Commentary: Comprehending haptic exteriorization in intrascleral haptic fixation of an intraocular lens

Since Gabor and Pavlidis[1] introduced the concept of intrascleral fixation of an intraocular lens (IOL), various techniques have been described in peer literature for the same. Glue-assisted intrascleral haptic fixation (glued IOL)[2] is one of the most popularized technique that has been further modified in its application and maneuverability.[3,4] Handshake technique[5,6] comprises the most essential component of performing the glued fixation as it facilitates haptic exteriorization by allowing the surgeon to assess the tip of the haptics for its safe withdrawal from the sclerotomy sites without creating a kink or a break in the externalized haptic.

Threading the haptics into the needle for facilitating exteriorization have been recently made quite popular with flanged haptic exteriorization technique.[7] The extraocular needle-guided haptic insertion technique (X-NIT) also comprises of threading the haptic into the 26-gauge needle and then placing a silicon stopper to prevent the haptic from slipping inside the eye. To prevent the haptic slippage, silicon tires of iris hooks have been used previously by Beiko and Steinert[4] in glued IOL surgery whereas Safran uses the small transversely cut pieces of intravenous tubing sets to thread the haptics.

In X-NIT technique, a 26-gauge needle is passed from the scleral site about 1.5 mm behind the limbus and the needle is extruded from the sclerocorneal wound. A probable distortion of the globe may occur by this maneuver as the wound is large, and the IOL haptic is threaded through this wound into the 26-gauge needle. A special mention is necessary to address the issue of threading the trailing haptic into the barrel of the needle, especially when the leading haptic has been externalized. To ease this, Yamane *et al*.[8] recommends not to externalize the leading haptic before the trailing haptic has been threaded into the lumen of the needle. This prevents counterclockwise rotation of the IOL, and the distance between the trailing haptic and the needle lumen is minimized facilitating threading of the trailing haptic.[7]

Nevertheless, it is essential to state that whichever technique the surgeon adopts it is very important that utmost care and precaution is taken, and the nuances of the surgical procedure are well understood and taken care of to optimize the visual outcome.

Priya Narang

Narang Eye Care and Laser Centre, Ahmedabad, Gujarat, India

Correspondence to: Dr. Priya Narang, Narang Eye Care and Laser Centre, Vijay Cross Roads, Ahmedabad - 380 009, Gujarat, India.
E-mail: narangpriya19@gmail.com

References

1. Gabor SG, Pavlidis MM. Sutureless intrascleral posterior chamber intraocular lens fixation. J Cataract Refract Surg 2007;33:1851-4.
2. Agarwal A, Kumar DA, Jacob S, Baid C, Agarwal A, Srinivasan S. Fibrin glue-assisted sutureless posterior chamber intraocular lens implantation in eyes with deficient posterior capsules. J Cataract Refract Surg 2008;34:1433-8.
3. Narang P. Modified method of haptic externalization of posterior chamber intraocular lens in fibrin glue-assisted intrascleral fixation: No-assistant technique. J Cataract Refract Surg 2013;39:4-7.
4. Beiko G, Steinert R. Modification of externalized haptic support of glued intraocular lens technique. J Cataract Refract Surg 2013;39:323-5.

Access this article online

Quick Response Code:

Website: www.ijo.in

DOI: 10.4103/ijo.IJO_489_17

Cite this article as: Narang P. Commentary: Comprehending haptic exteriorization in intrascleral haptic fixation of an intraocular lens. Indian J Ophthalmol 2017;65:750-1.

5. Narang P, Agarwal A. The "correct shake" for "handshake" in glued intrascleral fixation of intraocular lens. Indian J Ophthalmol 2016;64:854-6.
6. Agarwal A, Jacob S, Kumar DA, Agarwal A, Narasimhan S, Agarwal A. Handshake technique for glued intrascleral haptic fixation of a posterior chamber intraocular lens. J Cataract Refract Surg 2013;39:317-22.
7. Yamane S, Sato S, Maruyama-Inoue M, Kadonosono K. Flanged intrascleral intraocular lens fixation with double-needle technique. Ophthalmology 2017. pii: S0161-642032178-9.
8. Yamane S, Inoue M, Arakawa A, Kadonosono K. Sutureless 27-gauge needle-guided intrascleral intraocular lens implantation with lamellar scleral dissection. Ophthalmology 2014;121:61-6.