



Journal of Ophthalmology

Special Issue on

Late-Onset Complications of Cataract Surgery

CALL FOR PAPERS

Modern phacoemulsification remains an extremely safe surgical procedure with comparatively few major complications. Although most operations do initially provide excellent refractive correction and visual rehabilitation, late-onset complications occur. Patients and surgeons may not associate late complications with the initial surgery. Nevertheless, recent studies have demonstrated that such a causal relationship may persist for many years after the cataract procedure and that there is a significant increase in the risk for developing various complications during the postoperative years.

Anterior segment complications such as late postoperative capsular block syndrome (CBS), glaucoma, late-onset endophthalmitis or toxic anterior segment syndrome (TASS), and intraocular lens (IOL) dislocation have been reported. The management of the subluxated or dislocated entire IOL-capsular bag complex may be difficult. This special issue will define surgical planning, management alternatives, and outcomes of late spontaneous PC-IOL dislocation. Likewise, clinical and pathologic findings from cases of in-the-bag capsular tension ring (CTR) subluxation or dislocation will be described.

Late retinal complications include pseudophakic rhegmatogenous retinal detachment (RRD), cystoid macular edema (CME), and exacerbation of age-related macular degeneration (AMD) and other retinal conditions. The most important risk factors for pseudophakic RRD are high myopia, younger age at time of surgery, and male sex. Pseudophakic CME is a primary cause of postoperative reduced vision. Its incidence following modern cataract surgery is 0.1–2.35%. Preexisting conditions such as diabetes mellitus and uveitis as well as intraoperative complications can raise the risk of developing CME postoperatively. First-line treatment of postsurgical CME should include topical nonsteroidal anti-inflammatory drugs and corticosteroids. In cases of resistant CME, periocular or intraocular corticosteroids present an option. Antiangiogenic agents should be considered for nonresponsive persistent CME.

Finally, it is necessary to evaluate the effect of cataract surgery on the development and progression of AMD. Proper and timely management of retinal complications from cataract surgery is crucial in maximizing visual outcomes. Many of the complications and current management strategies will be outlined in this issue. Original papers as well as reviews in these topics are welcome for this special issue.

Potential topics include, but are not limited to:

- ▶ Management of late-onset postoperative capsular block syndrome
- ▶ Late glaucoma and other complications of pediatric cataract surgery
- ▶ Late-onset endophthalmitis after cataract surgery
- ▶ Late-onset toxic anterior segment syndrome (TASS)
- ▶ Epidemiology and etiology of late IOL-capsular bag complex dislocation
- ▶ Management of posteriorly dislocated endocapsular tension ring and IOL complex
- ▶ Surgical repositioning of the subluxated IOL
- ▶ Exchange of the complex and new IOL implantation: anterior chamber IOL, angular support, or iris claw IOL
- ▶ Novel therapeutic approaches: IOL glue-assisted intrascleral fixation of PC-IOLs
- ▶ Formulas to calculate the new IOL power
- ▶ Postsurgical cystoid macular edema
- ▶ Pseudophakic rhegmatogenous retinal detachment
- ▶ Cataract surgery and the development or progression of age-related macular degeneration

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