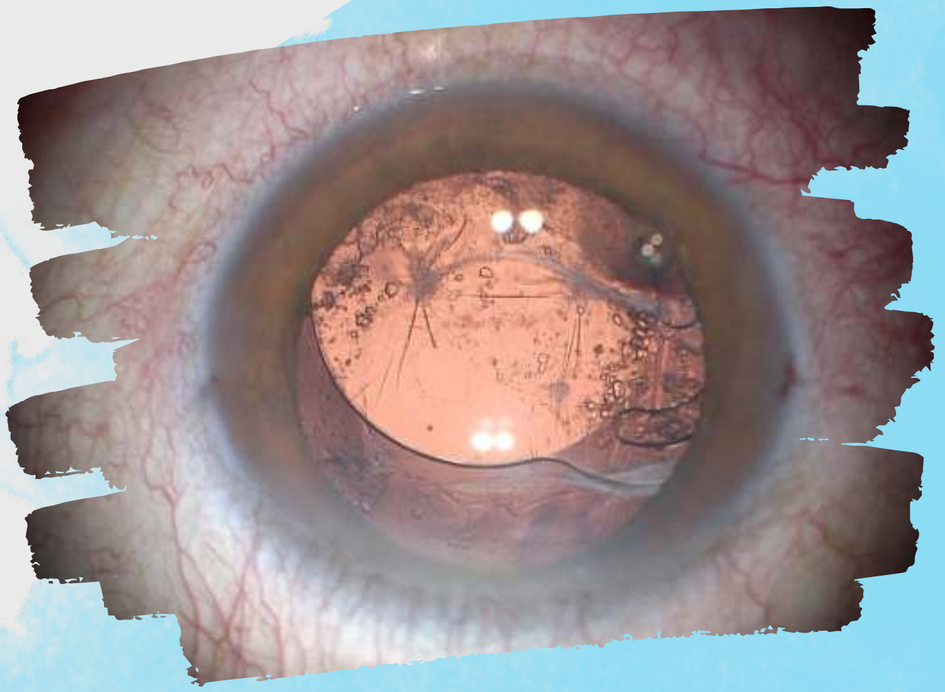




Pt was advised elsewhere to do YAG PC.

