

Pearls for refractive IOL exchange*

*Within the capsular bag

Steven G. Safran

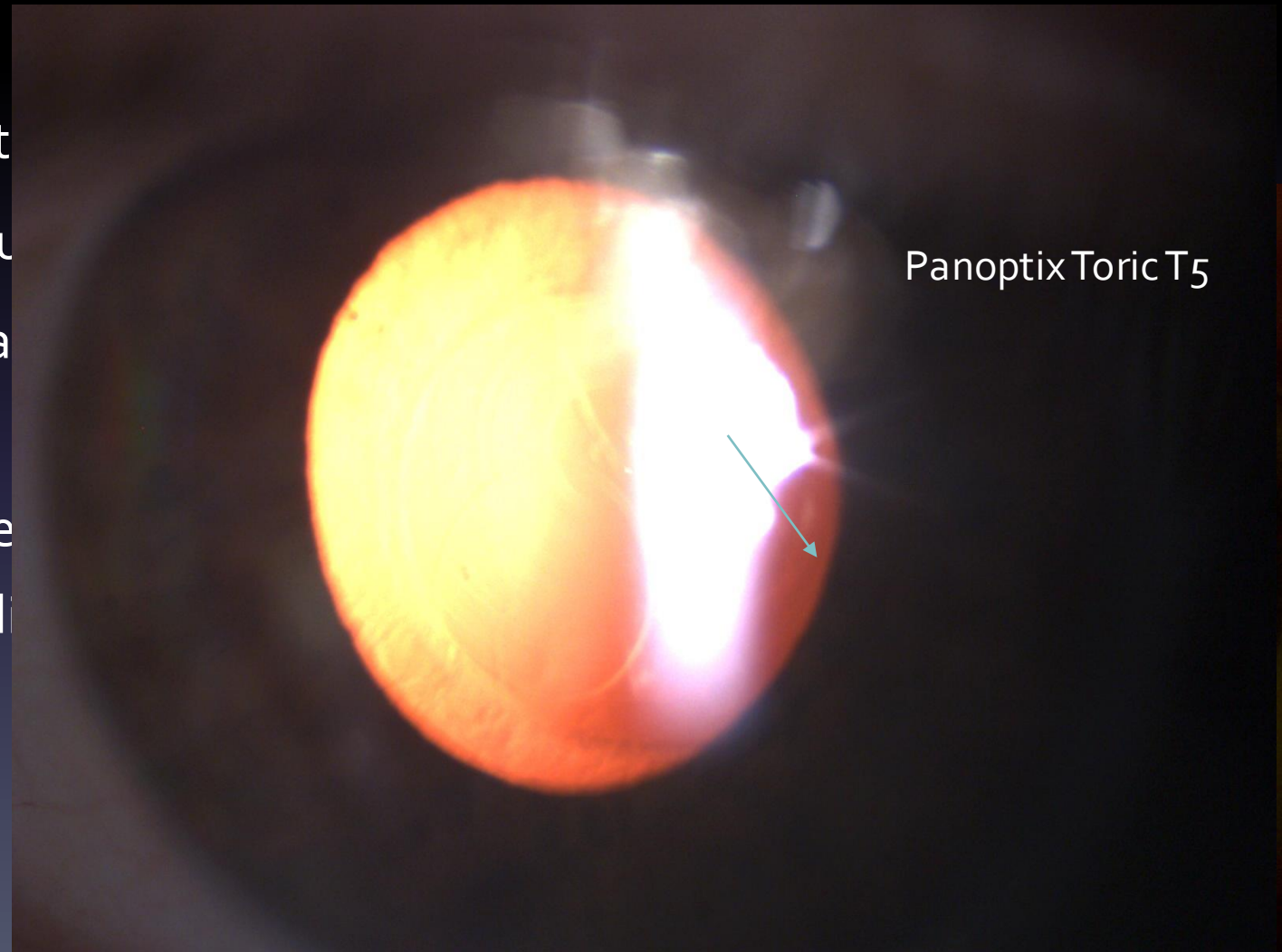
NOA 2026

Financial considerations:

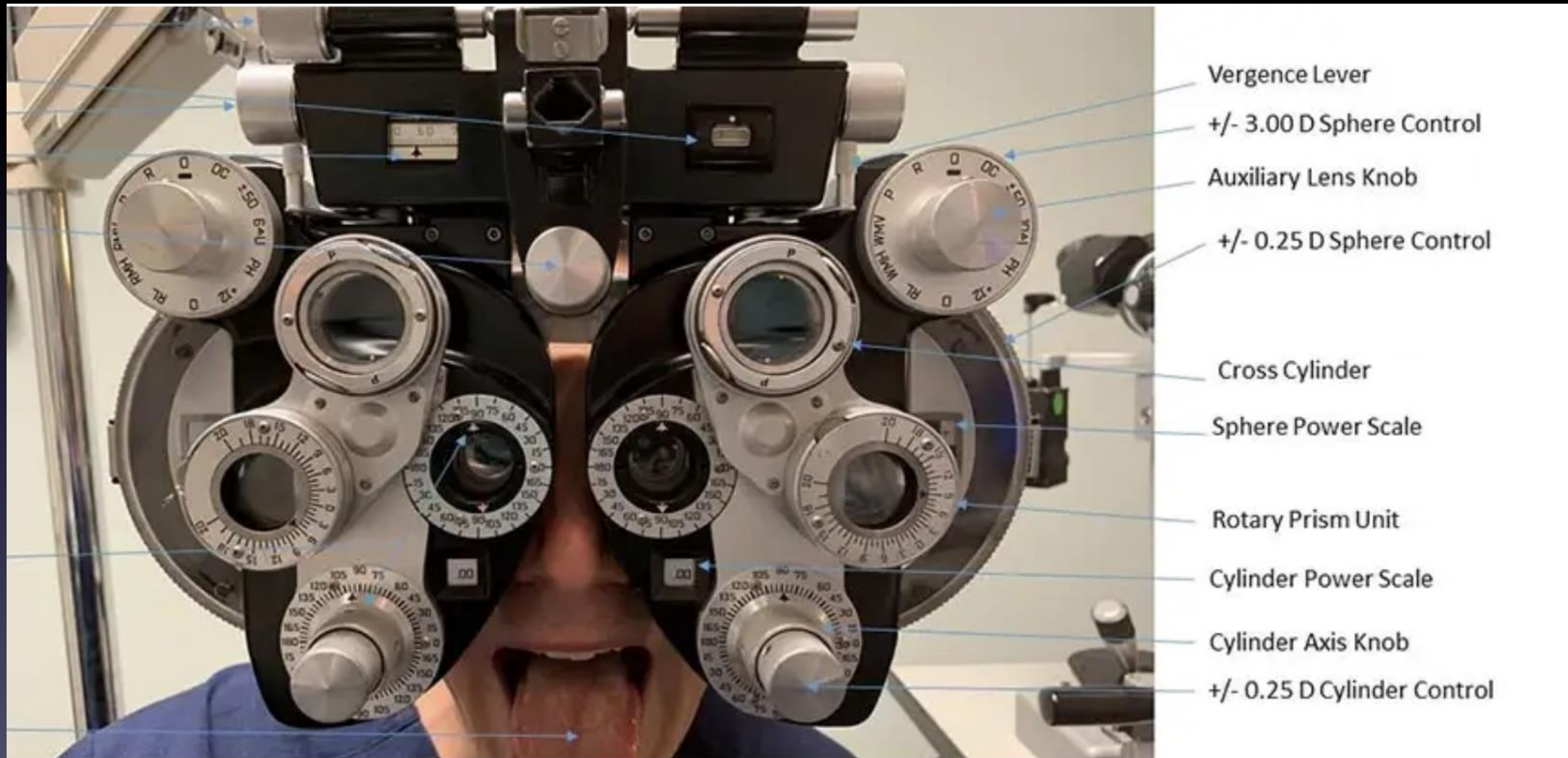
- Speaker for Haag Streit

Tip#1: Plan ahead when examining patient prior to lens exchange surgery

- Evaluate the rhexis size/ shape at slit
- Look carefully at the posterior capsule
- Evaluate the amount of fibrosis encountered with that
- If planning a toric replacement make to be removed and fibrotic tunnels deal with axis.



And refract patient carefully....



Planning the right replacement IOL power



have
te

akic

Have basal
sulcus,



Bail out
strategy!

able (for
examination)

Consider having a backup piggyback lens if
you are planning an exchange for higher
power!

For in the bag IOL exchanges

Use a 26 g Lasik Cannula to initiate
reopening of the capsular bag

26g lasik cannula to initiate reopening of capsular bag

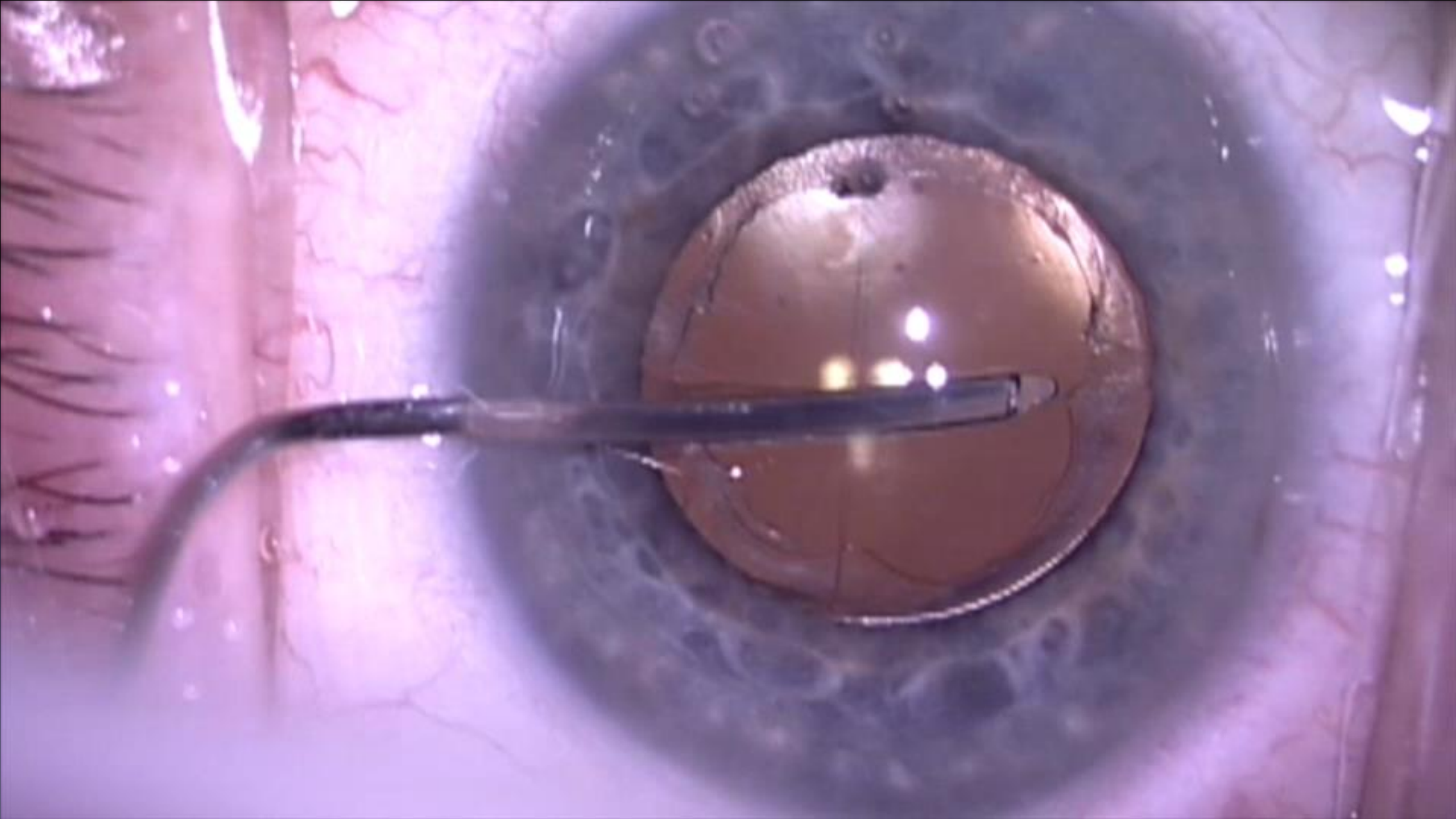
Ideal instrument to gently sneak under anterior capsule rim while avoiding damage to posterior capsule

Then inflate the capsular bag with viscoelastic before trying to free up the lens



Spatulated LASIK Cannula

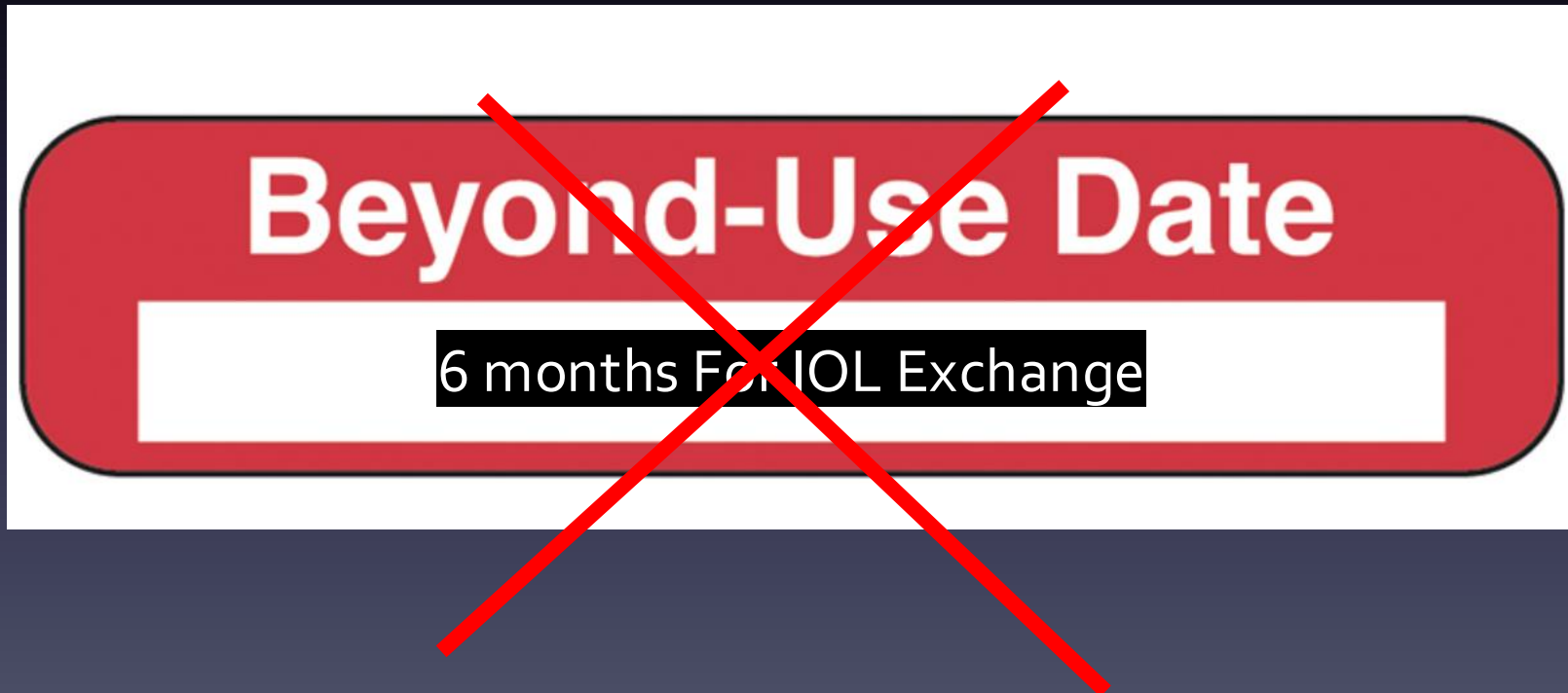
flattened spatulated tip
end opening
26 gauge



“IOLs can’t be safely removed
many years after cataract
surgery”



