

Pre-Op

Mark the center of the pupil before dilation. This is very important, as doing it after dilation may not locate the exact center of the pupil, causing difficulty with centration of the IOL.

Mark two further points at the limbus so that all three align at approx. 90° to the steepest axis where you will eventually make your astigmatism control incision.



Figure 1
Cut back the conjunctiva away from the limbus using one of the outer points as a center guide

Figure 2
Form a 4mmX4mm trabeculectomy style flap in the sclera using the marker point as a center guide. (For coverage of the scleral fixation suture.)



Figure 3
Form another flap from the opposite marker point. For ease with infero-nasal flaps lift a fornix based scleral flap. (Folding the flap away from the limbus will aid vision.)

Figure 4
Make your first incision on the steepest axis (approximately 2.65mm), enabling you to employ the principles of astigmatic correction.



Figure 5
At a point distant from the working areas make an appropriately formed incision and insert an A/C maintainer. Clear any anterior chamber vitreous tags and perform an anterior core vitrectomy ensuring vitreous clearance from the IOL haptic sites.



Figure 6
Place the lens on a watery surface, keeping it moist at all times. Feeding a double threaded suture through the middle hole in one of the haptics, leave the small loop of the suture behind.

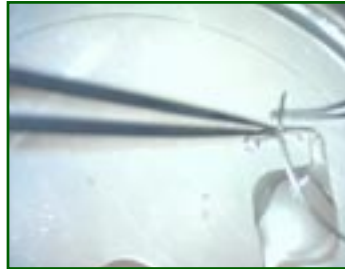


Figure 7
Feed the needle back through the suture loop, securing the suture to the first haptic. Repeat figures 6 and 7 for the second haptic.



Figure 8
Feed the first suture through the incision, under the iris and into the sclera through the ciliary sulcus. The needle should emerge again in the flap base in line with the three marker points. Pull the suture through until the needle comes through the sclera.



Figure 9
When feeding the second suture through it is very important to make sure that you do not entangle the first suture. To avoid this, hold the first suture away while placing the second through the incision.



Figure 10
Feed the second suture through the incision, under the iris and into the sclera through the ciliary sulcus. The needle should emerge again in the flap base in line with the three marker points. Pull the suture through until the needle comes through the sclera.



Figure 11
Make the appropriate astigmatic enlargement to the incision. Fold the lens length ways, making sure that you avoid suture entanglement.



Figure 12
Insert the lens, again insuring that the haptics are in the same direction as the sutures that have already been fed through the sclera.



Figure 13

Pull the suture from the outside until you feel the haptic stop against the edge of the sulcus. (As soon as you feel the suture stop do not pull any tighter.) Repeat this for the second haptic and when you are happy that the lens has centered tie the sutures to the sclera. The lens should now align with the marker points.



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FH-1000

**Foldable Acrylic Fibrosing
Sulcus Fixation IOL**

First in the World!



Designed and Developed by

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MB ChB, MMed, FCS, FRCS, FRCOphth



Figure 14

Suture the scleral flaps and the conjunctiva. Remove the A/C maintainer and seal the incision.

For additional surgical information,
email Dr. Frank Howes at frankhowes@aol.com

FH-1000 Specifications

Optic Size:	6.00mm
Optic Type:	Equiconvex
Length:	13.25mm
Haptic Style:	Modified C
Angulation:	5 Degrees
Construction:	1 Piece
Suture Holes:	6
Optic Material:	Acrylic (26% Water Content)
A Constant:	118.5
Standard Diopters:	
Whole	+10.0 to +28.0
Half	+16.5 to +24.5