

30th International Conference on Insights in Ophthalmology

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June 07-08

WEBINAR

Hardik Parikh, J Clin Exp Ophthalmol 2021, Volume 12

Phakic IOL Explantation- Obvious Solution for Seemingly Complex Problem

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Purpose: Phakic IOLs (Intraocular lens) were introduced for correcting higher refractive errors or other contraindications to LASIK like thin cornea and give spectacle independence. However, they have few complications associated with their use one of them being cataract formation. Since Phakic IOLs implantation is an additive procedure cases where cataract formation occurs are simple to tackle where cataract can be extracted by phacoemulsification and a suitable Posterior chamber IOL (PCIOL) can be implanted.

Setting: Single surgeon case study in a private practice setting.

Discussion: We discuss a case where post Phakic IOL cataract formation occurred 4 years after primary surgery. Phakic IOL explantation was planned and it turned out to be more complex than usual because routine and simple techniques of removal were not applied. However uneventful explantation of Phakic IOL was completed followed by clear corneal phacoemulsification and implantation of monofocal PCIOL.

Results: Postoperatively day 1 UCVA for distance was on 0.8 on decimal scale and with reading add of +2.5D it was N6 in operated eye. There was mild wound oedema rest of cornea was clear and anterior chamber pigments 1+ with PCIOL in situ and well centered.

Conclusion: Phakic IOL explantation may be required in few cases where visually significant cataract develops. Explantation is a simple procedure if right techniques and instruments are used. Phakic IOL never gets fixed in sulcus as there is no fibrosis near its plate haptic placement in sulcus also they are very thin IOLs so removal is possible through a 2.8 mm incision.

Biography

Hardik Parikh is an experienced and well trained cataract and refractive surgeon who specialises in Multifocal IOLs, premium lenses and Toric IOLs. He has vast experience in LASIK surgery and Phakic IOLs to correct refractive error. He has presented at various national and international conferences.