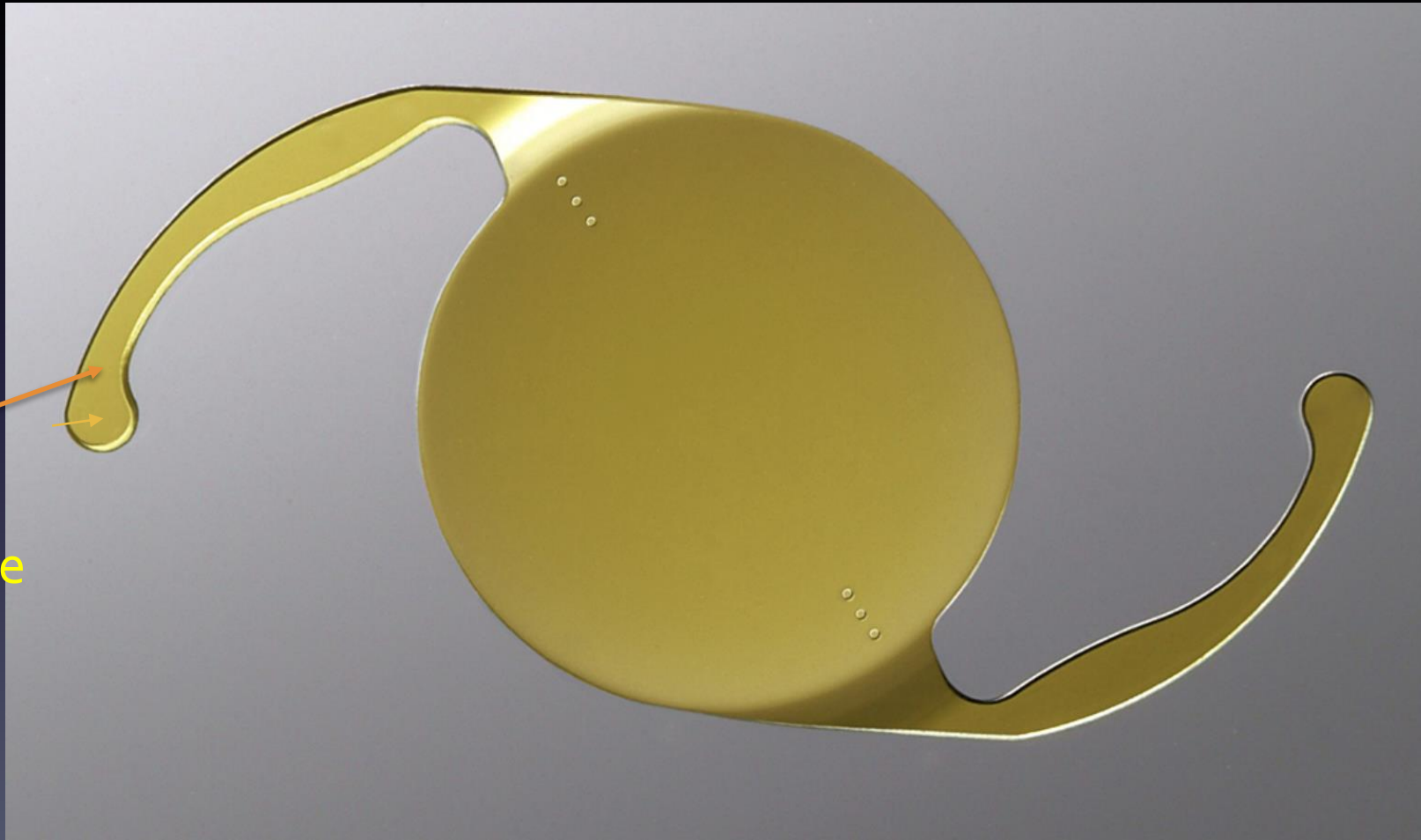
IOIs CAN be safely removed
many years after cataract
surgery



Extricate fibrosed haptics from the capsular bag with bimanual haptic stripping technique

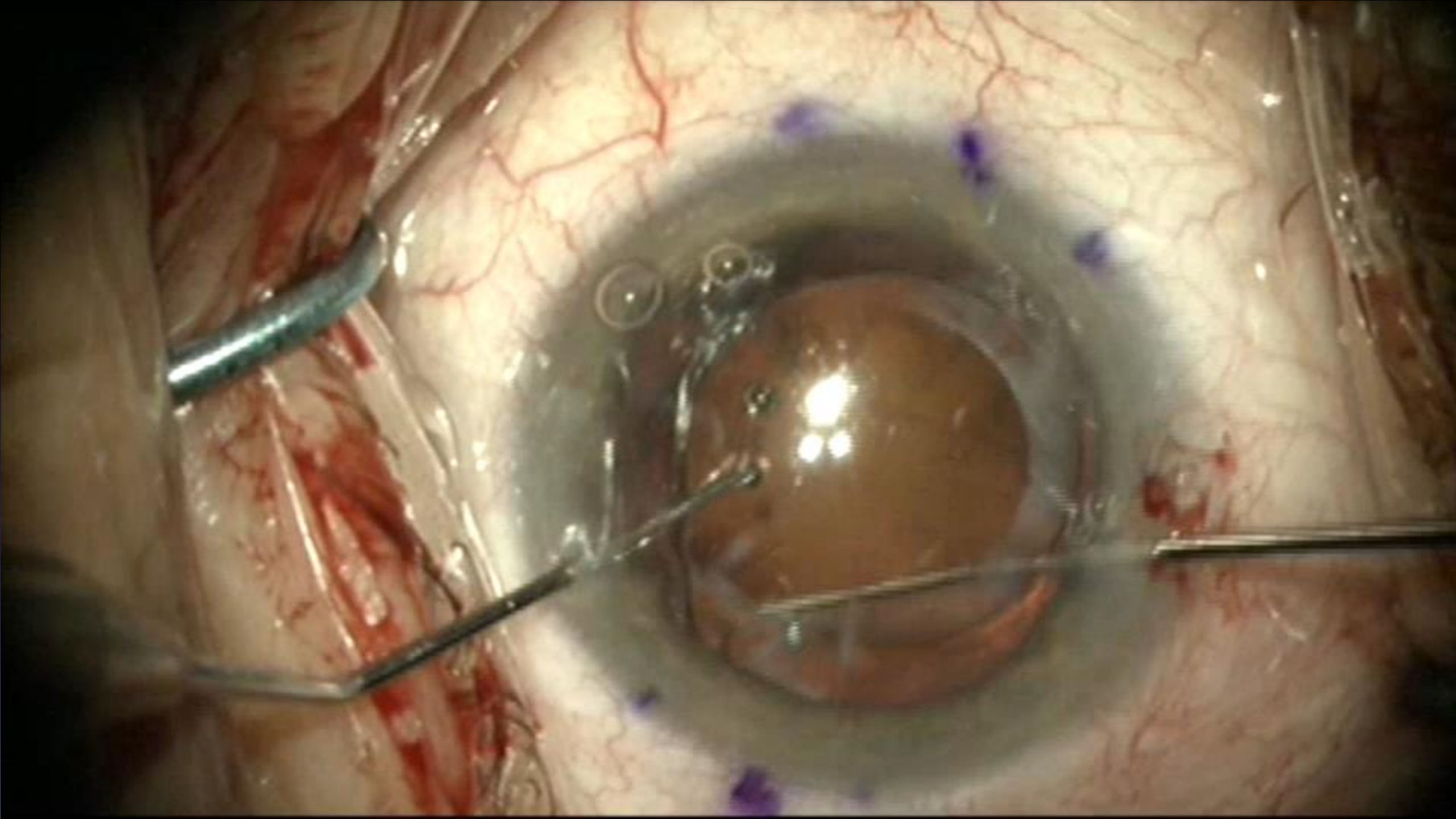
Adhesion between haptic and capsule may be stronger than zonules....if you just pull you may disinsert the bag

Acrysof point of resistance: terminal haptic



Need to strip
fibrosis off
end of haptic
to remove
safely

Point of resistance
to removal



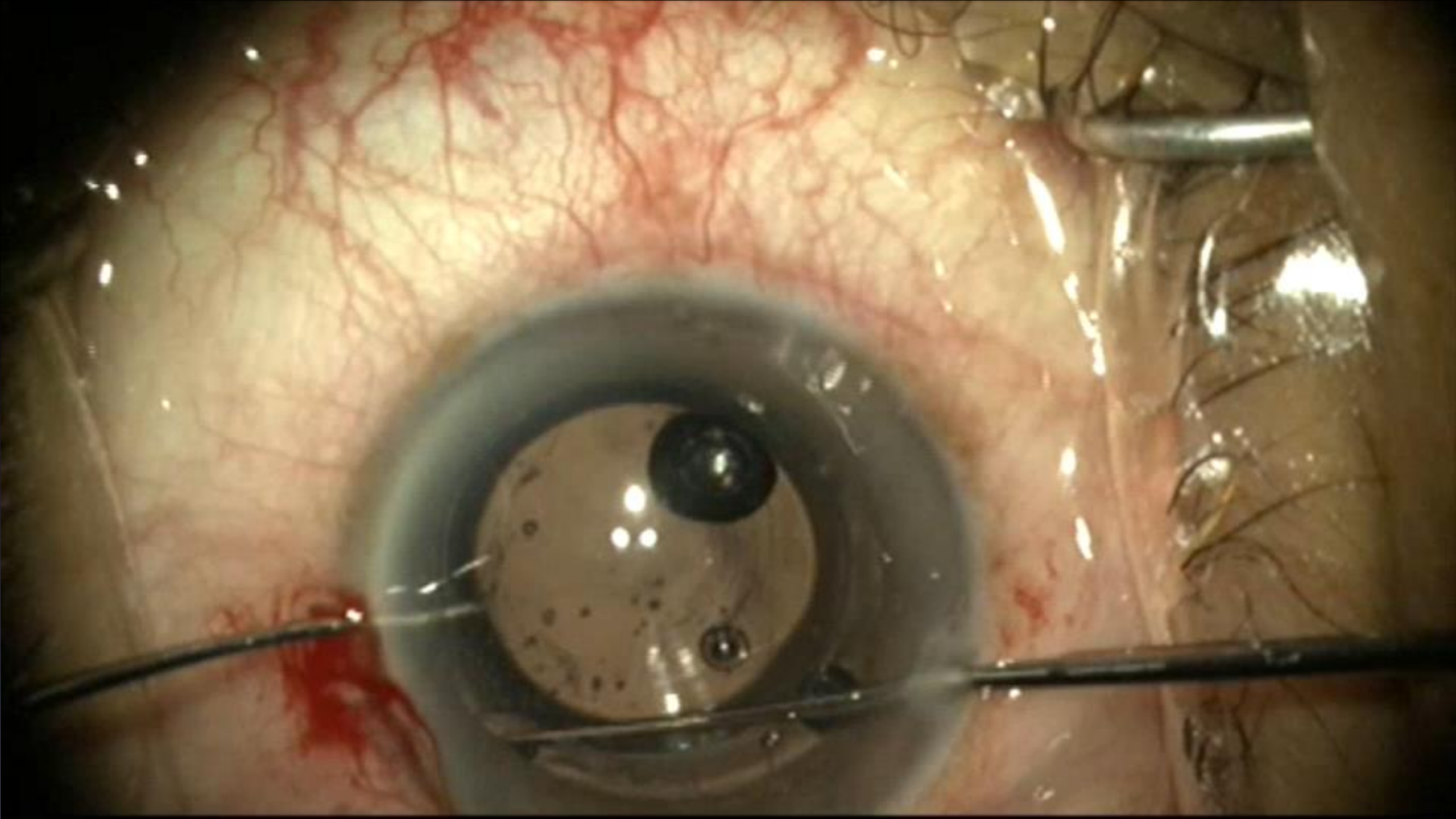
Tecnis point of resistance

Proximal haptic

Point of resistance
to removal

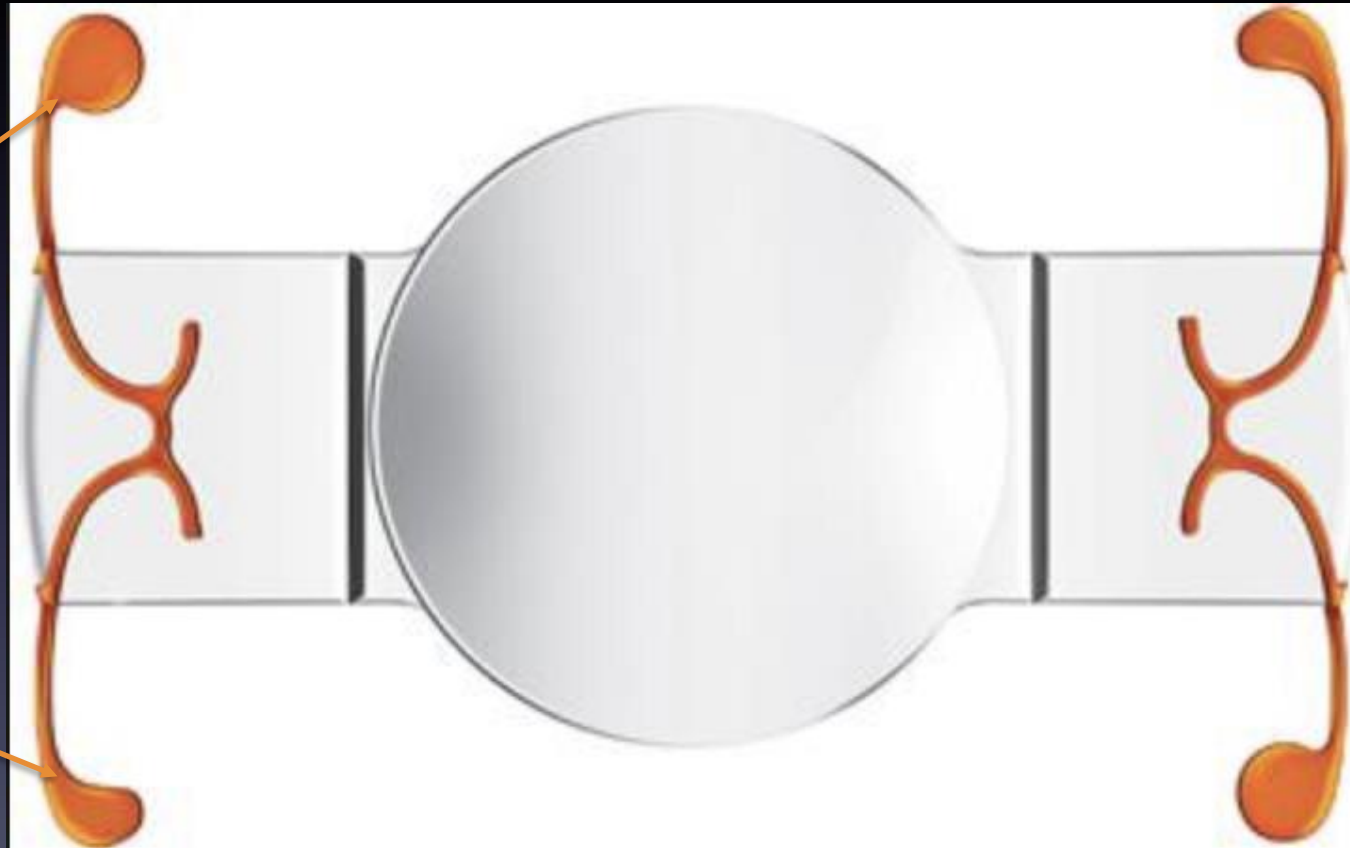


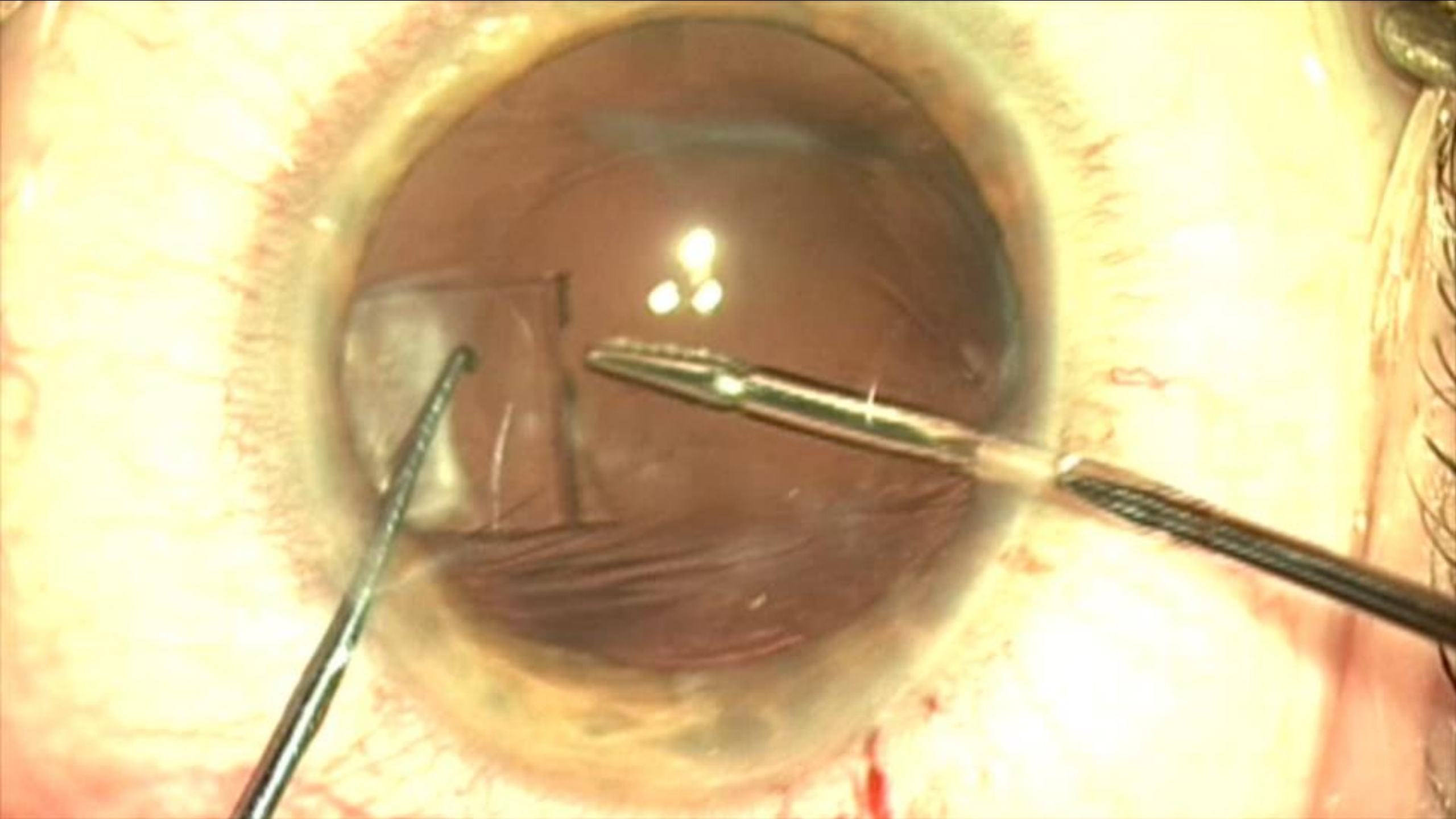
Need to strip
fibrosis over this
notch to free up
haptic



