Ausencia de soporte capsular. Solución refractiva.

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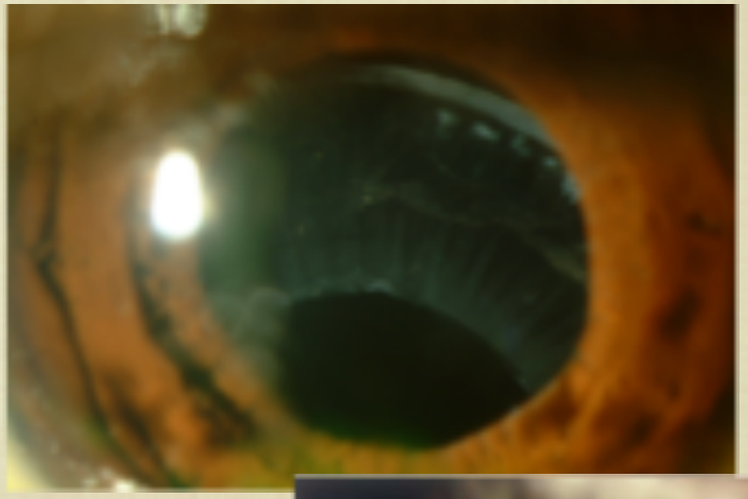
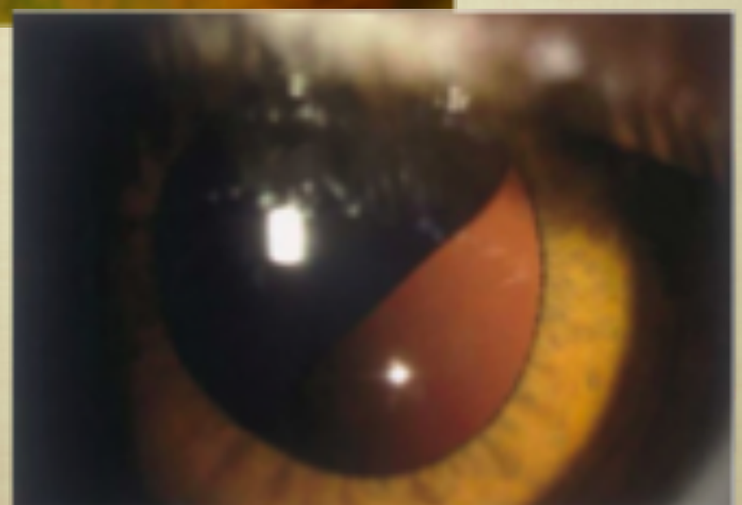
podemos evitar la aparición de ausencia de soporte capsular?

- “Hoy no es Posible”
- Complicaciones durante la cirugía.
- Luxaciones traumáticas
- luxaciones espontáneas
- luxaciones en pseudoexfoliación
- luxaciones en grandes miopes
- Sidrome de Marfan. Homocistenuria.





soluciones

- Cámara anterior

  Soporte en angulo

  ancladas en iris medio.....no pupila

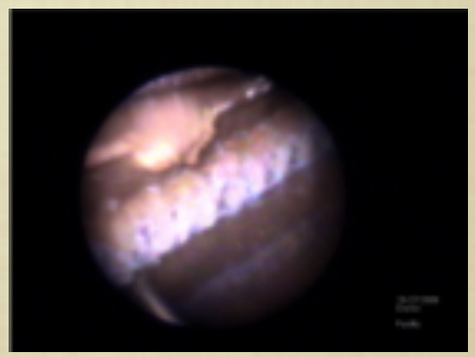
- Cámara posterior

  Suturadas a sulcus

  Ancladas en esclera

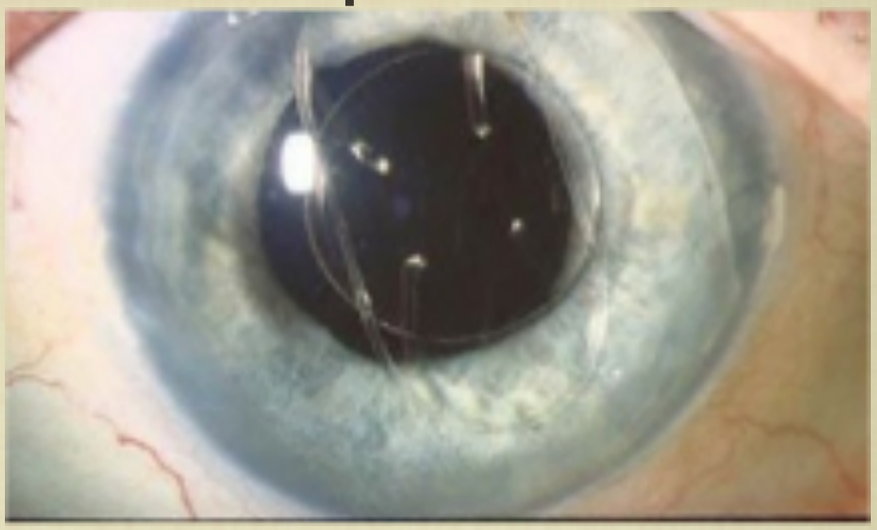
  Ancladas en superficie posterior de iris.

