2007 Research Days A	bstract Form – Depa	rtment of Ophthalmo	ology – UNIFESP/EPM
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section b est sullied to	1. FIRST (PRESENTING) AUTHOR (REQUIRED) Must be author listed first in body of abstract		
review your abstract (RE)	()R1 ()R2 ()PG0 ()PG1	(X)R3 ()Estagiário ()1	ecnólogo () PIBIC
3. PRESENTATION PREFERENCE (REQUIRED) Check one (1) (a) Paper (b) Poster	Kara José Last Name	Flávio First Name	Cotait Middle
	Retina and Vitreous Service (sector)		1758/07 № CEP
4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized a gent for all authors, hereby certifies			Pesquisa da Universidade Federal de São Paulo- UNIFESP)
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"	5. ABSTRACT (REQUI	RED)	
	Transseleral suture fixation technique of posterior chamber 5.5mm optical diameter intraocular lens Flavio Cotait Kara José, Anderson Teixeira, João Luis Lobo, André Maia PURPOSE: To evaluate safety and efficacy analysed in the procedure of transseleral euture fixation technique of operatoric phamber uping a 5 Spm ontical diameter.		
Signature of First			
	intraocular lens (IOI)	e of posterior chamber, us METHODS: This study is	ing a 5.5mm optical diameter
Scientific Section Descriptions (CR) ORBIT (PL) OCULAR PLASTIC SURGERY (RE) RETINA AND VITHEOUS (IN) REFLIX-TONOMING CONSES (IN) TONOR AND PATHOLOGY (IV) TUMORS AND PATHOLOGY (IV) TUMORS AND PATHOLOGY (IV) TUMORS AND PATHOLOGY (IV) LOW VISION (CO) CORNEA AND EXTERNAL DISEASE (CG) CORNEA AND EXTERNAL DISEASE (IL) LADORATORY (IE) PEDIDENIOLOGY (EF) EEDERING ACONY (EF) ELECTROPHYSIOLOGY	The transscleral suture fixation technique of posterior chamber was performed in 10 consecutive eyes of 10 patients, divided in 2 groups: 5 aphakic patients and 5 patients who h ad IOL in the vitreous cavity. All surgeries were done with 10.0 prolene and 1.5 mm from the inferior temporal and superior nasal limbus scleral incisions. The first group implanted a 5,5mm and 6,5mm optical diameter IOL type 7, while the other group implante 3,5mm and 6,5mm optical diameter IOL type 7, while the other group implant et ao1,5mm IOL. All patients underwent pars plana vitrectomy. Uncorrected visual acuity, best corrected visual acuity (BCVA), astigmatism, manifest refraction, UBM lens position and specular corneal microscopy were evaluated for comparison between the groups. Follow-up time was 2 months. RESULTS: Properative and postoperative best corrected visual acuity (BCVA) in both groups was similar, with better improvement after surgery. In group two, in which IOL was already inside the eye, showed less cornea lendothelial compromise. From complication point of view, only one patient was submitted to refere view of posterior chamber intraocular lens is a safe procedure and another surgery because of tilt and decentration. CONCLUSION: Transscleral suture fixation technique of posterior chamber intraocular lens is a safe procedure and an other surgery superas to the two procedure and pathetic patients. The fact of using the same IOL implanted in the previous Phaceemulsification surgery appears to		
Deadline: 29/10/2007	chamber IOL still needs	s longterm studies for safe	y evaluation.
FORMAT: Abstract should contain: Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions. Example: ARVO (1.10 x 1.70) Abstract Book			