Crystallens point of resistance

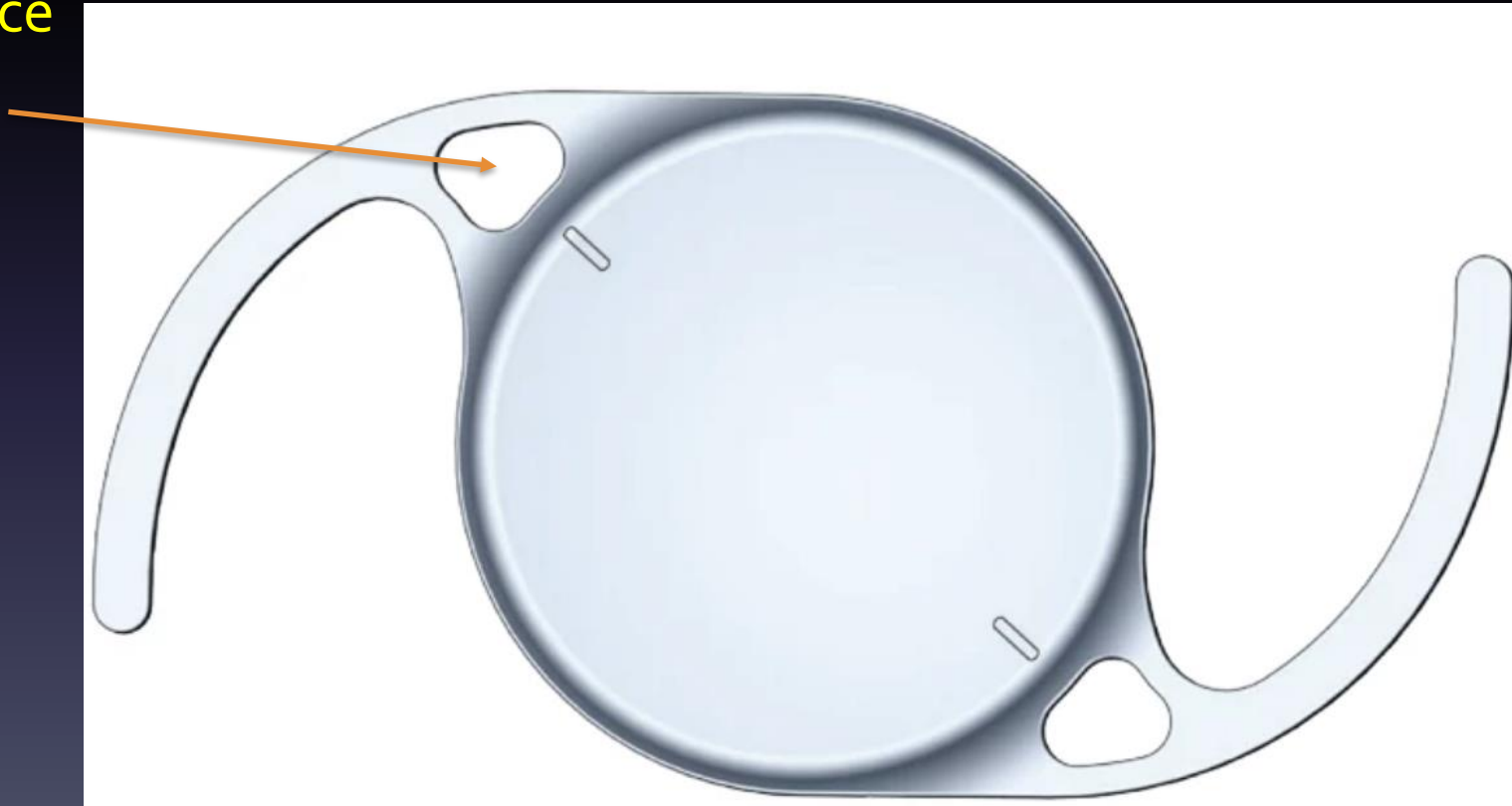
Points of resistance
to removal



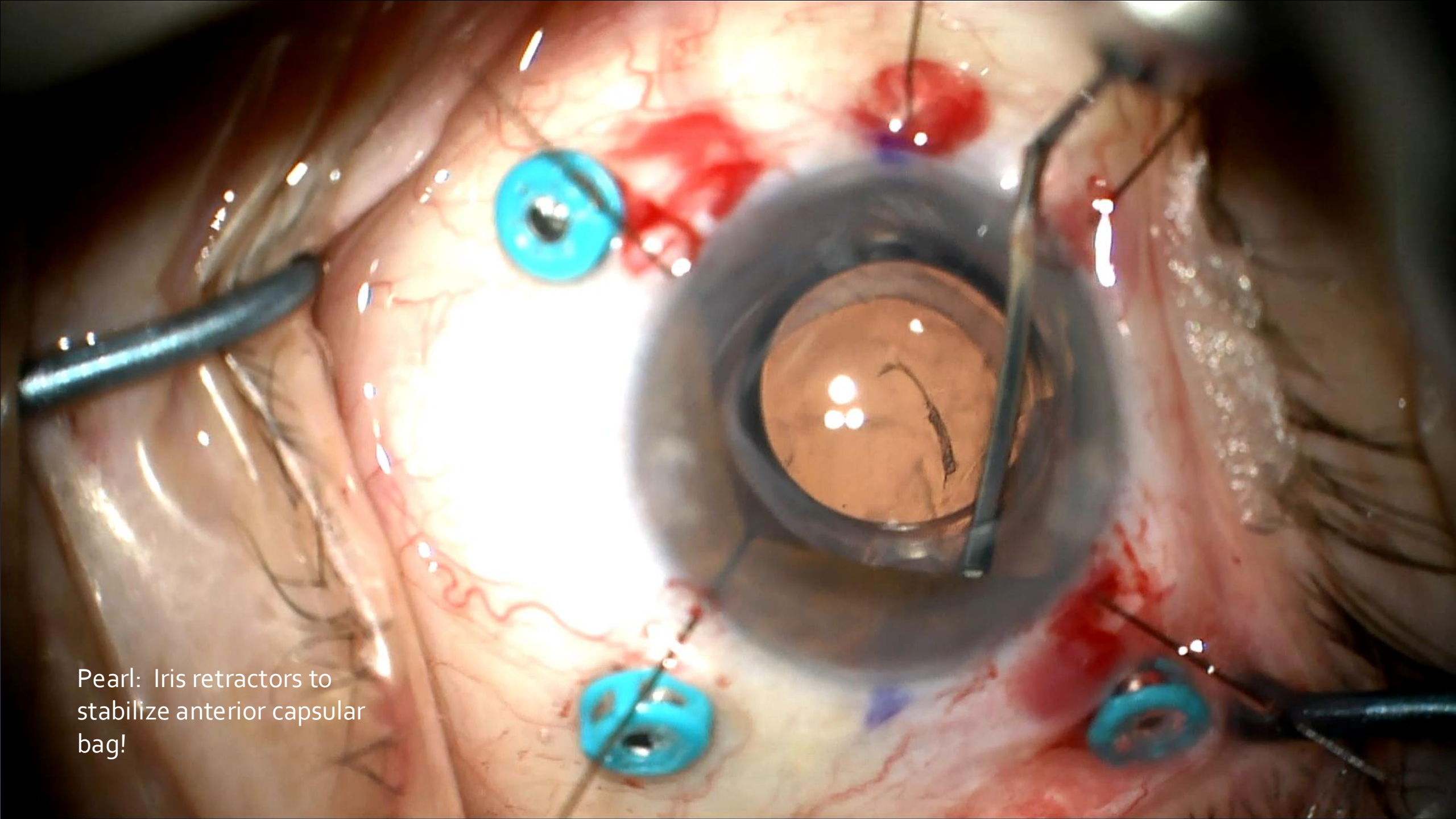


Envista point of resistance Hole in the haptic

Point of resistance
to removal



Need to free up
fibrosis growing
through this
opening

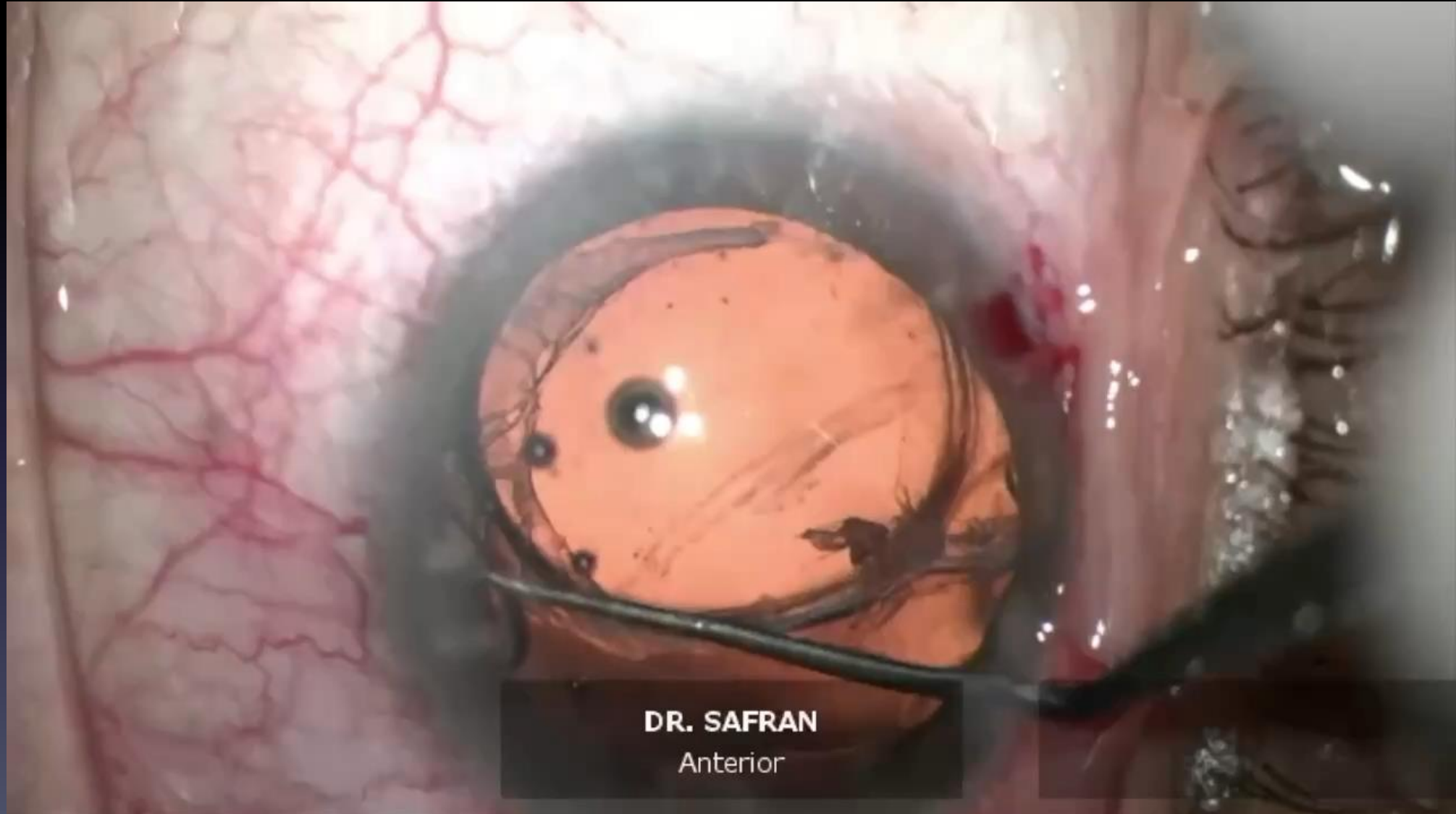


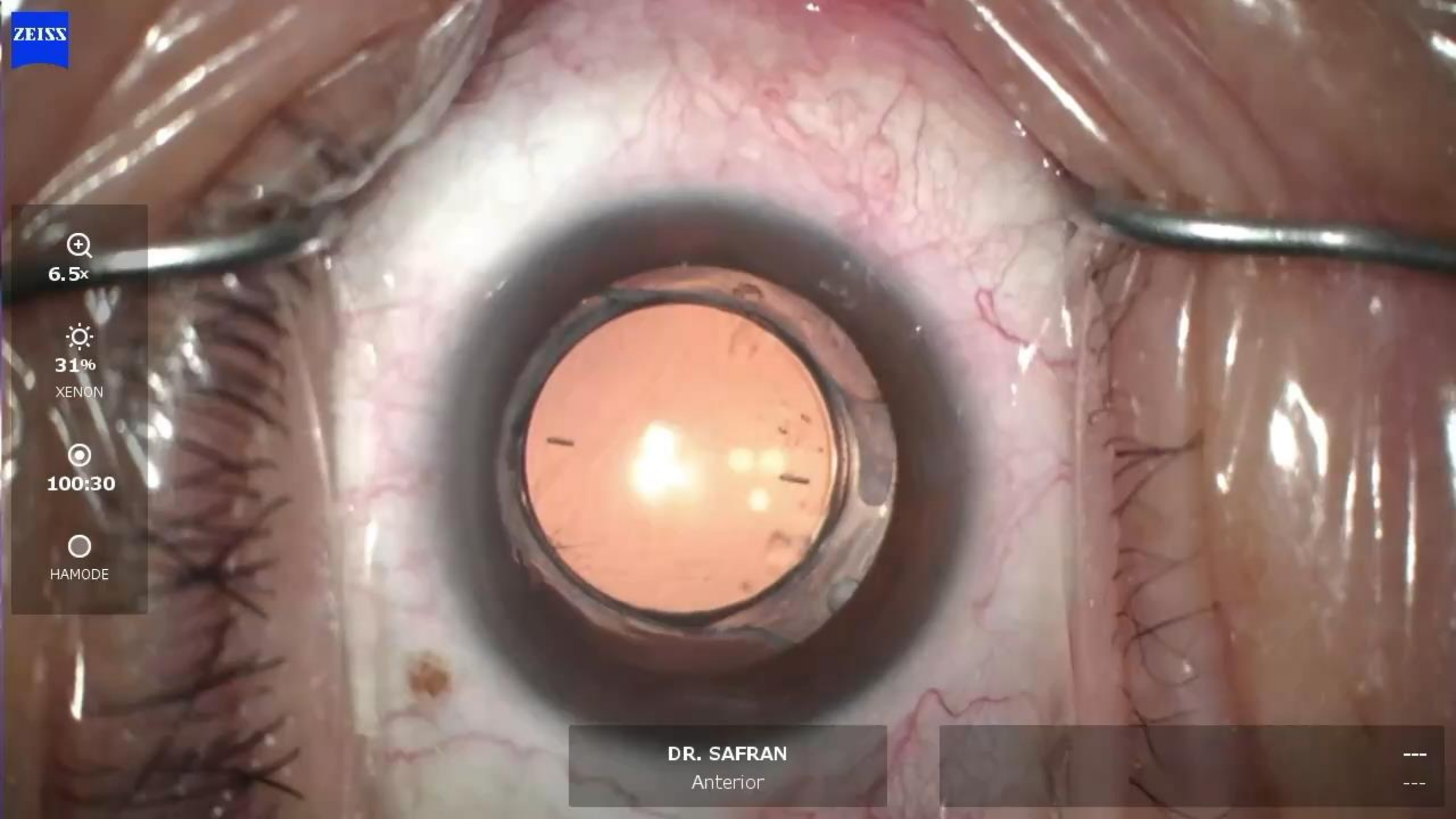
Pearl: Iris retractors to
stabilize anterior capsular
bag!

Rayner EMV/Galaxy: fibrosis grows through space in haptic

Hydrophilic acrylic material associated with more capsular fibrosis and contraction

These lenses can be extremely challenging to remove!





