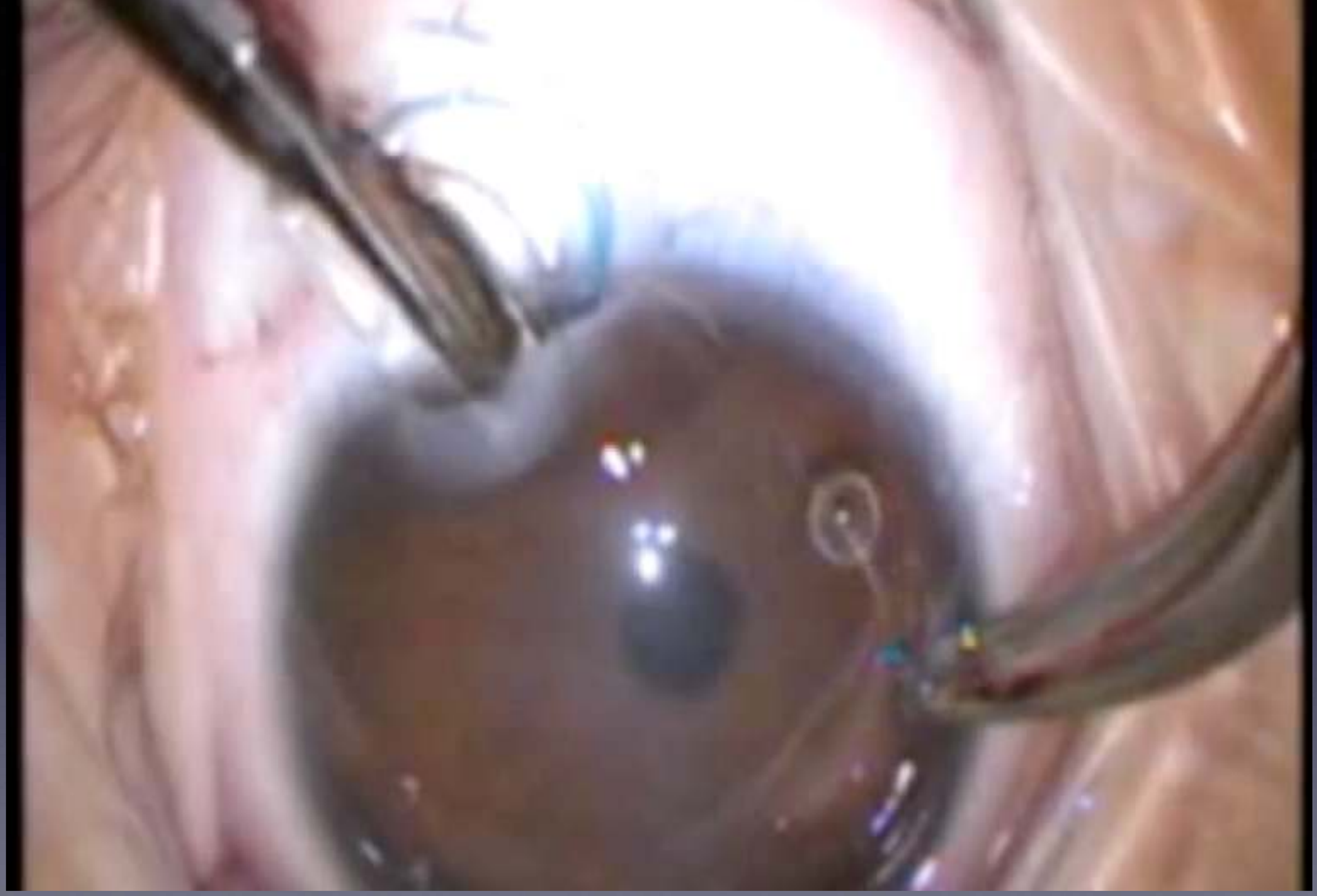
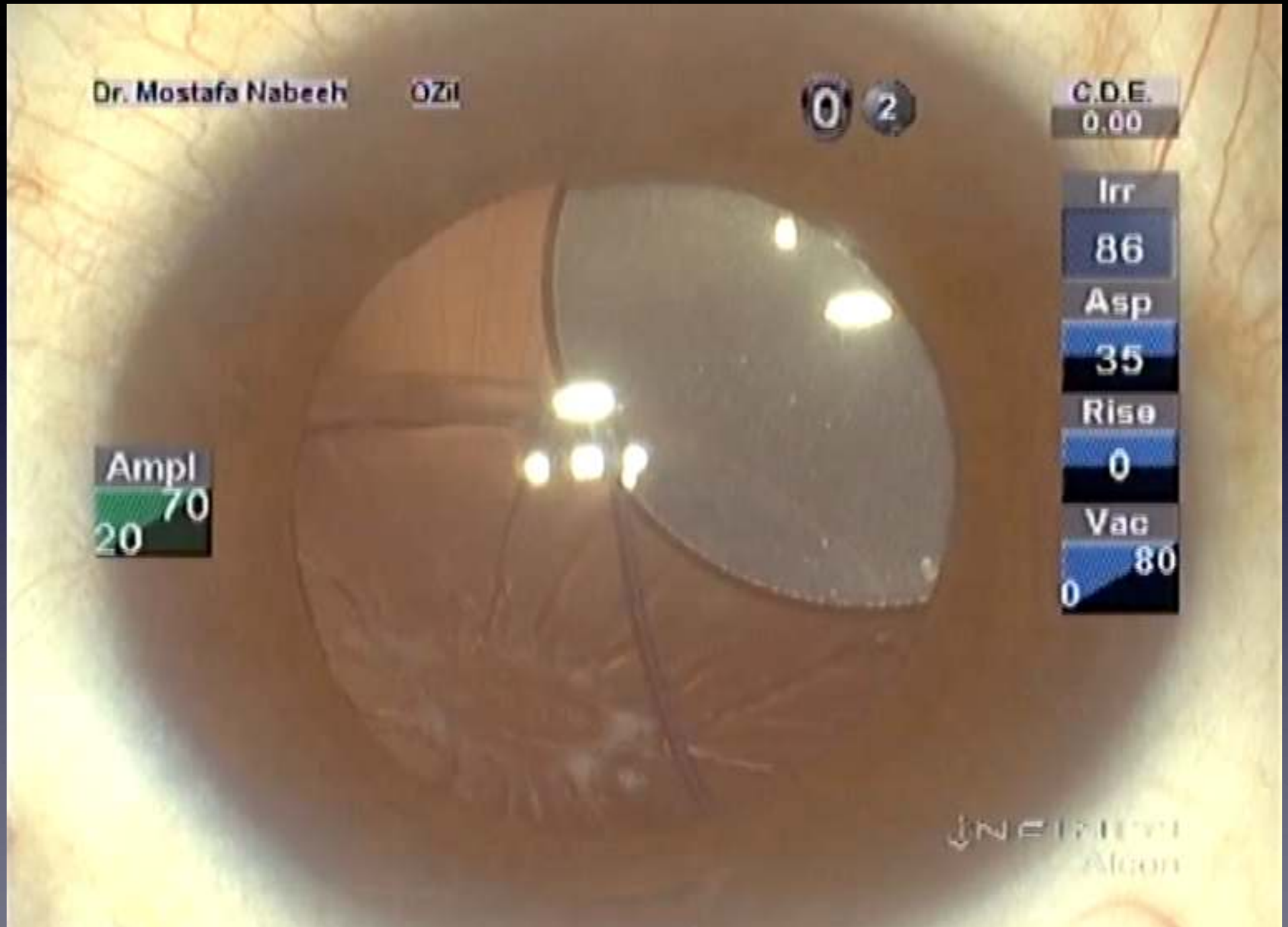
IRIS SUTURED IOL'S