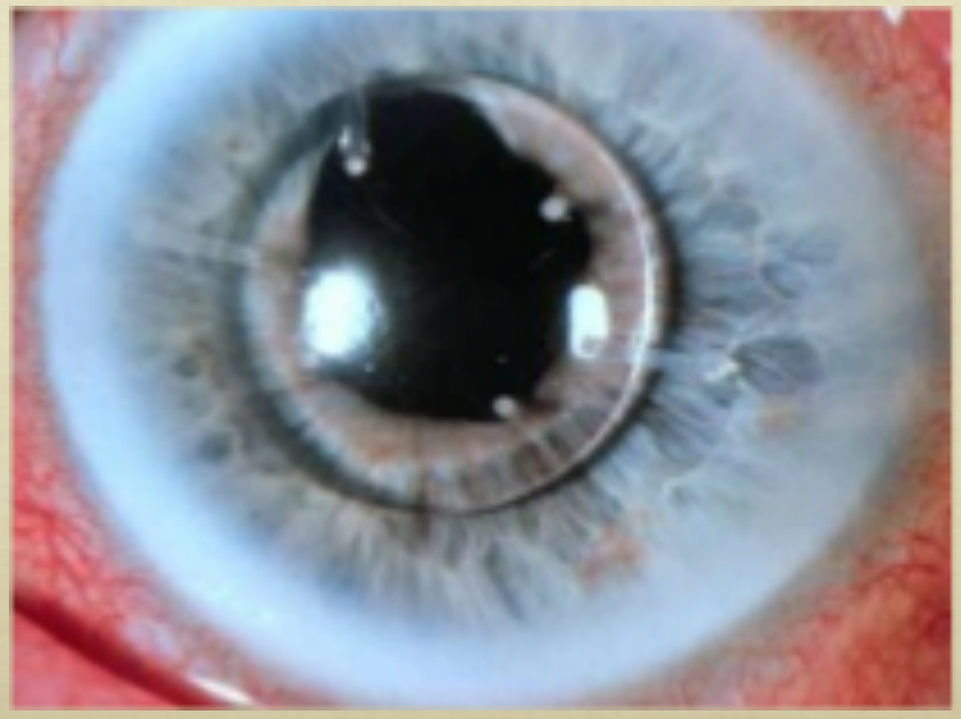
  Suturadas a iris



Primera lentes

- Sujeta a iris, Lente de Binkhost. “Iris clip” 1957.

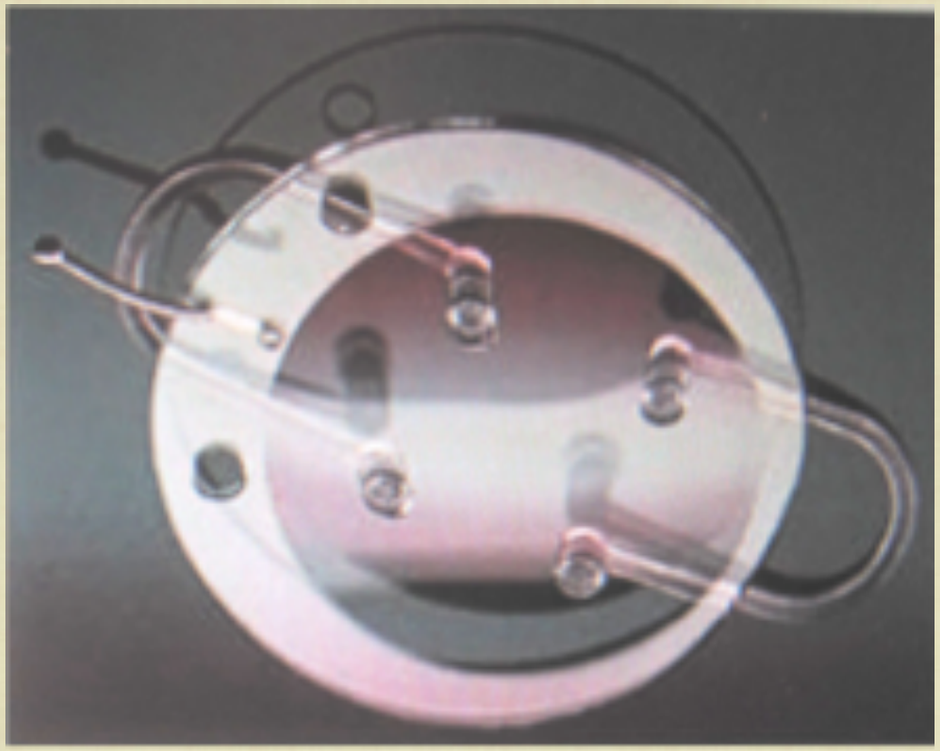




Subluxación en más del 20%

Lente Medallon

- Worts diseñó la lente Binkhost con dos agujeros para suturara a iris. (1969)

