

STABLE FIXATION

Scleral fixation of aspheric plate-haptic lens produces good visual outcome.

Roibeard O'hEineachain reports

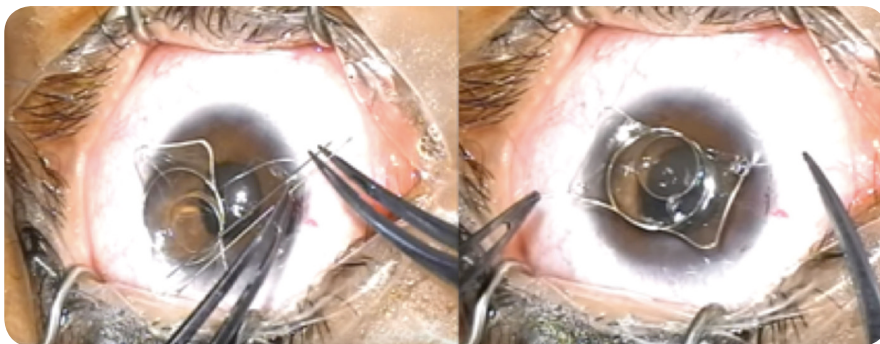
A new small incision scleral fixation technique for eyes lacking capsular support can provide good results with implanting the Acriva UDM 611 (VSY Biotechnology) foldable plate-haptic intraocular lens (IOL), with reduced surgery time and complications, along with excellent centration and stability with good visual results, according to a study conducted by Hasanov Jamil V MD, Zarifa Aliyeva National Eye Centre, Baku, Azerbaijan.

"The use of plate-haptic design versus C-loop haptic design eliminates complications such as: suture slippage or entangling, IOL-donesis, tilting, decentration, and possibility minimising manipulation in the anterior chamber during IOL implantation," Dr Jamil told *EuroTimes* in an interview.

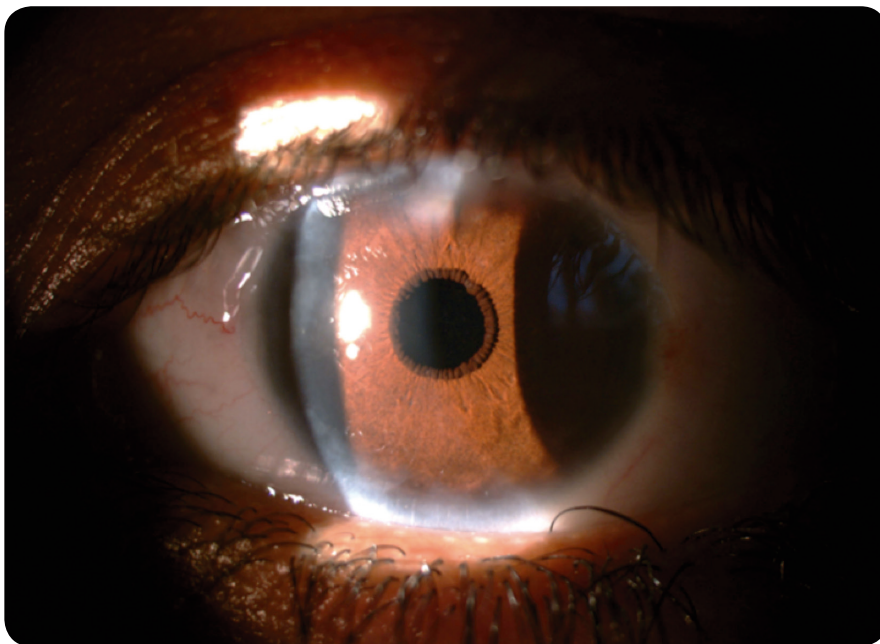
In his study, Dr Jamil performed cataract surgery in four eyes of four patients with a mean age of 47.75 years (range 23-70) using 2.4mm incisions and a modified trans-scleral suturing, to implant the Acriva UDM 611 plate-haptic foldable IOL. He noted that, in addition to its ultra-definition aspheric optic, the lens has a unique haptic design which makes it particularly suitable for small incision trans-scleral fixation surgery.

At six months follow-up, best corrected visual acuity ranged from 20/100 to 20/25, compared to 20/800 to 20/40, preoperatively. In addition, the IOL achieved excellent centration and stability in all eyes. Rapid postoperative recovery and minimal induced astigmatism were observed. He noted that those findings have held up since the six-month assessment and that he has achieved similar results with a further 25 patients who underwent the surgery, he said.

When performing the procedure, Dr Jamil first creates two 3.0mm-wide corneoscleral pockets at 3 and 9 o'clock. Then he threads a 10/0 prolene suture through the eyelet of each haptic using



The needles are threaded into the loop of the suture and thus a hitch-cow knot is formed at the haptic of the Acriva UDM 611



One month after surgery: the Acriva UDM 611 IOL excellently centred and stable

Courtesy of Hasanov Jamil V MD

two needles each, and loads the needles and the lens into the cartridge, with the tips of the needle extending outside of the cartridge.

He then creates a 2.4mm clear corneal incision, through which he first places the needles with the suture, drawing them out through the corneoscleral pockets, where, after injecting the lens into the anterior chamber he securely sutures the haptics

in place and completes the procedure by closing the scleral pockets.

"This approach allows for a faster procedure than a traditional triangular flap procedure, because there is no conjunctival dissection or scleral cautery. In addition, it is easier to perform dissection and induces less astigmatism. In addition, the healing period after surgery is very rapid," Dr Jamil said.

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All stages of the operation can be viewed at:
<https://eyetube.net/video/idugi>
<https://www.youtube.com/watch?v=KUX8G0JriAE>