

IRIS SUTURED IOL'S

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PREREQUISITES

- *NORMAL IRIS*
- *INTRACAMERAL MIOTIC*
- *THREE -PIECE IOL*
- *CURVED LONG (10/0) 9/0 PROLINE NEEDLE*
- *LENS FOULDING LENS IMPLATATION FORCEP*



Dr. Mostafa Nabeeh

OZil

0 2

C.D.E.
0.00

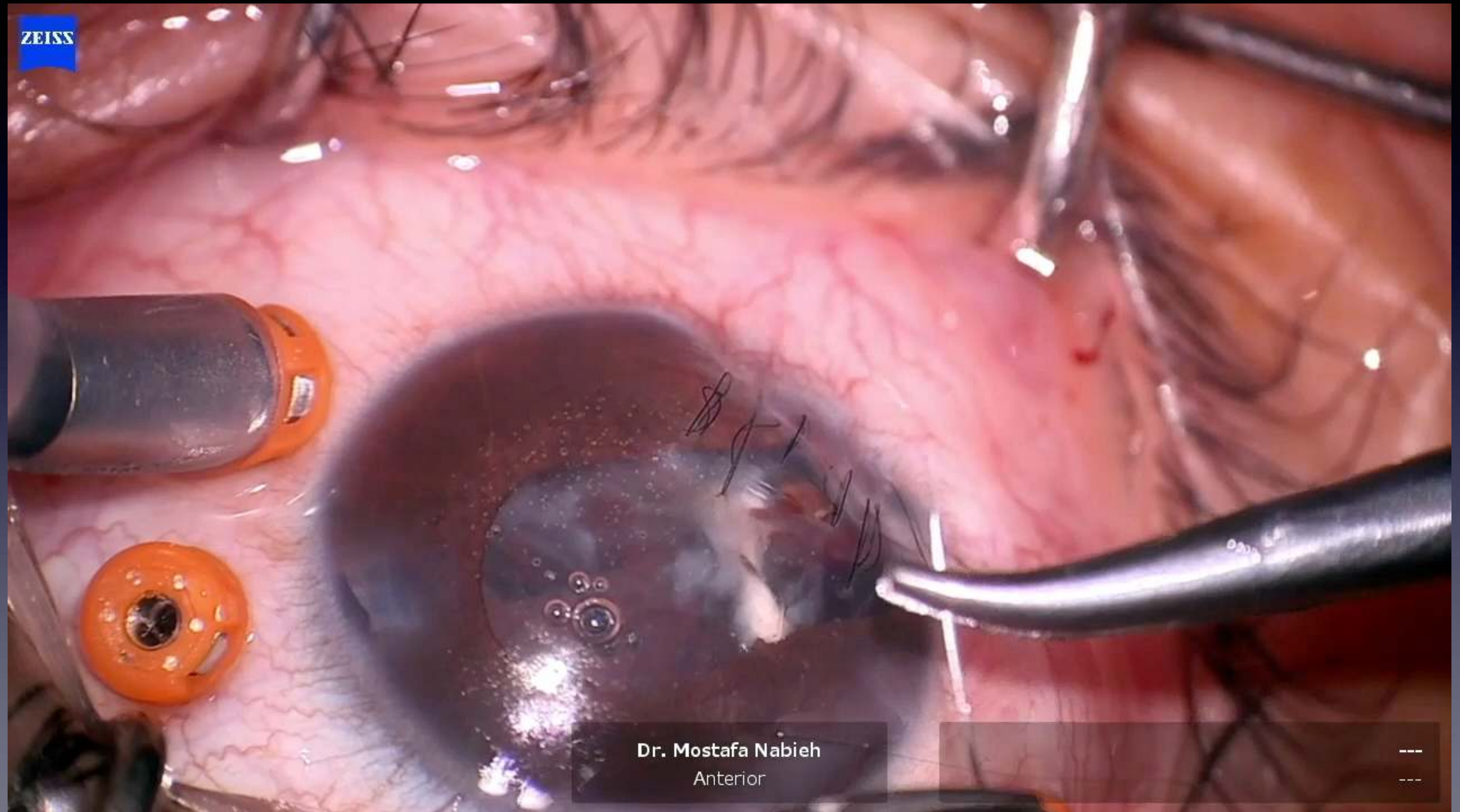
Ampl
20 70