6.5x



31%

XENON



100:30



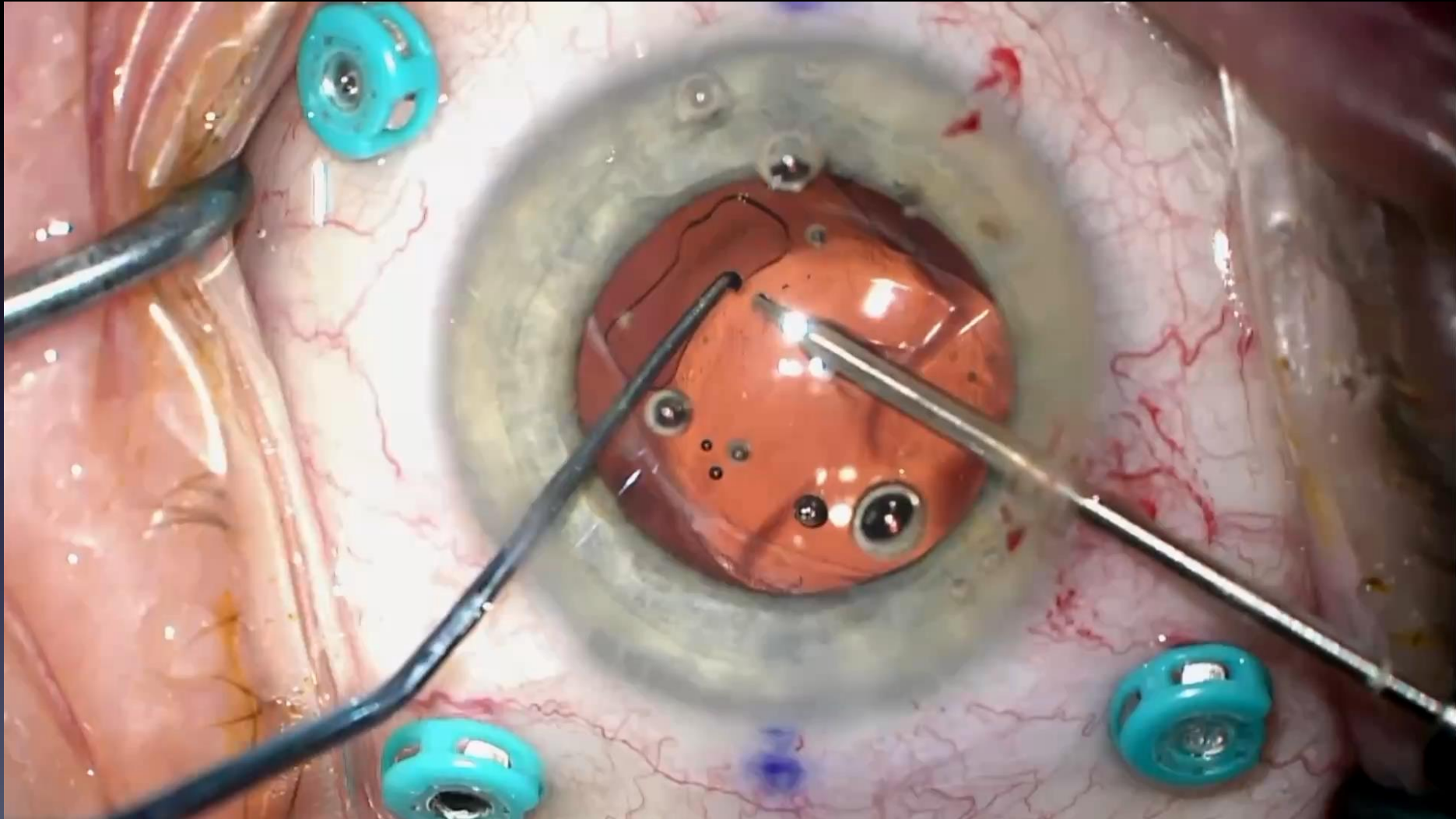
HAMODE

DR. SAFRAN

Anterior



Lenstec Clearview SBL-3: also has hole in haptic that fibrosis grows through

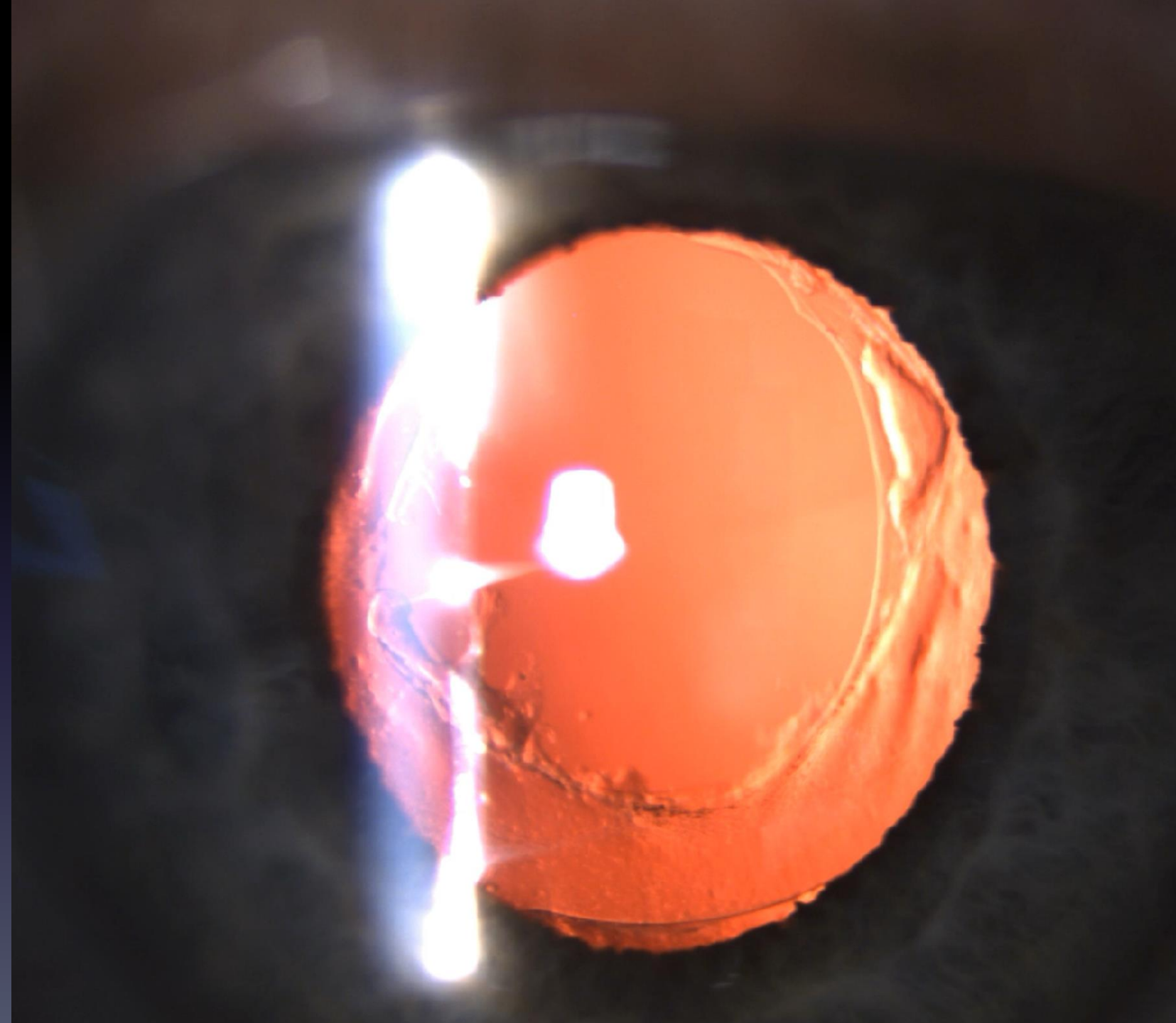


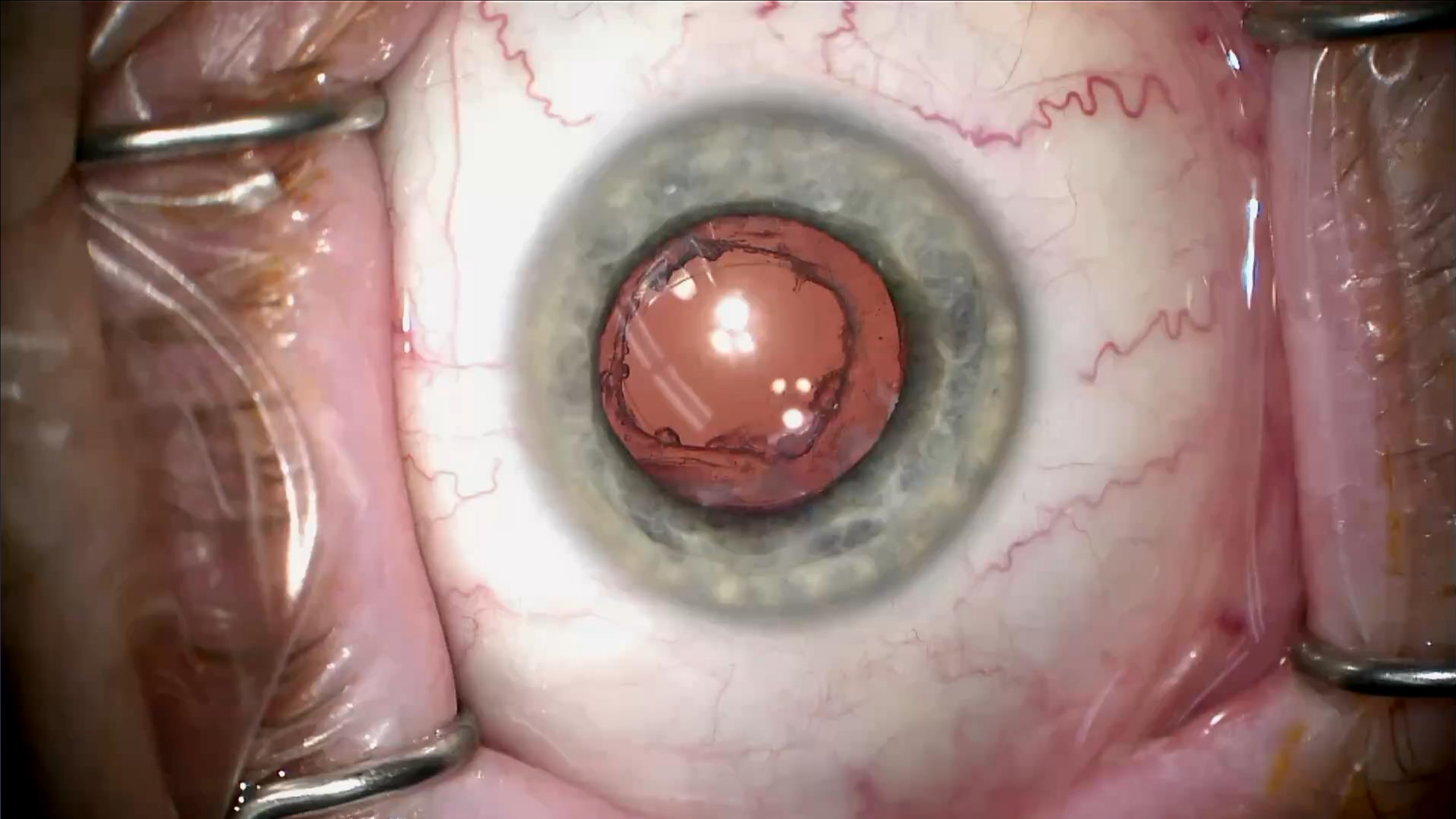
58 year old with monocular diplopia

Well fibrosed Clearview SBL-3 post
YAG

Post Lasik myopic eye with vitreous
floaters

Small rhexis opening with significant
fibrosis





If you don't free up haptic on SBL-3

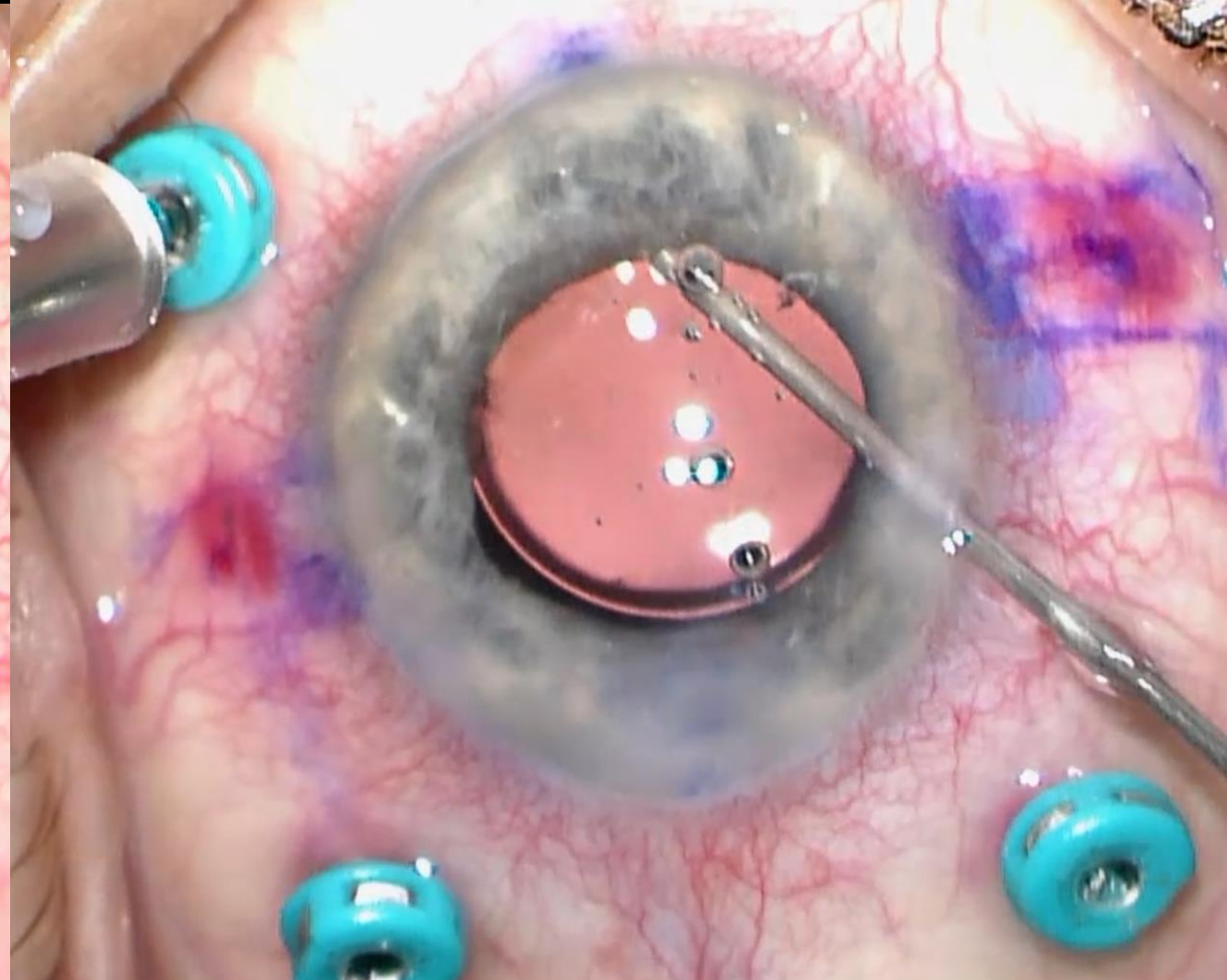
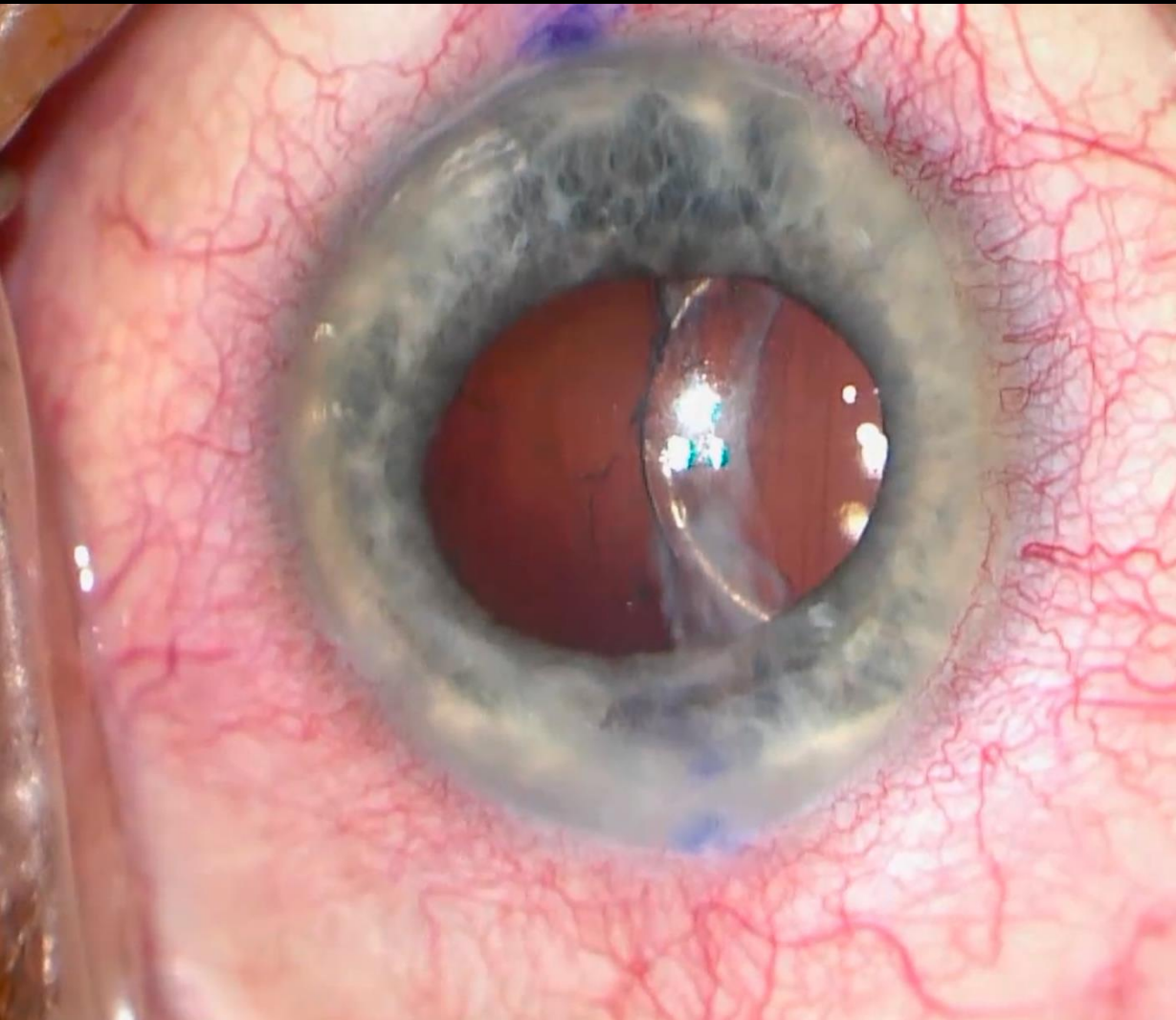
Patient referred
after attempted
exchange of
Clearview IOL