MOSTAFA NABIH MD.
PROFESSOR - CAIRO UNIVERSITY

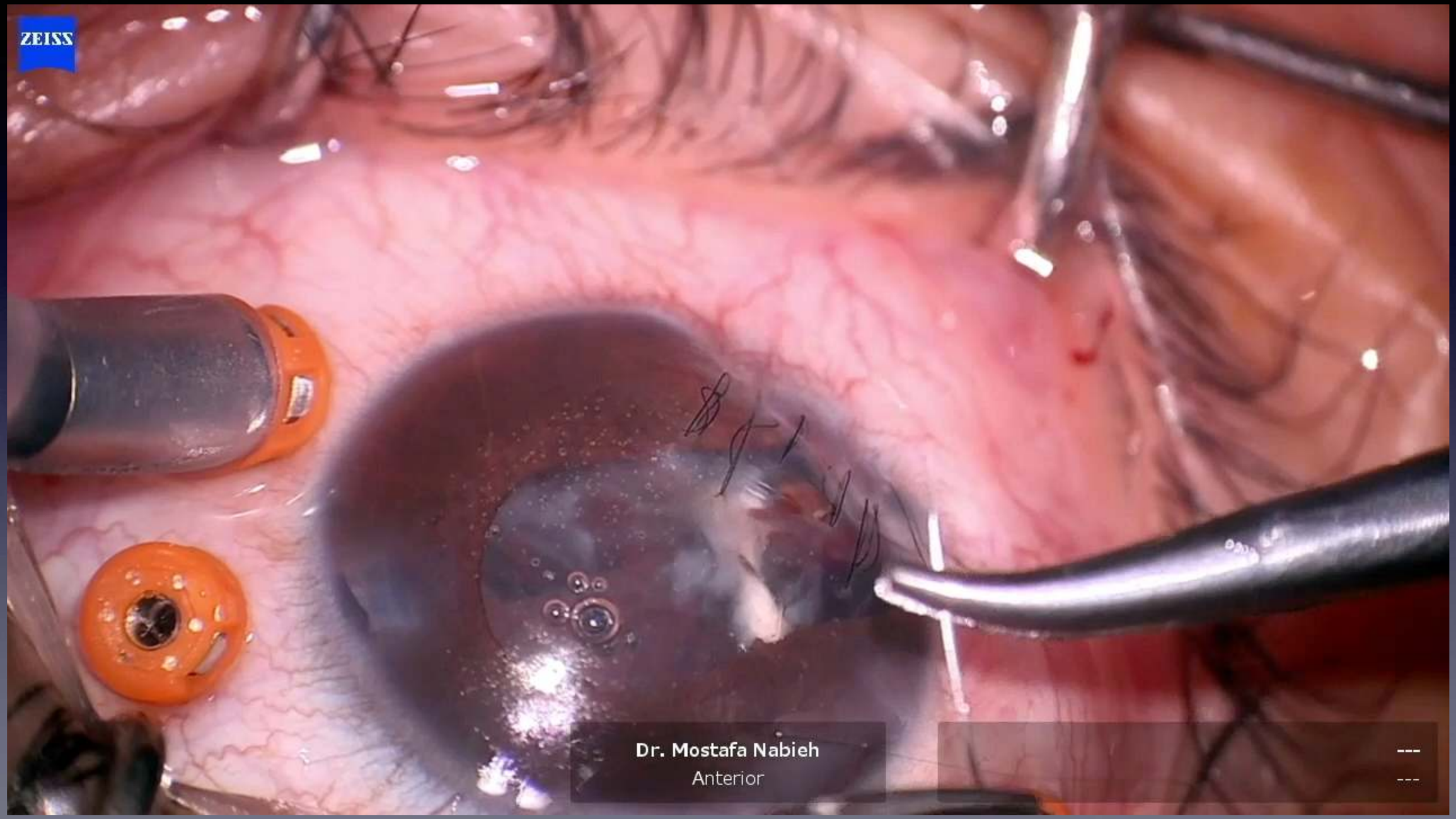
PRREREQUISITES

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

