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Service (sector) Cataract Nº CEP

Surgery strategies for correction of multifocal intra-ocular lens decentration

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Purpose: To evaluate the cause, management and visual outcomes of three cases of multifocal intra-ocular lens decentration Methods: Three patients that underwent phacoemulsification cataract surgery with multifocal intraocular lens implantation by only one surgeon (LLF) presenting the same postoperative complication (IOL decentration) were retrospectively review to evaluate the cause, management and final visual outcome. Results: Intraocular lens decentration was observed within 1 month post-operatively in all patients with decreased distance and near visual acuity and halos and glare complaints referred by the 3 patients. All patients experienced a decrease of 3 Snellen lines or more in visual acuity measurement compared to the bestcorrected visual acuity measurement in the 1week follow up visit. Intra-ocular lens decentration occurred in all cases due to posterior capsular rupture and haptic dislocation. Surgery correction was performed in all cases. Posterior capsulorrhexis with IOL optics capturing in the posterior capsulorrhexis was performed in one case, transcleral fixation in one case and sulcus repositioning with optics capture in the anterior capsulorrhexis was performed in the other. All patients experienced an improvement in uncorrected distance visual acuity and in best-corrected near visual acuity. All patients presented a manifest refraction within ± 1.5 spherical diopter in the last follow up visit (4 months post-operative visit) and halos and glare complaints improved in all patients. Conclusion: A prompt diagnostic and proper management of multifocal intra-ocular lens decentration is imperative to achieve a satisfactory outcome without the need of intra-ocular lens explantation.