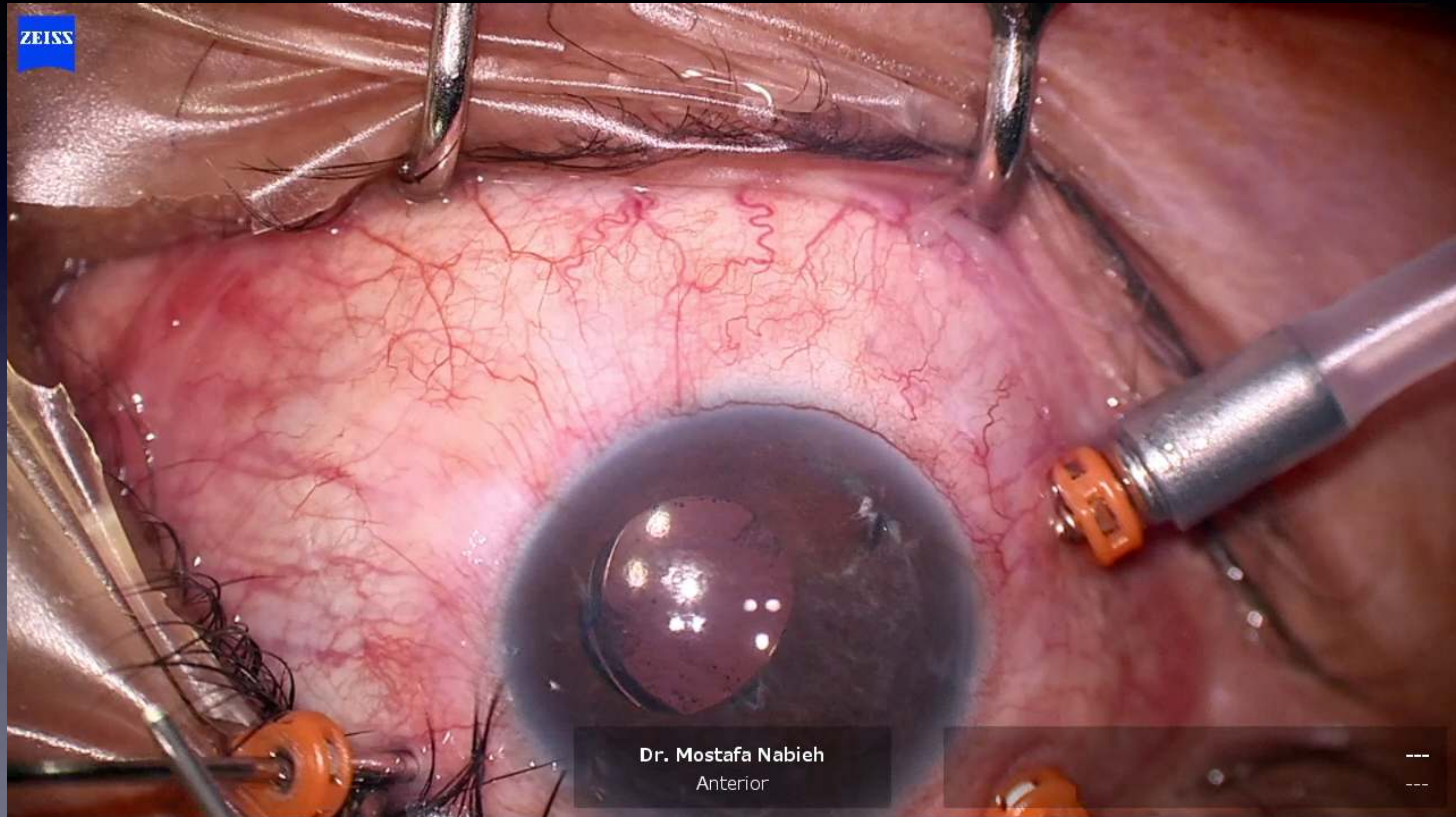
Irr
86
Asp
35
Rise
0
Vac
0 80

↓ 20 1000
Alcon

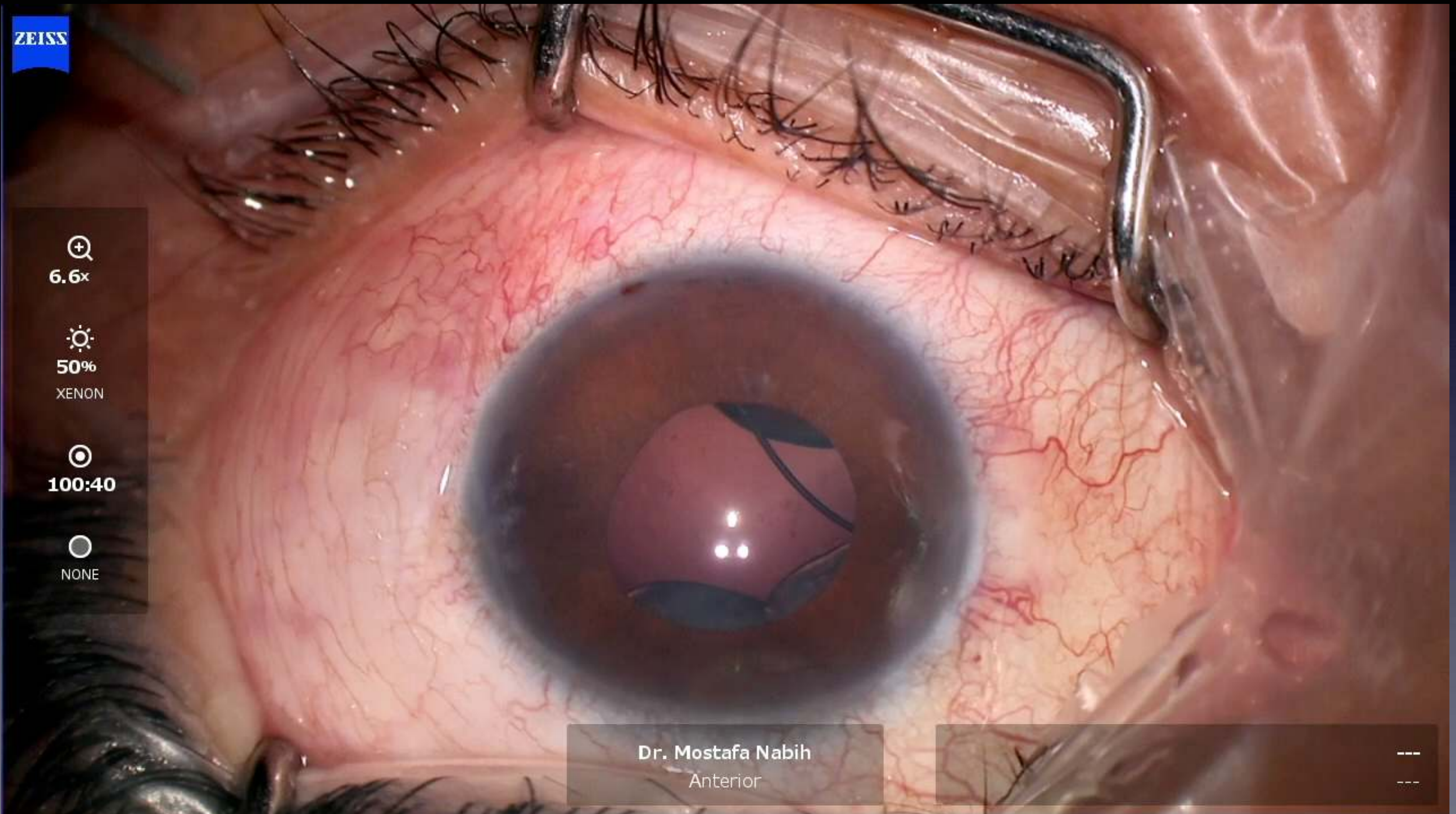
SIEPSE's *KNOT*



RET. DETACHMENT IN IRIS FIXATED

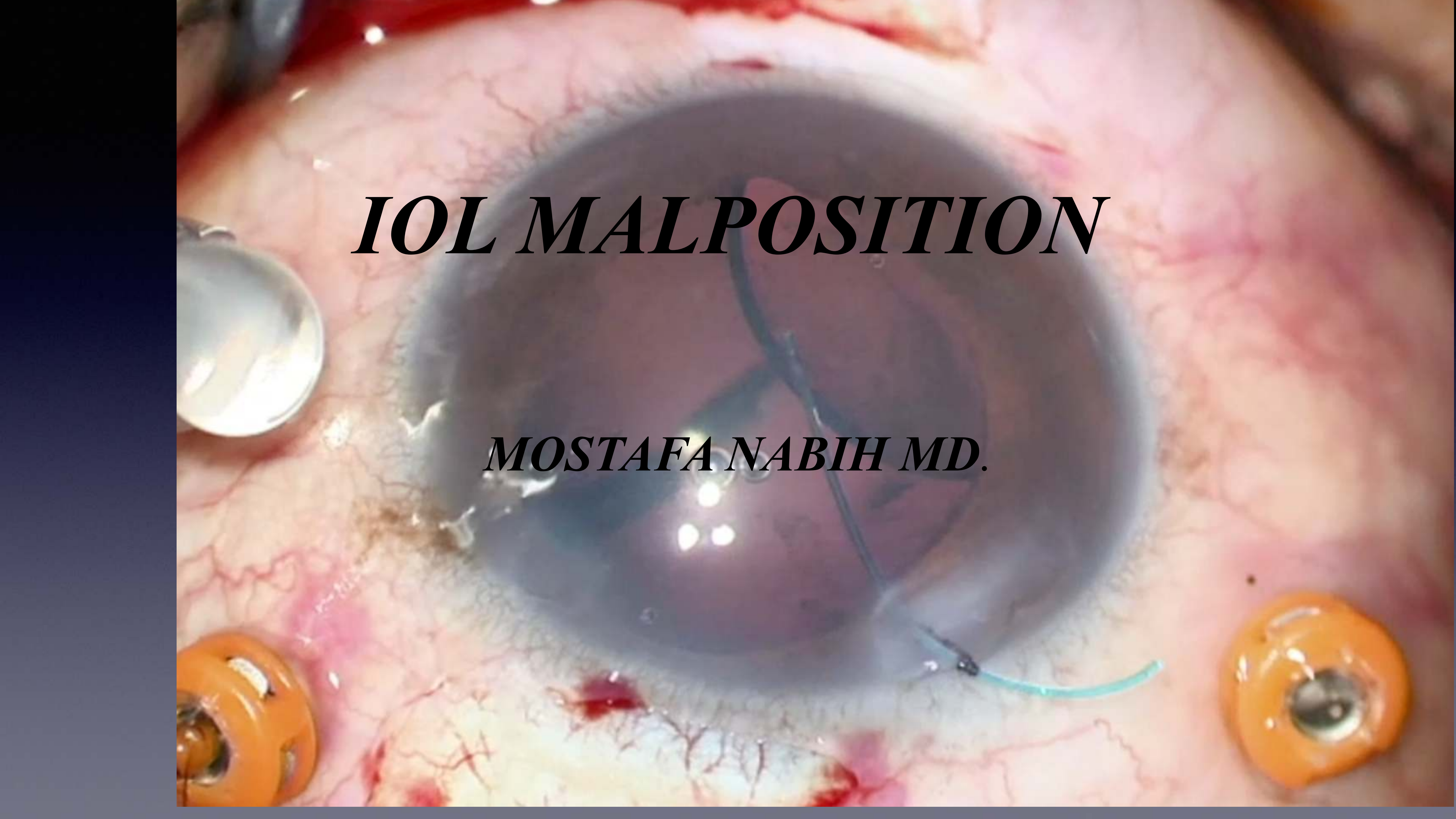


SLIPPED HAPTIC



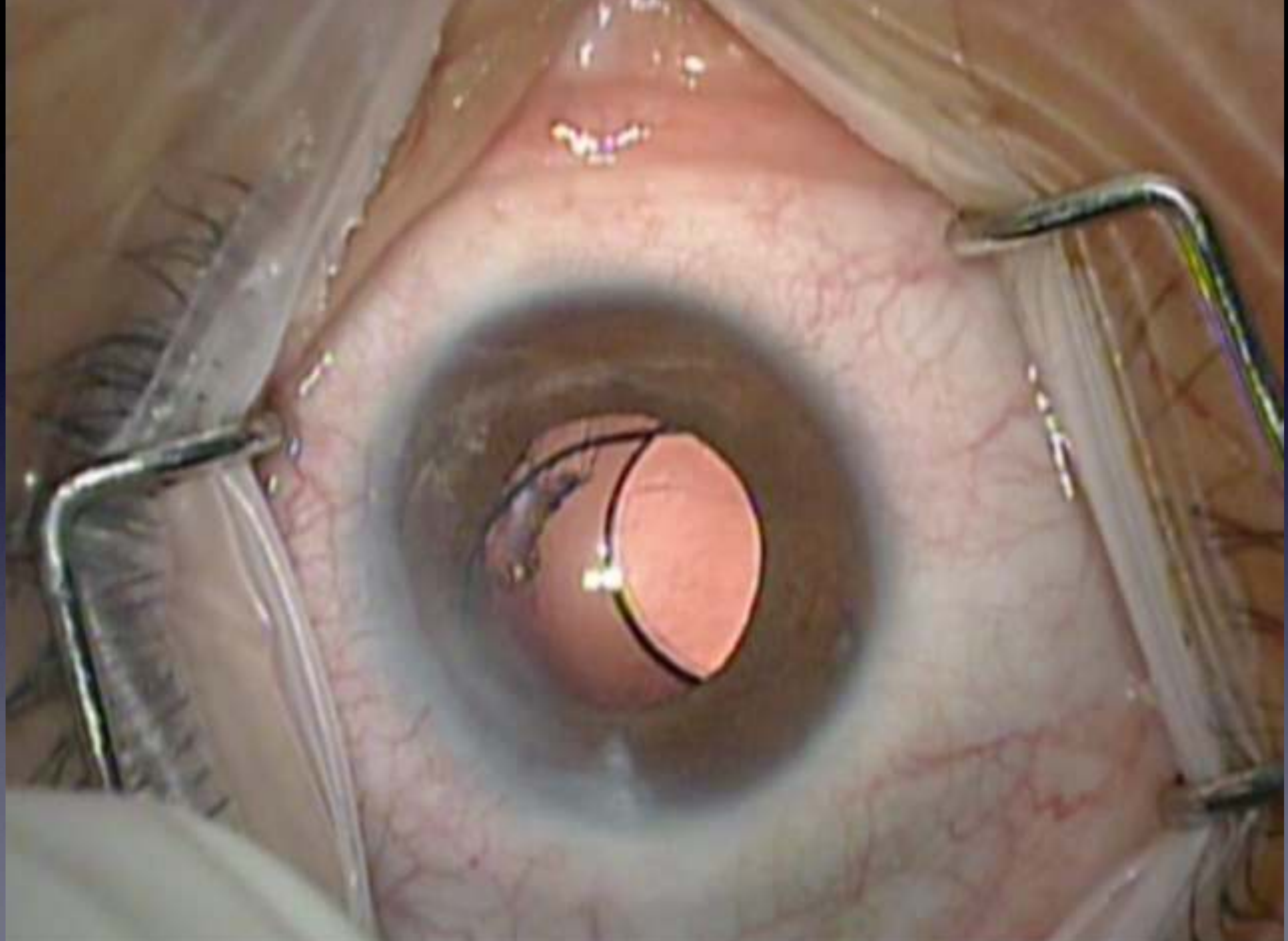
PROS AND CONS

- *NO WICKS SUTURES & HAPTICS INTROOCULAR*
- *BARRIER AC/POST. SEGMENT*
- *EASY TECHNIQUE*
- *CME*
- *SLIPPAGE*
- *PUPIL DISTORTION*

An intraoperative photograph of a human eye during a surgical procedure. A large, circular, greyish-blue intraocular lens (IOL) is visible, positioned within the eye. The IOL appears to be malpositioned, with its haptics (supporting structures) visible and possibly touching the iris or ciliary body. The surrounding ocular tissues are pinkish-red and show some surgical markings. Two orange surgical drapes are visible at the bottom corners of the frame. The text "IOL MALPOSITION" is overlaid in a large, bold, black serif font across the center of the image.

IOL MALPOSITION

MOSTAFA NABIH MD.