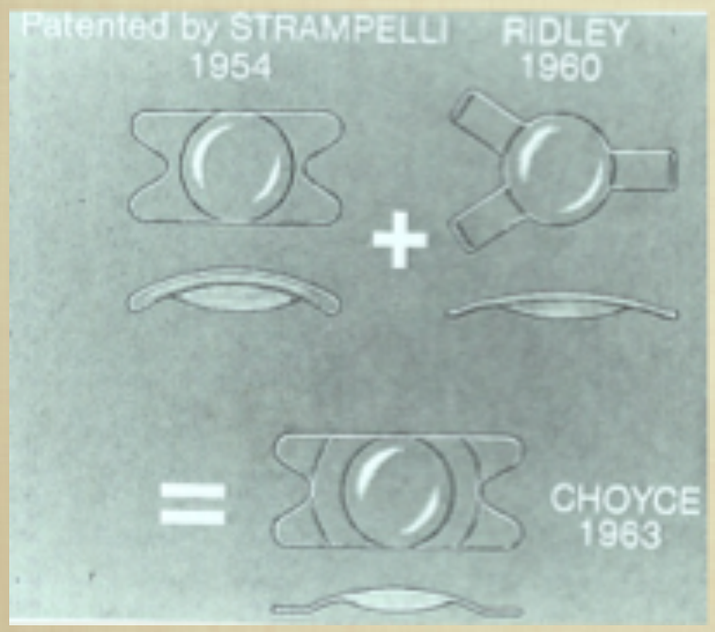


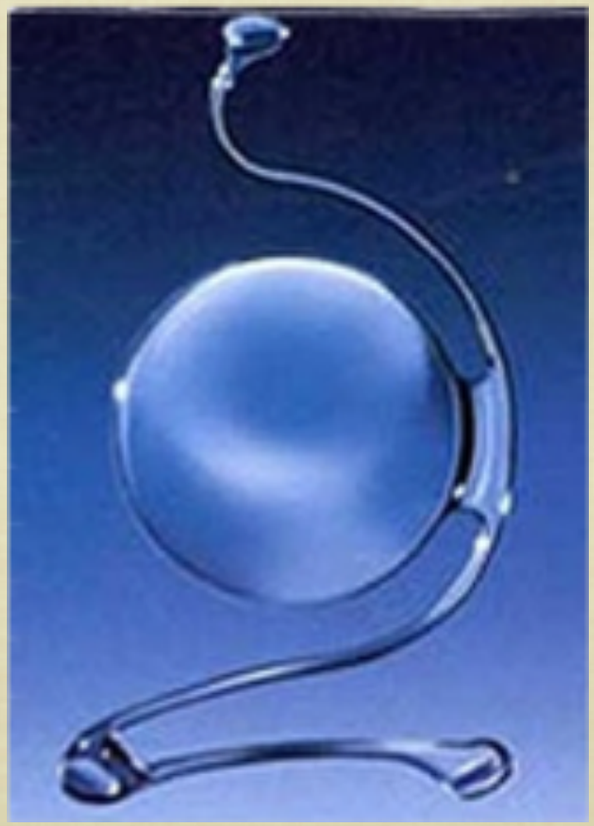
- Problemas de dispersión de pigmento y alto grado de pérdida endotelial.

- Dejaron de usarse

primeras lentes de cámara anterior

- lentes con apoyo angular

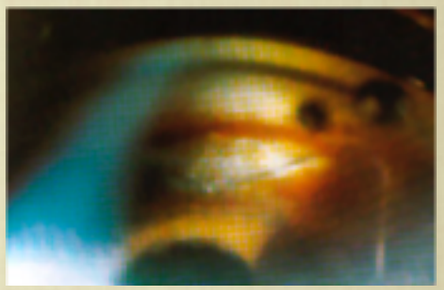




- Técnica fácil

cámara anterior. soporte angular

- problemas: edema córnea, glaucoma, sinequias, iritis, emc, pérdidas endoteliales, queratopatía bullosa,



A Report by the American Academy of Ophthalmology

Michael D. Wagoner, MD, Terry A. Cox, MD, PhD, Reginald George Ariyasu, MD, PhD, Deborah S. Jacobs, MD, Carol L. Karp, MD

Objective: This review was conducted to determine the safety and efficacy of open-loop anterior chamber, scleral-sutured posterior chamber, and iris-sutured posterior chamber intraocular lenses (IOLs) in eyes with inade- quate capsular support for posterior chamber implantation in the capsular bag or ciliary sulcus. It also attempted to determine whether there is a preferred IOL or fixation site of choice in eyes with inadequate capsular support.

Conclusions: The literature supports the safe and effective use of open-loop anterior chamber, scleral- sutured posterior chamber, and iris-sutured posterior chamber IOLs for the correction of aphakia in eyes without adequate capsular support for placement of a posterior chamber lens in the capsular bag or ciliary sulcus. At this time, there is insufficient evidence to demonstrate the superiority of one lens type or fixation site. Precise determination of small differences in visual outcome or complication rates will require a large prospective, randomized clinical trial. ***Ophthalmology 2003;110:840–859 © 2003 by the American Academy of Ophthalmology***

Comparison of Outcomes of Primary Anterior Chamber Versus Secondary Scleral-Fixated Intraocular Lens Implantation in Complicated Cataract Surgeries

TOMMY C.Y. CHAN, JASMINE K.M. LAM, VISHAL JHANJI, AND EMMY Y.M. LI

CONCLUSIONS: **This study shows that there are no long- term differences in the visual outcomes and complication profiles** after primary ACIOL or secondary scleral-fixated IOL implantation in a complicated cataract operation when capsular support is inadequate. (**Am J Ophthalmol 2015;**159:221–226. ! 2015 by Elsevier Inc. All rights reserved.)

