

# IOL BAG DISLOCATION DIFFERENT SCENARIOS

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# *IN-THE BAG IOL DISLOCATION*

- INCREASING WEAKENING OF ZONULES.
- USUALLY LATE AT LEAST 3 MONTHS AFTER SURGERY.
- CAN OCCUR UP TO 10-20 YEARS POST OPERATIVE.
- CUMMULATIVE 20-YEAR INCIDENCE OF 3%-6% IN PATIENTS WITH PEX.
- MEAN PATIENT AGE 65-85 YEARS
- MORE IN MEN

# *PREDISPOSING FACTORS*

- PEX 31-83% OF CASES.
- PREVIOUS VITREORETINAL SURGERY (10-15%).
- MYOPIA/INCREASED AXIAL LENGTH(10-40%)
- UVEITIS, RP, TRAUMA
- CERTAIN TYPES OF IOLS (PLATE HAPTIC)
- SMALL CCC, CAPSULAR PHIMOSIS

# *GRADING AND TIMING OF SURGERY*

- PSEUDOPHAKODONESIS.
- SUBLUXATION.
- DISLOCATION
- OPERATE EARLY RATHER THAN LATE

# *SURGICAL APPROACH AND TREATMENT*



ANTERIOR OR PARS PLANA  
APPROACH.



INTRAOCULAR LENS  
REPOSITIONING OR  
EXCHANGE

# Late in-the-bag intraocular lens dislocation



*Olav Kristianslund, MD, PhD, Marius Dalby, MD, Liv Drolsum, MD, PhD*

This review aimed to evaluate the cumulative incidence, patient characteristics, predisposing conditions, and treatment outcomes for late in-the-bag intraocular lens (IOL) dislocation. Literature searches in PubMed (MEDLINE), Embase, and Cochrane Library Central database identified 1 randomized clinical trial, 1 prospective case series, 2 prospective cohort studies, and 36 retrospective studies of this condition, which showed that the cumulative incidence was 0.5% to 3%, it occurred on average 6 to 12 years after cataract surgery, and mean patient age was 65 to 85 years. Pseudoexfoliation syndrome, myopia, and previous vitreoretinal surgery were the most common predisposing conditions.

Studies indicated that IOL repositioning and IOL exchange provided similar visual outcomes and were equally safe. The long-term visual outcome seemed satisfactory. However, the quality of evidence regarding treatment was in general quite low. More studies of late in-the-bag IOL dislocation are needed, and in particular, different surgical techniques should be included in high-quality clinical trials.

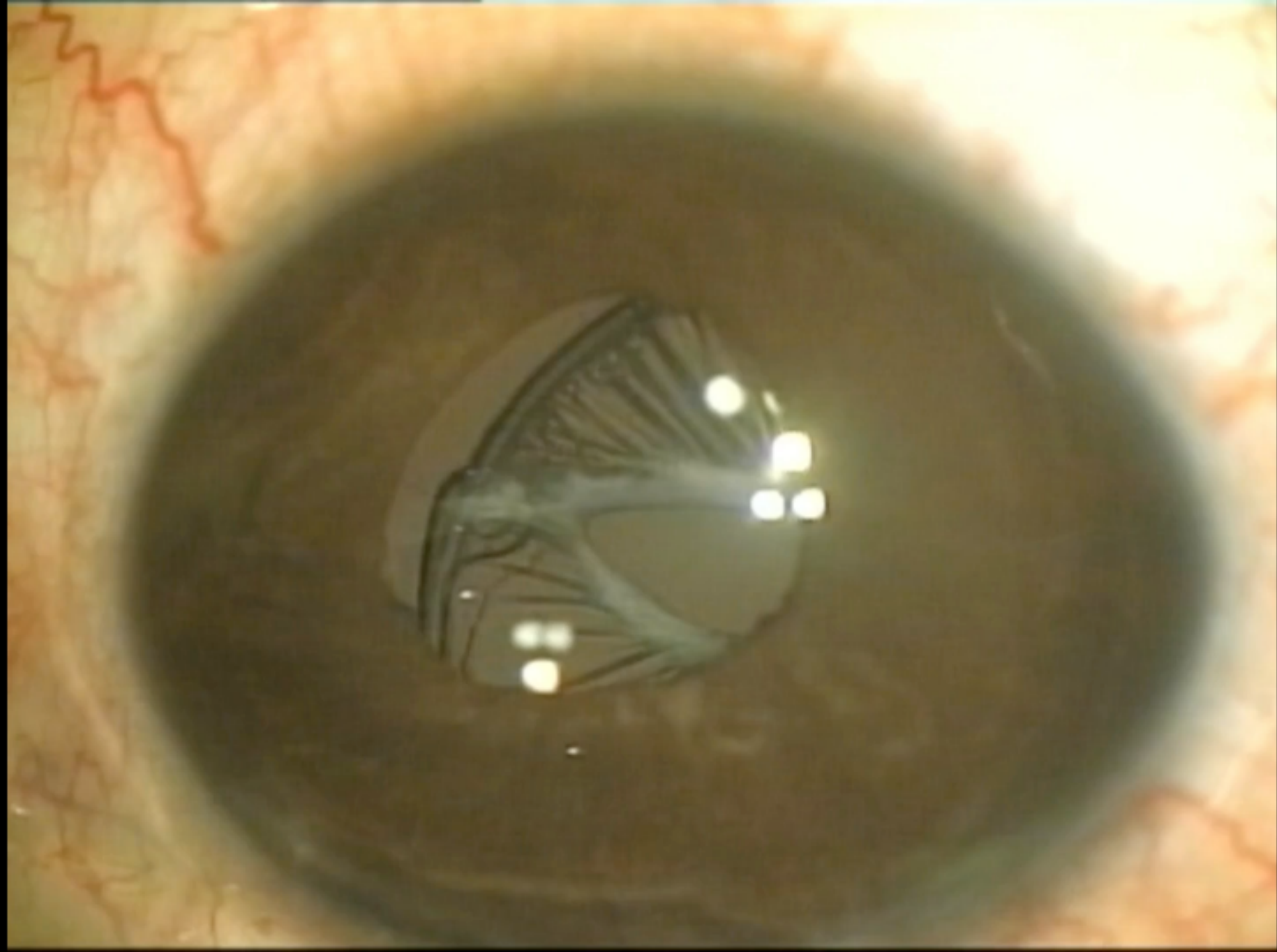
*J Cataract Refract Surg 2021; 47:942–954 Copyright © 2021 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of ASCRS and ESCRS*