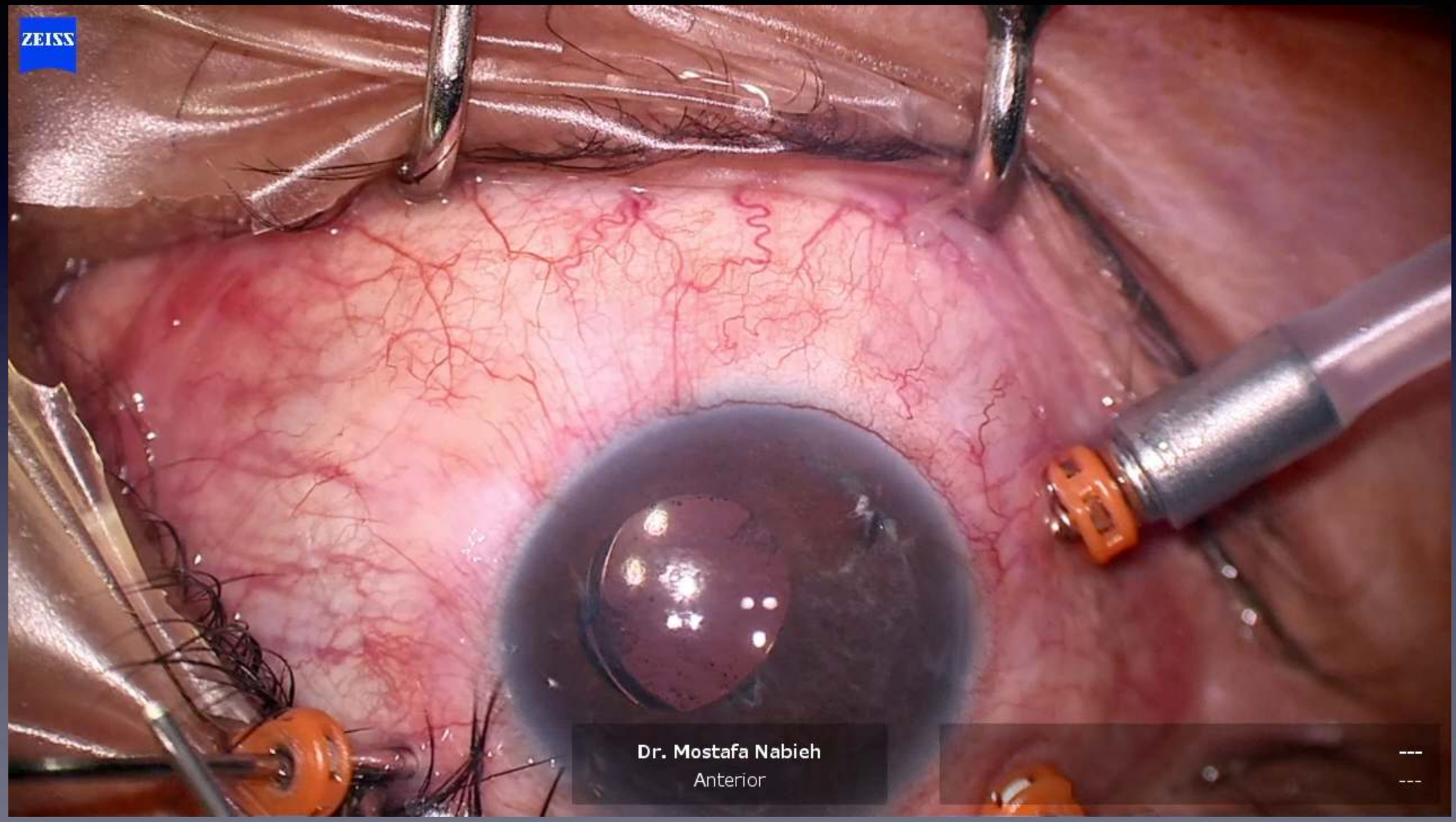



Dr. Mostafa Nabeeh
OZil
0 2
C.D.E.
0.00
Irr
86
Asp
35
Rise
0
Vac
80
0
Ampl
70
20

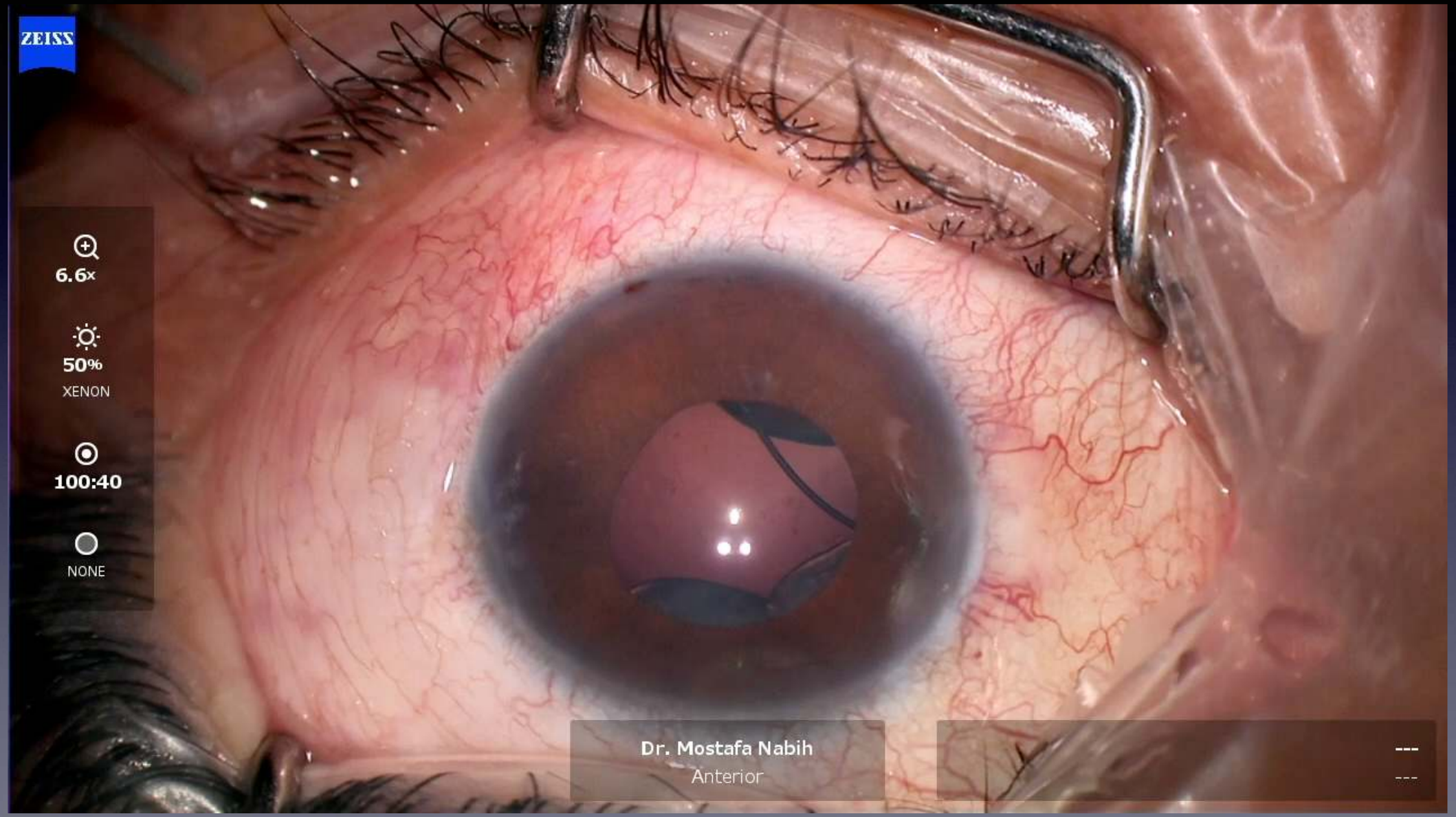
SIEPSER's KNOT



