Summary and Conclusion

This study included 23 patient (25eyes) having uncomplicated senile cataract who were selected from the outpatient clinic of Ophthalmology department of Banha University Hospital from January 1991 to July 1993.

The aim of this work was to study the advantages, difficulties, the insertion techniques and the properties of soft silicone intraocular lenses with evaluation of the operative procedure and postoperative ocular changes in three months duration

Preoperative examination include slit lamp biomicrscopy pachymertery, Biometery, measurement of IOP with applanation tonometery and assessment of visual acuity

All eyes were operated upon by the planned ECCE technique with primary implantation of posterior chamber silicone IOL. The IOL was held and manipulated with either McPherson forceps (unfolded) or with AMMO phacoflex insertor (folded).

Few surgical difficulties was observed especially in the early operated eyes those difficulties included loss of the anterior chamber and endothelial implant touch superior descement membrane detachment and hyphema but all could be easily managed and their incidence became less in the latter cases

Cases were followed up after one week, two weeks, one month, two months and three months to detect changes in the cornea, the anterior chamber, intraocular lens, pupil, iris, fundus, intraocular pressure and visual acuity.

It was noticed that most of the eyes showed various grades of early striate keratopathy, corneal odema and iritis which resolved within few days.

Tepmporay rise of IOP on the first postoperative day had occurred in one eye due to improper removal of viscoelastic material during lens implantation while another case showed increase of IOP one month postoperatively.

Few complication needs surgical interference such as lost anterior chamber (one eye) due to wound gape .

The absolute visual acuity was 6/12 or better in 80% of eyes. While it was 6/24 or better in 20% of cases . The postoperative residual spherical correction ranged from +1.0 to -1.0 D.

The results of this study showed that most of the ocular changes associated with Posterior chamber silicone IOL can be either avoided during surgery or postoperatively managed without inducing permanent ocular complications so we advocate soft posterior chamber silicone IOL as safe method of optical rehabilitation of aphakia.

The total benefits of a silicone lens can not be completely realized unless is implantation can be combined with phacoemulsification and Small incision surgery and the use of large cataract incision has deprived silicone lenses from a major advantage over PMMA lenses.

A longer follow up period and perhaps a larger number of cases may be required for a better and more complete evaluation of the silicone lenses .