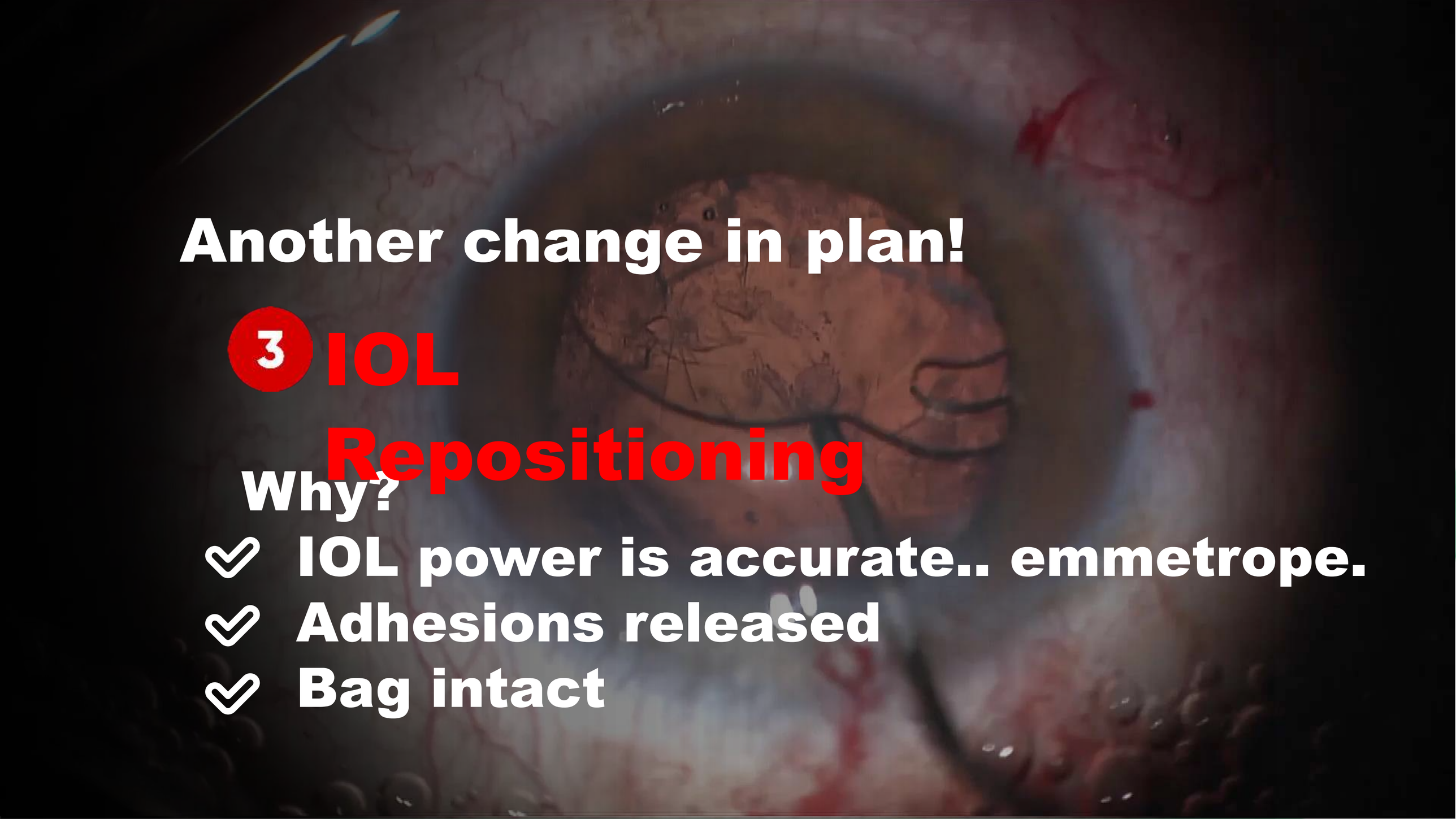
Change in plan in my

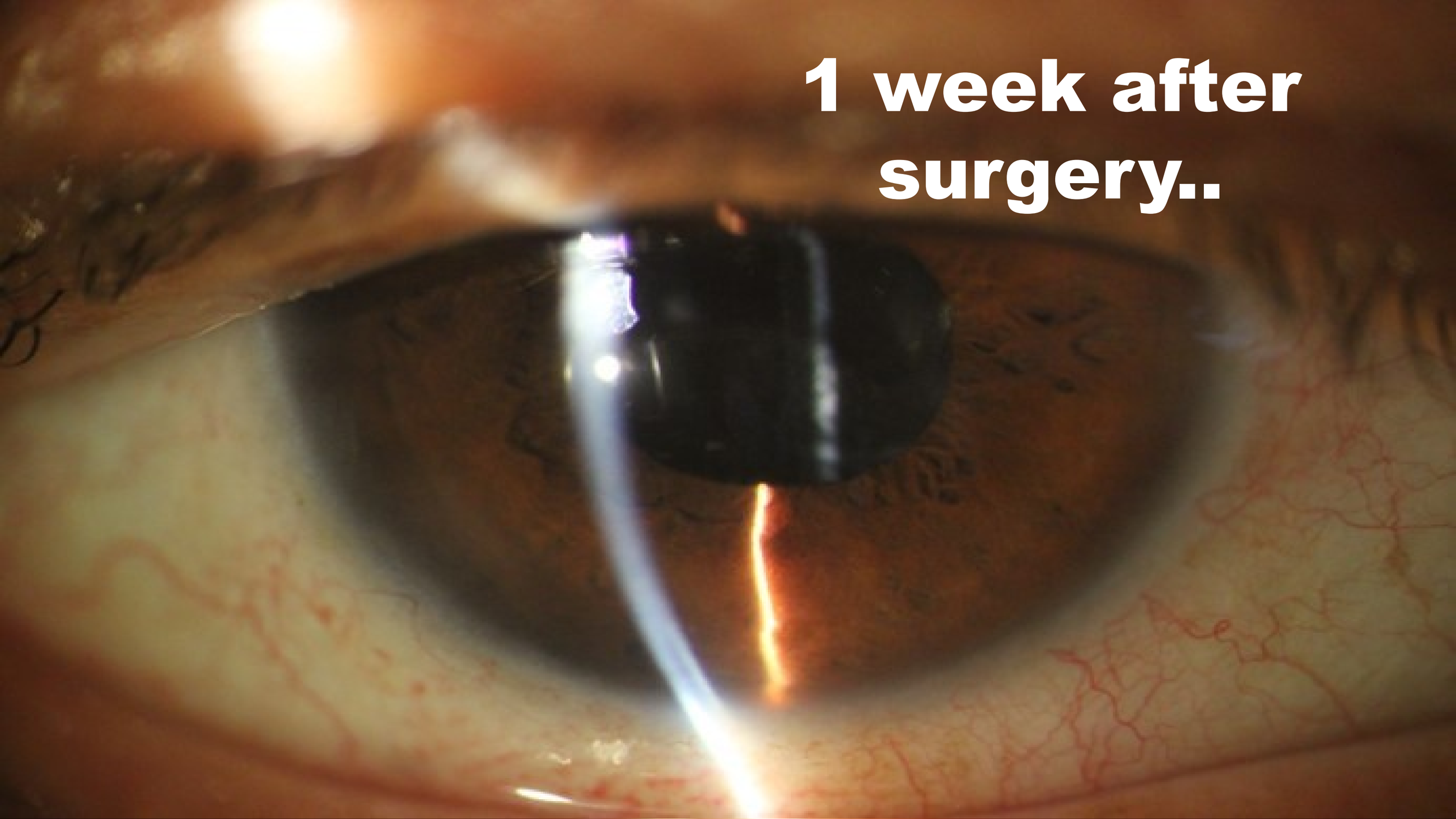
Eliminates any possibility for IOL Exchange.

