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Sir,
Phacoemulsification and intraocular lens implantation following pars plana vitrectomy: a prospective study

I congratulate Ahfat *et al*¹ for quantifying the well-recognized complications of phacoemulsification cataract surgery following vitrectomy. Cataract will eventually develop in almost all patients after vitrectomy. The obvious solution to preventing such difficult surgery is to combine lens removal with vitrectomy at the time of the original operation even if no lens opacity is present. This has been my practice for the past 3 years in presbyopic patients. The lens having lost its ability to accommodate can be replaced by an intraocular lens with no detriment to the patient. Combined surgery has many other advantages for the surgeon including excellent visibility during vitrectomy (especially when using wide-angle viewing systems), the ability to perform a more extensive vitrectomy and creating space for larger gas or oil fills.² ‘Core vitrectomy’ can be avoided as it carries the risk of incomplete vitreous separation at the time of surgery

with continued separation in the postoperative period with possible retinal tear formation.³ The advantage to the patient is not having to return for further surgery.

Most vitreoretinal surgeons in the UK have extensive cataract experience, and combining the surgery does not significantly prolong the procedure. It is important, however, to keep a stable anterior chamber during vitrectomy, and subsequent intraocular lens insertion to keep anterior chamber inflammation in the postoperative period to a minimum. I would not routinely advocate combined surgery in diabetics who are at risk of increased intraocular inflammation and rubeosis following lens removal or in patients with active uveitis unless significant cataract was present.

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Sir,
Zonular disinsertion five years after implantation of a plate haptic silicone intraocular lens

We report a case in which progressive anterior capsular fibrosis associated with a plate haptic silicone intraocular lens led to zonular disinsertion and dislocation of the capsular bag and implant 5 years after uncomplicated surgery. It is proposed that the same mechanism that leads to capsular phimosis may go on to cause late zonular disinsertion even up to 5 years after intraocular lens implantation.