

OPHTHALMOLOGY- Medline

1. J Refract Surg. 2015 Jul;31(7):488-91. doi: 10.3928/1081597X-20150623-08.

[A Modified Glued Transscleral Intraocular Lens Implantation: Suture-Assisted Sutureless Technique.](#)

[Kara N.](#)

Abstract

PURPOSE:

To report a modified surgical technique as an alternative procedure for sutureless fibrin glue-assisted transscleral intraocular lens (IOL) fixation.

METHODS:

Description of the modified surgical technique with an accompanying video.

RESULTS:

In the standard glued IOL fixation technique, the leading haptic is externalized using a forceps through the sclerotomy and an assistant holds the haptic while the second IOL haptic is bimanually externalized, using the handshake technique, through the other sclerotomy site. In the author's technique, called the suture-assisted sutureless technique, IOL haptics were tied with a looped 9-0 polypropylene suture with an attached curved needle. The suture needle was fastened to the haptic, passed through the sclerotomy site, and pulled out to externalize the haptic through the sclerotomy site.

CONCLUSIONS:

This technique is an easy, feasible, and assistant-free procedure for glued IOL implantation in aphakic eyes. [J Refract Surg. 2015;31(7):488-491.].

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2. J Refract Surg. 2015 Jul;31(7):466-72. doi: 10.3928/1081597X-20150623-05.

[Prospective Randomized Intraindividual Comparison of Posterior Capsule Opacification After Implantation of an IOL With and Without Heparin Surface Modification.](#)

[Krall EM](#), [Arlt EM](#), [Jell G](#), [Strohmaier C](#), [Moussa S](#), [Dexl AK](#).

Abstract

PURPOSE:

To compare posterior capsule opacification (PCO) of a hydrophobic acrylic heparin surface modified intraocular lens (HSM-IOL) and an uncoated IOL (UC-IOL) 1 year after implantation.

METHODS:

One hundred two eyes of 51 patients underwent routine phacoemulsification with randomized implantation of a HSM-IOL in one eye (the HSM-IOL group) and a UC-IOL in the fellow eye (the UC-IOL group). Morphologic PCO evaluation was performed comparing digital photographs in retroillumination using the Evaluation of Posterior Capsule Opacification (EPCO) system, grading the density of the opacification from 0 to 4 (0 = none, 1 = minimal, 2 = mild, 3 = moderate, and 4 = severe). Distance visual acuities, subjective manifest refraction, pupil size, straylight measurements, flare in the anterior chamber using a laser flare meter, and contrast sensitivity were also evaluated.

RESULTS:

The mean total EPCO score was slightly higher in the HSM-IOL group (0.50 ± 0.45) compared to the UC-IOL group (0.45 ± 0.46), but did not reach statistical significance. No statistically significant differences were found in the other main outcome parameters (straylight measurement, distance visual acuities, flare in the anterior chamber, and mesopic and photopic contrast sensitivity) when comparing both IOLs.

CONCLUSION:

Although the HSM-IOL showed decreased flare 1 day postoperatively, no statistically significant differences regarding PCO were found 1 year postoperatively. [J Refract Surg. 2015;31(7):466-472.].

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3. Cornea. 2015 Jul 1. [Epub ahead of print]

[Comparison of ACIOL Retention With IOL Exchange in Patients Undergoing Descemet Stripping Automated Endothelial Keratoplasty.](#)

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Abstract

PURPOSE:

To investigate clinical outcomes in the management of anterior chamber intraocular lenses (ACIOLs) in patients requiring Descemet stripping automated endothelial keratoplasty (DSAEK) for pseudophakic corneal edema.

METHODS:

This is a retrospective review of DSAEK procedures performed at a single center between May 1, 2006, and August 1, 2014.

RESULTS:

Forty-three eyes (41 patients) with pseudophakic corneal edema and an ACIOL were identified. In 26 eyes (60.5%), the ACIOL was retained [intraocular lens retention (IOLR) group], and in 17 eyes (39.5%), intraocular lens exchange [(IOLX) group] was concurrent with DSAEK. No significant difference was noted between the IOLR and IOLX groups for the following: the incidence of primary graft failure (7.7% vs. 5.9%; $P = 1.0$); the incidence (3.8% vs. 0.0%; $P = 1.0$) or rate (0.036 per eye-year vs. 0 per eye-year; $P = 0.28$) of secondary graft failure; or the incidence (7.7% vs. 11.8%; $P = 1.0$) or rate (0.056 per eye-year vs. 0.073 per eye-year; $P = 0.69$) of endothelial rejection. However, the incidence (23.1% vs. 58.8%; $P = 0.026$) and rate (0.291 per eye-year vs. 0.475 per eye-year; $P = 0.033$) of increased intraocular pressure were significantly higher in the IOLX group. There were more complications in the IOLX group, although the difference was not significant (7.7% vs. 29.4%; $P = 0.093$).

