

Dislocated Intraocular Lens

What is an Intraocular Lens?

During cataract surgery, the cataract (cloudy lens) is removed, and a new, clear lens is inserted into the eye. This is called an intraocular lens (IOL). This is normally placed into the sac (bag) that previously held the cloudy lens.

What is a Dislocated Intraocular Lens?

Sometimes the intraocular lens moves out of place (dislocates). This causes your vision to become blurred and out of focus. The extent to which your vision is affected depends on the severity of the dislocation.

What are the Symptoms of a Dislocated IOL?

The extent to which your vision is affected depends on the extent of the dislocation. Symptoms that commonly occur include blurring of vision, double vision and/or seeing the edge of the lens implant.

Why does it happen?

The new intraocular lens is normally placed into the sac (capsule) that previously held the cloudy lens. This usually remains stable but sometimes the bag does not provide enough support to hold the lens in place and the intraocular lens then starts to move (dislocate). There are several reasons why the

Dislocated Intraocular Lens

intraocular lens can dislocate including issues relating the initial surgery, trauma and diseases that cause the bag to become weak.

What are the Complications of a Dislocated IOL?

The complications of a dislocated IOL depend on the extent of the dislocation. This can range from a small dislocation which will cause few problems/ complications to a more significant dislocation which can cause a number of complications caused by the IOL rubbing against other structures in the eye causing raised pressures, inflammation and a detached retina.

What would happen if I did not have any treatment for my Dislocated IOL?

If the IOL is only minimally displaced you may be recommended to have no treatment. However, if the IOL dislocation is significant and affecting your vision, then surgery will help restore your vision and prevent the complications mentioned above.

What is the treatment?

A dislocated IOL can be treated by a number of different methods, depending on the characteristics of the dislocation.

Dislocated Intraocular Lens

The surgery entails either reposition or removal of the intraocular lens with or without the insertion of a new intraocular lens.

At the same time, the vitreous gel (the jelly like substance that fills the back of the eye) is removed, a procedure called Vitrectomy. If the gel is not removed this can cause pulling on the other structures of the eye during surgery and can cause problems such as a detached retina.

Where is the new intraocular lens inserted?

As the sac that normally holds the lens in place has been damaged, a new intraocular lens needs to be inserted into a different part of the eye. However, the options are to be discussed with your clinician and are summarized below.

Anterior Chamber Lens – an anterior chamber lens involves placing a new lens in front of the coloured portion of the eye (the iris). An incision (approx. 6mm) is made in the front surface of the eye to allow insertion of the lens. Following this, the wound is closed using some stitches. The procedure usually takes less than 45 minutes.

Scleral Fixated Lens – a scleral fixated lens is performed by making a small incision (usually < 3mm) on the front surface of the eye and then inserting a foldable lens into the eye. The new lens is then kept behind the coloured portion of the eye (the iris) and then supported using the thick outer coat of the eye (the sclera).

Dislocated Intraocular Lens

There are many different options of different types of scleral fixated lenses.

The procedure may or may not require sutures and the procedure usually takes between 1-2 hours.

Iris – Clip (Artisan)Lenses – an iris clip lens has a special groove which attaches to the surface of the coloured portion of the eye (the iris). An incision is made on the front surface of the eye (approx. 6mm) and the new lens is inserted into the eye. The lens can either be attached to the front surface of the coloured portion of the eye (iris) or on the back surface of the iris.

If the lens is attached to the front surface of the iris this is called an Anterior Artisan Lens and if it is attached to the back surface of the lens this is called a Posterior Artisan.

Once the lens is fixated the wound is closed using some sutures. The procedure usually takes between 60-90 minutes.

Sulcus Fixated Intraocular Lens – sometimes the sac that normally holds the lens is only partially damaged and a lens can be placed in front of the sac. This means that the new intraocular lens can be placed just behind the coloured portion of the eye (iris) and is well supported.

A small incision (< 3mm) is placed on the front surface of the eye. The procedure may or may not require sutures and takes about 30 minutes.

