

underneath the scleral flap 1.5mm posterior to the limbus. Then the needle is pulled out underneath the scleral flap and the manoeuvre is repeated for the second arm as well. The sutures are secured with 5-6 knots under the scleral flap. Intra-operative surgical videos of two patients with traumatic cataract and iridodialysis following blunt trauma are shown. After stabilizing the detached iris using iris hooks, phacoemulsification is done with implantation of foldable acrylic IOL, followed by iridodialysis repair as described above. Both the patients were relieved of their pre-operative symptoms and had good visual recovery. **Highlights:** We describe a simplified approach of iridodialysis repair that can significantly reduce the patient's troublesome symptoms such as glare and monocular double vision. **Online Video Link:** <https://youtu.be/-axYnSfWSb0>

**Key words:** Blunt trauma, Iridodialysis, traumatic cataract, phacoemulsification, iridodialysis repair

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## Iridodialysis repair – A simplified approach

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### Abstract

**Background:** Iris root is the thinnest and weakest portion of the iris stroma. It can detach easily due to blunt trauma or accidental engagement of the iris during intraocular surgery resulting in glare, photophobia and monocular diplopia. Multiple techniques described for iridodialysis repair such as hang back technique, stroke and dock technique and sewing machine technique are technically challenging. **Purpose:** To describe an simplified approach of iridodialysis repair using 9-0 prolene suture. **Synopsis:** We demonstrate the technique of iridodialysis repair using animation for better understanding. Scleral flap is made adjacent to the iridodialysis area and a paracentesis is made opposite to the iridodialysis. One arm of the double armed straight needle with 9-0 prolene suture is passed through the paracentesis into the iris root and docked in the 26G needle which is passed