Vitreous
peaking
pupil

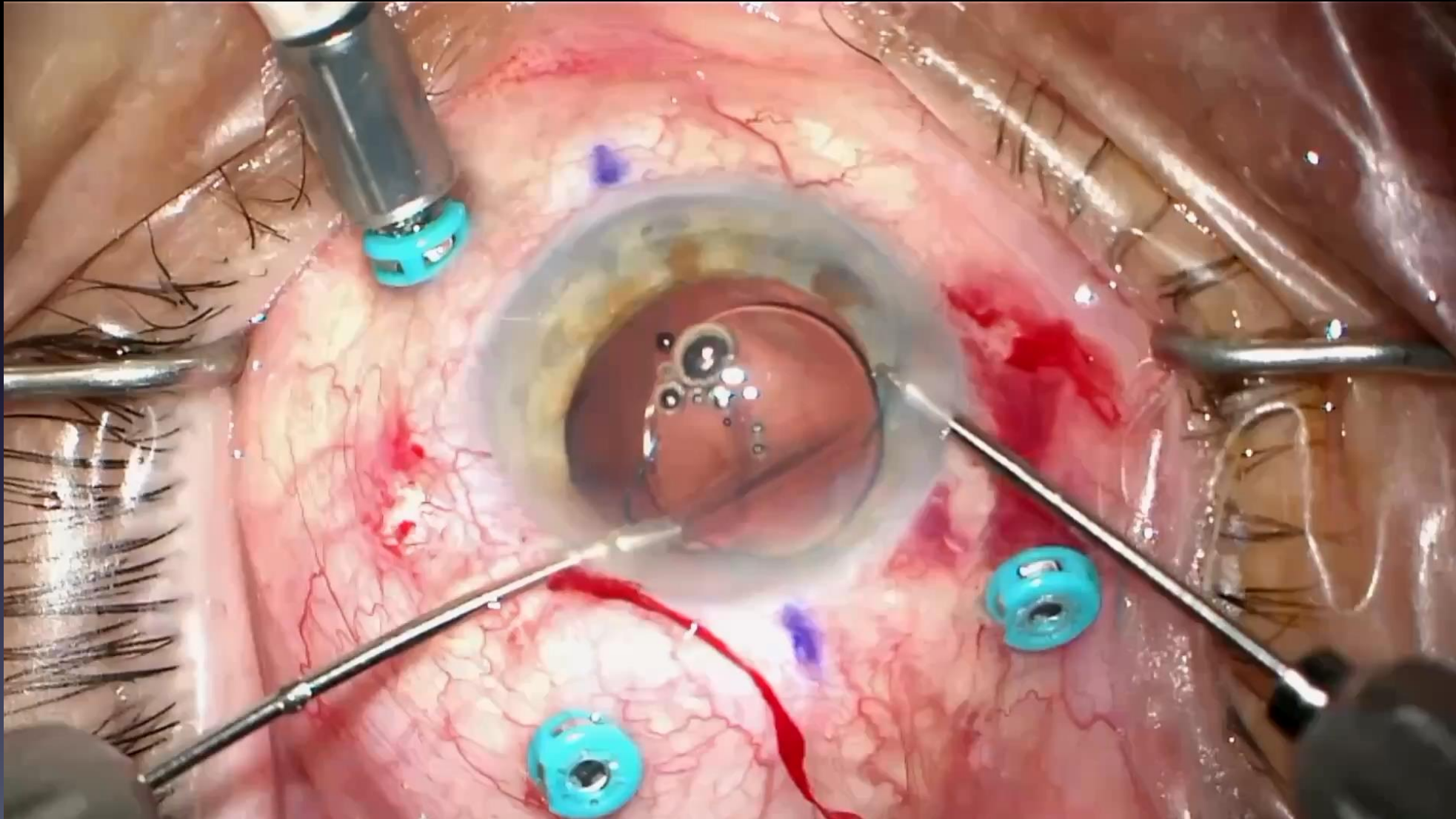
Whole Lens
bag complex
dislocated
into vitreous



Removed and replaced with Yamane ISHF



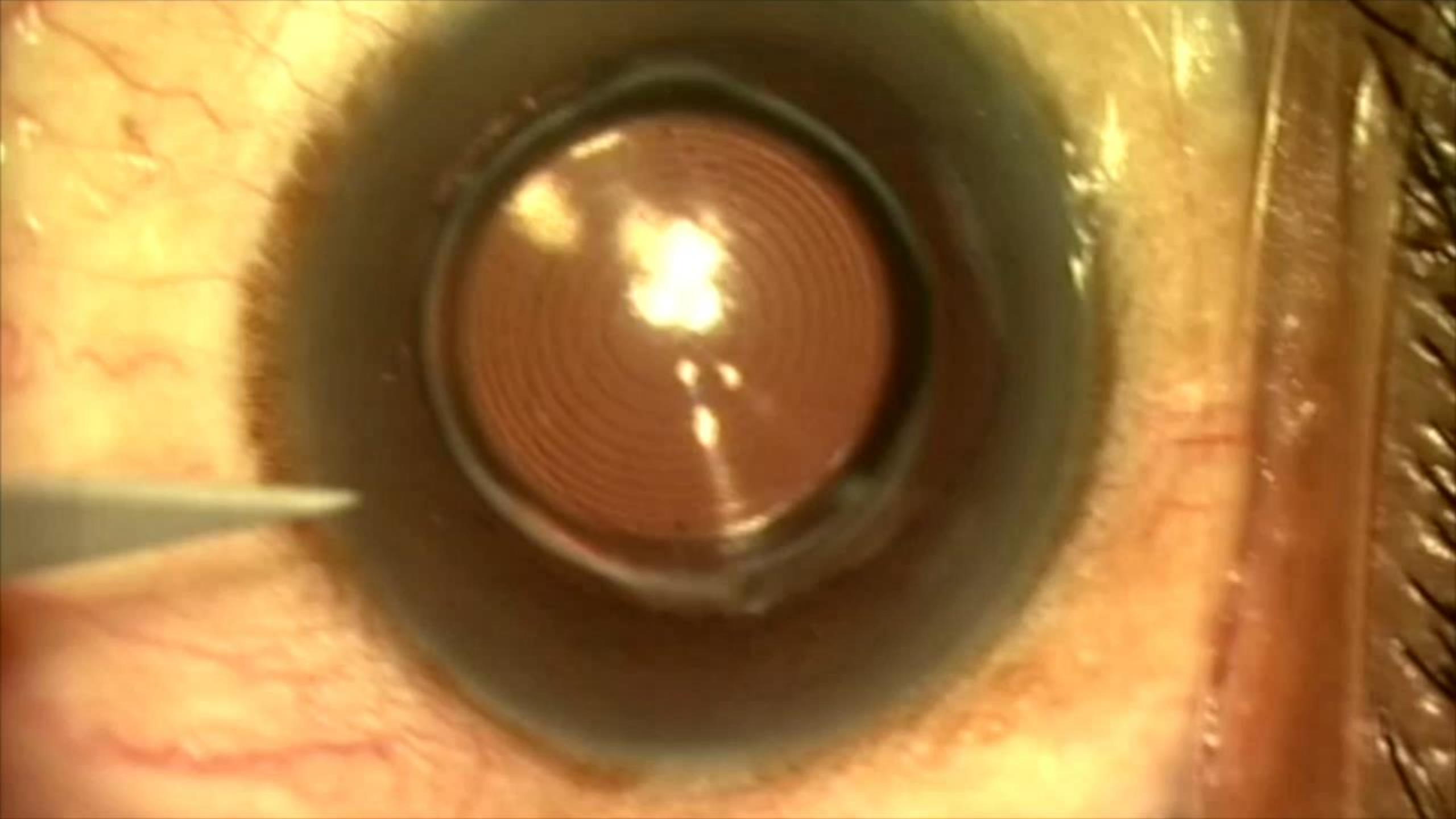
You may need to modify microforceps to grasp thicker IOLs:

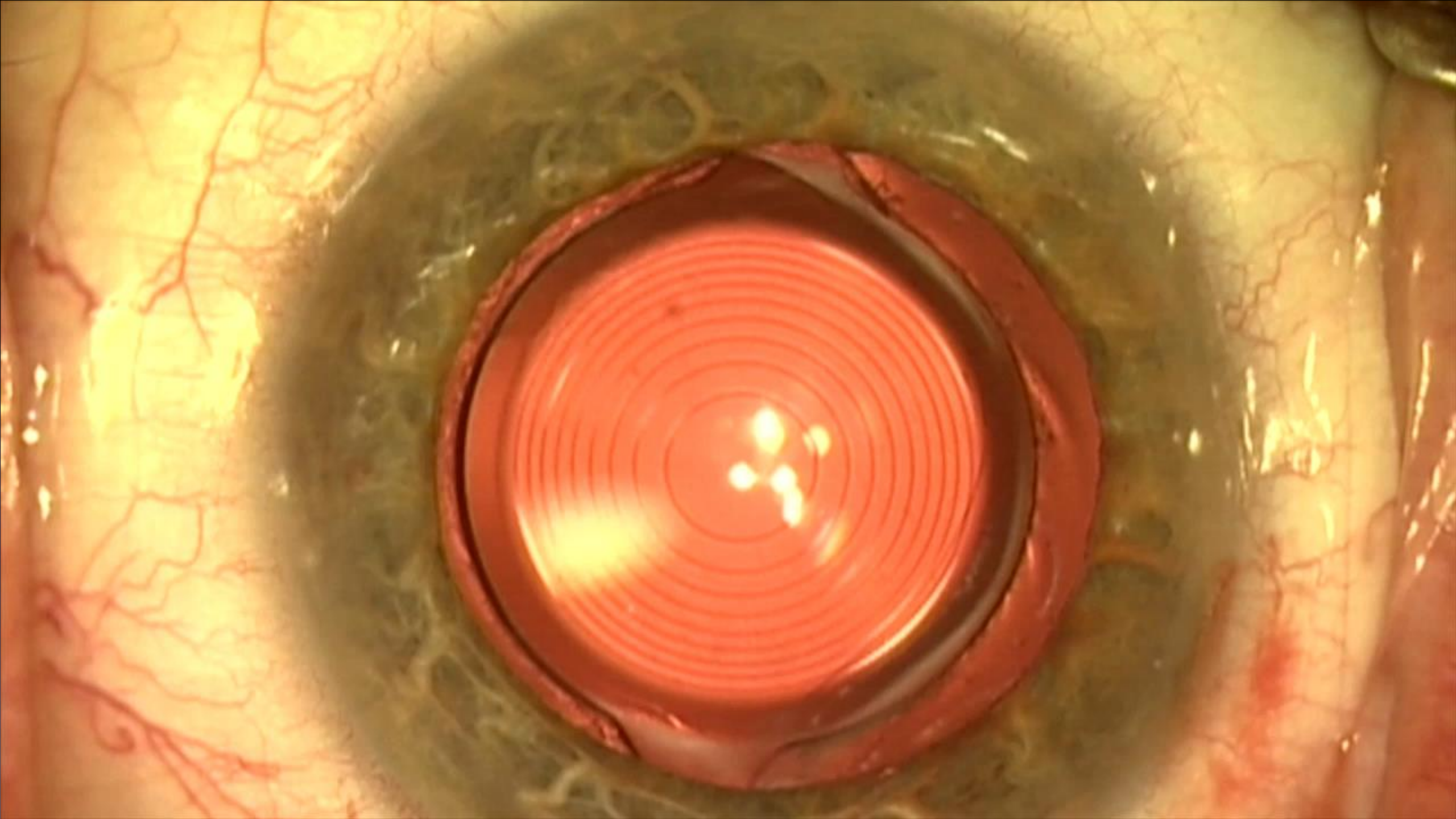


A fibrotic tunnel may remain after removing haptic.....

And prevent new IOL haptics from fully opening
and being properly positioned on correct axis

Can be a big issue if planning
a toric replacement IOL!



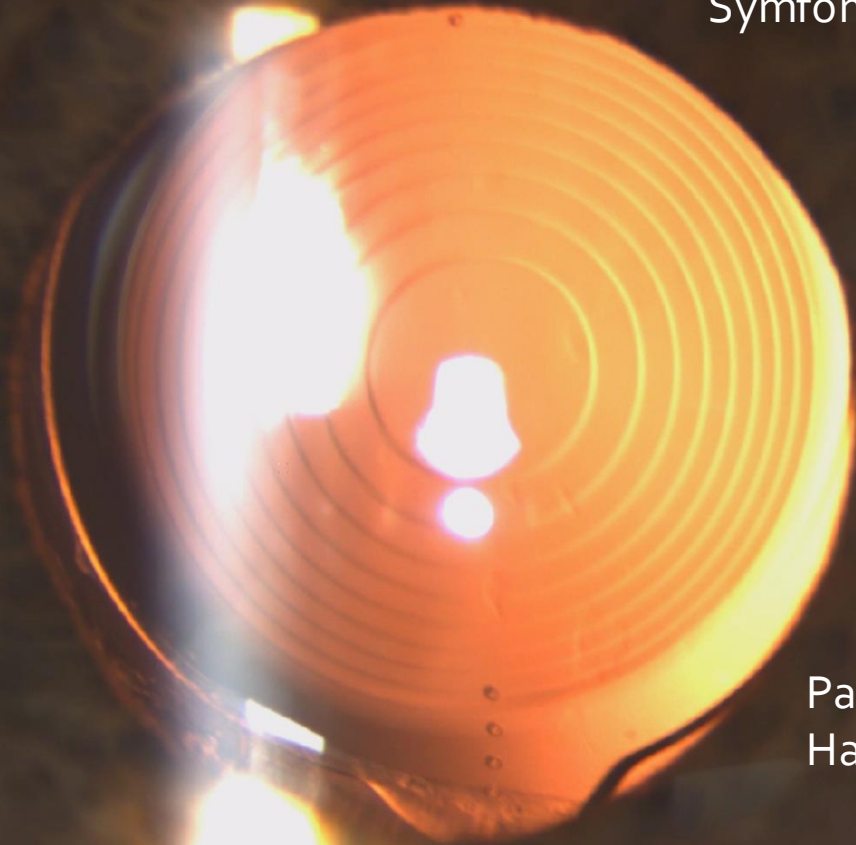


You can often re open a
collapsed/ fused capsular bag
for in the bag fixation

Patient referred 2 years post op: unhappy with poor DOF : Acrysof T5 Toric IOLs OU

OD

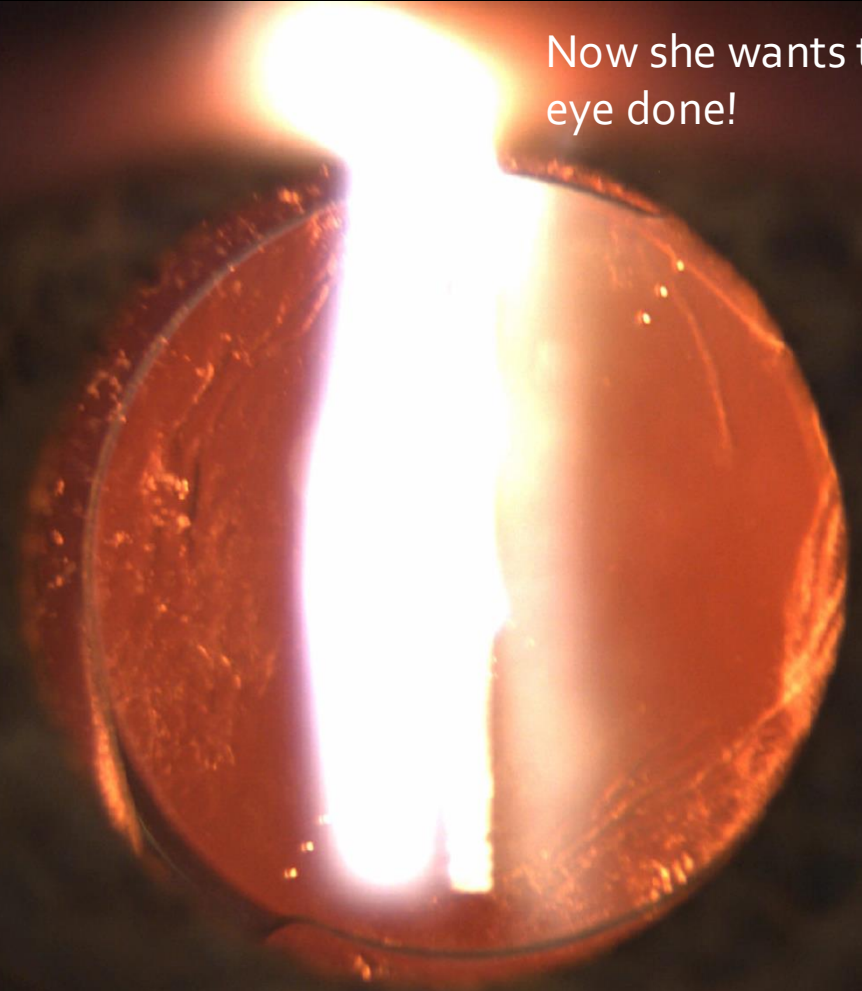
Exchanged for
Symfony Toric



Patient very
Happy!!