RET. DETACHMENT IN IRIS FIXATED

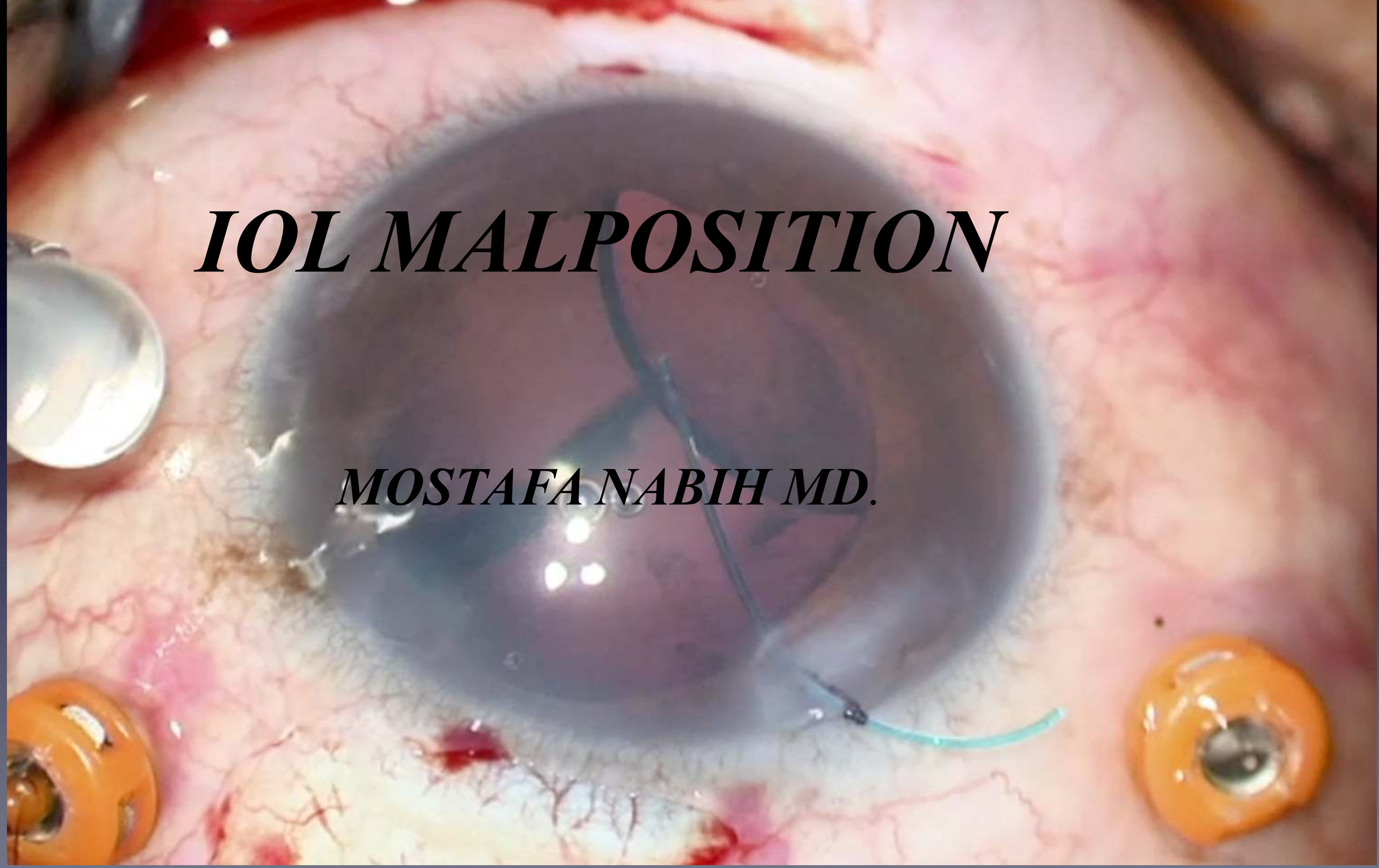


SLIPPED HAPTIC



PROS AND CONS

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



IOL MALPOSITION