DROPPED e'SOMMERING RING

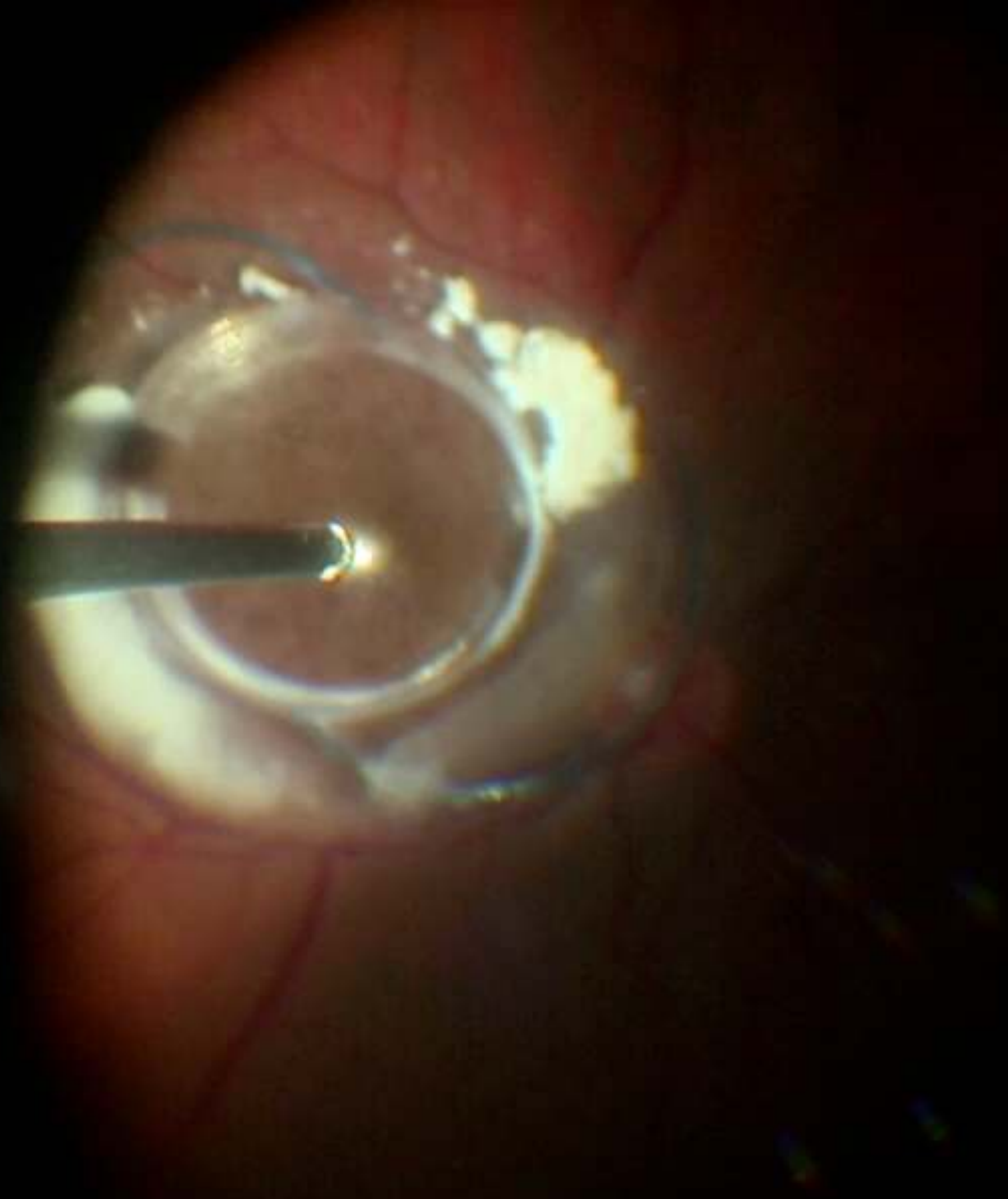


11.4x

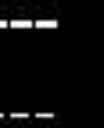
49%
XENON

82:100

NONE



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Posterior



DROPPED PMMA



8.0x