Practice patterns of cataract surgeons at academic medical centers for the management of inadequate capsule support for intracapsular or sulcus intraocular lens placement during cataract surgery

February 2016 Volume 42, Issue 2, Pages 239–245, MD, Ingrid U. Scott, MD, MPH
Correspondence information about the author MD, MPH Ingrid U. Scott
, Steven H. Tucker, BS, Vernon M. Chinchilli, PhD, George C. Papachristou, MD
From the Department of Ophthalmology (Sorenson, Scott, Tucker, Papachristou) and the Department of Public Health Sciences (Scott, Chinchilli), Pennsylvania State College of Medicine, Hershey, Pennsylvania, USA

Results

Sixty-seven (57.2%) of 117 confirmed survey recipients participated. Thirty-six (62.1%) said they felt comfortable placing scleral-fixated posterior chamber IOLs (PC IOLs) independently. Faced with inadequate capsule support, **58.6% would place a primary anterior chamber IOL (AC IOL), 29.3% would place a primary scleral-fixated PC IOL**, and 5.3% would leave the patient aphakic for secondary scleral-fixated PC IOL placement. Surgeons not comfortable placing scleral-fixated PC IOLs were most likely to choose primary AC IOLs (77.3%). Surgeons comfortable placing scleral-fixated PC IOLs were more evenly divided between primary AC IOLs (47.2%) and scleral-fixated PC IOLs (41.7%). Among surgeons who favored primary scleral-fixated PC IOLs, 63.7% cited a decreased risk for long-term complications as their reason for IOL choice; 50.0% of surgeons who favored primary AC IOLs cited avoidance of a second surgery.

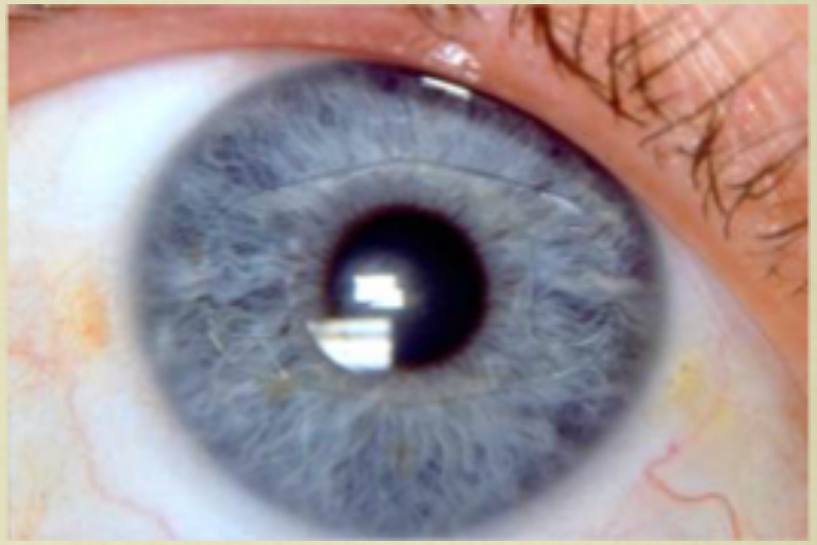
Conclusions

In general, **primary AC IOL placement was preferred in the setting of inadequate capsule support**, although less so among surgeons who were comfortable placing scleral-fixated PC IOLs. Lack of comfort with scleral-fixated PC IOL placement suggests a potential unmet training need in residency and fellowship programs.

J cataract Refract Surgery. February 2016Volume 42, Issue 2, Pages 239–245

cámara anterior.
iris medio.

- Pérdida endotelial
- Atrofia de iris
- mal centrado
- bloqueo pupilar
- buena opción en CA amplia.
- edema macular



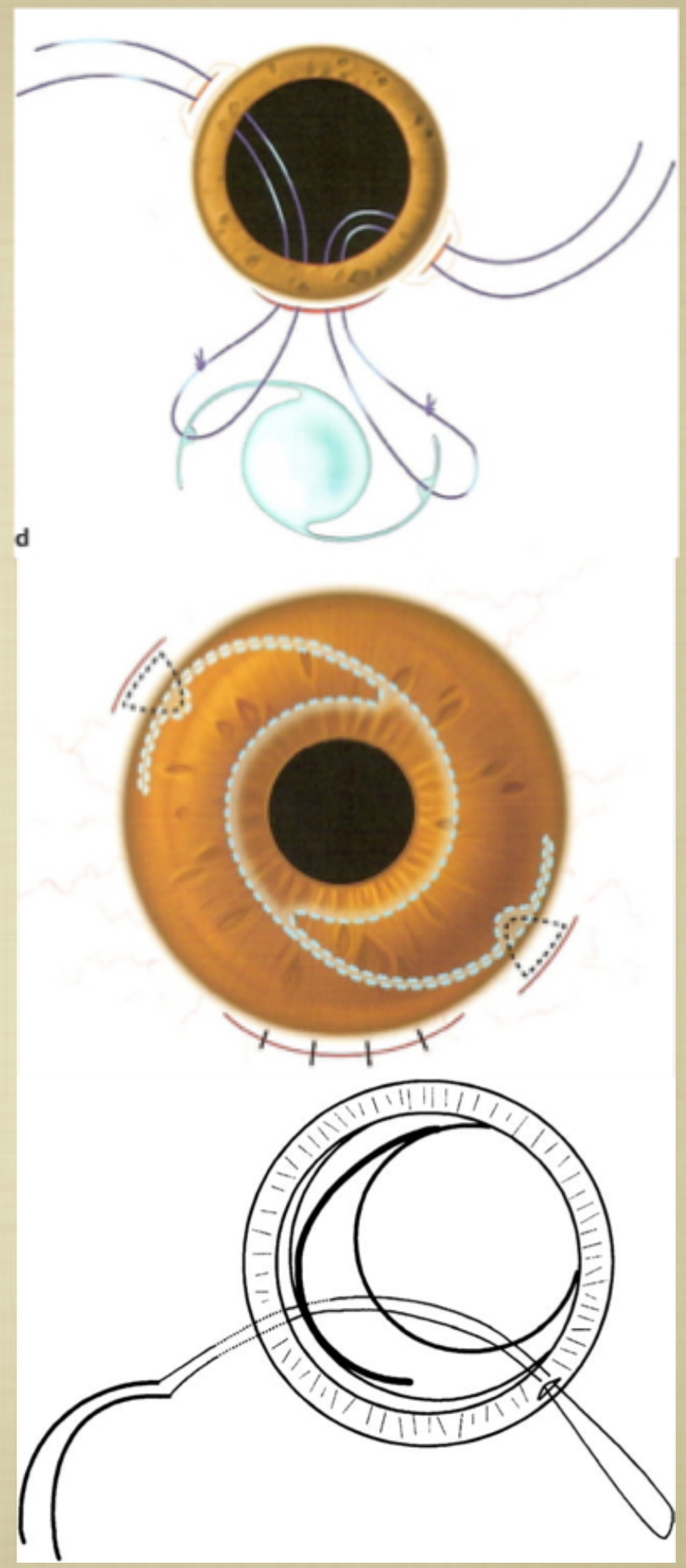
DE SILVA S, ARUN K,ANANDAN M,GLOVER N, ET AL. IRIS-LAW INTRAOCULAR LENSES TO CORRECT APHAKIA IN THE ABSENSE OF CAPSULE SUPPORT. J Cataract Refract Surg 2011; 37:1667–1672. 116 OJOS. OXFOR.

