

Problems with previous lens implants – intraocular lens (IOL) exchange or removal surgery

What are the reasons for IOL exchange or removal?

Intraocular lens implants (IOLs) are usually inserted in patient's eyes as a part of cataract surgery. IOL removal involves removing the original lens implant and leaving the eye without a lens implant. Removing a lens implant is more difficult than inserting one, as the lenses are usually specially prepared to be put in to the eye by folding or rolling the lens up; the lens in the eye is already unfolded so removing it is more tricky.

IOL Exchange involves removing the previously placed IOL as above, and replacing it during the same procedure with another one.

The reasons for IOL removal or exchange may include:

- a dislocated IOL (one that has shifted out of position)
- an unstable IOL (one that isn't properly anchored in place)
- an IOL of improper or inaccurate power
- an IOL causing undesirable visual symptoms (for instance after multifocal lens implantation)
- an IOL that has become cloudy or discoloured (this is usually an issue only with HYDROPHILIC lens types)
- as part of other operations such as corneal transplant surgery or retinal detachment surgery

If the lens is removed and not replaced other techniques to improve vision may needed, either glasses or more often contact lenses, or a secondary lens placed at a later stage. It is not possible to use only glasses to correct the vision if one eye has a lens and another doesn't; the difference between the two eyes is too great and one eye would see things much larger than the other.

What are the major risks of IOL removal or exchange surgery?

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes.

The major risks of Intraocular Lens (IOL) Exchange include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from anaesthesia, or the operation itself; retained pieces of the original IOL that cannot be removed and may require additional surgery; high eye pressure or glaucoma; a detached retina, a swollen retina, a swollen cornea, a distorted pupil, dislocation of the IOL, increased astigmatism, an uncomfortable or painful eye, a droopy eyelid, and blindness.

You may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. We might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced.

It is usually necessary to perform vitrectomy surgery as part of the IOL exchange or removal procedure. Vitrectomy involves removal of some, or all, of the vitreous jelly

inside the eye, so it can better allow freeing of the IOL. Please read the information on vitrectomy surgery in conjunction with this information.

IOL Exchange surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, macular degeneration, cystoid macular oedema or macular epiretinal membranes (wrinkled retina). These ocular conditions may progress or worsen after surgery.

The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, its visual power may be different from what was predicted by preoperative testing. You may need to wear glasses or contact lenses after surgery to obtain your best vision. IOL selection after previous refractive surgery, such as RK, PRK, and LASIK is particularly difficult because of the irregular corneal shape. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after IOL exchange surgery.

The results of surgery cannot be guaranteed. You may still need glasses or contact lenses.

Depending upon the type of anaesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that IOL Exchange will improve your vision. As a result of the surgery and/or anaesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications.

If you haven't done so already, please read the information on vitrectomy surgery and what to expect after vitrectomy surgery.

Emergency contacts: <https://www.vitygas.com/information/emergency-contacts/>

NHS patients call Limpsfield Ward or the East Surrey Hospital switchboard. Private patients use the mobile number provided.