56%

XENON



100:57



NONE

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Anterior

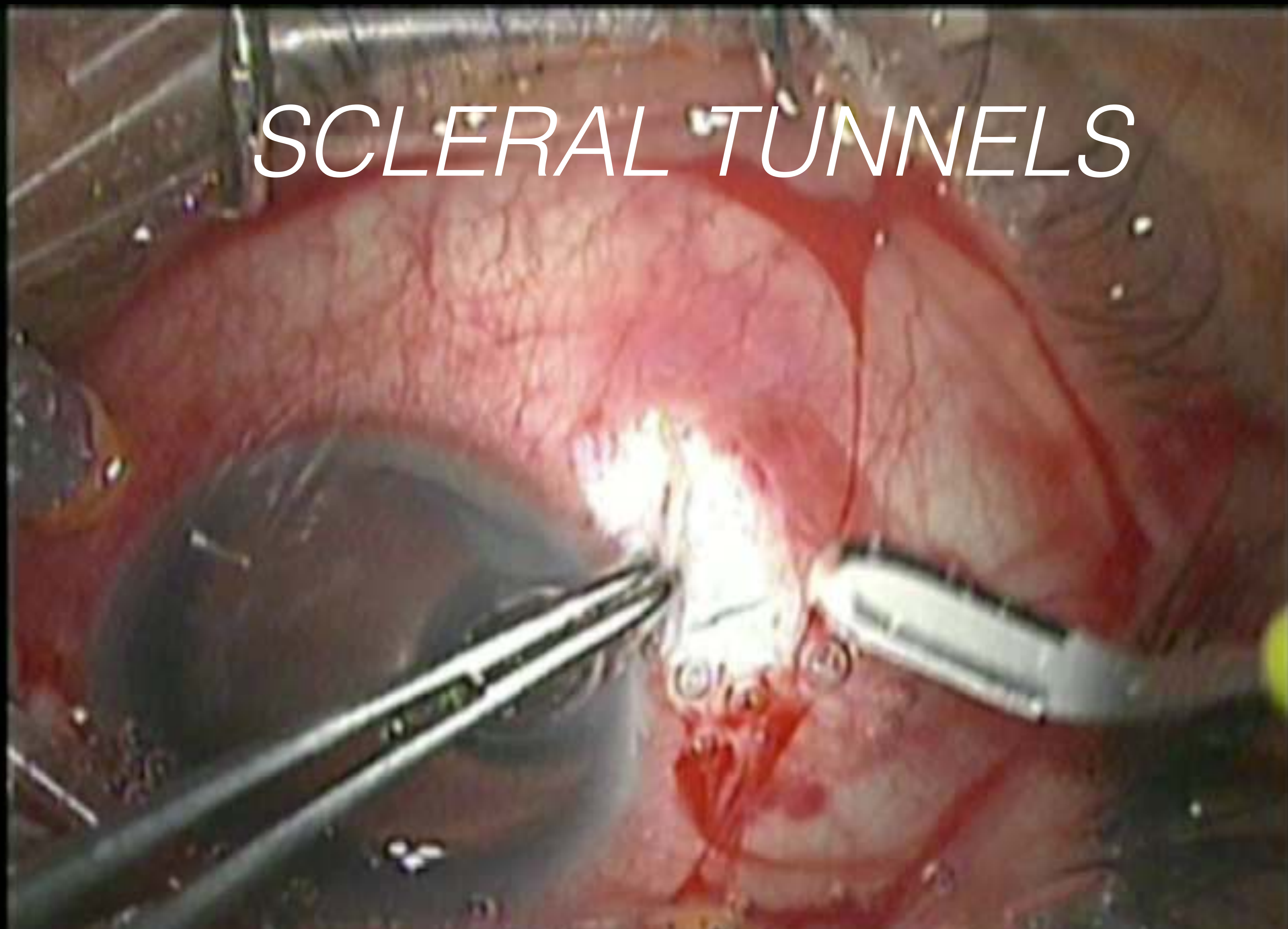


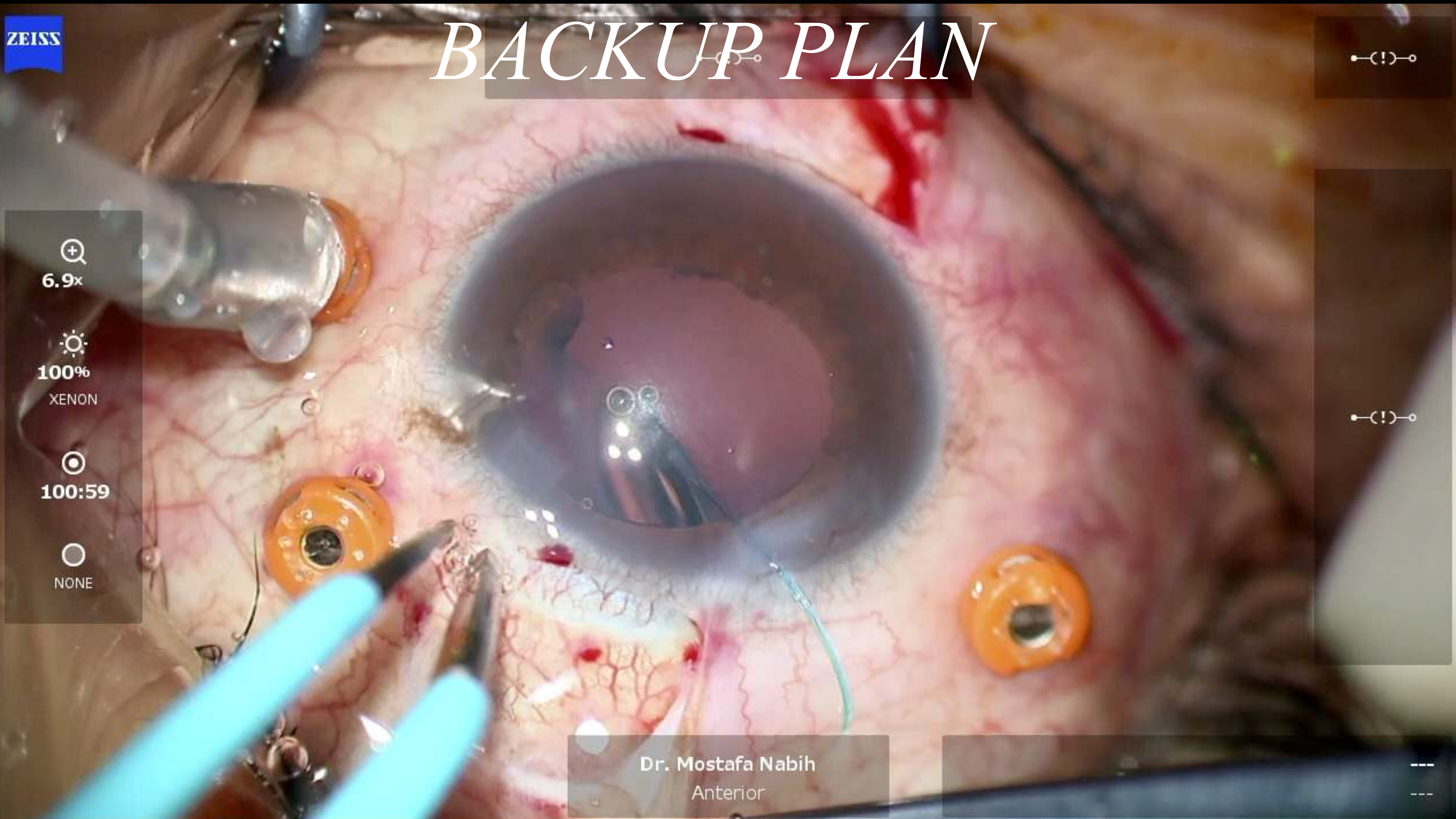
SLIPPED HAPTIC AT WITHDRAWAL