posición ideal

- “cámara posterior”
- inconvenientes:
  - Posibles luxaciones,inclinación,inflamación, por contacto de cuerpo ciliar, hemorragias, endoftalmitis.
  - edema macular

cámara posterior suturadas a sulcus.

- inclinacion y descentrado
- uveitis de repetición
- hemorragias recurrentes
- exposición de sutura,riesgo endoftalmitis
- Edema Macular
- erosión de la sutura con posible luxación a vítreo.



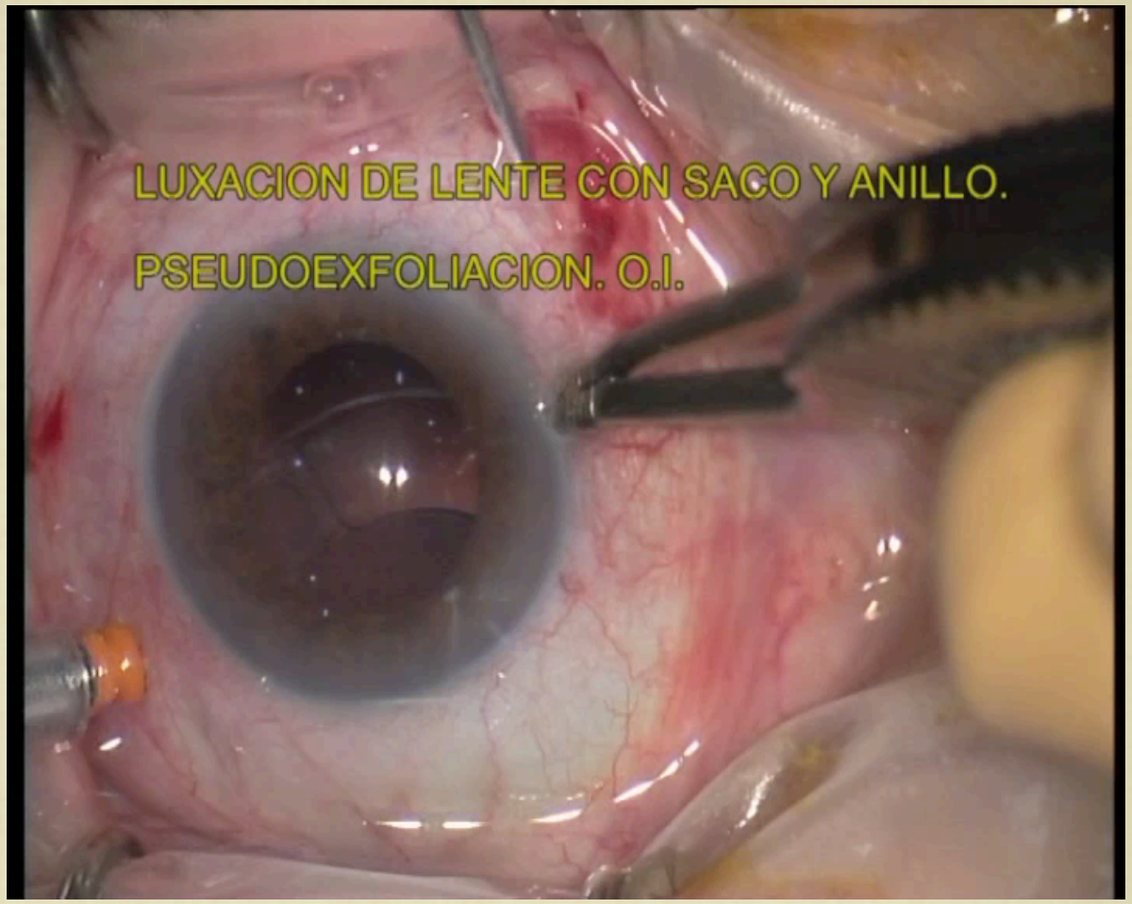
Review

Scleral-Fixated Intraocular Lenses:
Past and Present

Maxwell S. Stem, MD[1], Bozho Todorich, MD, PhD[1],
Maria A. Woodward, MD, MS[2], Jason Hsu, MD[3], and Jeremy D. Wolfe, MD, MS

Journal of VitreoRetinal Diseases
2017, Vol. 1(2) 144-152

cámara posterior suturadas a iris.