CONCLUSIONS:

There is no significant difference in the incidence of primary graft failure or in the rate of secondary graft failure or endothelial rejection in eyes with ACIOL retention or exchange. However, as IOLX is associated with intraoperative and postoperative complications and an increased rate of postoperative intraocular pressure elevation, we recommend performing DSAEK with retention of well-positioned ACIOLs in these eyes.

PMID: 26147836 [PubMed - as supplied by publisher]



4. Ophthalmic Epidemiol. 2014 Dec;21(6):397-405. doi: 10.3109/09286586.2014.975824. Epub 2014 Oct 30.

[Functional and visual acuity outcomes of cataract surgery in Timor-Leste \(East Timor\).](#)

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Abstract

PURPOSE:

To report functional outcomes following cataract surgery in Timor-Leste.

METHODS:

Pre- and post-intervention study measuring visual function improvement following cataract surgery. Presenting visual acuity (VA) was measured and visual function documented using the Indian vision function questionnaire (IND-VFQ).

RESULTS:

All 174 persons undergoing cataract surgery from November 2009 to January 2011 in Timor-Leste were included. Mean age was 65.4 years; 113 (64.9%) were male, 143 (82.1%) were from a rural background and 151 (86.8%) were illiterate. Pre-operatively, 77 of 174 patients (44.3%, 95% confidence interval, CI, 37.0-51.7%) were blind (VA \leq 3/60), 77 (44.3%, 95% CI 37.0-51.7%) were visually impaired (VA <6/18->3/60), while 20 (11.5%, 95% CI 7.4-16.9%) had presenting acuity \geq 6/18 in the better eye. Following surgery, significant improvement in visual function was demonstrated by an effect size of 2.8, 3.7 and 3.9 in the domains of general functioning, psychosocial impact and visual symptoms, respectively. Four weeks following surgery, 85 patients (48.9%, 95% CI 41.5-66.3%) had a presenting VA \geq 6/18, 74 (42.5%, 95% CI 35.3-45.9%) were visually impaired and 15 (8.6%, 95% CI 5.0-13.6%) were blind. IND-VFQ improvement occurred even in patients remaining visually impaired or blind following surgery.

CONCLUSION:

In this setting, cataract surgery led to a significant improvement in visual function but the VA results did not meet World Health Organization quality criteria. IND-VFQ results, although complementary to clinical VA outcomes did not, in isolation, reflect the need to improve program quality.

PMID: 25357102 [PubMed - indexed for MEDLINE]



5. Retina. 2015 Feb;35(2):294-302. doi: 10.1097/IAE.0000000000000298.

[Evaluation of visual acuity, macular status, and subfoveal choroidal thickness changes after cataract surgery in eyes with diabetic retinopathy.](#)

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Abstract

PURPOSE:

Progression of diabetic macular edema has been reported as a common cause of poor visual acuity recovery after cataract surgery in patients with diabetes. Despite being responsible for the blood supply to the outer retina, the role of the choroidal layer in the pathogenesis of diabetic retinopathy (DR) is not yet understood. Our objective is to characterize macular and subfoveal choroidal thickness changes after cataract surgery in eyes with DR.

METHODS:

Thirty-five eyes with clinically significant cataract of patients with DR were divided into three groups based on clinical and optical coherence tomography findings: patients with DR without macular edema, patients with DR and macular thickening detected on optical coherence tomography, and finally patients with clinically significant macular edema. All cases were submitted to ophthalmologic examination and spectral domain optical coherence tomography 1 week before cataract surgery and repeated 1 month after surgery. Patients with preoperative clinically significant macular edema were treated with intravitreal bevacizumab at the time of surgery.

RESULTS:

All groups showed a significant increase in visual acuity 1 month after surgery ($P < 0.001$). Mean foveal thickness increased significantly in all groups, including controls ($P = 0.013$), except in patients who were simultaneously treated with intravitreal bevacizumab ($P = 0.933$). An increase of maximum macular thickness of at least 11% was found in 25.7% of the DR eyes, but no such increase occurred in the control eyes. No significant change was verified for subfoveal choroidal thickness in any of the studied groups.

CONCLUSION:

Surgical inflammation associated with cataract surgery caused a significant increase of macular thickness in control and DR eyes that were not treated with intravitreal bevacizumab. Such macular changes were not accompanied by subfoveal choroidal thickness changes in any of the study groups, suggesting that the changes in macular thickness associated with the surgery are not related to changes in choroidal thickness and that there is no relation between inner blood-retinal barrier status and diabetic choroidal angiopathy.

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