Phacorefractive surgery in special cases: subluxated crystalline lens and microspherophakia

Bruna Ventura, MD
Recife - Brazil

“The mind that opens to a new idea never returns to its original size”
Albert Einstein

• Woman, 19 y.
• Low vision since childhood
• Double lesion of mitral valve
Ophthalmic exam:

- Exotropia
- Refraction:
  OD: -12.00 +1.00 a 50° (20/100)
  OE: -11.00 +4.50 a 110° (20/100)
MAIN CHALLENGES

• Capsulorrhexis
• Centration of bag/IOL complex

FEMTOSECOND LASER

VENTURA AMPUTATED IOL HAPTIC TECHNIQUE


Capsulotomy

Astigmatism OS:
  - Topography: -0.80 x 94°
  - IOL Master: -1.00 x 88°

Main incision: steep meridian
Intrastromal relaxing incision
TÉCNICA QUIRÚRGICA

Partial centration with CTR
Sutura del anillo endocapsular/ LIO

POSSIBLE SOLUTION FOR SUBLUXATION

VENTURA AMPUTATED IOL
HAPTIC TECHNIQUE

Final centration
VENTURA AMPUTATED IOL HAPTIC TECHNIQUE

REQUIREMENTS:
• Subluxation < 210°
• No vitreous in AC
• Zonular remnant in the area of subluxation

VENTURA AMPUTATED IOL HAPTIC TECHNIQUE

OPTION IN PATIENTS WITH:
• Marfan syndrome
• Microspherophakia
• Traumatic lens subluxation

• 1st POD OS:
  • VA wo: 20/30
• 21st POD OS:
  • Ref: -0.25 +0.25 x 90 (20/20)