

Seeing Clearer with Phakic IOLs

by Brooke Herron

Phakic intraocular lenses can be a valuable tool in the refractive surgeon's armamentarium. On the first day of the 78th Annual Conference of the All India Ophthalmological Society (AIOC 2020), delegates heard from industry experts on their tips, including selecting the right IOL and patient selection, sizing, anatomical sizing, long-term results and follow-up and more, during a course titled, *Implantable Collamer Lenses: A Boon to Refractive Surgeons*.

The Keynote Address

The course began with a keynote address by Dr. Aleksei Titov, a renowned refractive surgeon from The S. Fyodorov Eye Microsurgery Federal State Institution (Moscow, Russia), regarding the *Correction of Extreme Myopia with Implantation of Posterior Chamber Contact Lenses*. He noted several advantages of implantable phakic chamber lenses (IPCLs) "The advantage of IPCL for me is overall, the size. The price is also very important. It costs much less than ICL and of comparable quality."

During his address, he reviewed results from a study where the possibilities of high myopia correction using personalized phakic contact lenses were evaluated. They found that IPCL implantation is "safe, effective, predictable method of surgical correction of high myopia, which offers a rapid recovery and high VA". He said the advantages of using these lenses were the absence of limitations in the range of myopia, with or without astigmatic component, in combination with preserving one's own accommodative response. He added that for a successful outcome, careful patient selection is

required, as well as sufficient surgical skill. Continued monitoring of the patients is also necessary.

Why Use Collamer Lenses?

Next, Dr. Krishna Prasad Koodlu, Medical Director of Prasad Netralaya, Super Specialty Eye Hospital (Udupi, India), discussed *Collamer, Success with Advanced Phakic IOL Material*. He brought up various important points, including the fact that collamer prevents protein deposits. Dr. Koodlu also explained that collamer provides biocompatibility (leading to a quiet eye) and exceptional optical performance – not only that, it's easy to implant because it unfolds gently in the eye.

"If you ask me, this is the best material for phakic IOLs," he stated, noting that while this lens is ideal for all patients, it's especially effective for those with diabetes, chronic uveitis, iritis and other AC inflammatory conditions.



Dr. Sanjay Chaudhary



Dr. Aleksei Titov

Complications and More

"One of the biggest fears in the mind of an ophthalmologist is: Will it cause a cataract?" began Dr. Sanjay Chaudhary, a leading cataract and refractive surgeon and the founder and director of the group of Eye7 Chaudhary Eye Centre (New Delhi, India). He added that in 1,500 cases using the V4c model, they have not had one case of cataract in 5 years. In the V4 model (without the central hole) there were 6 cataracts, in 1,500 cases over 10 years.

He continued that the precursor of cataract is the ICL touching the crystalline lens. He described one case where this occurred – they decided to wait to operate. Finally, after 8 years, they did the procedure as the cataract had increased.

Halos are another postoperative complication that can occur. "What about halos in an ICL with a central hole? Does it cause halos? Yes, it does. In our experience, whenever we had a central hole, the incidence was around 16% although they decreased over time," reported Dr. Chaudhary.

"The strategy we follow is to tell them 'Yes, it will go away, use your drops and it will go away'. In about 90% of cases they go away," he explained. "If not, or if you have a persistent patient, then you have to counsel the patient. The patient is worried about halos because they think something is wrong with the eye."

Dr. Chaudhary says that he believes that counseling is very important and that surgeons should remind patients that it takes time for the brain to adapt – and that "everyone has the capacity to adapt".



Dr. Krishna Prasad Koodlu