- posibilidad de luxaciones
- hemorragias

Condon G.P. Simplified small-incision peripheral iris fixation of an Acrysof intraocular lens in absence of capsule support. j Caratact Refract Surg 2003;29:1663-1667.
Gimbel H, Condon P,Kohnen T,Olson R. Late in-the bag intraocular lens dislocation: incidence, prevention, and management. J catarat Refract Surg 2005;31:2193-2204

cámara posterior anclada retro-iris

- ovalización pupila.
- descentrado
- edema macular
- luxacion
- hipema
- uveitis
- hipertensión

GONNERMANN J,KLAMANN M,MAIER A,RJASANOW J, ET AL.
VISUAL OUTCOME AND COMPLICATIONSAFTER POSTERIOR IRIS-CLAW APHAKIC IOL IMPLANTATION.
J CATARACT REFRACT SURG 2012;38:2139-2143
137 OJOS.BERLIN

Klin Monbl Augenheilkd. 2014 Aug;231(8):784-7.

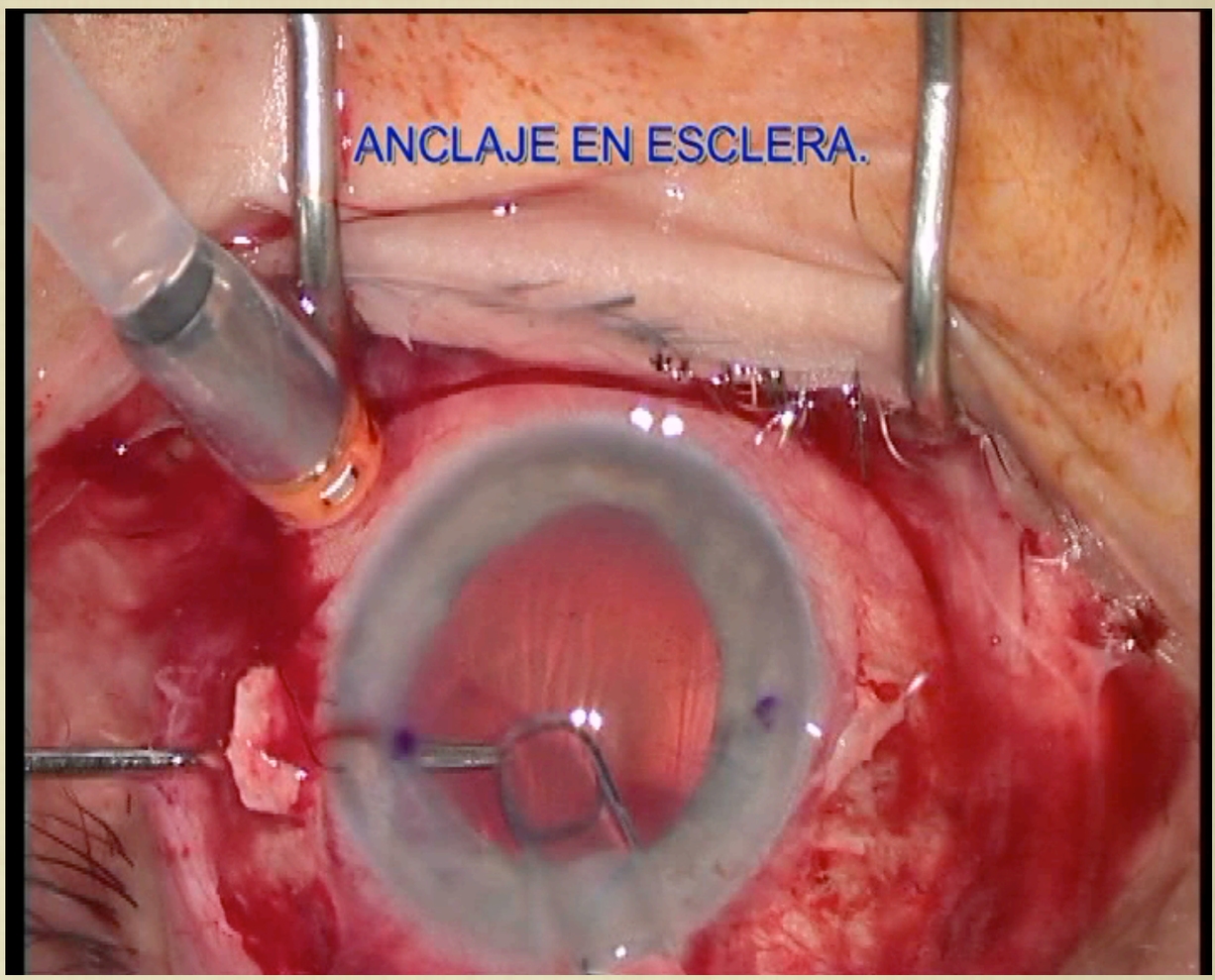
[Endothelial cell loss after retropupillary iris-claw intraocular lens implantation].

