

Beeran Meghpara, MD
Director of Refractive Surgery
Co-Chief of Cornea Service
Wills Eye Hospital

How to Perform an In-the-Bag IOL Exchange

New Orleans Academy of Ophthalmology

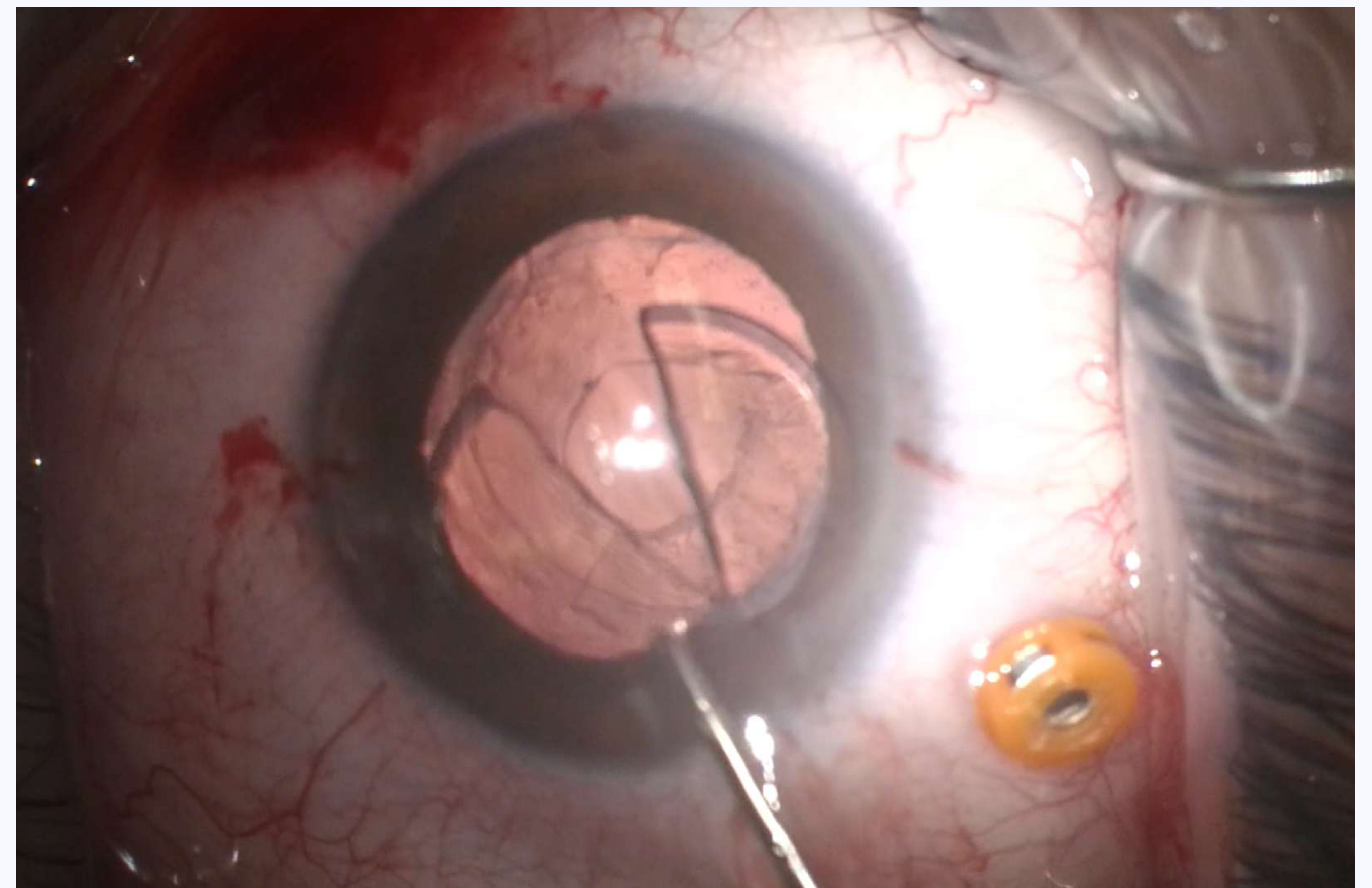
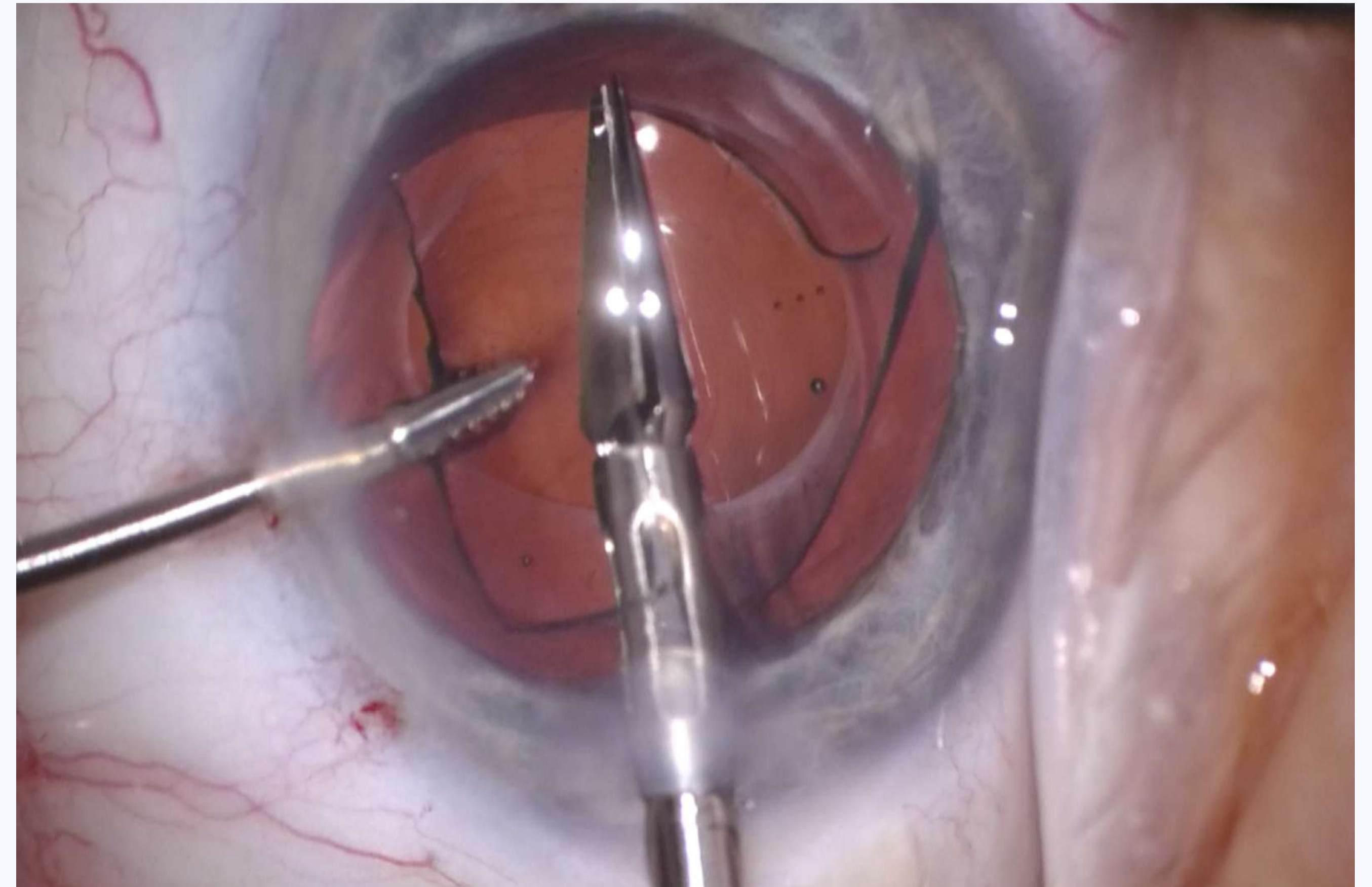
75th Annual Symposium

In-the-bag IOL Exchange

- 1 Refractive surprise
- 2 Dissatisfaction with IOL performance
- 3 Opacified or damaged IOL

Clinical Pearls

- Can seem intimidating, but similar skillset to cataract surgery
- Earlier the better, but doable even years later
- Resist temptation to YAG if you think exchange will be needed
- Know adhesion points of different IOLs



Basic Steps... Easy as 1,2,3...4

- 1 Visco-dissect haptics and optic
- 2 Bring IOL into anterior chamber
- 3 Remove IOL from anterior chamber
- 4 Place new IOL

How Difficult Will This Be?

