Creating the flange in Yamane's technique

Dear Editor,

Yamane's technique of flanged intrascleral intraocular lens (IOL) fixation has become an accepted method of scleral fixating an IOL in eyes with suboptimal capsular support. [1] The technique involves exteriorizing the haptics with 30-gauge needles through two angled incisions parallel to the limbus. The haptics of the IOL are then cauterized to make a flange which is pushed back and fixed into the scleral tunnels. A disposable thermal cautery is recommended for creating the flange. Here we explore other easily available options for creating a flange in Yamane's technique.

Using the 532 nm laser

The blue prolene haptic of the IOL in Yamane's technique absorbs the 532-nm wavelength and the heat thus generated can create the flange. In the continuous delivery mode and the power at around 200mW, the laser is delivered through an endoprobe onto the tip of the haptic [Fig. 1]. The haptic tip is slowly approached from a distance, till formation of

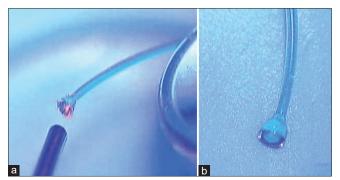


Figure 1: Creating the flange with 532nm Laser (a) with the endoprobe. (b) note the smooth flange without much charring of the haptic tip

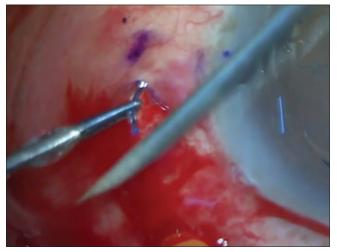


Figure 2: Creating the flange with the heated tip of a 26G needle

the flange is observed. In contrast to cauterization, the flange created is from laser-induced heat within the haptic material and, therefore, is smooth, regular, and has minimal charring.

The spirit lamp and 26G needle

Before the advent of the disposable electro-cautery, the ball cautery heated over the flame of a spirit lamp was used to cauterize bleeders during extracapsular cataract surgery. ^[2] The thermal ball tip cautery can be used to make the flange. Instead of the thermal ball cautery, the tip of a bent 26G needle can also be used for the same purpose. Once the tip of the 26G needle is heated enough, the needle shaft can be used to create the flange in a similar manner as the disposable cautery [Fig. 2].

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Conflicts of interest

There are no conflicts of interest.

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