Gonnermann J[1], Amiri S[1], Klamann M[1], Maier AK[1], Joussen AM[1], Rieck PW[1], Torun N[1], Bertelmann E[1].

Complications included cystoid macular oedema in 4 eyes (6.4%), early postoperative hypotony in 2 eyes (3.2%), pupil ovalisation in 2 eyes (3.2%), traumatic iris-claw IOL disenclavation in 2 eyes (3.2%) and spontaneous IOL disenclavation in one eye (1.6%).

cámara posterior anclada en esclera

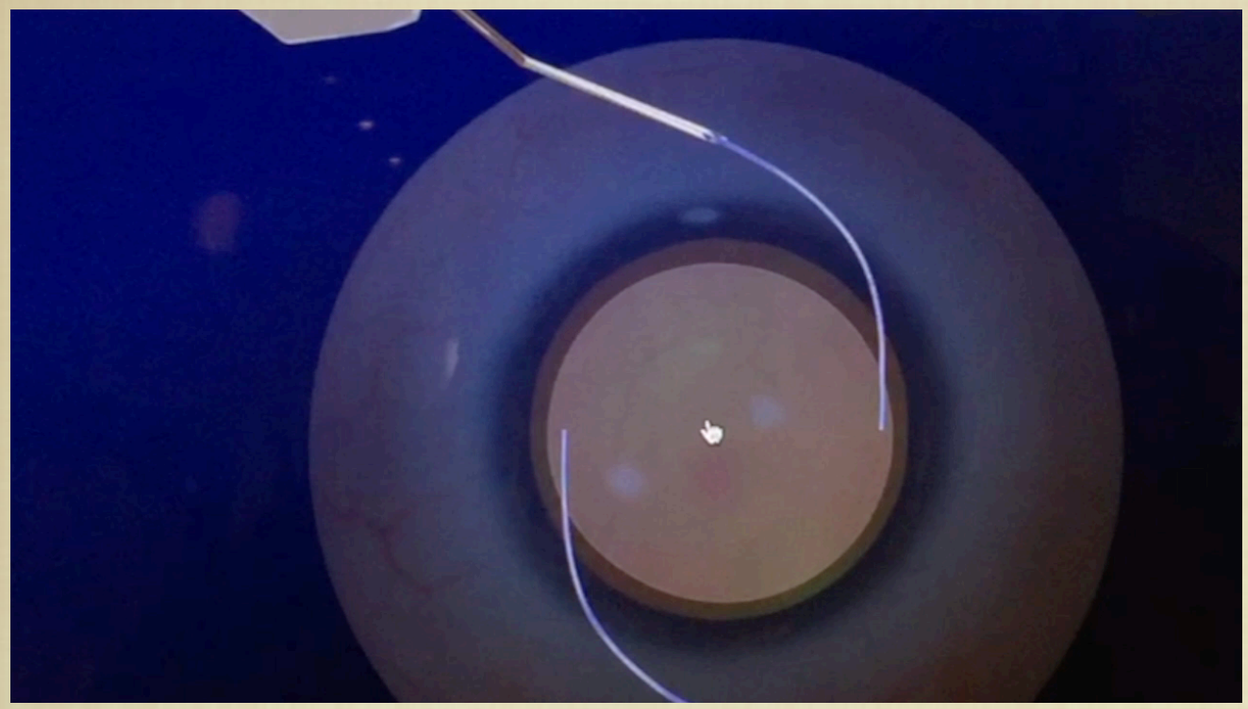
- VARIAS TÉCNICAS
- LUXACION ESPONTANEA Y TRAUMATICA
- HEMO VITREA.
- EDEMA MACULAR

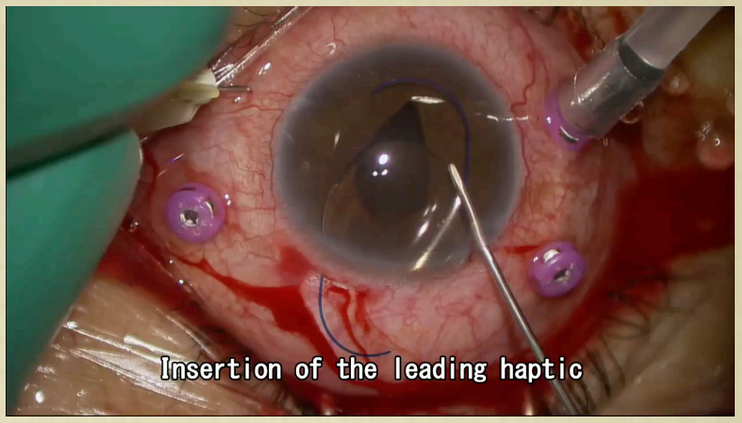


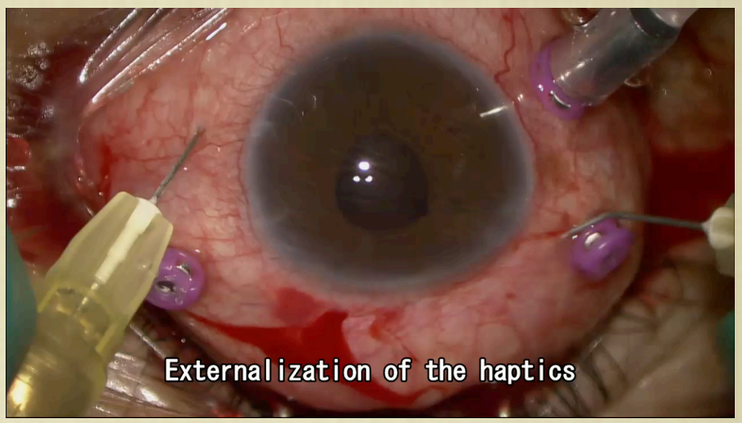
Gabor B. Scharioth, MD, Som Prasad, FRCOphth, Ilias Georgalas, MD, Calin Tataru, MD, Mitrofanis Pavlidis, MD.Intermediate results of sutureless intrascleral posterior chamb intraocular lens fixation. J Cataract Refract Surg 2010; 36:254–259.

