tears or detachment, suture erosion, and infection. (See also BCSC Section 12, Retina and Vitreous.)

An ACIOL may be associated with decentration, iris tucking, UGH syndrome, corneal edema, or pseudophakodonesis, which would prompt repositioning of the lens or IOL exchange with either a differently sized flexible ACIOL or, preferably, a PCIOL. An ACIOL associated with pseudophakic bullous keratopathy is treated by endothelial or penetrating keratoplasty, usually in combination with IOL exchange.
If an iris-supported lens becomes dislocated or associated with corneal edema or UGH syndrome, it should be surgically exchanged. If further surgery is contraindicated, repositioning of a partially dislocated lens by pharmacologic manipulation of the pupil and patient positioning may be successful.