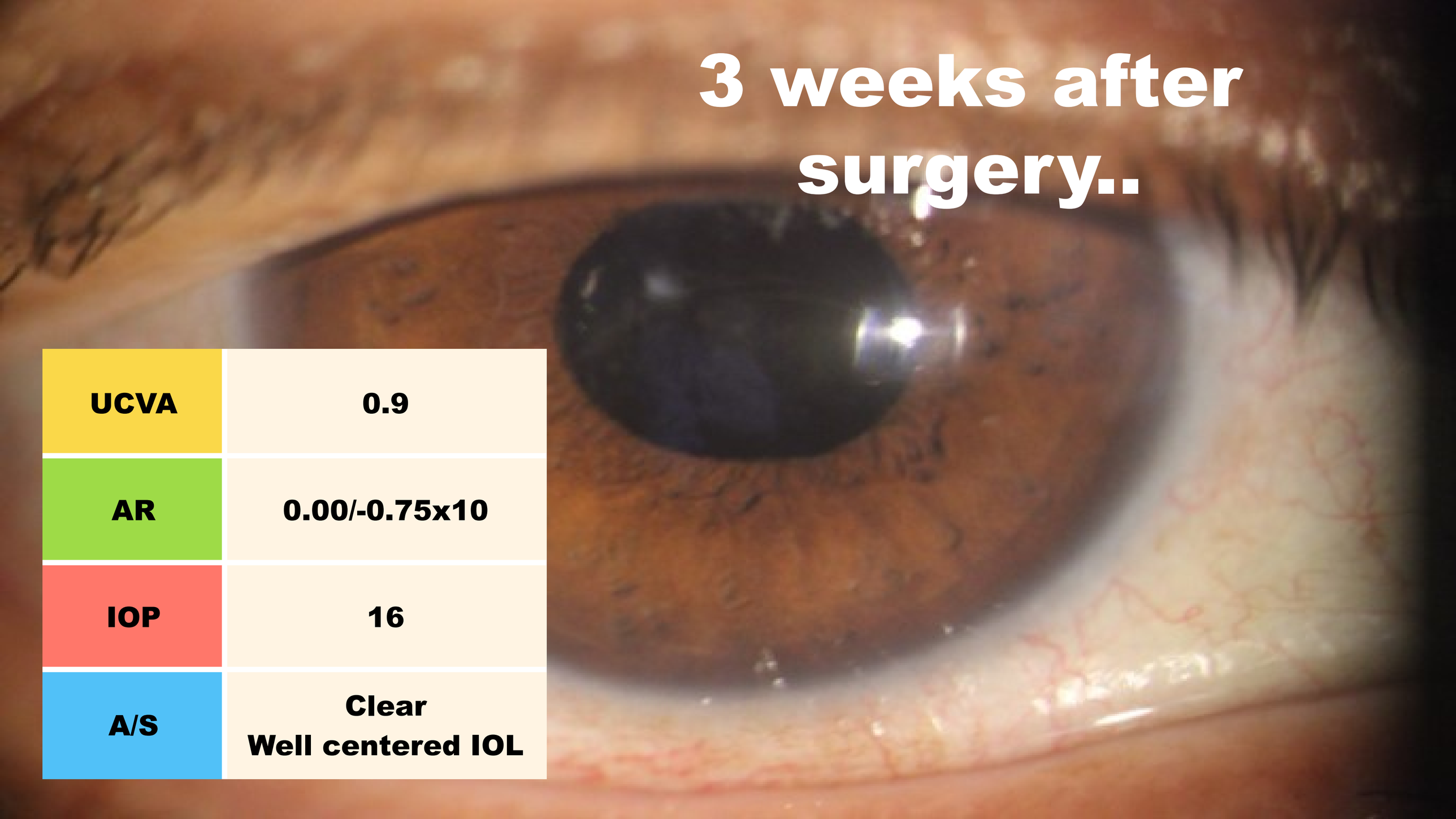


Decision?

2. **IOL Exchange + Post Capsule Polishing**


Another change in plan!
3
IOL
Repositioning
Why?
IOL power is accurate.. emmetrope.
Adhesions released
Bag intact


1 week after
surgery..



3 weeks after surgery..

UCVA	0.9
AR	0.00/-0.75x10
IOP	16
A/S	Clear Well centered IOL

Key insights

Single piece IOL is not suitable for sulcus placement.

You can still open the bag after years of initial surgery.

Thank you!