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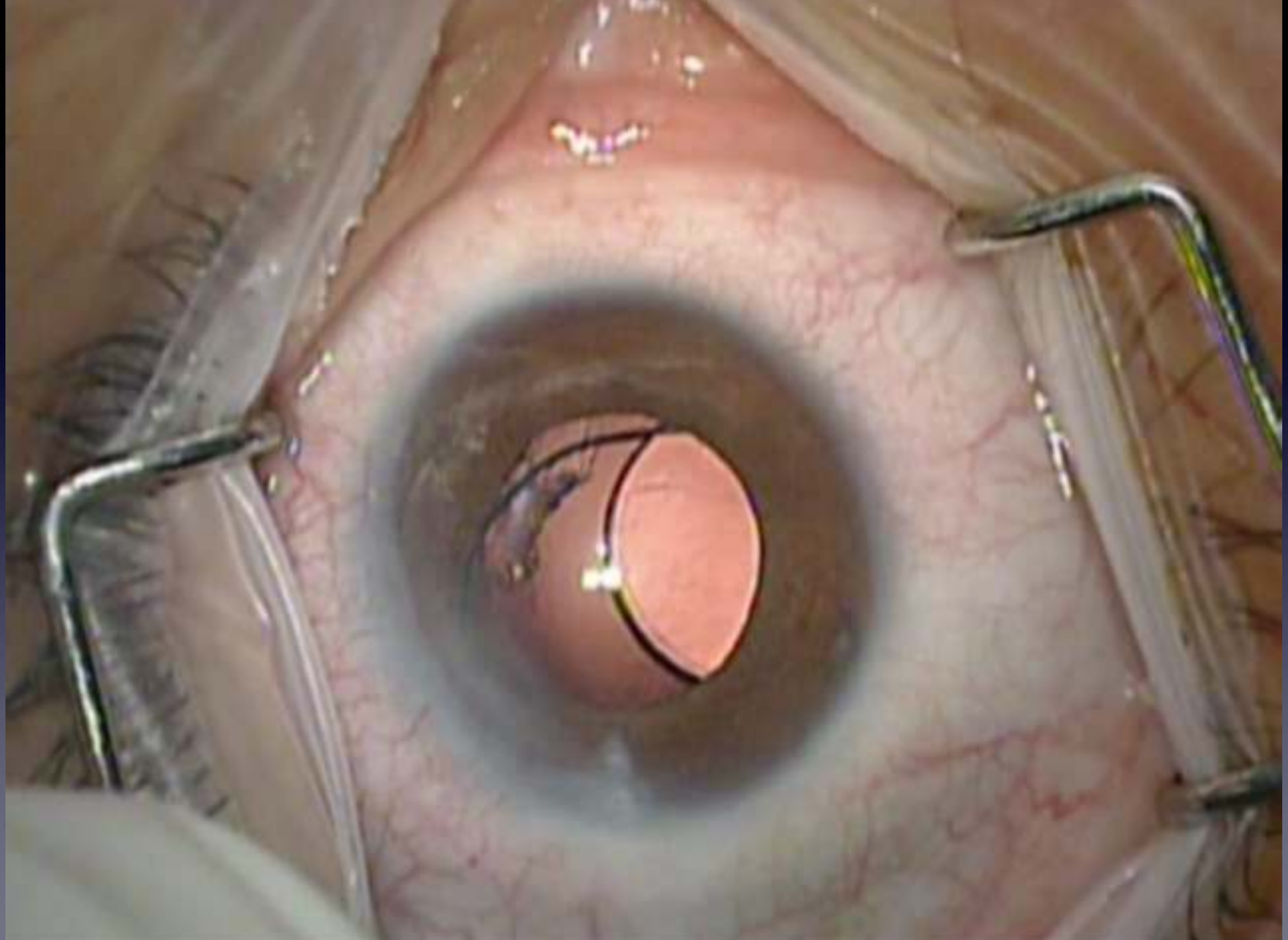
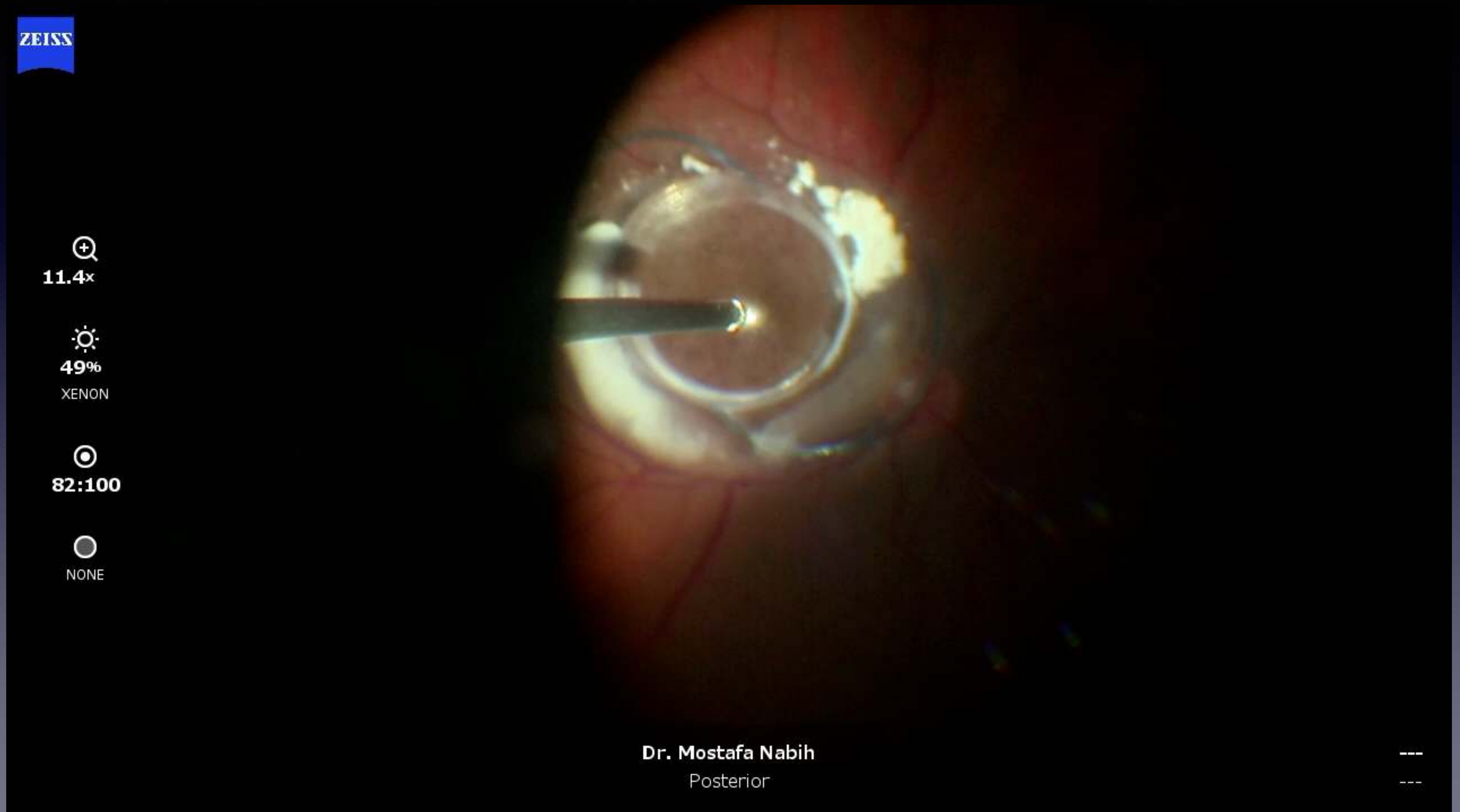
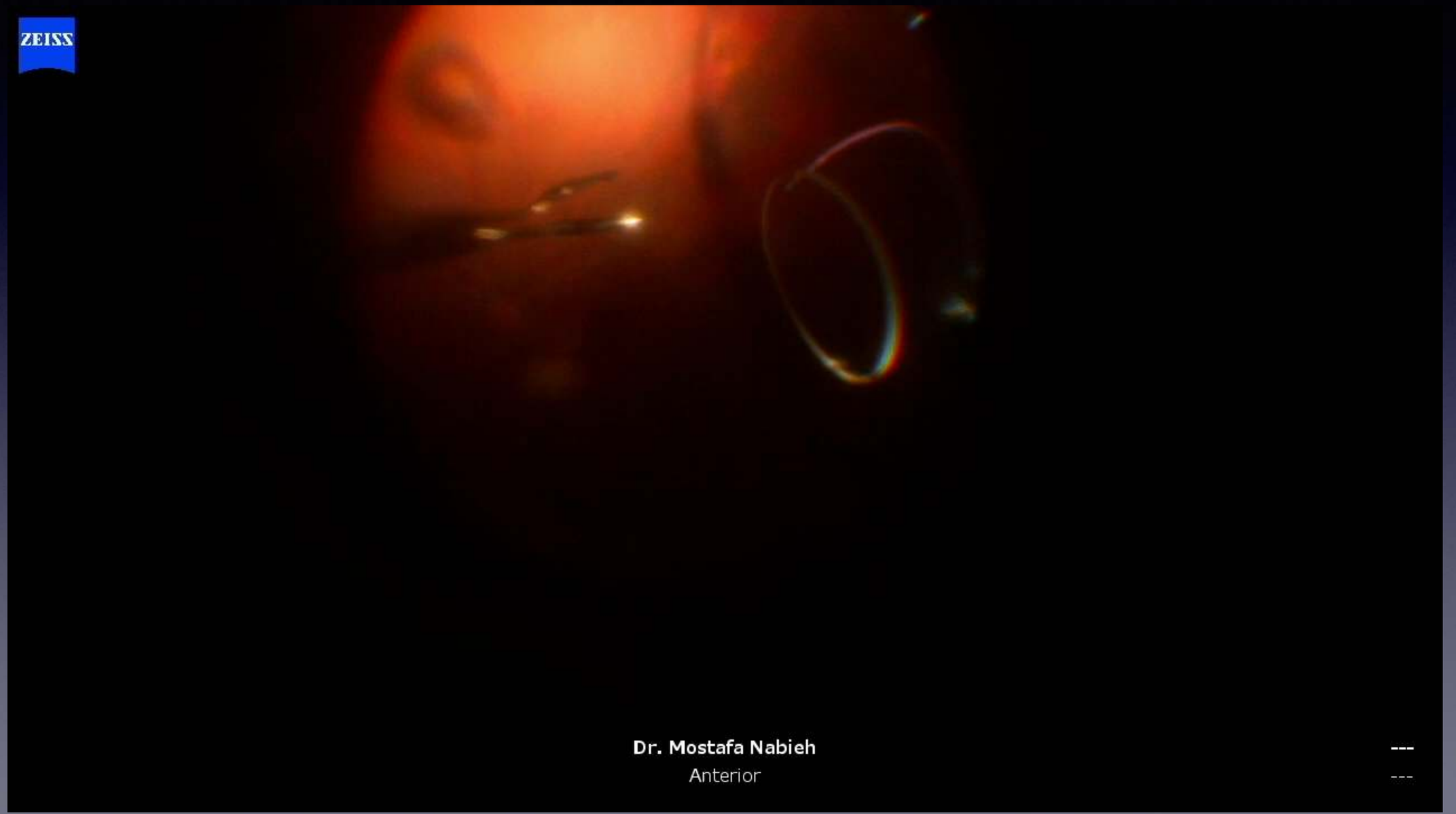