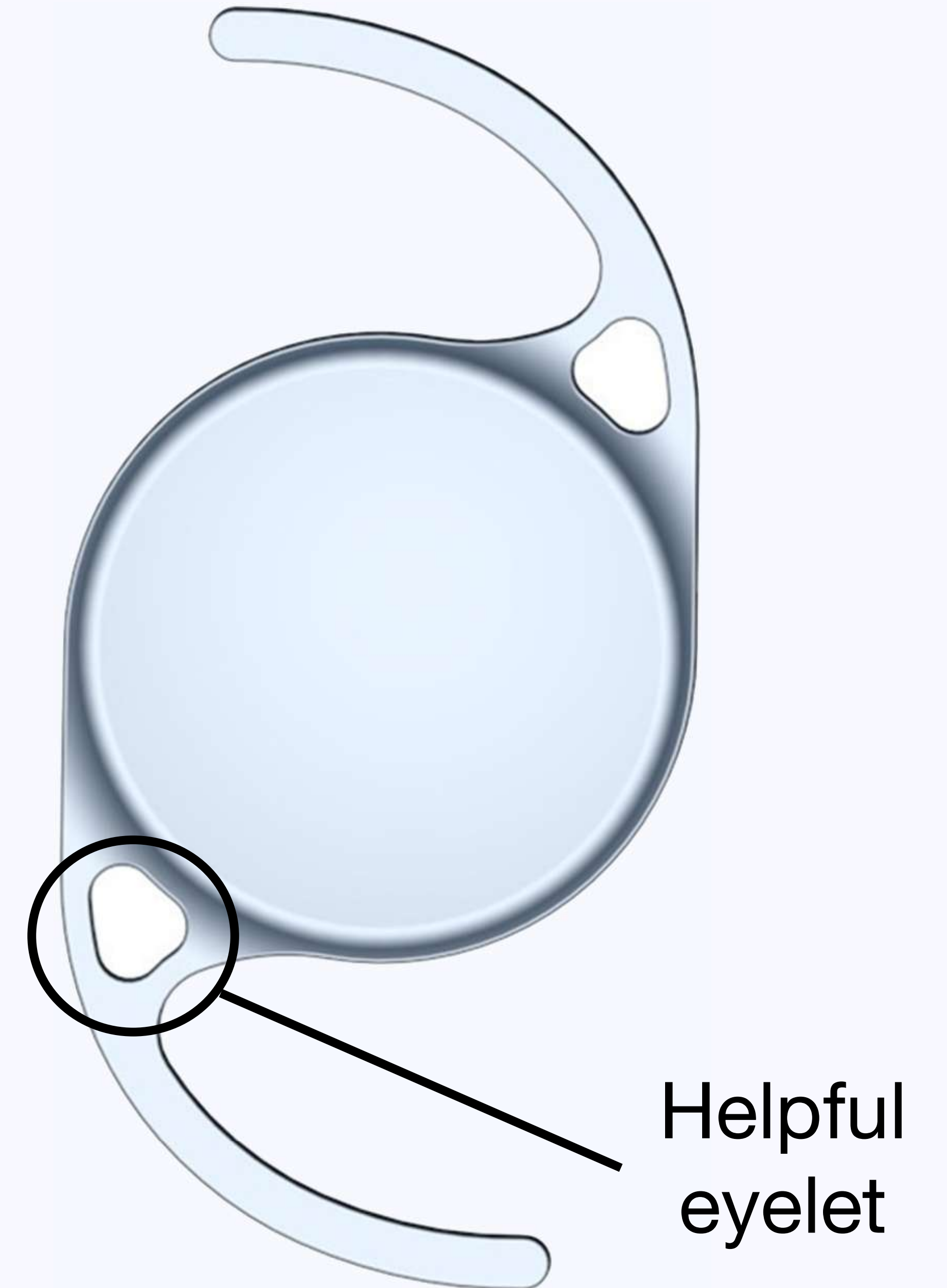
Less Difficult

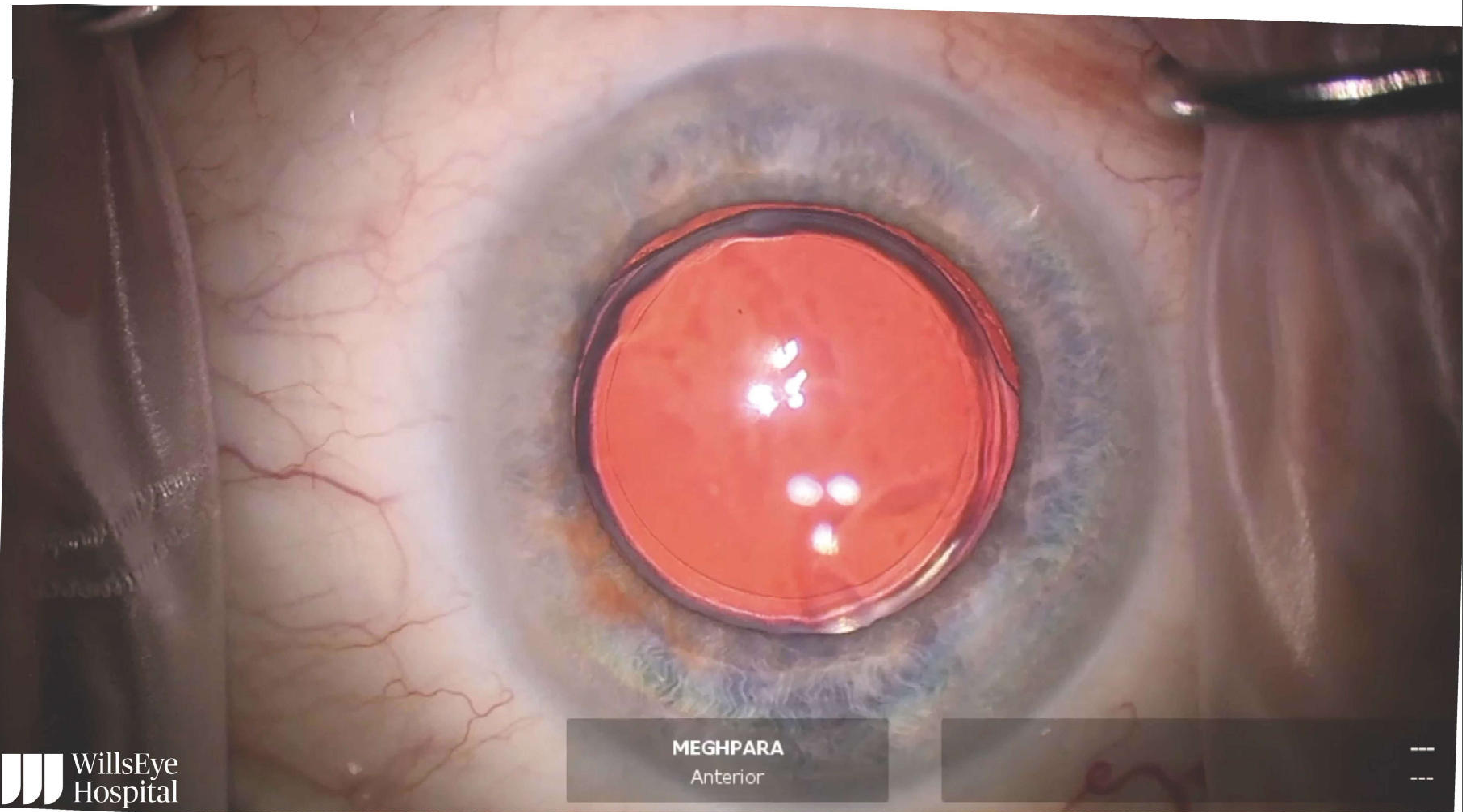
- 5mm capsulorhexis
- 360 degree capsule coverage of optic
- Good dilation
- Intact posterior capsule
- Recent cataract surgery

