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Scleral fixation IOL with sutures

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IOL implantation with insufficient capsular support

- Scleral fixation IOL (with sutures, sutureless)
- Iris fixated lens (claw lens, PCIOL with iris fixation suture)
- ACIOL



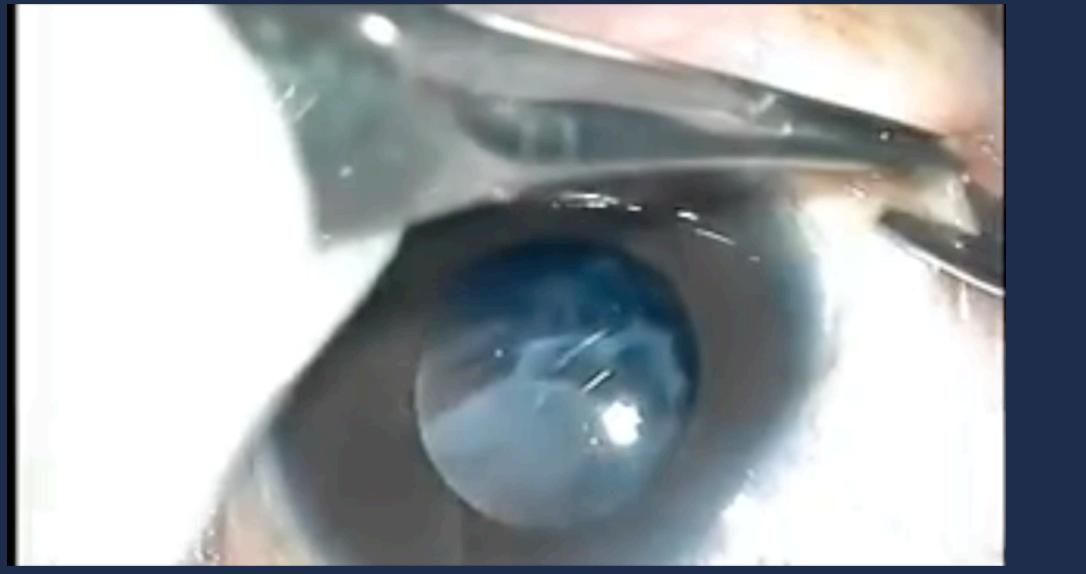
Indications:

- Traumatic subluxation
- Complicated surgery
- Primary congenital ectopia lentis
- Ectopia lentis associated with disorders ie. Marfan Sandrome, Weil-Marchesani syndrome, Homocystinuria