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Anterior

SCLERAL TUNNELS





BACKUP PLAN



6.9x



100%

XENON



100:59



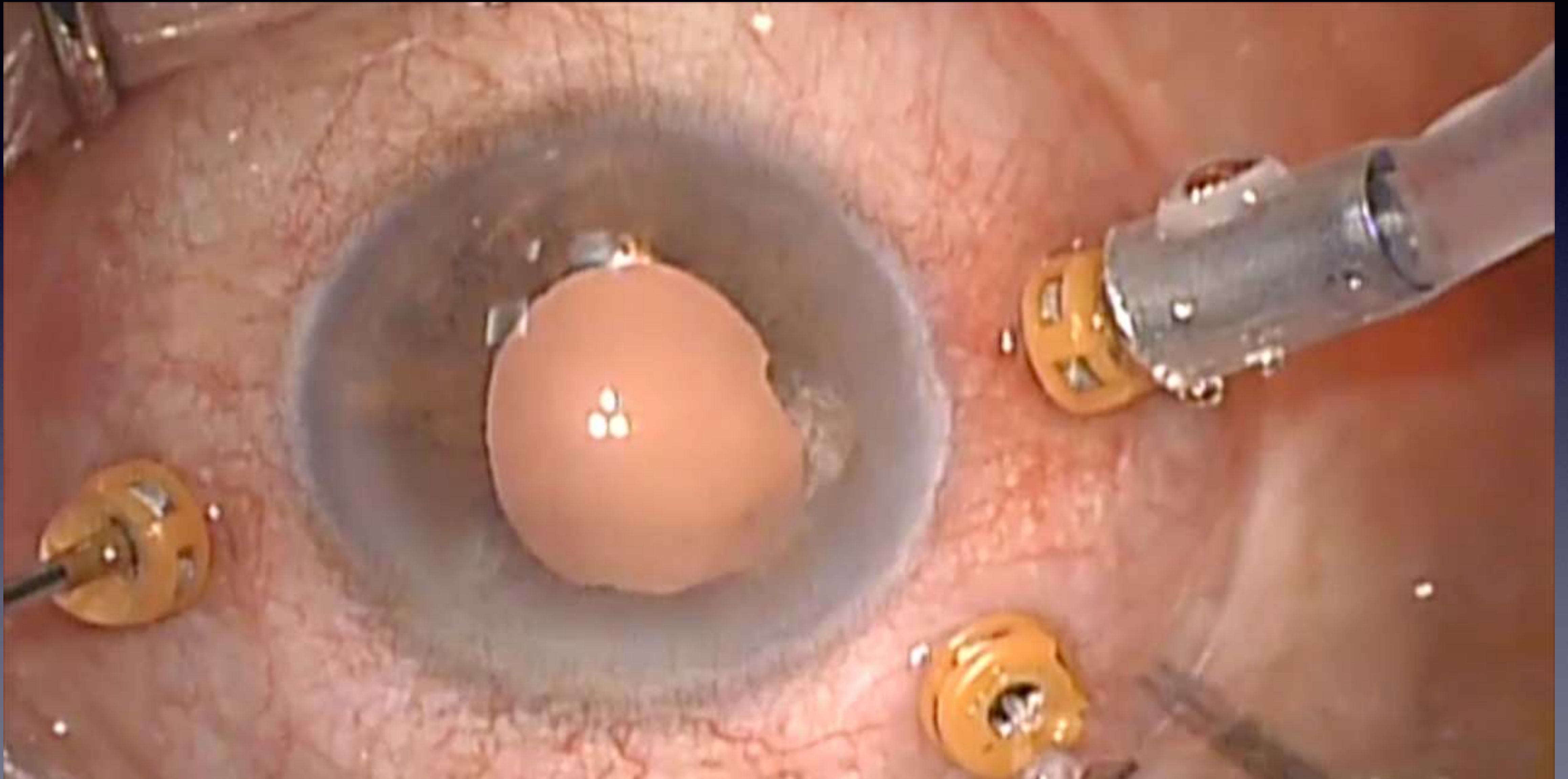
NONE



Dr. Mostafa Nabih
Anterior



TRAUMATIC DISLOCATION OF IOL WITH IRIS LACERATION



INSUFFICIENT PREOP. VIEW

- *OPACIFIED CAPSULE WITH SMALL PERIPHERAL HOLE*
- *NO PREOP VIEW*
- *TAMPONADE MIGHT MIGRATE ANTERIORLY*



4.5x

78%
XENON

86:100

NONE



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Anterior