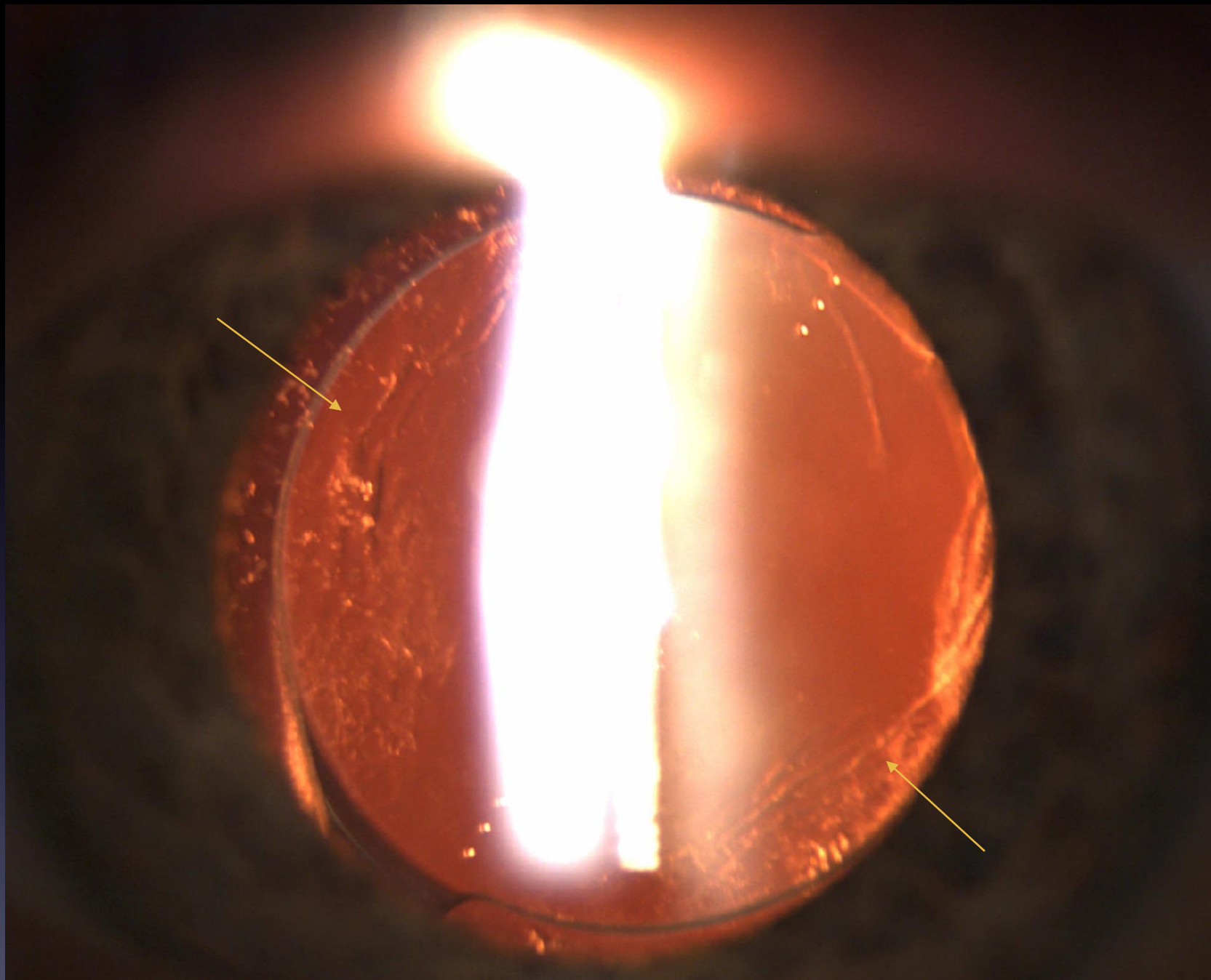
OS

Now she wants this
eye done!



OS has Acrysof Toric T 5 toric
about 12 degrees off ideal axis

Capsule fibrosed closed behind
optic 270 degrees

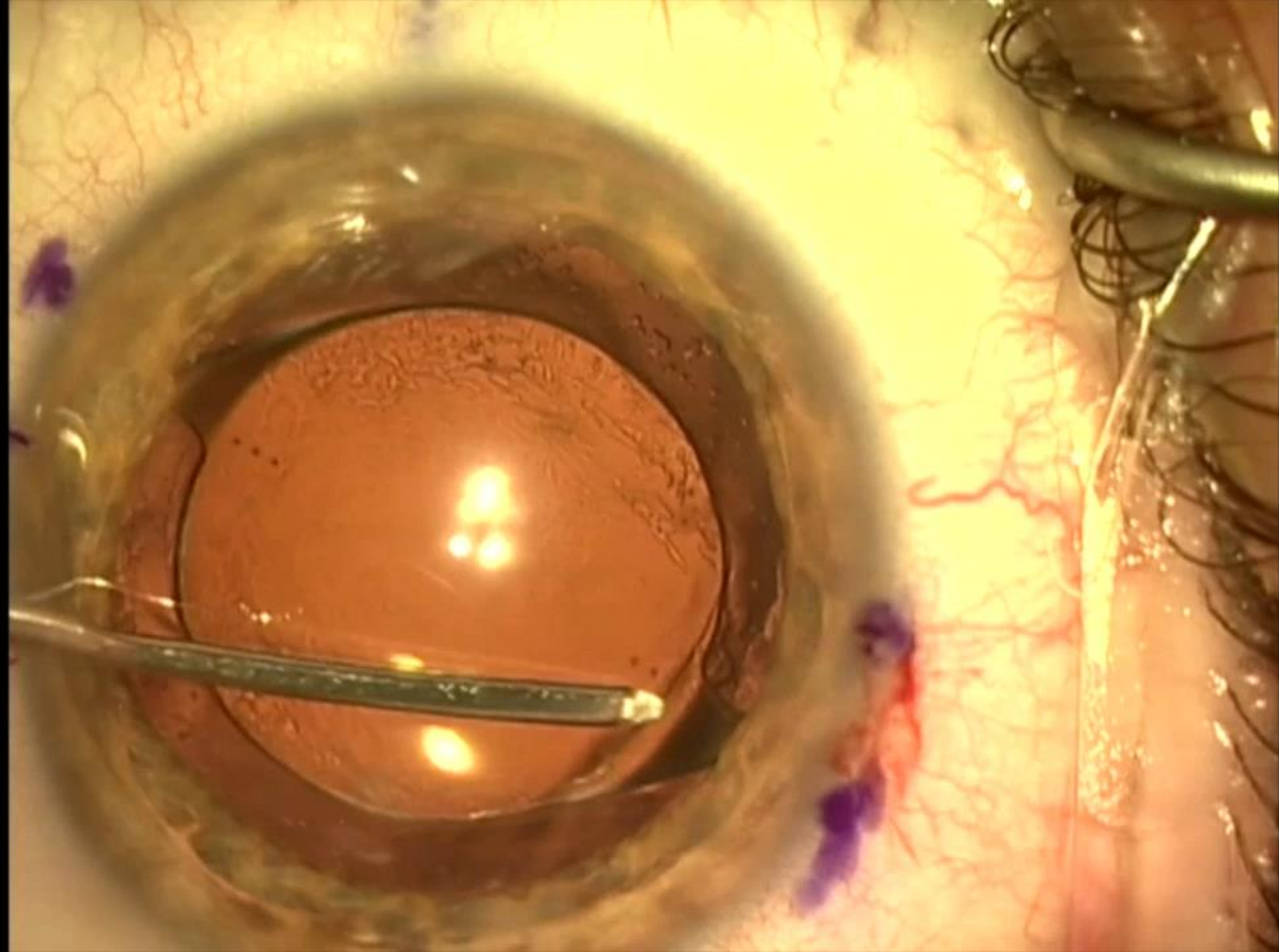


Bag collapsed
behind optic

Rhexis
edge

Rhexis
edge

Bag collapsed
behind optic



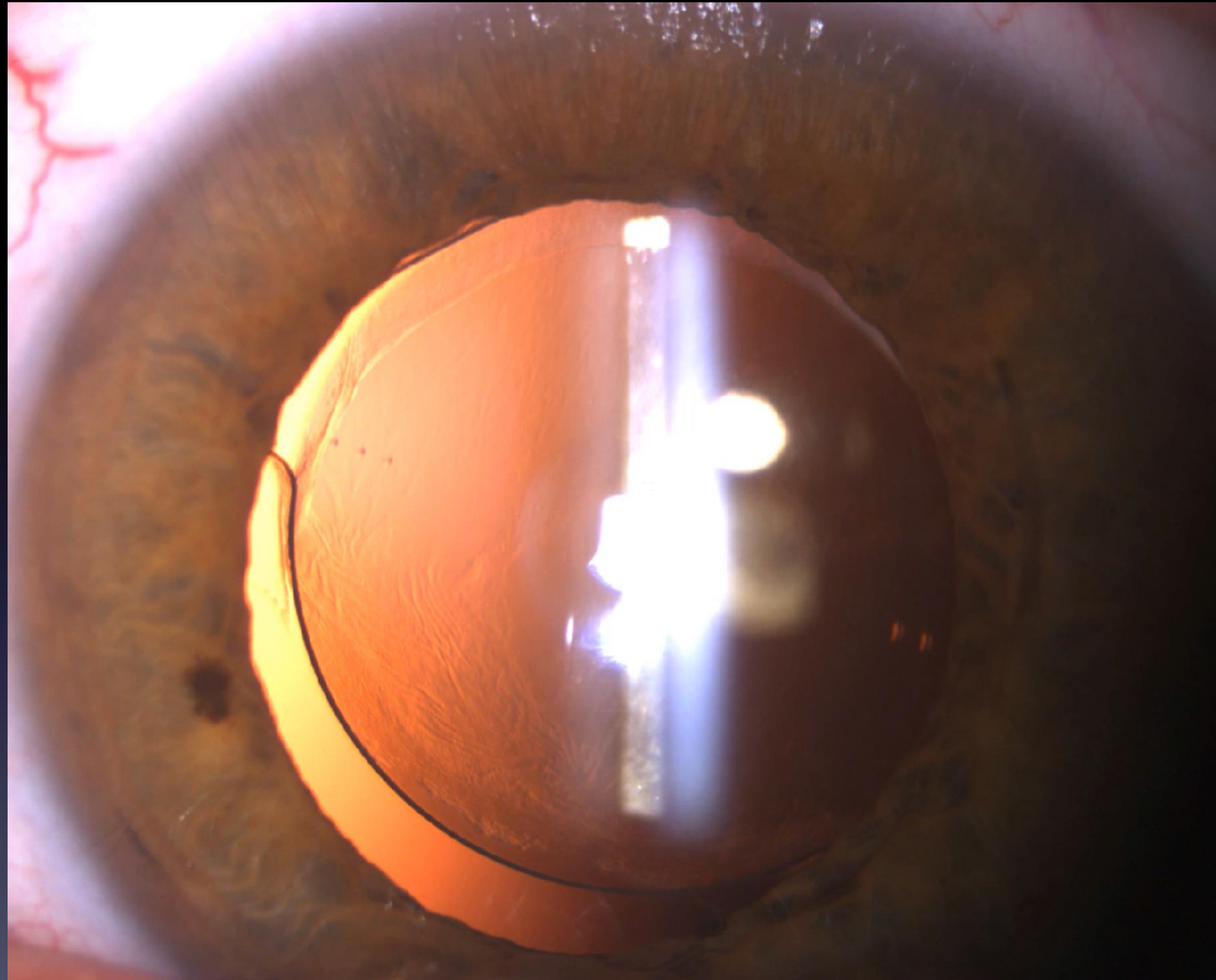
But.....sometimes you can't!

(Completely reopen the fused capsular bag)

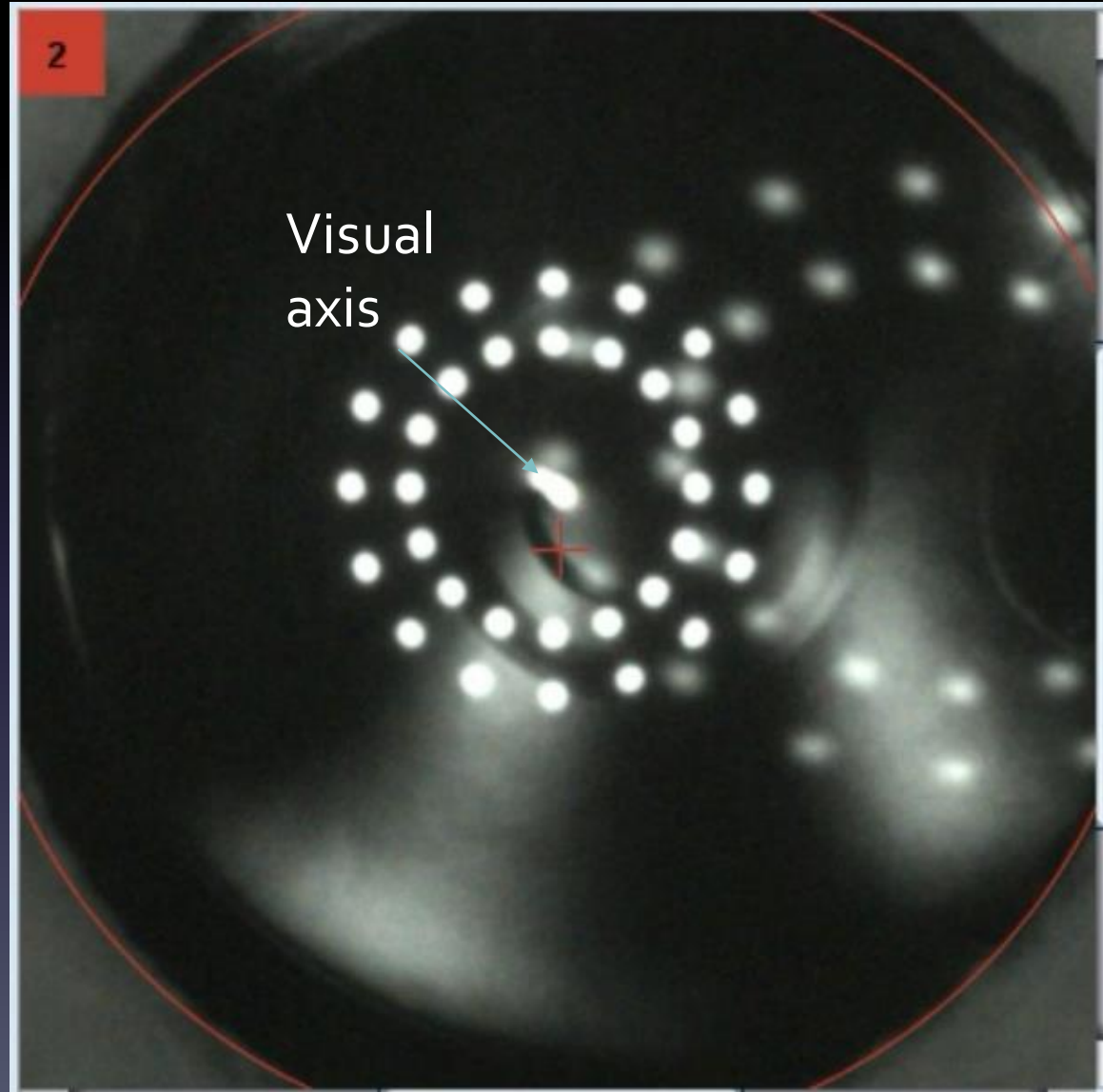
**59 year year old referred 2
months after FLACs with
Vivity toric**

Extremely unhappy with quality of
vision in this eye

Severe ghosting/monocular diplopia



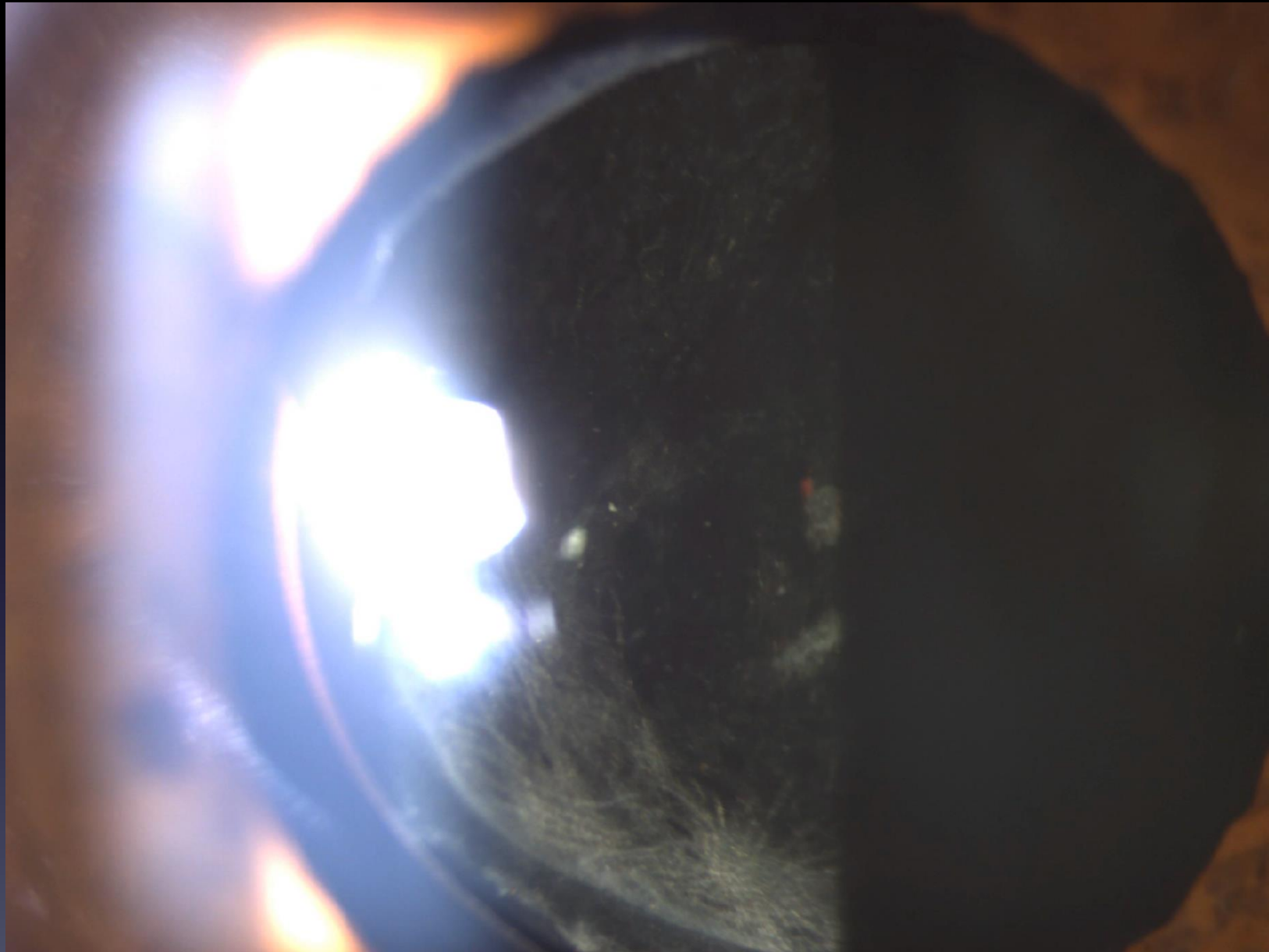
Visual axis passes through transition zone of IOL