Amar Agarwal, MS, FRCS, FRCOphth, Soosan Jacob, MS, DNB, FRCS, Dhivya Ashok Kumar, MD, Ashvin Agarwal, MS, Smita Narasimhan, MB BS, Athiya Agarwal, MD, DO. Handshake technique for glued intrascleral haptic fixation of a posterior chamber intraocular lens. J Cataract Refract Surg 2013; 39:317–322

cámara posterior: Nueva Técnica.







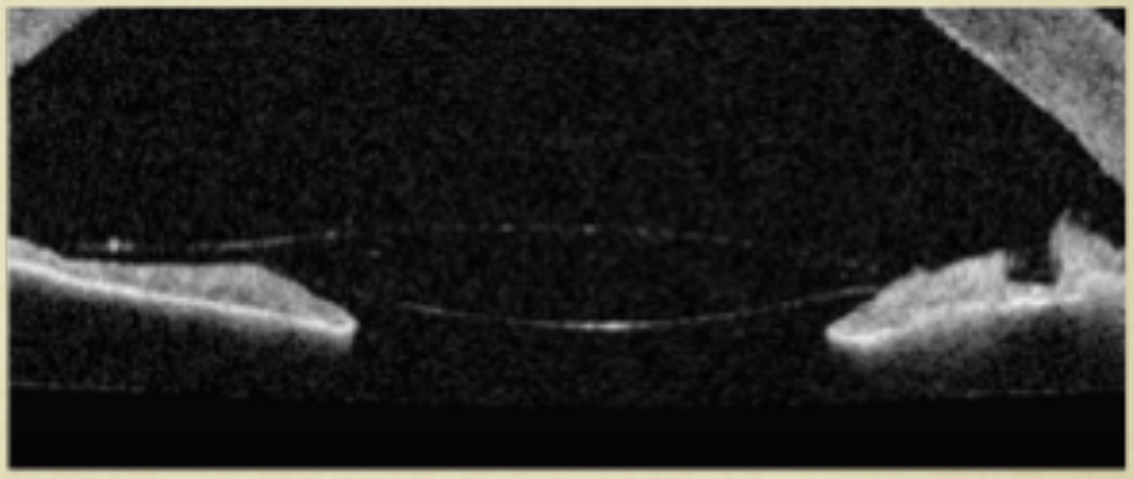
Flanged Intrascleral Intraocular Lens Fixation with Double-Needle Technique

Shin Yamane, MD, Shimpei Sato, MD, Maiko Maruyama-Inoue, MD, Kazuaki Kadonosono, MD

Ophthalmology 2017;124:1136-1142

cámara anterior

- técnica de implantación fácil.
- También tienen problemas....lesión ángulo...glaucoma.
- lesión endotelio
- edema macular



Método de implantación	Ventajas	inconvenientes
Cámara anterior	Técnica fácil Poco tiempo realización	Requiere estrutura del iris intacta. Problemas en endotelio y rotura de barrera hematoacuosa. Daño del angulo, glaucoma
Lentes ancladas a iris	Técnica poco complicada Poco tiempo de realización	Requiere suficiente superfie de iris en buen estado. Rotura babrrera hemato- acuosa
Suturadas a iris	Posición más fisiologíca de la lente. Separación del endotelio	Requiere iris en buen estado
Ancladas a Esclera	Independiente del iris. Separada del endotelio	Mayor tiempo operatorio Auemnto de hemorragia intraocular Posibilidad de aumento del riesgo de DR. Erosión de sutura y luxación ..endoftalmitis.

¿Técnica ideal?

- todas tienen ventajas e inconvenientes
- elección dependiendo de la experiencia del cirujano.
- cirujanos de polo anterior....C.ANTERIOR
- CIRUJANOS DE POLO POSTERIOR...C. POSTERIOR: SULCUS-ESCLERA-IRIS

NO VALEN ATAJOS....

- LENTES COLOCADAS EN CÁMARA POSTERIOR QUE TRAS LUXACION SE COLOCAN EN CÁMARA ANTERIOR.

- NO ES UNA OPCIÓN VALIDA.

- PERDIDAS ENDOTELIALES DEL 30%

- Tsutomu H, Takako H. Ten-years of anterior chamber fixation of posterior chamber intraocular lens. Arch Opthalmol. 2004;122:1112-1116.

elección

- no hay estudios multicentricos a largo plazo
- Camara anterior: ángulo---iris medio
- Camara posterior: anclada iris/esclera, suturada iris/esclera
- tener en cuenta las distintas situaciones clinicas

preferencias

- lente luxada con saco o anillo, sutura a iris
- ausencia de saco, 1.-lente artisan retro-iris.2.-anclaje en esclera

MUCHAS GRACIAS.