Dislocated Intraocular Lens

Sometimes, it may not be possible to insert a new intraocular lens depending on the health of the eye, but your clinical will discuss this with you if this is the case.

What are the risks?

- 1. Dislocation of the New Intraocular Lens:** depending on the procedure the risks of dislocation of a new intraocular lens is about 10-20%. In most circumstances, it is possible to repeat the surgery.
- 2. Retinal detachment:** the retina detaches from the back of the eye in 1-2% of patients. The vast majority of retinal detachments are repairable, but further surgery is required, and this can be a potentially blinding complication.
- 3. Bleeding:** this occurs very rarely, but severe bleeding within the eye can result in blindness.
- 4. Infection:** this is also very rare and would be expected to occur in about 1 in 1000 patients, but if it occurs needs further treatments and can lead to blindness.
- 5. Low eye pressure:** sometimes the pressure can decrease after surgery for a number of reasons. This is normally self-limiting and does not cause any long-term damage to the eye. However, if the pressure is extremely low this can cause long term damage to the vision.

Dislocated Intraocular Lens

6. Raised eye pressure: an increase in pressure within the eye can occur. In most cases it is short-lived and controlled with extra eye drops and/or tablets to reduce the pressure, preventing any harm coming to the eye. If the high pressure is extreme or becomes prolonged, this may cause damage to the optic nerve, a condition known as glaucoma. In some cases, this requires long term treatment or surgery to keep the eye pressure controlled.

7. Corneal Decompensation: sometimes, due to multiple operations, the front surface of the eye (cornea) starts to become cloudy due to failure of the corneal cells to work effectively. This results in the cornea becoming opaque and requiring a further operation, in the form of a corneal transplant, to help clear the cornea.

What anaesthetic is required for surgery for managing a dislocated IOL?

Surgery can be performed under local anaesthetic or general anaesthetic. Under local anaesthetic you will be awake, but you will not feel any discomfort as the eye will be numbed with an injection. You will not see the operation and the other eye will be covered. If a general anaesthetic is chosen, then you will be fully asleep. The decision as to which type of anaesthesia is most suitable will be made following a discussion between you and your surgeon.

Dislocated Intraocular Lens

I don't want this surgery, are there any other options?

Yes if you don't want surgery then another option that exists is using a Contact Lens, which is placed on the front surface of the eye, which will help improve your vision and function as a replacement for the intraocular lens. A well fitted contact lens gives good visual outcomes. The Contact Lens will require changing intermittently and will require good compliance with using and managing the Contact Lenses. This option is sometimes the best choice for certain patients where surgery is high risk.

However, the complications associated with leaving a dislocated IOL, as mentioned above, will still remain if you do not have the surgery, even if the vision improves with a Contact Lens.

Will I have to take any drops or medication after the operation?

You will need to use drops immediately following the surgery, and this would include a combination of an antibiotic and an anti-inflammatory. Patients are seen again in the clinic about two weeks after the surgery. If all is well, then the drops are

Dislocated Intraocular Lens

reduced over the following 2-4 weeks. If the eye pressure is raised following surgery, additional drops and/or tablets may be prescribed to treat this.

When will I need to be seen again after the surgery?

Post-operative review is usually performed the next day (or within a few days) after surgery; then 10-14 days later and, provided all is well, about 3 months later.

If sutures have been placed these may need removing normally between 4 weeks and 3 months after the surgery.

Will I have to get my glasses changed?

Most people will need to change their spectacle prescription at some point after surgery. This would normally be at about 3 months following the operation.. As each case is different, please check with your surgeon before visiting an optician.

Scientific Evidence

The advice in this booklet is based on a variety of sources, including latest research published in peer-reviewed scientific journals. It has also been scrutinized by a panel of experts from

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Dislocated Intraocular Lens

the Britain & Eire Association of Vitreoretinal Surgeons (“BEAVRS”). If you require further information about this, please ask your surgeon.

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