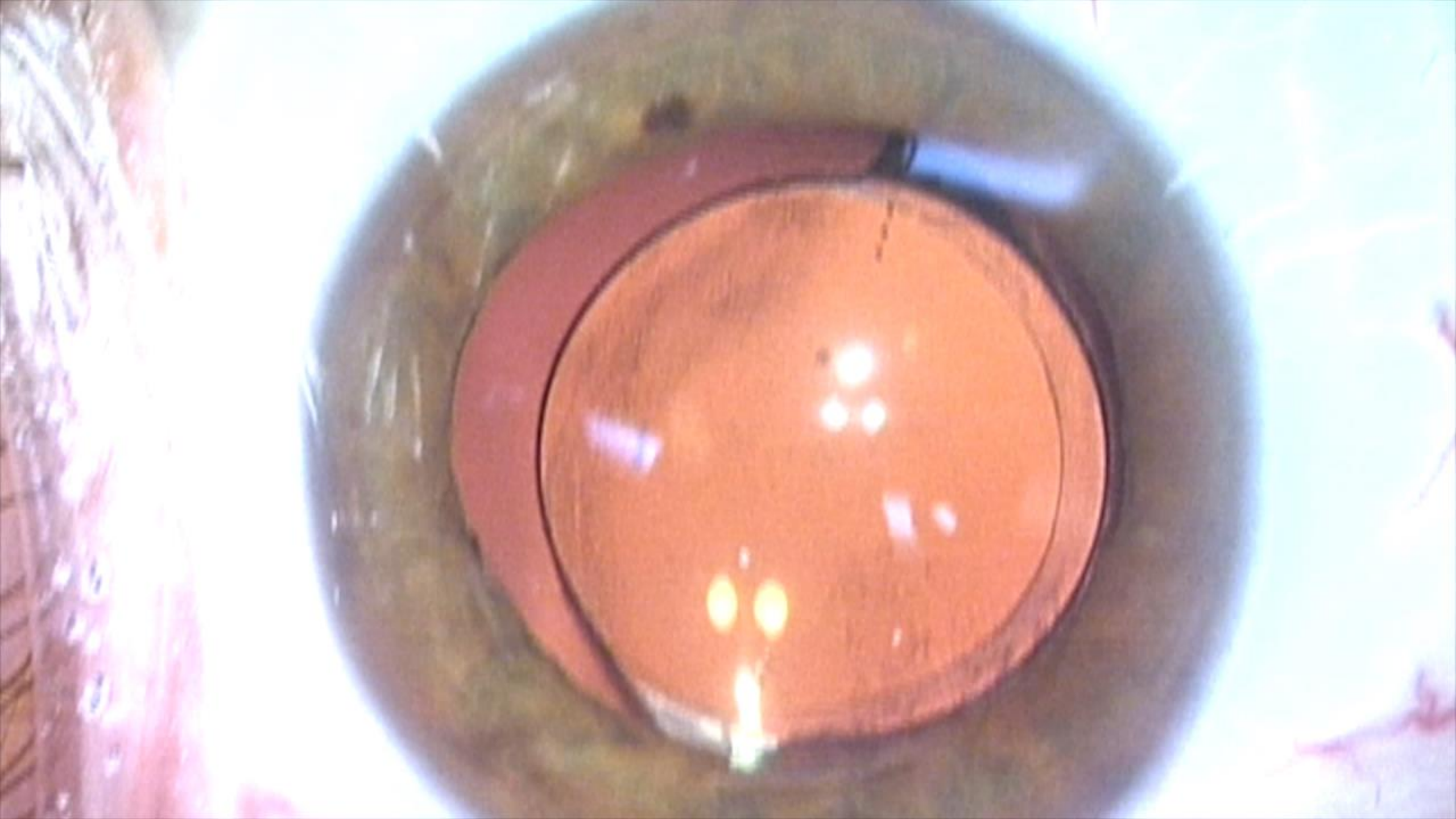


**59 year year old referred 2
months after FLACs with
Vivity toric**

Anterior and posterior capsule are
fused behind optic

“Well it’s only 2 months....how bad can
it be?”



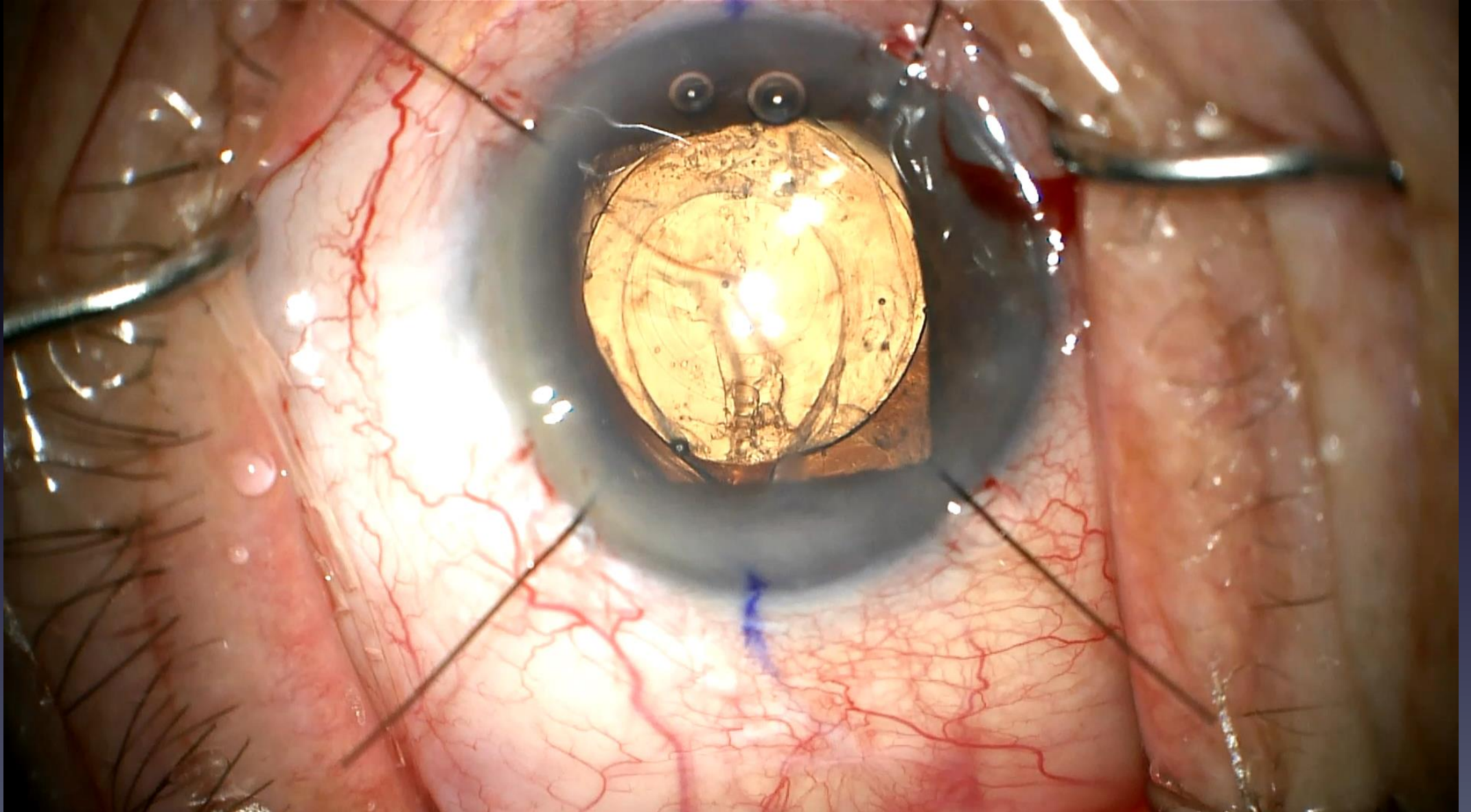


Day 1 post op



Post FLACs Panoptix Toric

Exchange for monofocal toric

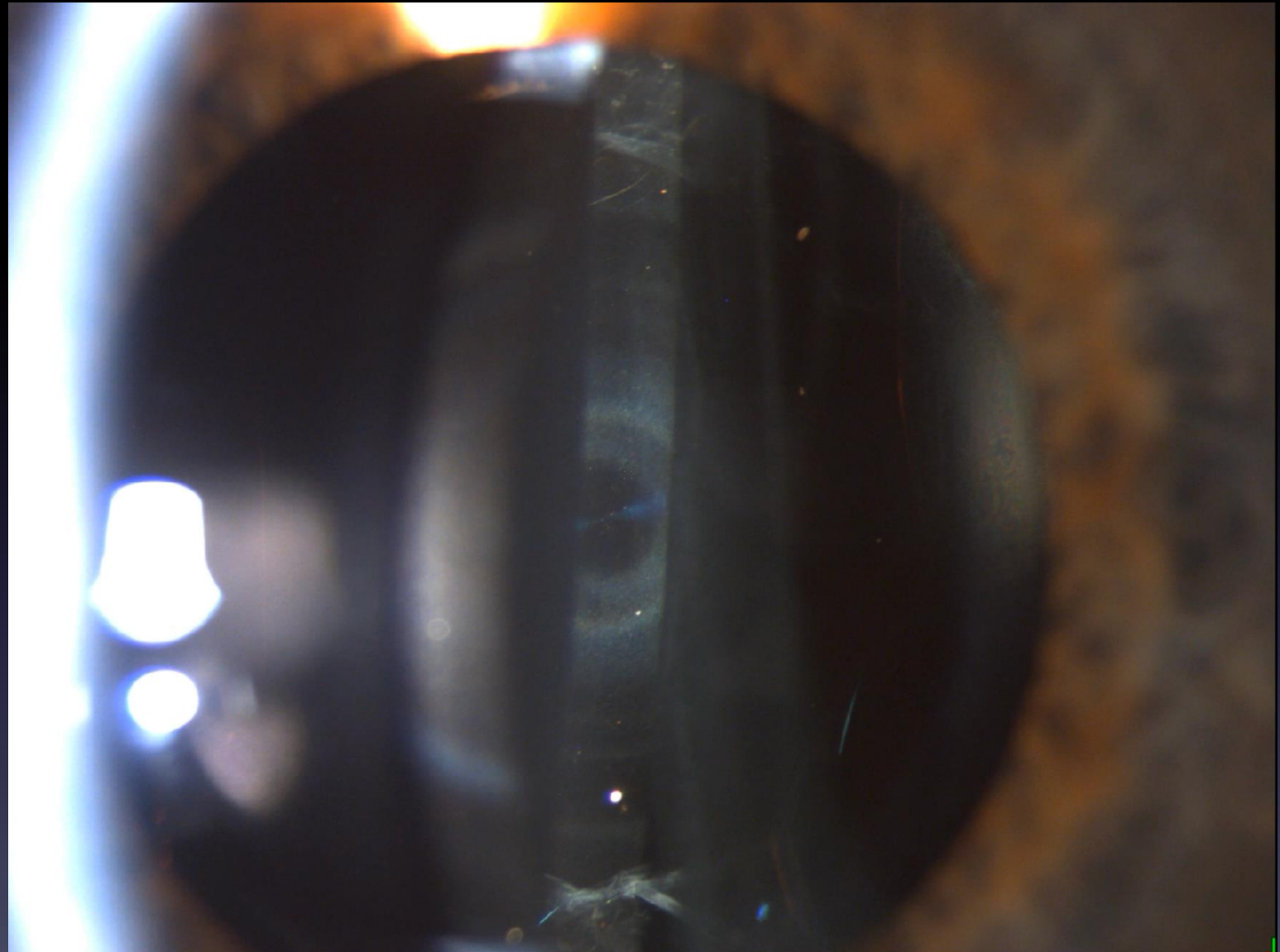


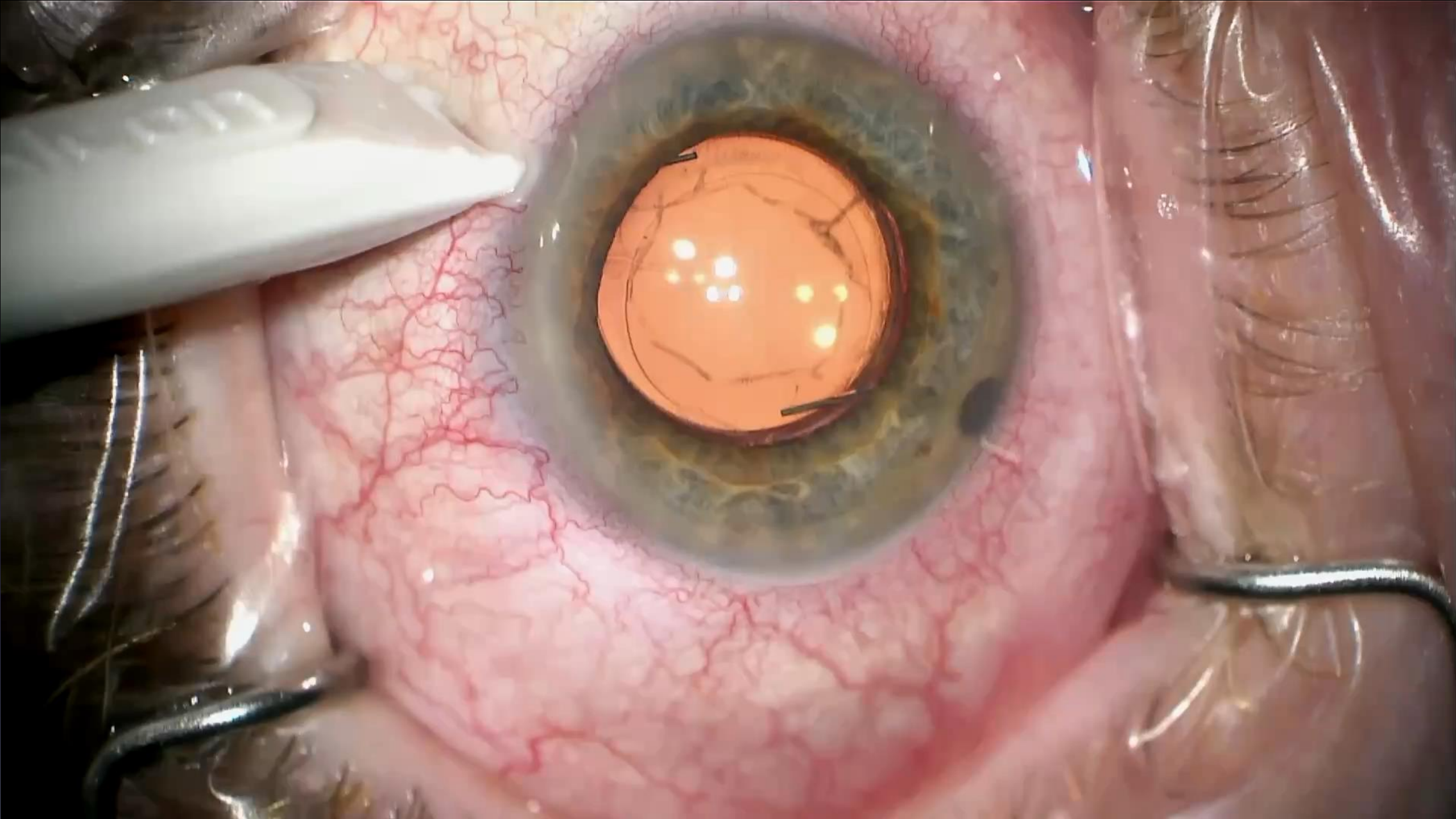
LAL with "rings of Saturn" haze post lock in

