

Posterior capsule opacification & Intraocular lens

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MAIN PROBLEMS IN MODERN CATARACT SURGERY

1. P.C.O.
2. P.C.O.
3. P.C.O.

CAPSULAR OPACIFICATION (ANT & POST) & IOLs(MATERIAL & SHAPE)

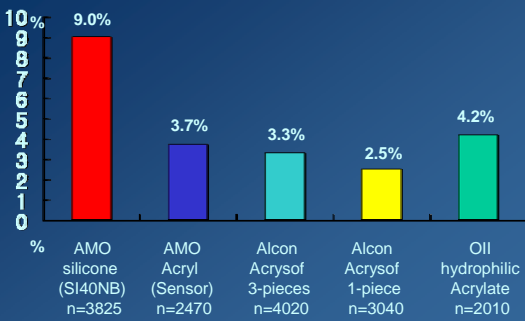
PURPOSE

: To compare the capsular opacification(Ant. & Post.) and Nd : YAG capsulotomy rates associated with 5 different Intraocular lens.

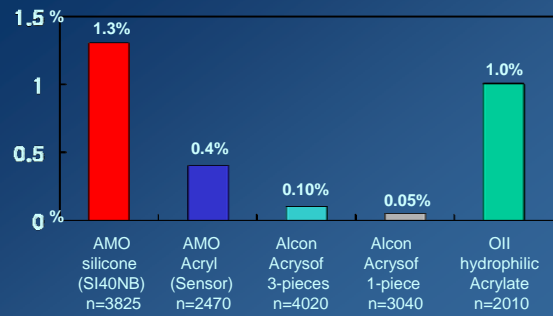
METHODS (Retrospective study)

- Lenses Evaluated
 - AMO silicone IOLs (SI40NB) : n = 3825
 - AMO acrylic IOLs (Sensor AR40) : n = 2470
 - Alcon 3-pieces Acrysof IOLs(MA60BM) : n = 4020
 - Alcon one piece Acrysof IOLs(SA60AT) : n = 3040
 - OII hydrophilic Acrylate IOLs(Aquasense) : n = 2010
- Assessments
 - PCO rates and Nd : YAG rates (V/A < 2 lines loss)
 - ACO and Contracture (diameter < 4mm)
- Clear cornea incision under topical anesthesia
 - A Single Surgeon (S.J. Lim)
 - Follow up : 2 years

Nd : YAG rates at 2 years (P.C.O.)



Ant capsule relaxing Nd : YAG 2 Years



SILICONE IOLs

Relatively much higher P.C.O. rates
(esp. fibrotic types)

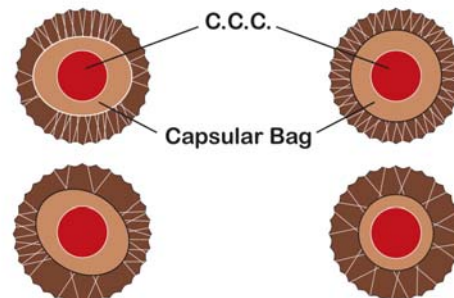
Ant. Capsule tends to slide under the optic
and adhere to the posterior capsule =>
fibrotic type P.C.O.
(maybe due to silicone material)



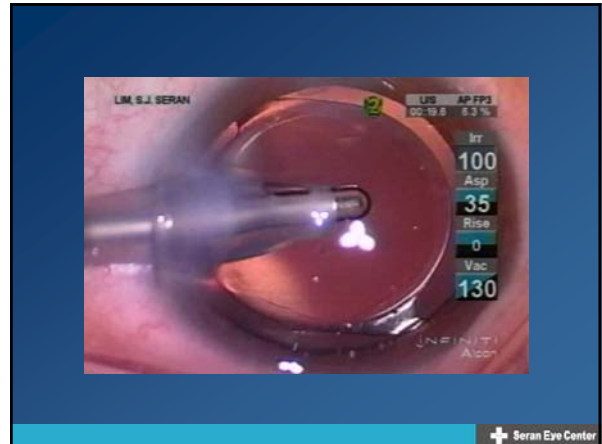
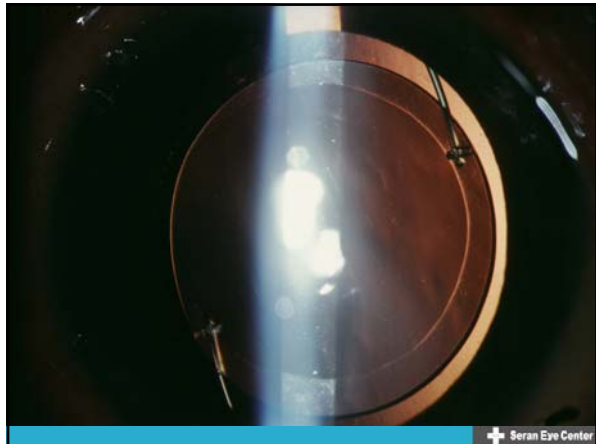
FIBROTIC TYPE (MORE IMPORTANT)

KEY : PERFECT C.C.C.
I.O.L. POSITIONING
(FIXATION DIRECTION &
NO CAPTURING by C.C.C.)

I.O.L. MATERIAL & SHAPE



Personal variations of
1. human crystalline lens shape & size
2. status of surrounding zinn zonules



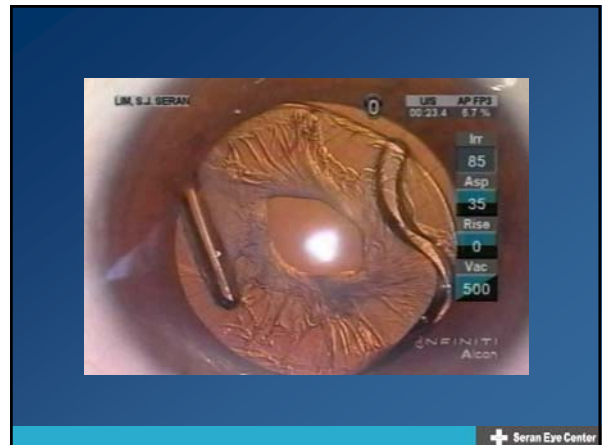
P.C.O. FACTORS

1. SURGEON FACTOR

- Clean Surgery
- Perfect C.C.C.
- Ideal IOL Fixation direction
- No optic capturing by C.C.C.

2. IOL FACTOR

- Material – Acrylate(hydrophobic > hydrophilic)
- Shape – Square Edge, Posterior convex optic, Optic volume



Thank you