

Iris Claw IOL - When There Is No Posterior Capsule

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Objectives

- Description of IOL
- Indications for implantation
- Contraindications
- Surgical technique
- Advantages over AC and scleral-fixed IOLs
- Complications
- Studies

When there is no PC*:

- Leave PT aphakic
- AC IOL
- Sutured-in PC IOL
- Iris Claw IOL

History

- Iris-fixated IOLs appeared in the late 60s
- Dr Jan Worst – Invented the iris claw IOL in 1970
- Today it is used as a phakic IOL in developed countries (Artisan, Verysite)

Sputnik IOL



Iris Claw IOL

POSTERIOR IRIS CLAW

Model : PIC 5590

Optic : 5.50mm

Length : 9.00 mm

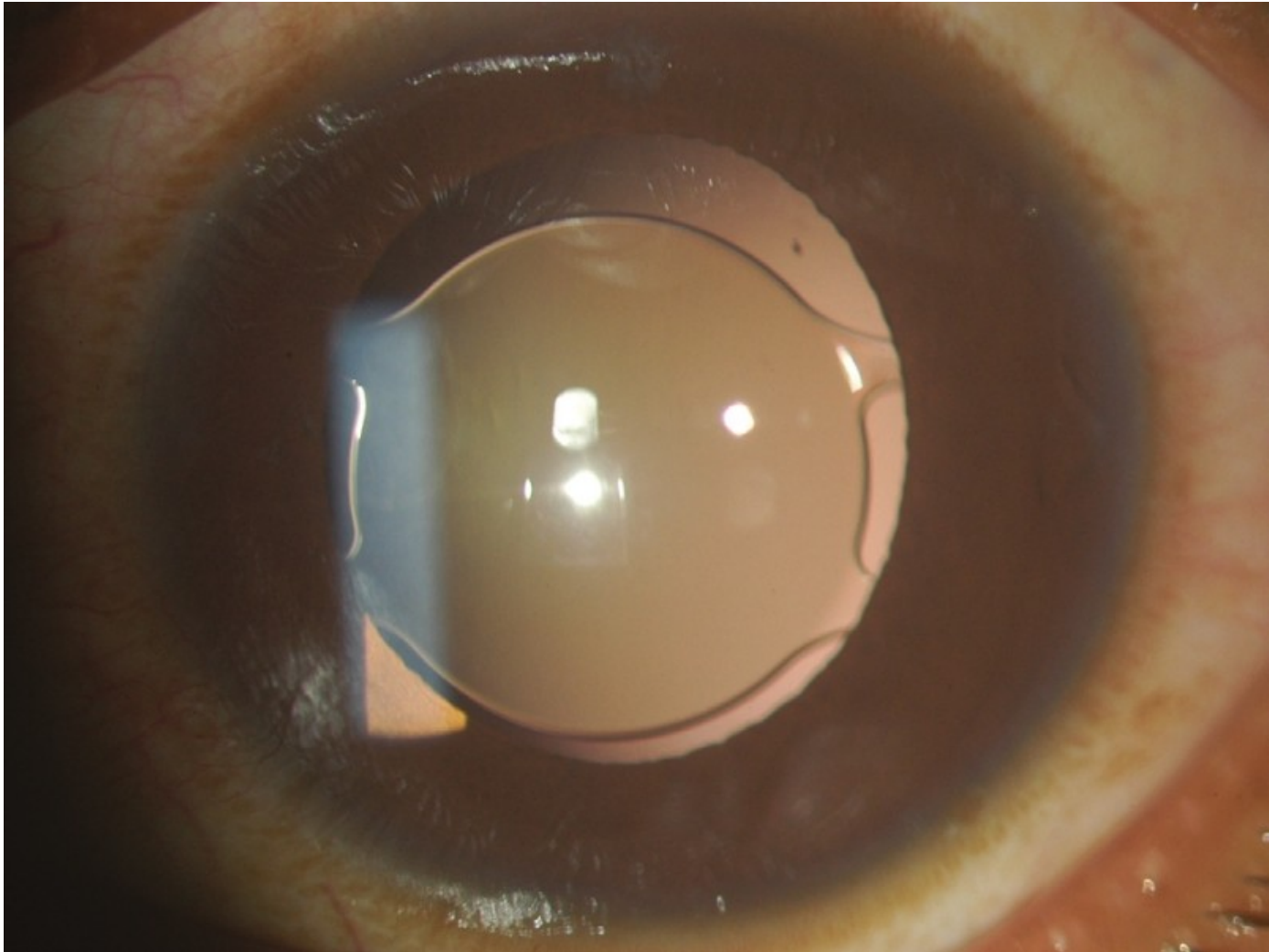
Claw cut : 0 deg

Single piece

Biconvex



Iris Claw IOL behind iris



Iris Claw IOL in front of iris



Indications

- Preoperative zonular dehiscence of any etiology:
 - Trauma
 - Marfan syndrome/ectopia lentis
- During surgery:
 - Large zonular dehiscence
 - Large PC rent
 - Whole bag removal
 - ICCE

Indications

- Postoperative PC IOL dislocation
 - Dropped IOL
 - Pseudoexfoliation
 - Trauma
- In aphakia as secondary IOL
 - After couching
 - Dropped lens 2 to trauma
 - Surgical aphakia

Indications - Where AC IOL is contraindicated

- Glaucoma
- Pediatric/young patients *
- Corneal endothelium unhealthy

Contraindications

- Uveitis
- Large iridectomy/sphincterotomy
- Iris atrophy
- Pseudoexfoliation

A-constant:

- Retropupillary: 117.0
- Prepupillary: 115.0

- Can order power of 20 D if do not want to order a range of powers

Price

- 20\$ from Appasamy
- Might be cheaper from other distributors
- Can factor in price to PC IOL

Special instruments needed: Only
lens holding forceps





Advantages vs AC IOL

- Can be implanted in OHT/glaucoma
- Less pseudophakic bullous keratopathy
- Less/no chronic uveitis
- Better results especially in settings without vitrector

Advantages vs scleral fixation

- Much faster surgery
- Much cheaper
- Much easier
- No special instruments/sutures/glues needed
- No suturing needed or just 1 suture into scleral incision

Complications

- Iris atrophy/pupil ovalization
 - Late dislocation
 - High IOP/ Secondary glaucoma
 - Decentration
 - CME
-
- Some might be 2 to the original pathology!

Studies

- India: 30 eyes, 6m f/u, no complications
- Portugal: 6 eyes, Marfan Pts, 6m f/u, no complications, Verisyse brand
- Portugal: 66 eyes, for dislocated IOL, 2 yrs f/u, minimal complications
- Germany: 137 eyes, 9% CME, 9% disloc, 1% TASS
- UK: 116 eyes, 2 yrs f/u, minimal compl.

Summary

- Iris claw IOL is a good alternative to the scleral fixated IOL, when AC IOL is contraindicated.
- It also has less long-term complications than AC IOL so can be used instead of it
- All of you should try it!!!