More Difficult

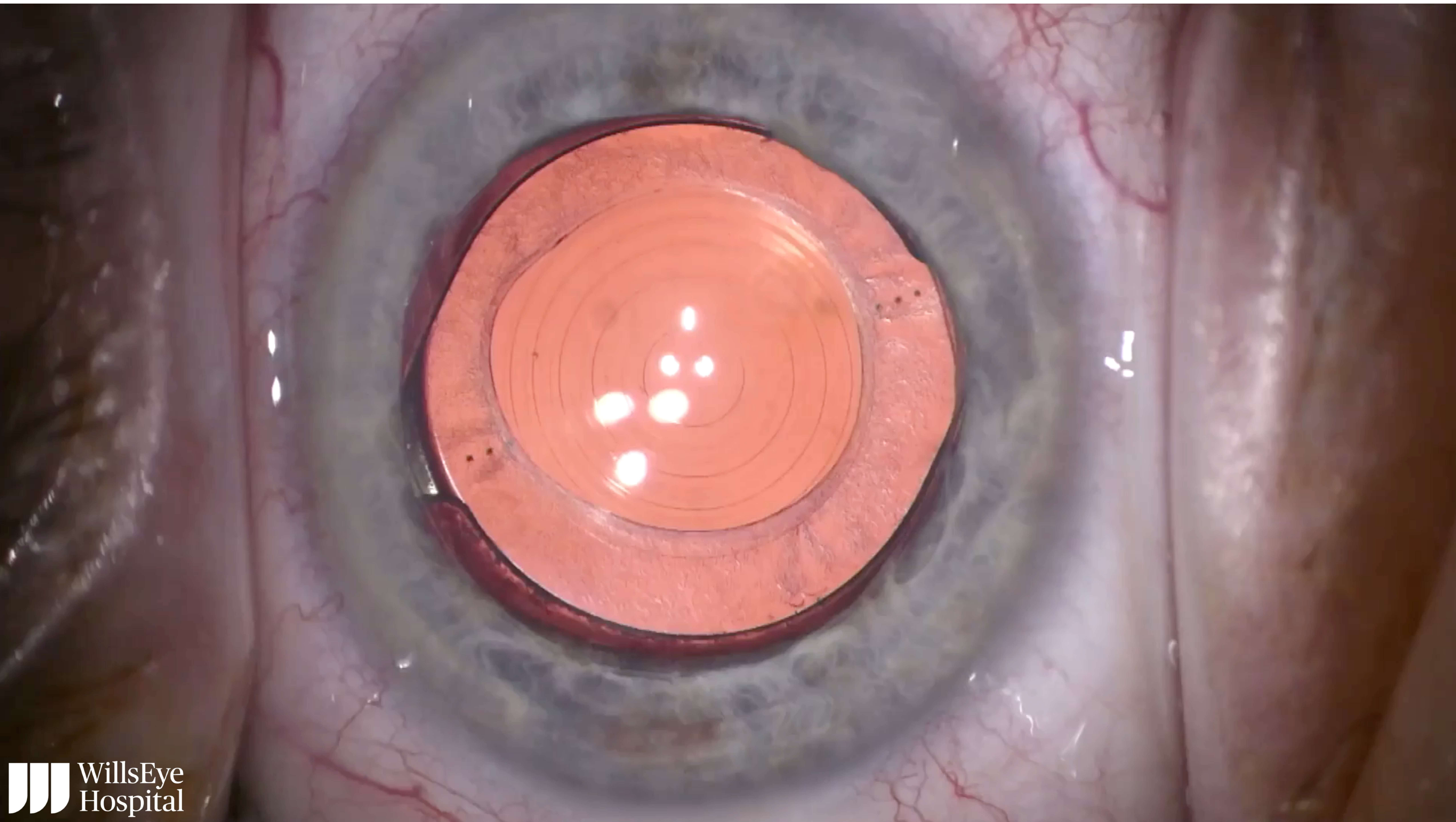
- Small capsulorhexis
- Phimotic or scarred capsule
- Large capsulorhexis
- Poor dilation
- Open posterior capsule
- Remote cataract surgery