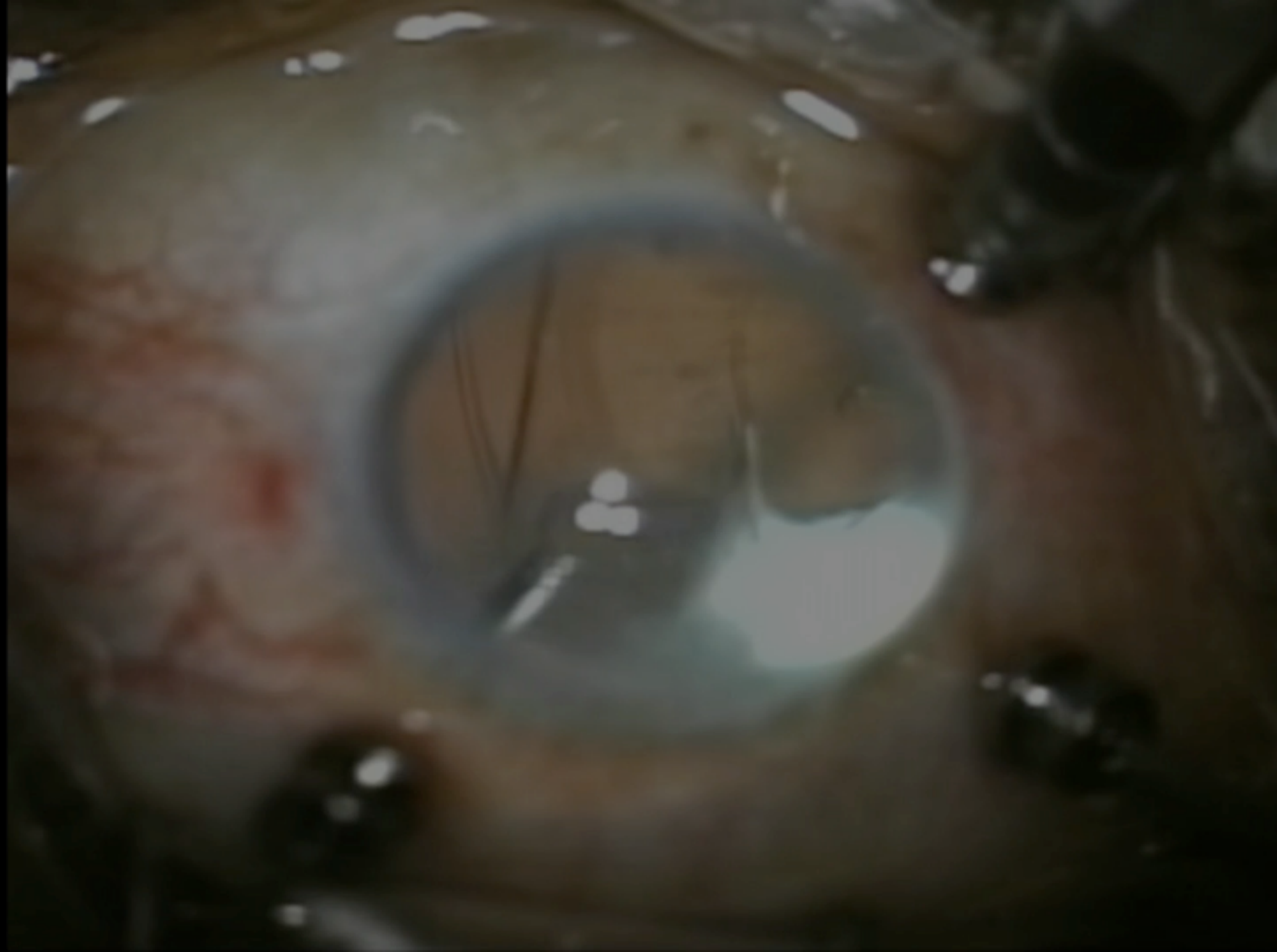
*10L-Bag  
Disc*

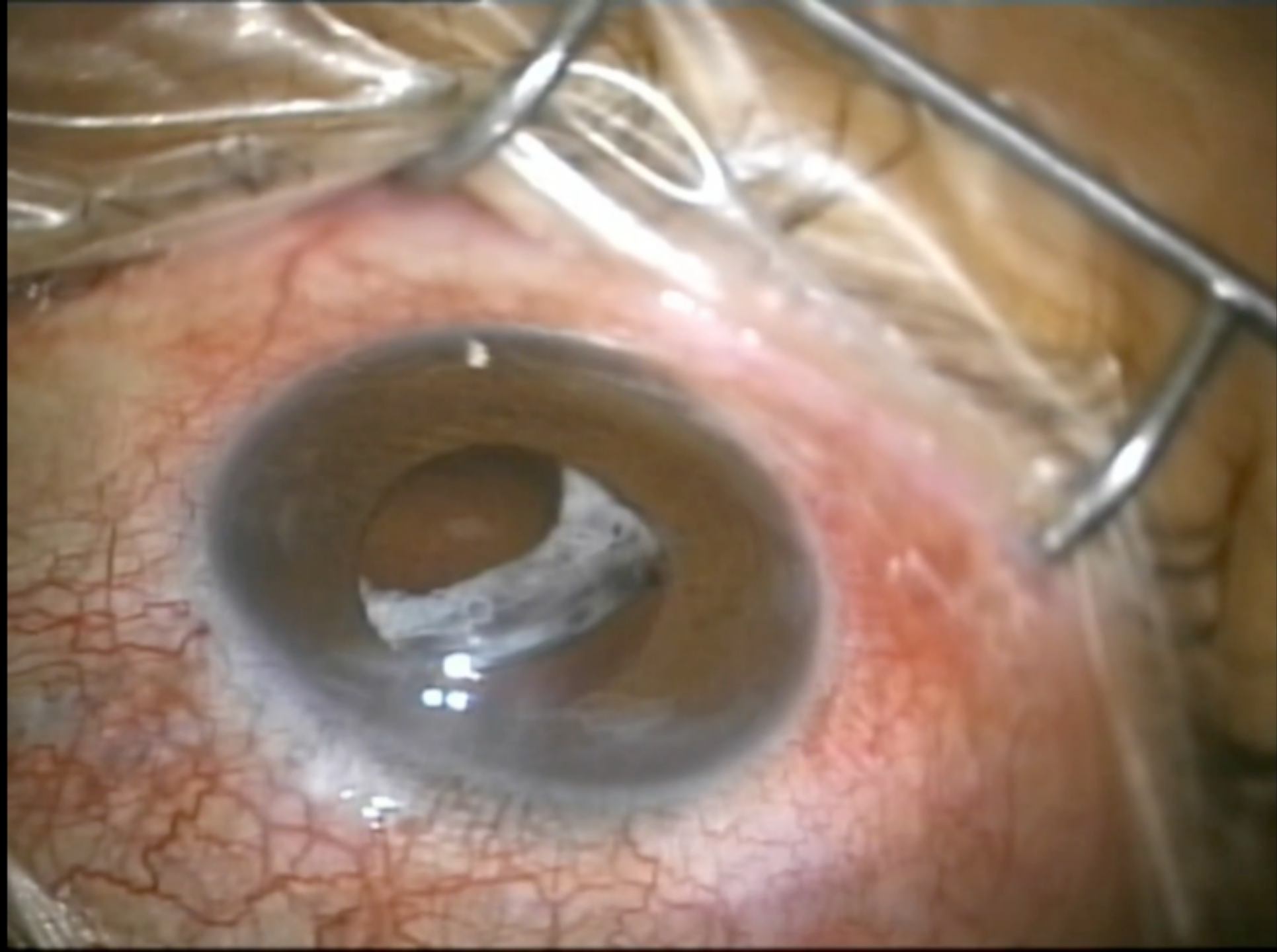




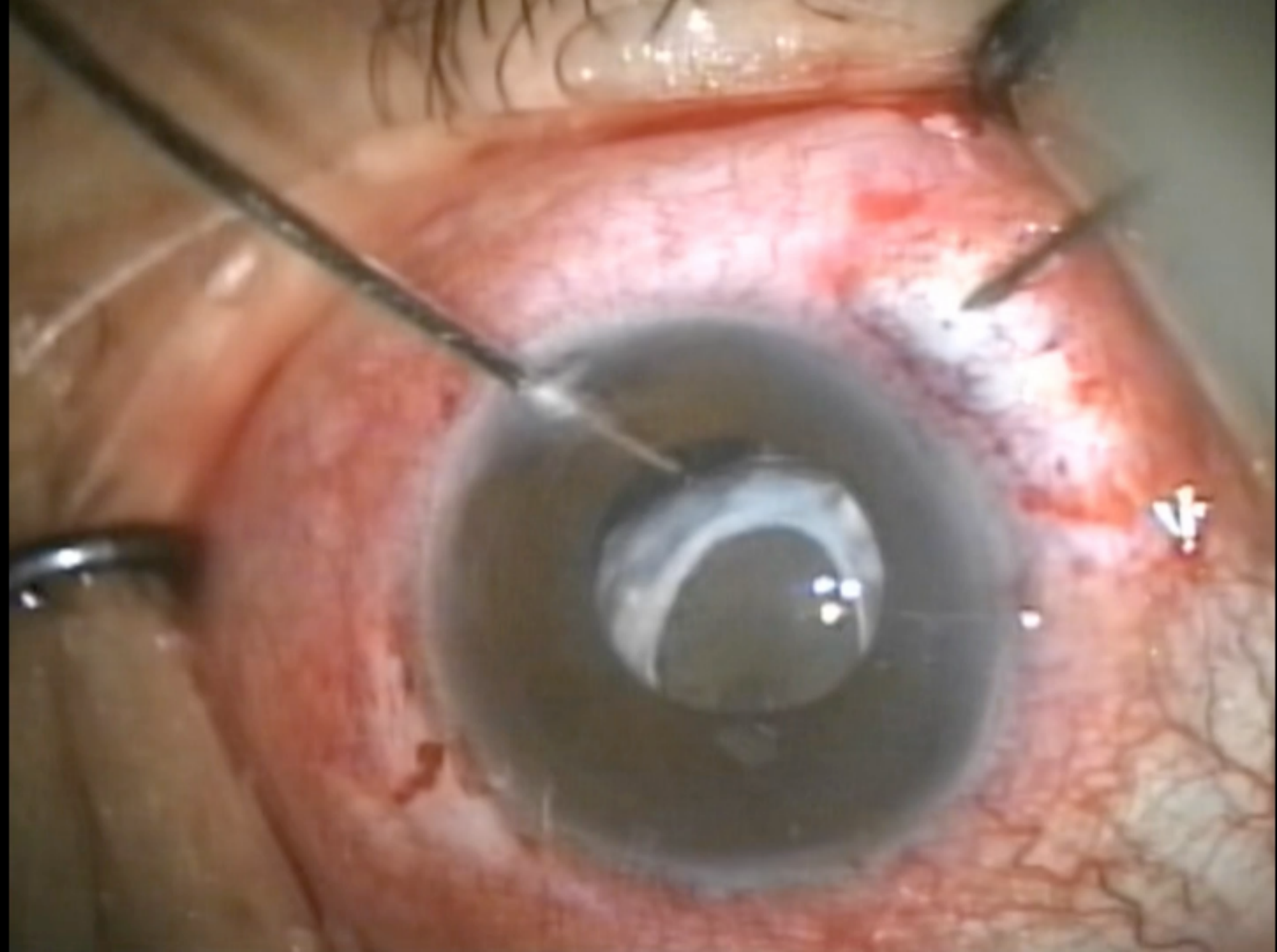












# *TAKE HOME MESSAGE*

## *LATE IOL-BAG DISLOCATION*

- IS NOT UNCOMMON AND EXPECTING TO SEE MORE.
- PLANNING FOR THE SURGERY IS IMPORTANT.
- YOU CAN FIXATE OR REPLACE THE IOL BAG COMPLEX.
- BE AWARE OF INTRAOPERATIVE DIFFICULTIES AND POSTOPERATIVE COMPLICATIONS