IRIS
Repair Options
Previously unattainable results provide a better quality of life

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This is how it was!

This is what we got!

This is how it looked!
My first attempts were not well accepted
“Sector Iridectomies do not bother patients”

Finally adding more sutures
Additive effects

Moving around the eye
Repairing various defects

Repairs in all Meridians
Similar to all epithelium

Progressive Expansion

Gets very impressive results!

Basics

Placement of Paracentesis

- Align over the intended track
- Both for entry and exit
- 15 degree 1.2 mm incision
- Anterior to Limbus (.5 mm)
  - Clear Cornea
  - Lubricate
  - Use tong of tier to enter track or Iris Spatula

Use the Unfurling technique

- Identify the end of the posterior pigment
- Iris Collarette Location for alignment
- Pull and stretch

The Steps

Suture Placement Technique

- Use long stiff needle
  - CIF-4
  - 10-0 Polypropylene

Unfurl the iris margin

- Guide through the iris collarette
- Stabilize
- Tease the underside
- Look for pigment margins

Egress moves

- Use Cannulae
  - Viscoelastic in double Luer lock syringe
  - 27 guage cannulae
- Engagement
  - Express viscoelastic as the iris is pierced
  - Drive the needle into the cannula
  - Follow the retreating cannula.
Suture Tying Technique

- Externalize distal end
- Double tie first throw
- Slide back into eye over defect
- Externalize again
- Place locking knot
- Draw into position
- Intra-ocular scissors 90 degrees away

How the steps work

Enter paracentesis cross defect
Paracentesis, throw double knot

The Close

Slide knot over the defect by adjusting tension on either side
Close surgeon’s knot then re-introduce the Bond’s hook across defect

The Lock down

Slide simple knot over surgeon’s knot using differential tension
Draw ends to fully complete tightened knot
Detail of progression
Single over double

Draw the “Loop” to one side
Check for sliding end

This will work!

Practice Kit

Shoelaces are fine

Check for sliding end
Shoe laces are a great presurgical review

Throw double knot

Draw it over the defect

Centering Carefully

Drawing to side that is needed

Tighten with Care

Throw locking sliding knot

Draw single locking over double

Final closure

Pull loop out and single throw

Align to square knot
The composite moves