Displaced intraocular lens repositioning using a reversed 10-0 straight polypropylene needle lasso technique

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Displacement of a posterior chamber intraocular lens (PC-IOL) may be a serious complication and surgical repositioning or replacement may be required. Repositioning of a PC-IOL with suture fixation may be necessary and a number of techniques have been described. Recently, pars plana entry site techniques have used vitrectomy with PC-IOL repositioning through a single sclerostomy incision. We have employed a reverse suture technique using a straight needle, which is easily manipulated and allows rotational lassoing within the eye. Repositioning and suture fixation are performed using only one sclerostomy entry site.

Case reports

CASE 1
A man with previous ocular blunt trauma, angle recession, and cataract underwent left extracapsular cataract extraction with PC-IOL implantation. Absent zonules were noted from 1 to 3 o'clock and anterior vitrectomy was performed with a PC-IOL placed into the ciliary sulcus with haptics at 5 and 11 o'clock. Fixation was not stable, however, the PC-IOL being displaced inferiorly on the first postoperative day with the superior lens haptic visible in the pupil. The lens was repositioned by the reverse suture technique (see Fig) using a 10-0 polypropylene suture (13049 Lewis SC-5/AUM 10-0 12 inch polypropylene, Alcon) mounted on a straight needle. This was successful, with 6/9 best visual acuity and good lens centration, which has been maintained over a 9 month postoperative review period.

CASE 2
A man had extracapsular cataract extraction with

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