DROPPED e'SOMMERING RING

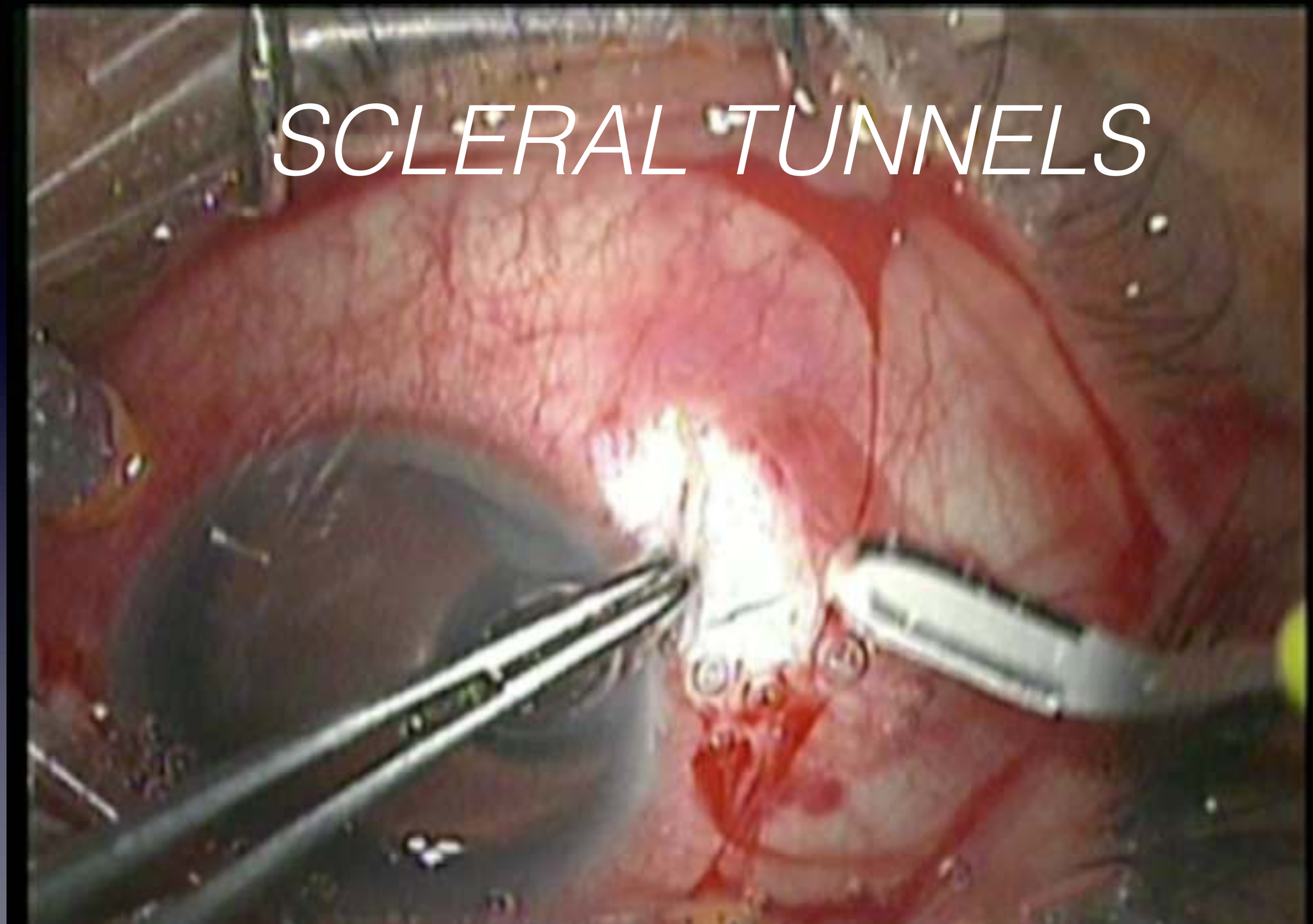


DROPPED PMMA

SLIPPED HAPTIC AT WITHDRAWAL

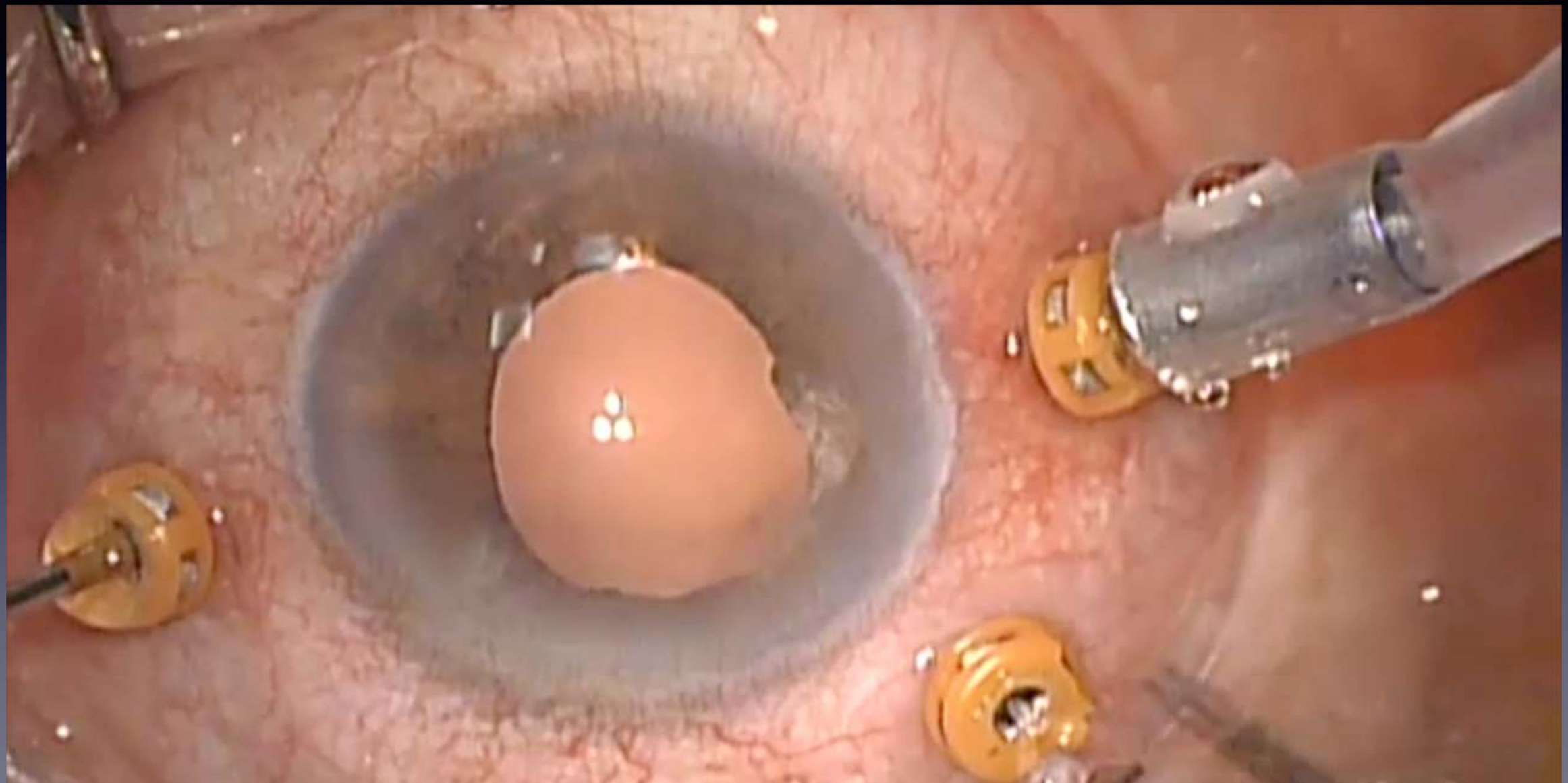


SCLERAL TUNNELS



