
Surgical treatment of intraocular lens dislocation

PHD THESES

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A dislocated artificial intraocular lens may be repositioned or exchanged for a new lens. The visual outcome is equally satisfactory for both surgical methods.



Olav Kristianslund. Photo:
Kristin H. Hortemo

In cataract surgery, an artificial lens is placed in the capsular bag, and the risk of complications is low. However, approximately 1 % of the patients may find that the lens complex becomes dislocated several years later. The condition requires surgery, but no clear consensus exists regarding the recommended surgical method.

At Oslo University Hospital, we have conducted a randomised clinical trial in which 104 patients were divided into two groups, either to have the dislocated lens complex fixed to the sclera or removed in favour of attaching a new intraocular lens to the iris. In both groups, more than 60 % of the patients achieved a postoperative visual acuity of 0.5 or more. There was no significant difference in average visual acuity between the two groups. A total of 60 % of the patients had newly detected elevated intraocular pressure or previously known glaucoma. This was most frequently related to pseudoexfoliation

syndrome. Intraocular lens exchange appeared to result in a more favourable postoperative intraocular pressure reduction than repositioning the dislocated complex.

Late dislocation of the intraocular lens-capsule complex has increased considerably in the western world in recent decades. The results from this study may be important for the treatment of these patients in the future.

Doctoral thesis defence

Olav Kristianslund defended his doctoral thesis at the University of Oslo on 15 March 2018. The title of his thesis is *Surgery of late in-the-bag intraocular lens dislocation: A randomized clinical trial.*

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