

Therapy and Postoperative Control of Phakic IOLs

Lucio Buratto, MD; Stephen Slade, MD, FACS; and Nicola Hauranieh, MD

Common therapy for P-IOLs and immediate postoperative control include the following:

- Local antibiotic
- Local cortisone
- Local anti-inflammatory drugs
- Slit-lamp examination and measurement of IOP after 1 hour and again after 24 hours
- Posterior chamber P-IOLs: The literature recommends the following postoperative therapy as shown in Table 16-1.
- Anterior chamber P-IOLs: Recommended postoperative therapy following lens implantation is shown in Table 16-2.

Postoperative Follow-Up

The type of postoperative follow-up does not change with the type of P-IOL implanted. P-IOLs for the posterior chamber, for the anterior chamber for iris fixation, and for the anterior chamber with angle support are all very similar.

The postoperative controls are managed as follows:

- Exam immediately postoperatively
- Exam on postoperative day 1
- Exam on postoperative day 7
- Exam on postoperative day 30

First Postoperative Examination

This is performed with the patient still lying on the operating bed, once the surgeon has removed the blepharostat and the surgical drape. The surgeon

examines the wound and sutures and measures the IOP. Afterward, the surgeon does the following:

- If the surgery was performed under topical or sub-Tenon's anesthesia, the eye is medicated with the following:
 - Monodose eye drops containing a combination of antibiotic/cortisone.
 - The eye should be protected with a plastic patch (an occlusive bandage with a swab is not necessary) or dark protective spectacles.

The patient is allowed to remove the protection or spectacles only to instill the therapy prescribed (at night, the patient should use a patch; he or she should wear spectacles during the day-time).

- In the event surgery was performed under peribulbar or retrobulbar anesthetic, the eye should be protected with an occlusive bandage for a couple of hours. The bandage can be removed the first time the eye is medicated with eye drops, usually a couple of hours after surgery or when the eyelid motility has been restored:
 - Monodose eye drops containing a combination of antibiotic/cortisone are recommended.
 - A protective clear plastic patch, fixed with adhesive tape at the side to allow the patient to see through the central portion.

Symptoms that may appear in the immediate postoperative period include the following:

- Blurred vision (local infiltration anesthesia that also affects the optic nerve).
- Diplopia (an effect local anesthesia has on the extra bulbar muscles).