

Sutureless Extraocular SFIOL Technique

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Purpose : To describe a novel technique of SFIOL fixation

Introduction: Conventional SFIOL fixation comes with a large number of challenges ranging from exteriorization of haptics to their fixation. There are many methods to exteriorise the IOL haptic. ^{1,2,3}

These problems can be tackled with a modification in the current technique, thus helping the

surgeon fix the SFIOL without sutures, flaps and glues. This technique was first described by Dr. Prabu Baskaran, Arvind Eye Institute, Pondicherry.⁴

Method: 3 & 9 o clock position are marked. Following conjunctival peritomy, a 23G MVR blade is used to make two partial thickness, 3mm linear scleral tunnels at the marked meridian 1.5 mm away from limbus.

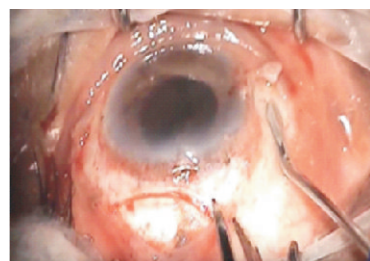


Figure 1:

The tunnels are created in an anticlockwise direction. Anterior vitrectomy is performed and an AC maintainer placed. A 5.5mm self sealing sclerocorneal wound is made.

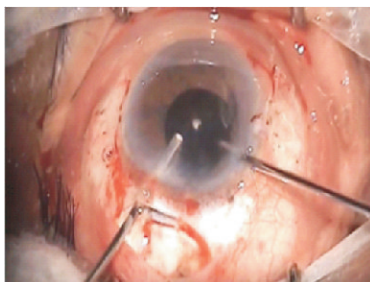


Figure 2 :

A 26G needle bent to 60° near the hub is inserted 1.5mm behind the limbus, near the 3 o clock scleral tunnel and brought out through the pupil and sclerocorneal wound.

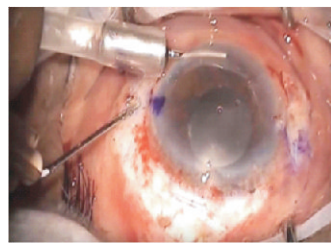


Figure 3:



Figure 4:

4mm of leading haptic of a 3 piece IOL is inserted into the needle and the needle is exteriorised through the sclerotomy.

The haptic is then tucked into the tunnel. Similar manoeuvre is performed near the 9 o clock tunnel and the trailing haptic exteriorised.

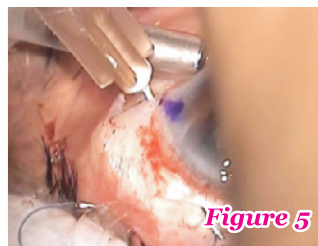


Figure 5

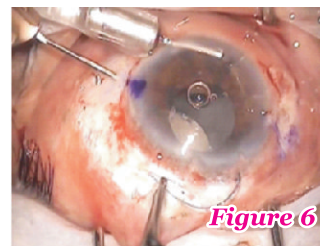


Figure 6

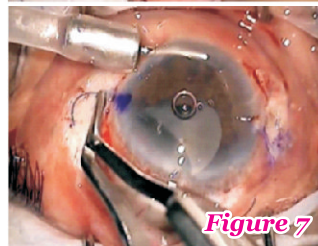


Figure 7

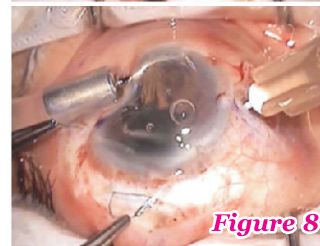


Figure 8

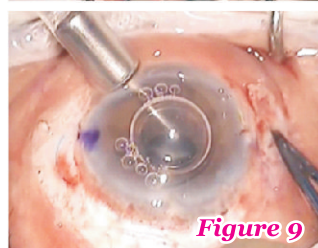


Figure 9

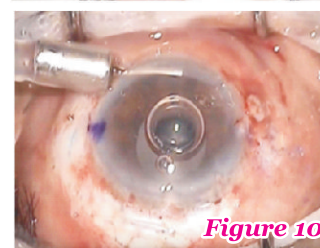


Figure 10

IOL centration is adjusted. AC maintainer is removed and conjunctiva closed.

Result: 5 cases have been performed by single surgeon (SM). At 6 month follow up of all patients, SFIOL was stable with improvement of visual acuity in all patients.

References :

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