

- Wash hands before instilling eye drops
- Apply eye drops at regular intervals
- Protective glasses
- Shield at night - First week

Most of the time, children do very well with IOL implantation provided co-operation of the child and the parents is adequate during the postoperative period.

The visual outcome will be definitely superior than regular cataract surgery without IOL implantation.

*Children can also have the luxury of IOL implantation.*

## **IOL Implantation in Children**



<Your Contact Address>

<Your Hospital Name>

<Your Website Address>

<Your Logo>

IOLs can be safely implanted in the eyes of children aged 2 years and above. Though some surgeons advocate implantation in children younger than 2 years, it is reserved for children with unilateral congenital / traumatic cataracts.

### Indications

- Congenital / Bilateral / Unilateral cataracts
- Traumatic cataracts
- Handicapped and mentally retarded children of all ages



### Contraindications

- Small eye
- Infants
- Eye with other congenital anomalies
- Congenital glaucoma
- Complicated cataracts
- High myopia

### Surgical technique

Surgical technique is slightly different from adults since the nucleus is very soft in nature. Sutureless surgery can be performed safely in older children when indicated.

### Power of the lens

the power will be calculated individually, by the doctor according to the condition and needs of the patient. Spectacles has to be worn for near vision, sometimes for distance also.

### Type of IOL

- PMMA
- Acrysof lenses as indicated by the doctor

### Size of the lens

- Same size as the adult when corneal diameter is 11mm and above.
- Smaller lens in cases where the corneal diameter ranges between 10 and 11mm.

### Peculiarities in children

- Unlike adults, children have greater tendency to heal quickly. This is more so when implanted with foreign body in the bdy. This produces inflammatory response in the immediate or late postoperative period in some children. This can be controlled with adequate medicines at appropriate time.
- The posterior capsule of the natural lens on which the artificial lens is placed in the eye will get opacified again because of the constant growth of the lens fibre. In children, this happens almost in all patients when the capsule is left intact during surgery. Depending upon the degree of opacification either YAG capsulotomy or surgical membranectomy will be decided by the attending doctor.

### Preoperative investigations

- Once the decision is made for IOL implantaion, the IOL power will be calculated using A-Scan.
- Blood and urine will be checked.
- Other systemic examinations will be done whenever necessary.
- Operation will be done under general anaesthesia.

### Postoperative management

- Unlike adults, your child may be asked to stay for a minimum of 3 - 4 days after the operation.
- Since children are prone to get injured, their outdoor activities should be restricted for atleast 4 - 6 weeks.
- More frequent medications than adults is necessary.
- On discharge, the instructions should be strictly followed.
- You are expected to come for review after 4 weeks.
- Two reviews are mandatory for all children and after that depending upon the age of the child, he or she may be asked to come for review once in 6 months or a year until the age of 15.

### Postoperative care at home

- Away from school for 1 month
- To stay indoors and avoid outdoor playing activities
- Can watch TV and also read books