Foldable acrylic posterior chamber intraocular lenses (PC IOLs) can be removed via a variety of methods. In this technique, the PC IOL is freed from its position in the capsular bag or sulcus space and raised into the anterior chamber. The IOL is manipulated such that a haptic is externalized through a 2.2 mm corneal incision. A spatula is inserted through a paracentesis incision and placed above the PC IOL. Straight forceps are inserted through the main incision and the haptic/optic junction closest to the paracentesis is grasped with the hand completely supinated. The hand is then pronated while rolling the PC IOL around the forceps using the spatula to guide the PC IOL and guard the cornea. The forceps are then retracted through the main wound, enveloped by the PC IOL, thereby removing an acrylic PC IOL in its entirety using standard intraocular instruments through a 2.2 mm incision.

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Online Video
surgeon to perform a core posterior vitrectomy. The IOL is then positioned in the anterior chamber and one haptic is brought out through the main incision (Figure 1).

A straight spatula instrument is inserted through the paracentesis and placed above the optic to protect the cornea. Straight forceps are inserted through the main incision to grasp closely to the left edge of the optic for a right-handed surgeon (Figures 2, A and B). The straight forceps is twisted to roll the IOL around the forceps. In the case of a right-handed surgeon, the forceps are inserted while the hand is in the maximal supinated position (Figure 3, A); then after grasping the IOL, the forceps are twisted by pronation (Figures 3, B and C) of the right hand (Video 1; http://links.lww.com/JRS/A46). This will allow approximately 360° of twisting, resulting in the IOL nearly completely rolled around the forceps. The IOL can then be pulled straight out of the eye via the main incision (Video 2; http://links.lww.com/JRS/A47).

DISCUSSION
This simple and rapid technique for IOL removal does not require special instruments for cutting an IOL. This technique might work consistently well through a 2.2 mm incision for 1-piece and 3-piece acrylic PC IOLs. The addition of a second instrument provides added protection to the corneal endothelium such that intraocular maneuvers in eyes of varying anterior chamber depths might not cause corneal damage. This twist and out method for removal of a foldable acrylic PC IOL through a standard microincision could be easily reproduced.

WHAT WAS KNOWN
- Removal of posterior chamber intraocular lenses (PC IOLs) has been described with a variety of techniques that either remove the IOL through incision sizes that often measure 2.75 mm or greater, and often larger than the original size required for modern foldable IOLs, or require cutting of the IOL.

WHAT THIS PAPER ADDS
- This twist and out method for removal of a foldable acrylic PC IOL through a 2.2 mm corneal incision used commonly available instruments without the need for cutting the PC IOL.
REFERENCES

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