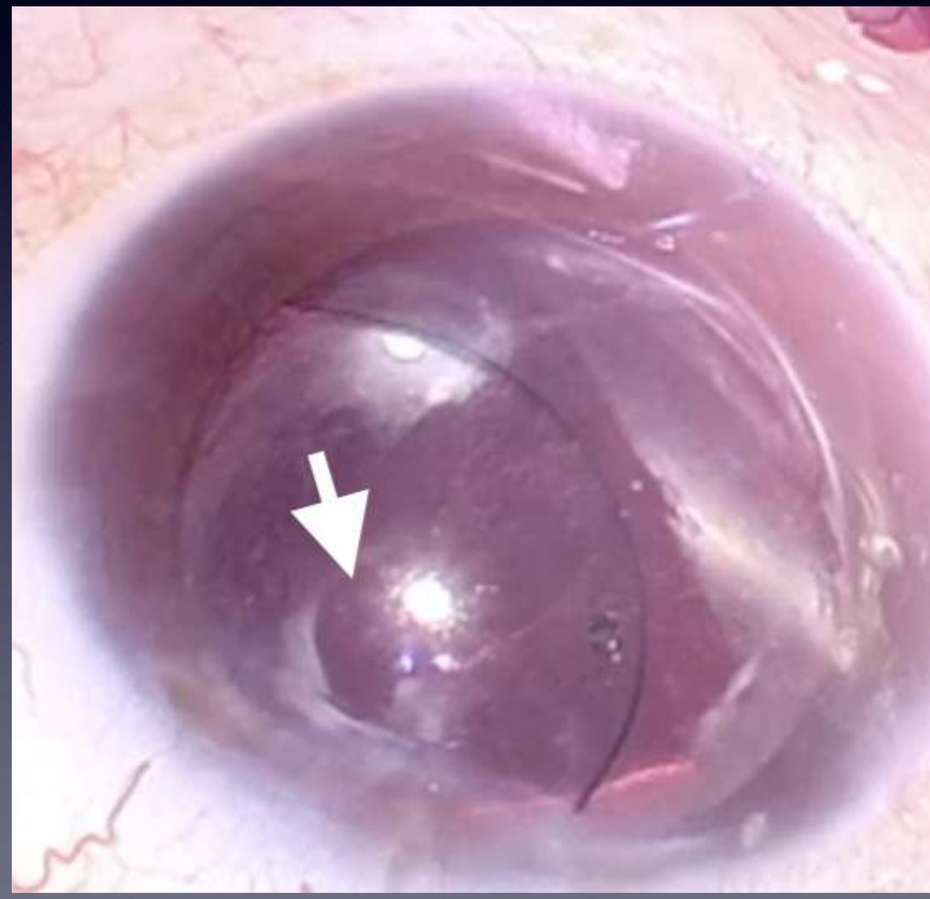

ZEISS
BACKUP PLAN
6.9x
100%
XENON
100:59
NONE
Dr. Mostafa Nabih
Anterior

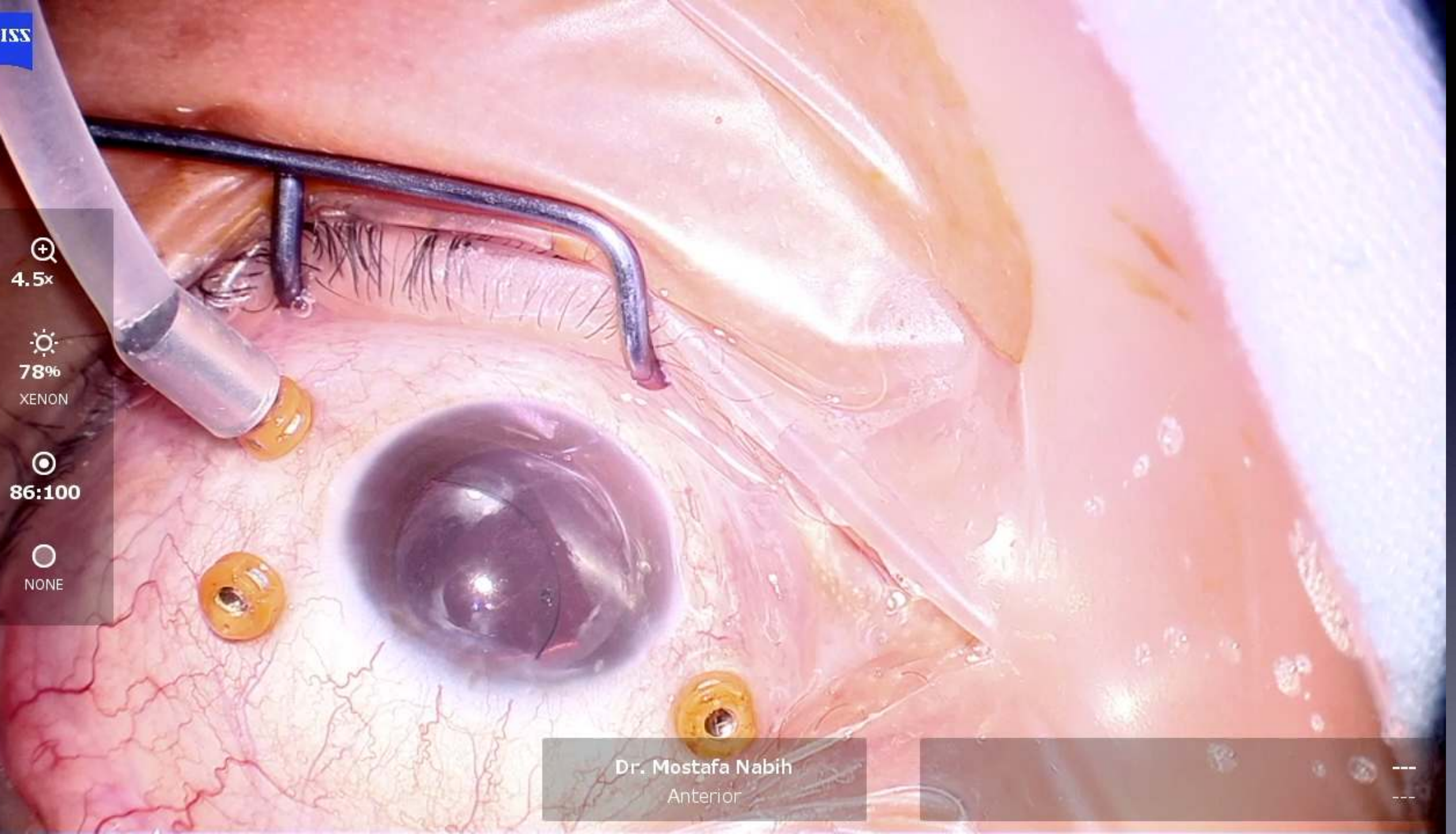
TRAUMATIC DISLOCATION OF IOL WITH IRIS LACERATION