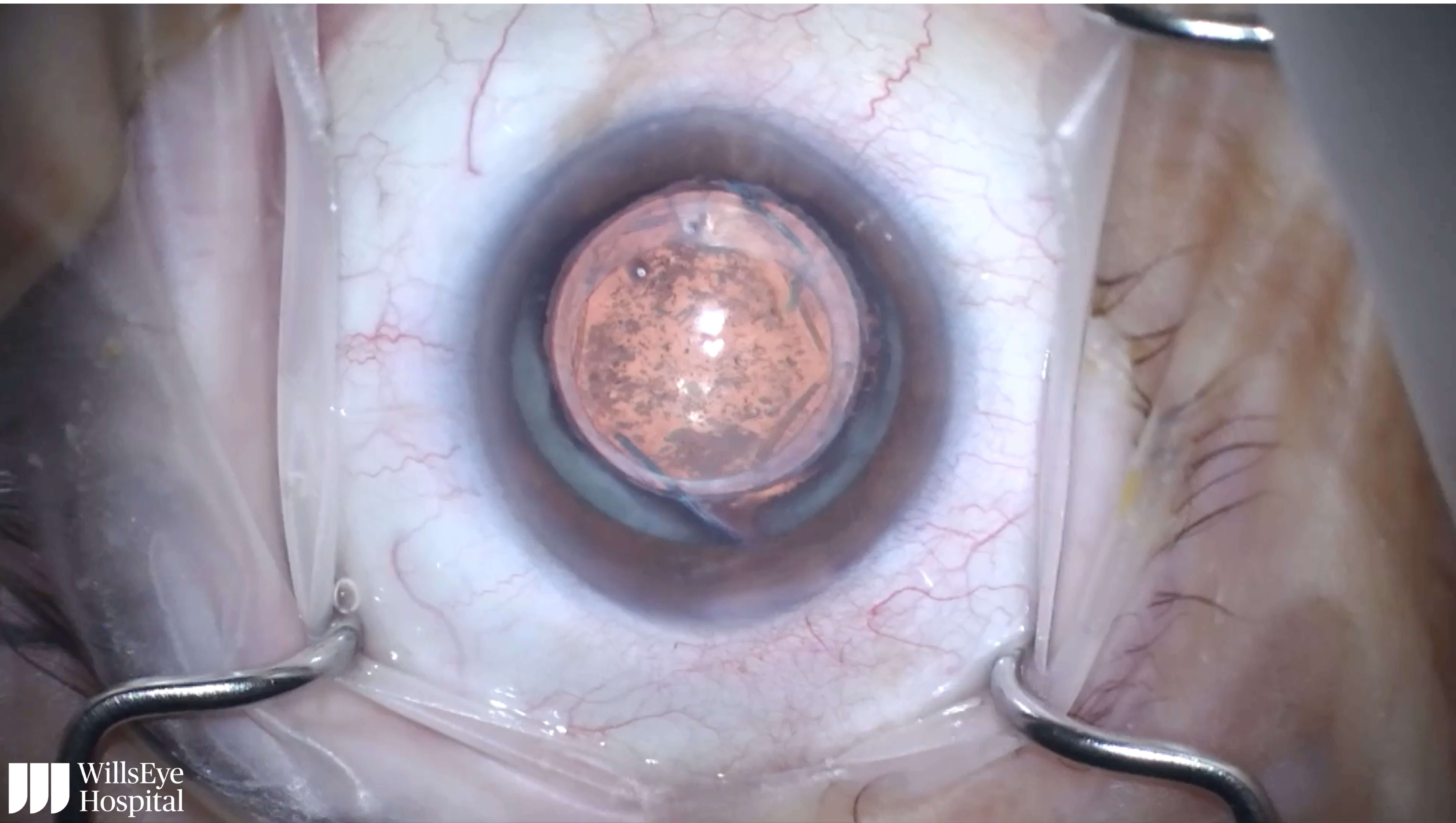
Know How Different IOLs Behave





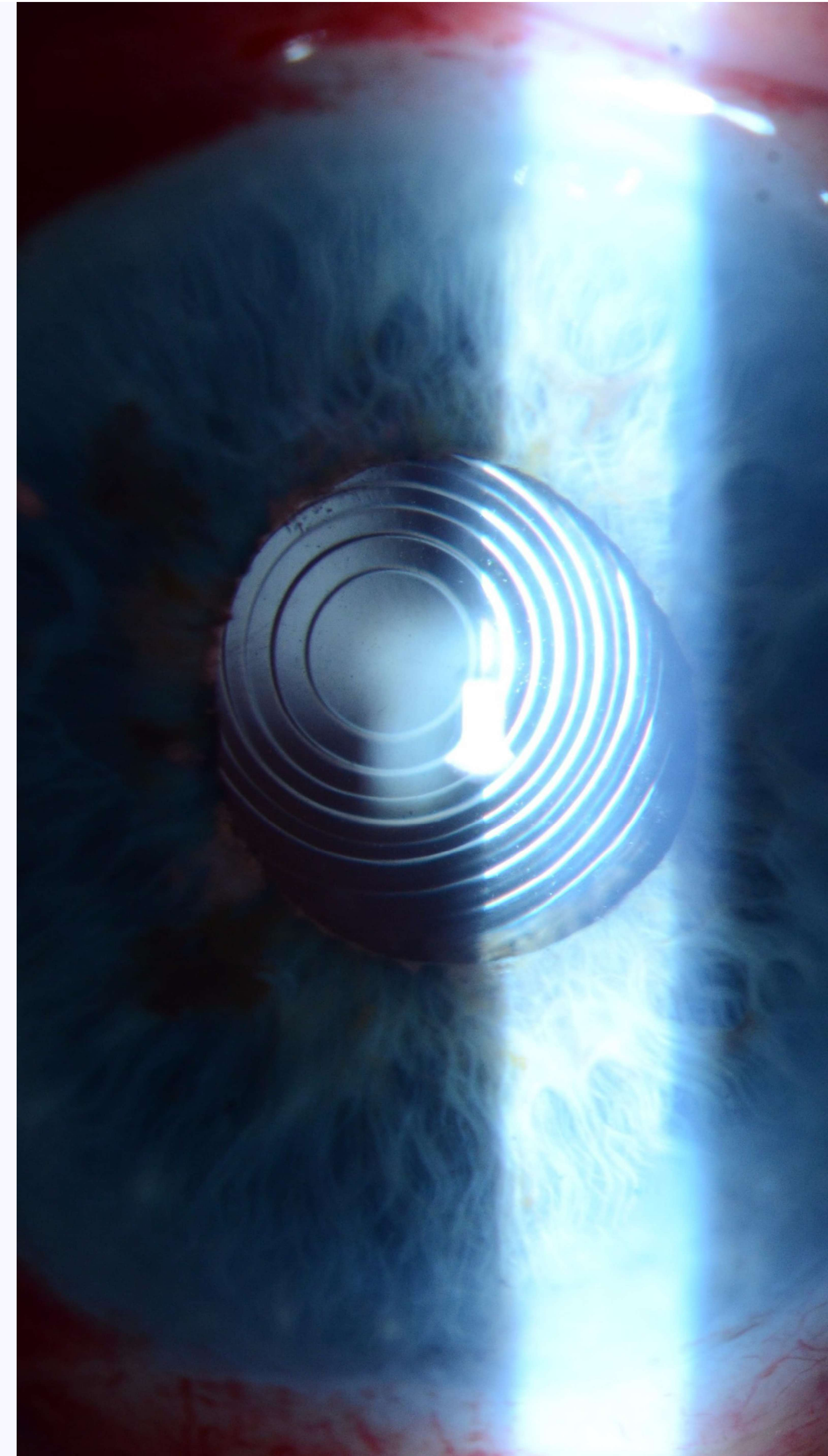
MEGHPARA
Anterior





Departing Thoughts

- IOL exchange can be challenging but it is well within the capabilities of a skilled cataract surgeon.
- A well constructed capsulorhexis makes IOL exchange much easier.
- An open posterior capsule does not preclude IOL exchange, but be prepared to manage vitreous





Thank you
bmeghpara@willseye.org