Classic Scleral fixation IOL with sutures







Modified scleral fixation IOL with sutures



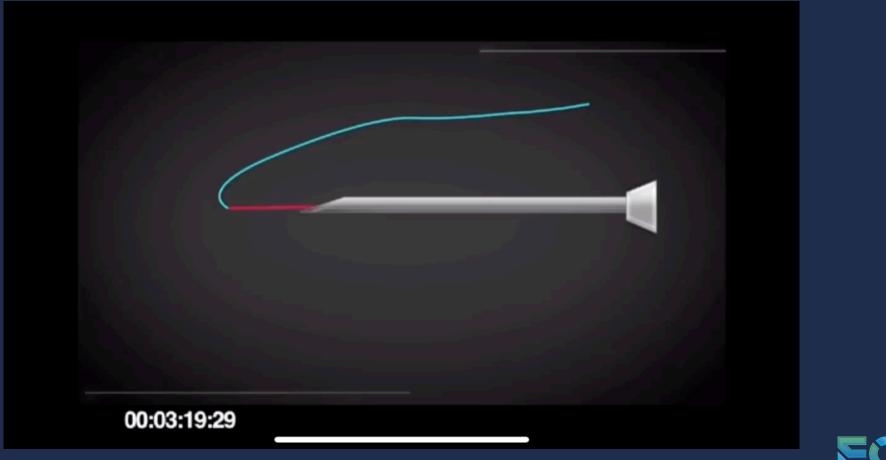
Surgical technique

• Materials

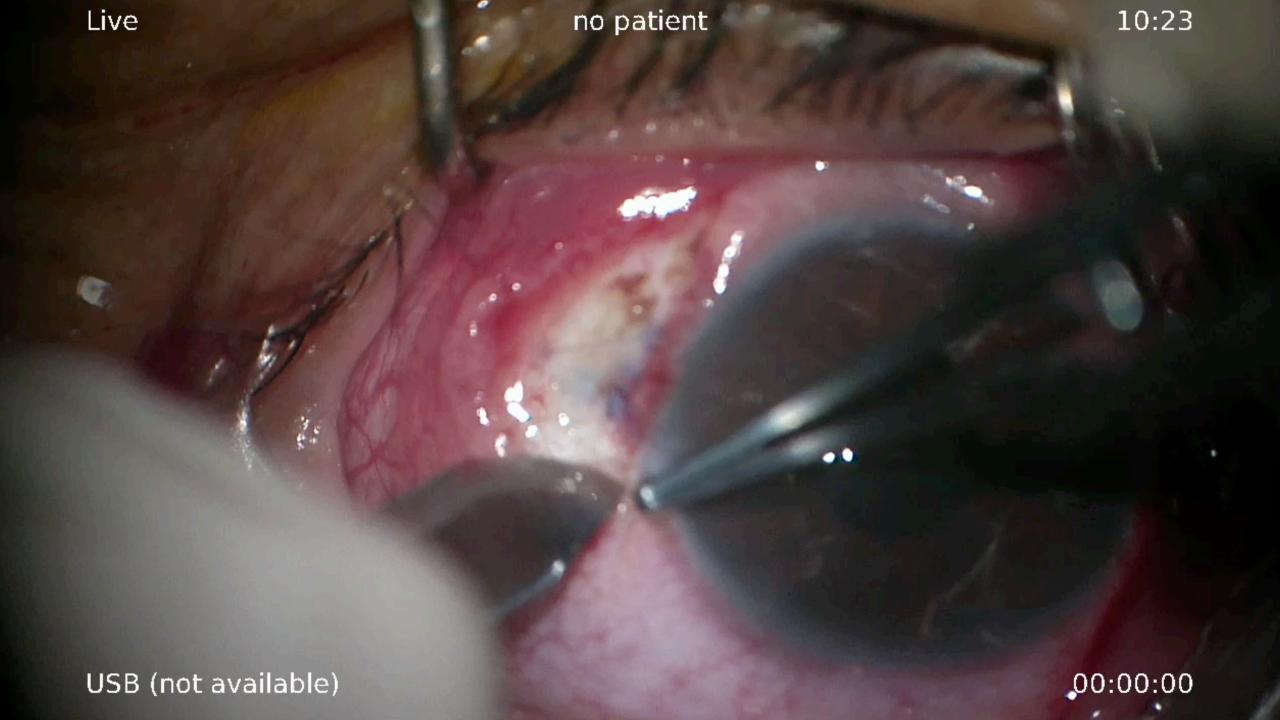




Sinumol Thulaseedharan, ASCRS 2013







Advantages of modified technique:

- Single entry
- Less manipulations
- Easy learning curve
- Excellent centration
- Less time consuming



Advantages of Scleral fixation IOL:

- IOL anatomical position in the sulcus
- Less damage to corneal endothelium
- Less risk of glaucoma, inflammation
- Pupil dilation is not affected



Disadvantages of Scleral fixation IOL:

- Technically challenging
- Lengthy procedure
- Risk of suture erosion/endophthalmitis
- Decentration, Dislocation/ RD



Conclusion:

• SFIOL is a safe and effective treatment option in pediatric cataract with insufficient capsular support

• Sutured SFIOLs have been the mainstay until the last decade

 Both sutured and sutureless SFIOLs have a subset of early and late complications, long term follow up is needed to identify the optimal surgical strategy for these cases







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