Post FLACs

Status post YAG Laser

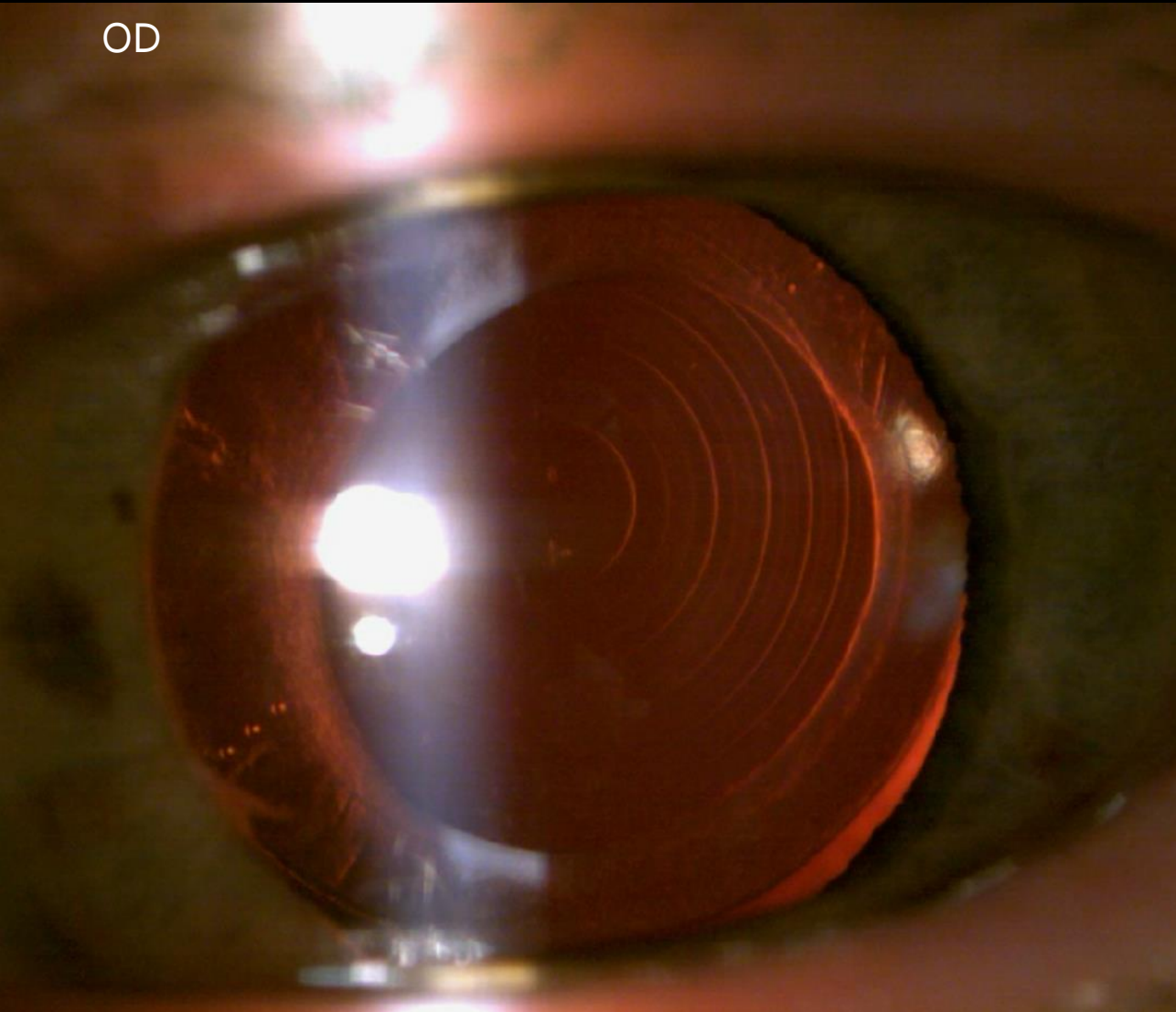
Miserable with 'hazy vision' and glare



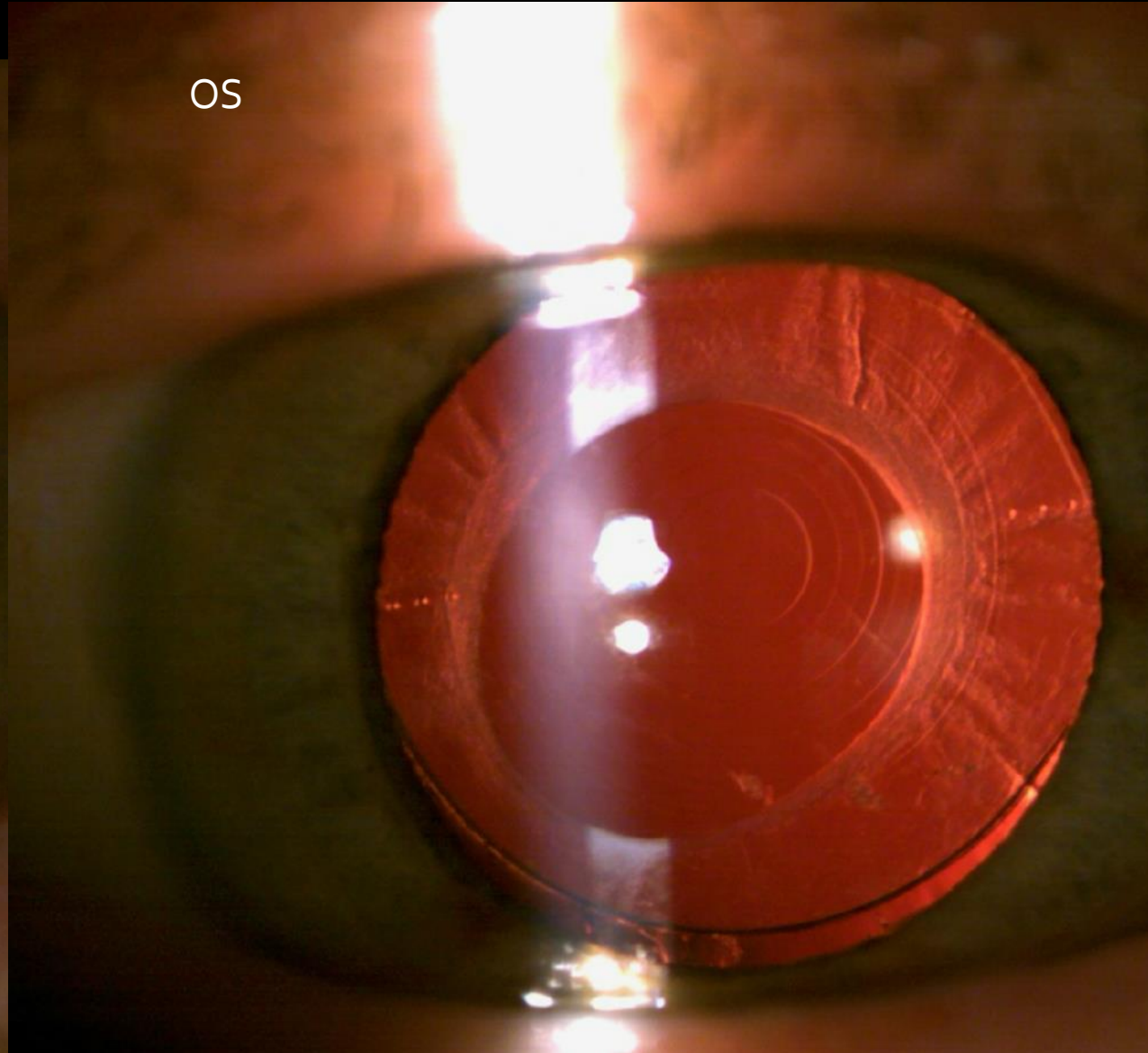


Patient with bilateral Panoptix toric referred unhappy with vision in OS

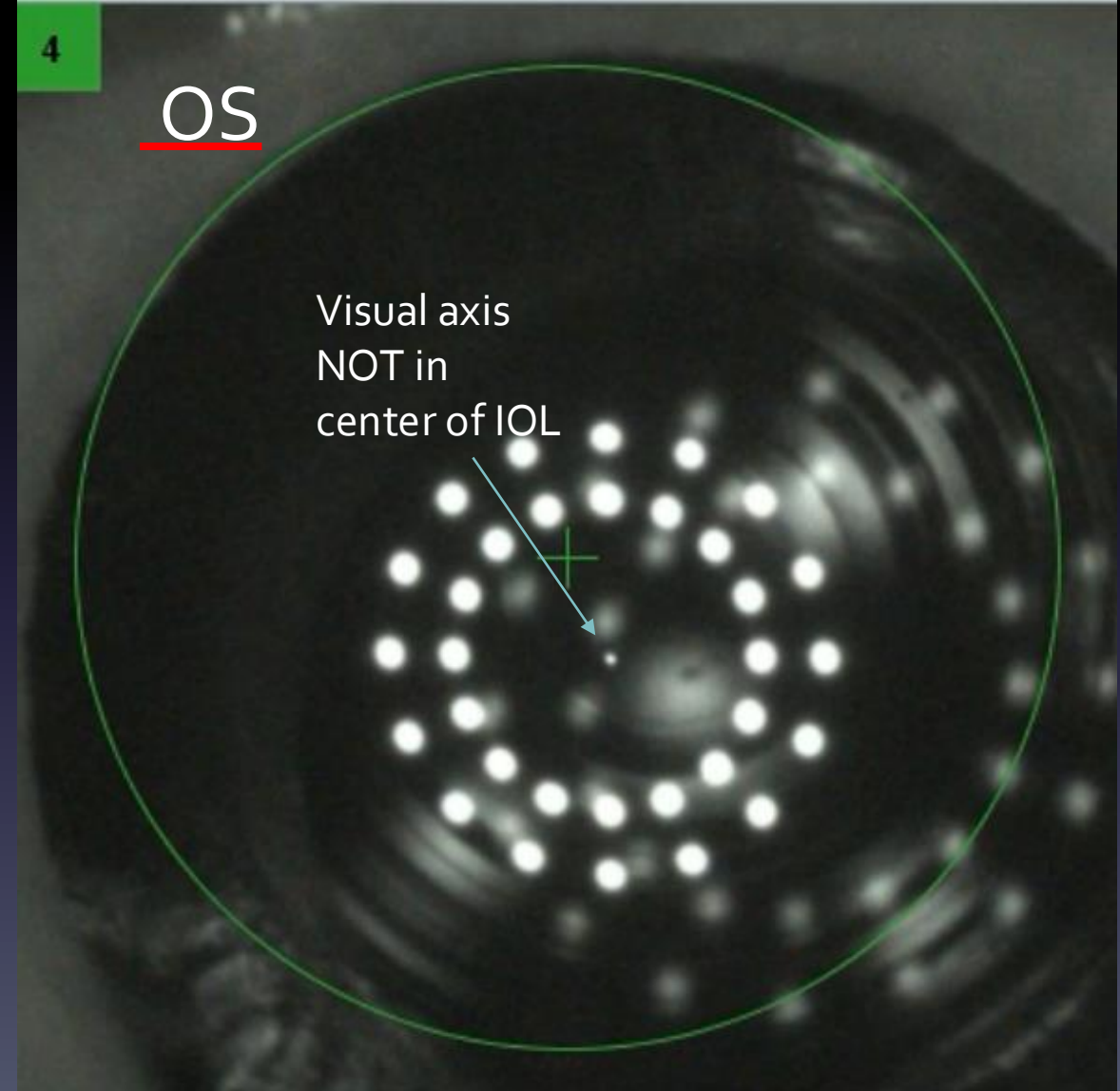
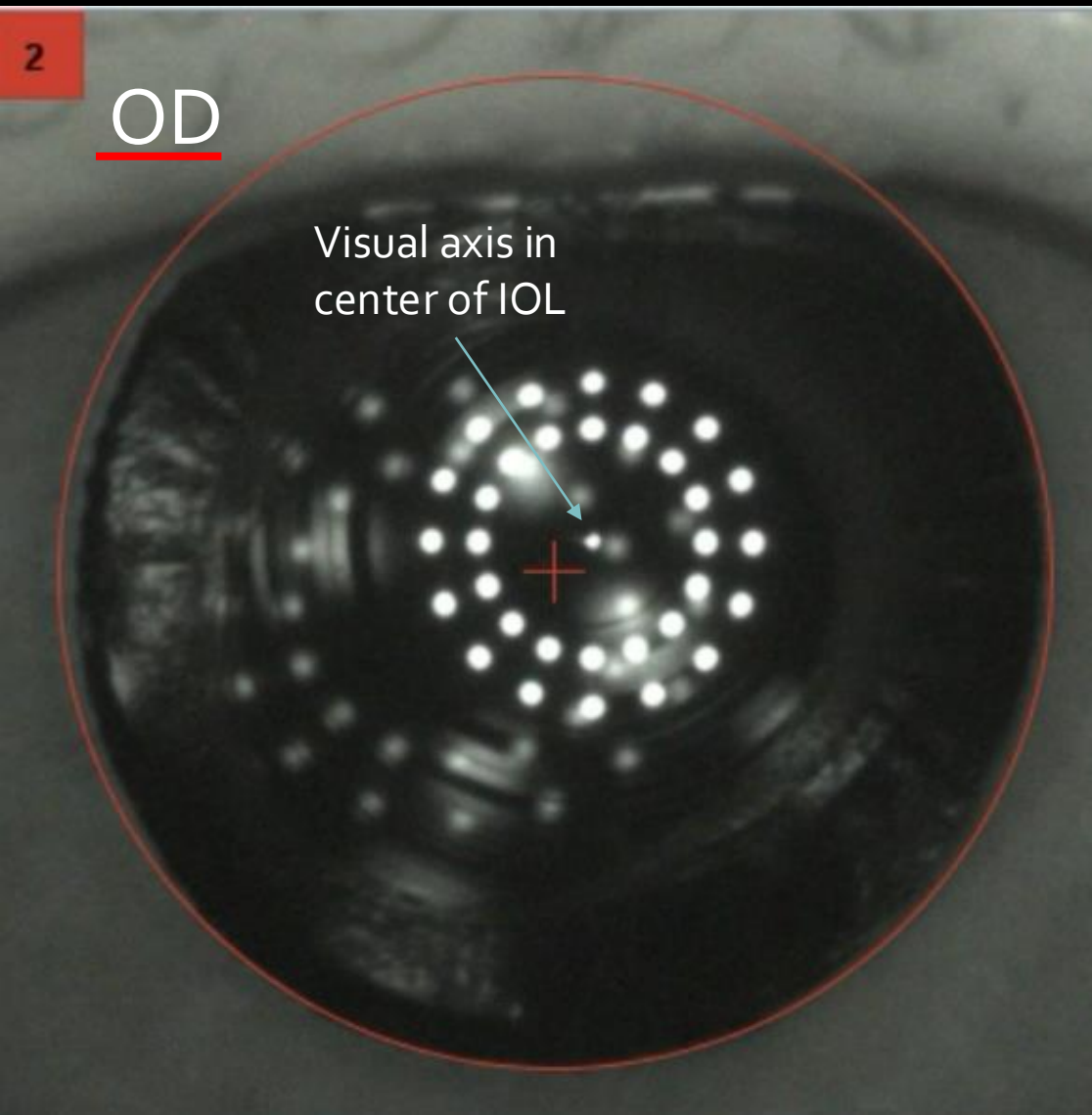
OD

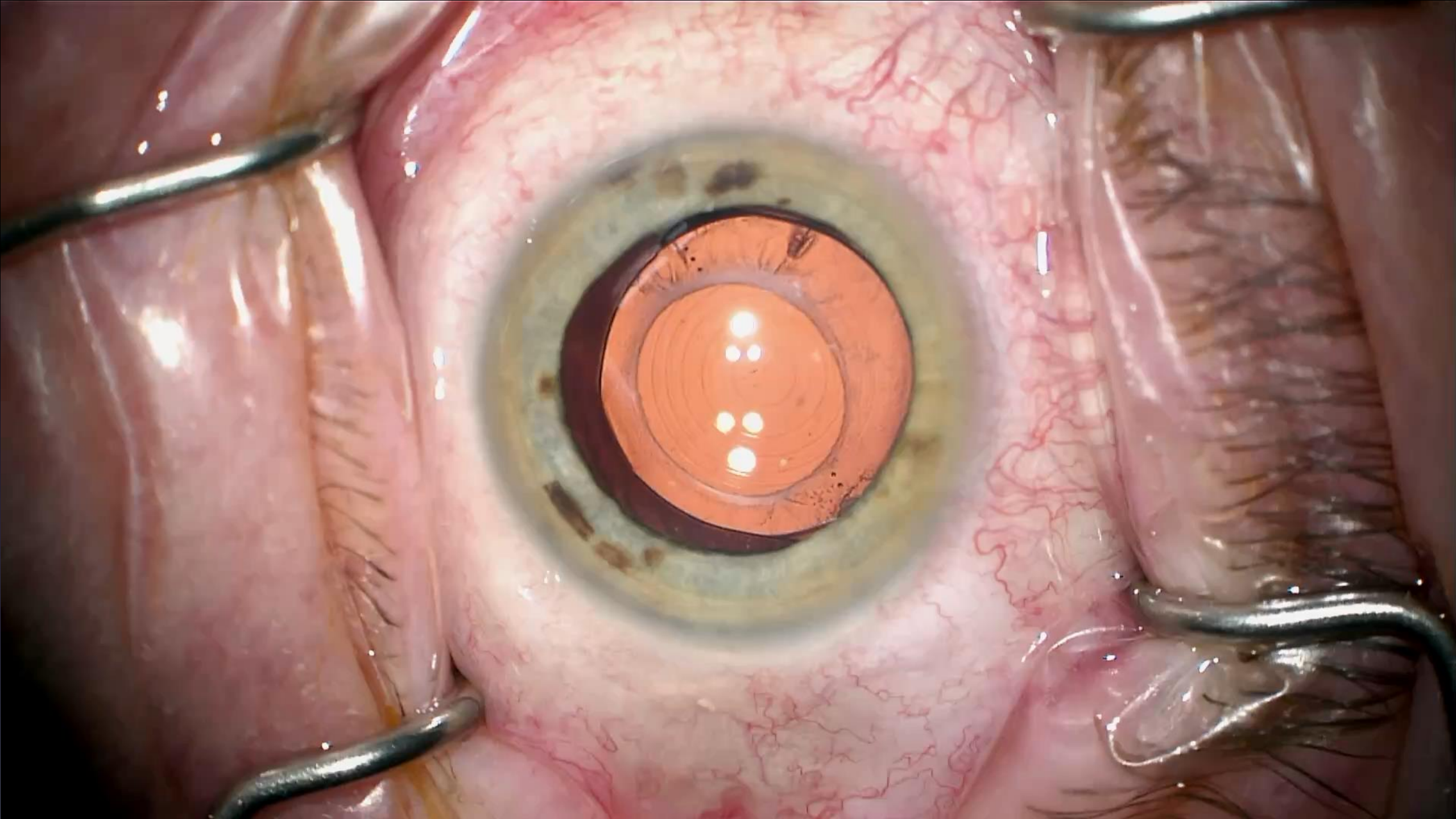


OS



Patient with bilateral Panoptix toric referred: happy with vision OD, unhappy with vision in OS





Fir

- Start with easy cases, no significant fibrosis, good dilation
- Don't dig a deeper



Be prepared to refer a difficult case !

Thank You!

