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RETROPUPILLARY IRIS CLAW IMPLANTATION: A RETROSPECTIVE ANALYSIS OF A MINIMALLY INVASIVE TECHNIQUE

Poster

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Purpose:

To determine the outcomes of iris claw implantation regarding safety, refraction and surgical technique

Methods:

Data of 26 patients undergone Artisan retropupillary iris claw implantation from 2019 to 2022 were retrospectively collected from a single center.

The surgery was performed by a single expert surgeon. A 25 gauge pars plana vitrectomy preceded the lens implant. The site of corneal incision was at 12 o'clock position (5mm in length) allowing the manipulator being inserted through a single small 1.2 mm temporal incision to claw the lens distally and proximally ensuring its correct positioning.

Data regarding the indication to surgery, operating time, postoperative refraction analysis, incidence of complications were collected.

Results:

The mean follow-up duration was of 10,6 months.

The surgical indications were aphakia secondary to posterior capsular rupture(5; 19%),massive choroidal hemorrhage during cataract surgery (1;3,8%); subluxated IOL (12;46%),IOL exchange due to glistening (1;3,8%), post traumatic aphakia associated with retinal detachment (3;11,4%),cataract surgery for dislocated lens (2;7,6%), intumescent cataract (1;3,8%),acute angle closure attack (1;3,8%). IOL decentration or haptic disenclavation were recorded respectively in 2 patients (7.6%) and 1 patient (3.8%).

Cistoid Macular Edema (CME) presented in 3 patients (11,4%).

Corneal decompensation was not recorded.

IOP elevation was present in 2 patients (7.6%)

The mean astigmatism was 1.38 D.

The mean operating time was: 33.5 minutes.

Conclusions:

Artisan retropupillary iris claw is a relatively safe procedure.A minimally invasive approach to the iris claw implantation allows low grade corneal astigmatism and time saving compared to other surgical options such as fixating IOL. It provides higher safety profile than anterior chamber IOL implant. Thus a learning curve is necessary.