

European Society of Ophthalmology



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European Leadership Development Program Class of 2021-2023
Project Abstract

The European Society of Ophthalmology requests a brief abstract of the project that each EuLDP participants has worked on during the program. The compiled abstracts will be included on the SOE website and will be given to incoming EuLDP classes as background material. Please e-mail your abstract to E-mail: secretariat@soevision.org

*Please include the headings if appropriate: **Title, Purpose, Methods, Results and Conclusion***

- **Title of Project: Clinical outcomes of Yamane ISHF and anterior vitrectomy by anterior segment surgeon**

Purpose :

to present visual outcomes and complications of anterior vitrectomy and Yamane Intrasclear haptic fixation of intraocular lens (vitrectomy Yamane-IOL) by single anterior segment surgeon.

Methods :

400 eyes of patients who underwent vitrectomy-Yamane-IOL by one Cornea/anterior segment surgeon, indications were : Subluxated IOL, Subluxated lens, Aphakia (traumatic, surgical) , cataract, ACIOL with decompensated cornea.

Outcome measures were : BCVA, endothelial cell loss, IOL tilt and complications.

Number of eyes included 400 eyes, age (6-87 years), Gender (male/ female) 250/150

Results :

Two angled incisions (180 degrees apart) and 2 mm behind the limbus were made by 30-gauge thin walled needles. Haptics of the IOL were externalized with the needles and cauterized to make flange of the haptics. The flange of the haptics were pushed back and fixed into the scleral tunnels.

Pre Op Baseline BCVA (Log MAR/ Snellen) 0.51 - 20/60

1 Year Post OP BCVA (Log MAR/ Snellen) 0.17 - 20/25 (p < 0.001)

IOL Type 370 ZA9003 (TECNIS Monofocal 3-piece IOL) 30 MA60AC (Acrysof IOL)

Complications included : ocular hypertension 3.3%, transient VH 3.3%, transient Cystoid macular edema 3.3%, hypotony 1.33%, iris capture 1.33%, IOL Tilt 2.8 +- 2.1 degree, broken haptic optic junction 1.33%

Conclusion :

Yamane ISHF, combined by a thorough anterior vitrectomy is a very reliable technique for IOL fixation in the absence of capsular support.

Thorough anterior vitrectomy is an adequate alternative to Pars Plana Vitrectomy in most of the cases.

Clinical judgment is mandatory to determine the best approach for your patient.

