

Incorrect IOL implantation

A case of wrong intraocular lens (IOL) implantation during cataract surgery was recently reported to VSCC. The planned IOL was decided on the day of surgery, using the other eye biometry calculations, resulting in IOL of incorrect power being implanted in the operated eye.

Recommendations:

A-scanning and keratometry are critical in lens calculations. Any previous refractive surgery must be considered. Biometry calculations should be performed on both eyes simultaneously and repeated if an asymmetric or unexpected result is obtained.

Plan refractive outcomes pre-operatively. Ideally, the decision of which type and power of intraocular lens in each eye is made in conjunction with the patient, depending on their visual needs and preferences, at the time of informed consent. Informed consent is particularly important when there is a planned deviation from emmetropia or if a multifocal or accommodative IOL is to be used.

It is the surgeon's responsibility to follow RANZCO Correct Site and Side Guidelines, and to ensure IOL for implantation is included in time-out checks, preferably checking against original biometry calculations. Only the current patient's checked IOL should be in the operating room during the procedure.

Vigilance and accurate documentation is required throughout the process of A-scanning, keratometry, IOL calculation, selection, ordering (if necessary), storage and implantation. Wrong IOL can occur at any of these stages.