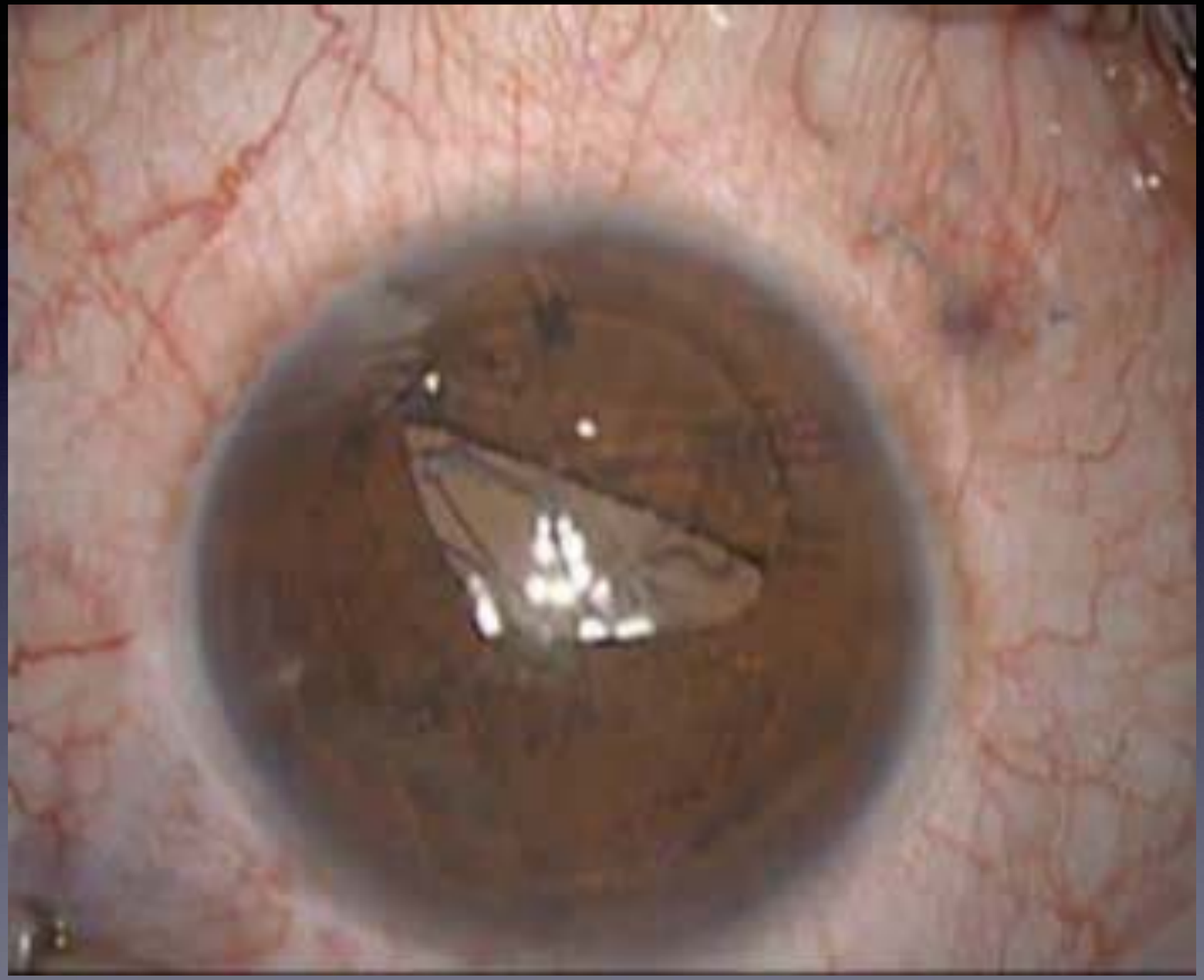


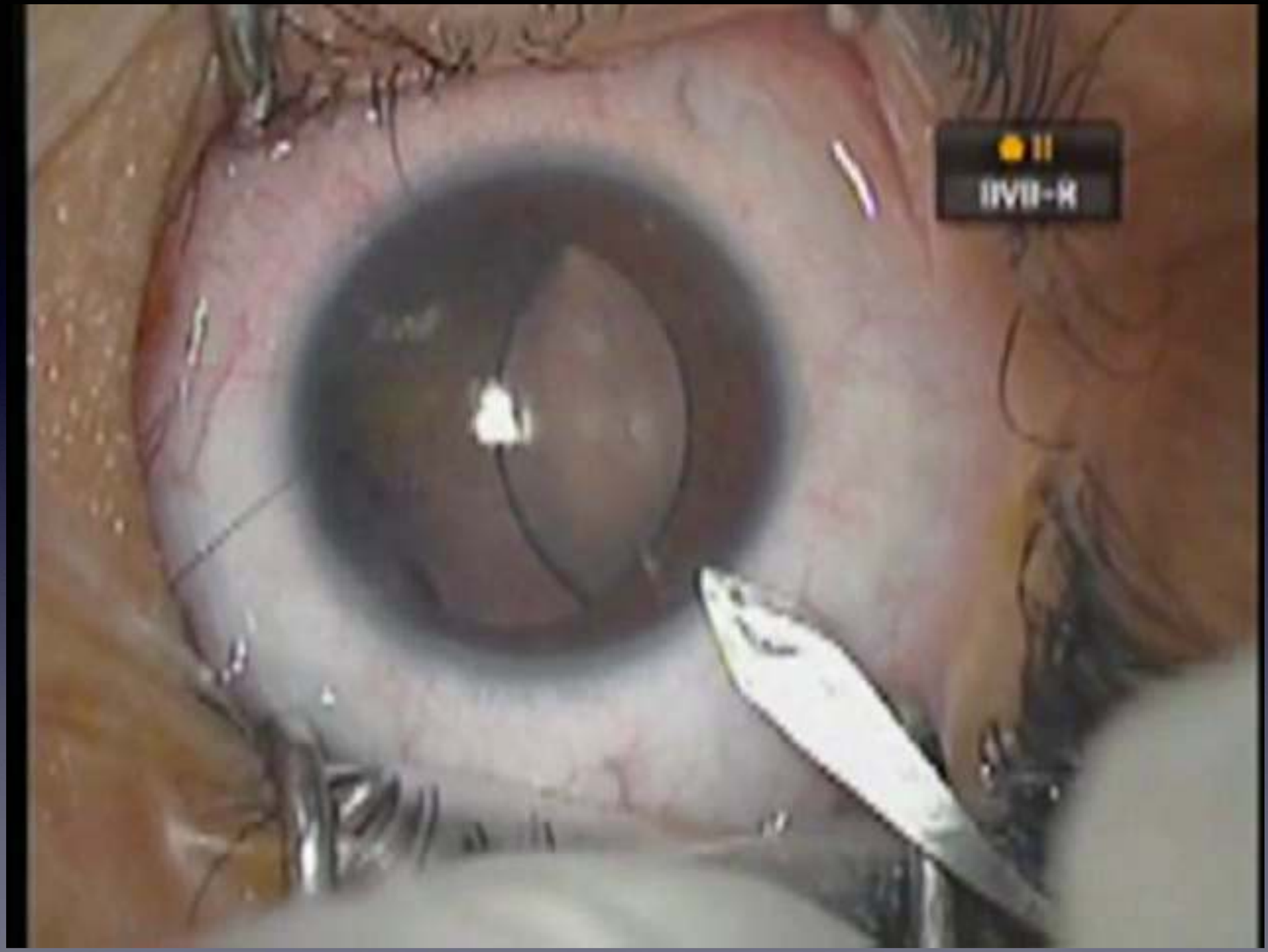
INSUFFICIENT PREOP. VIEW

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




4.5x
78%
XENON
86:100
NONE
Dr. Mostafa Nabih
Anterior

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