Note on Fixation of the Binkhorst Iris Clip Lens

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Binkhorst’s iris clip lens is fixed in the pupil by the contracting sphincter muscle. To obtain a permanent fixation the iris borders must remain in contact with the vertical pillars of the retroiridal loops of the clip lens. The patient with ‘artificial pseudo-phakia’ must therefore be kept on pilocarpine medication. Generally this is a simple and completely satisfactory solution for intraocular fixation of the iris clip lens.

Fig. 1. A typical example of anterior loop fixation by means of perlon sutures. The sutures have been passed through the peripheral iridectomies and around the anterior loops. Three knots are necessary, because of the resilience of the perlon suturing material.

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In selected cases a different type of additional fixation can be used: the fixation of the anterior clip lens loops to the iris by means of perlon sutures. This procedure is particularly indicated whenever continued pilocarpine medication is troublesome. The procedure, which is a delicate one, can best be performed under microsurgical conditions.

A point of particular interest in this suturing technique, and the reason for this preliminary progress report, is the observation that insertion of iris sutures, for intraocular lens fixation, is not followed by any iris reaction. It appears that the iris will not act to the chemical or physical presence of perlon in intimate contact with its stroma. The same has already been observed when perlon was used for suturing of iris defects.

The present technique has been applied in 9 cases of implantation of Binkhorst iris clip lens.
Because the procedure is technically difficult, it is not recommended as a routine procedure for additional iris clip lens fixation.

As the basic principle of iris stromal fixation proves feasible, it seems desirable to develop an analogous means of iris fixation, which is technically less complicated.

Discussion

Von Winning: (a) Why must the iris suture be passed through a peripheral iridectomy? (b) Is atraumatic perlon suture material commercially available, and, if so, who is the manufacturer?

J. λ. Vorst: (a) Suturing through the iris is rather difficult. By starting in the already cut iridectomy edge the needle need be passed through the iridal stroma only once instead of twice.

(b) Atraumatic perlon suture material for the iris is indeed commercially available; it is supplied by ‘Medical Workshop’.