A complete capsulorhexis is required for performing a safe phaco-emulsification procedure. VisionBlue™ is indicated for use as an aid in ophthalmic surgery by staining the anterior capsule of the lens. Inadequate visualization of the anterior lens capsule may result in an incomplete capsulorhexis, which carries a high risk of radial capsule tears and associated complications. VisionBlue™ capsule staining therefore facilitates the performance of a capsulorhexis in the absence of a red fundus reflex, and reduces the risk of capsulorhexis-related complications by better visualization of radial capsule tears. VisionBlue™ can be injected directly onto the anterior lens capsule and stains the capsule instantly. The capsule staining procedure is therefore quick and easy to perform.

VisionBlue™ capsule staining to visualize the capsulorhexis in cataract surgery. VisionBlue™ offers greatly enhanced visualization of the capsulorhexis in eyes with mature cataracts or narrow pupil, in which the anterior lens capsule is often hardly visible to the surgeon during surgery.1,2,3,4 It provides a persistent and clear outline of the peripheral rim of the capsulorhexis by the contrast between the stained rim and the adjacent lens mass.1,2,3,4 It reduces the risk of capsulorhexis-related complications by better visualization of radial capsule tears.1,2,3,4 Finally, VisionBlue™ provides visualization of the leading edge of a “lost” capsulorhexis.5

Special considerations
It is recommended that after injection all excess VisionBlue™ be immediately removed from the eye by thorough irrigation of the anterior chamber. VisionBlue™ is contraindicated when a non-hydrated (dry state), hydrophilic acrylic intraocular lens (IOL) is planned to be inserted into the eye because the dye may be absorbed by the IOL and stain the IOL. Adverse reactions reported following use of VisionBlue™ discoloration of high water content hydrogen intraocular lenses and inadvertent staining of the posterior lens capsule or vitreous face. Staining of the posterior lens capsule or vitreous face is generally self limited, lasting up to one week.

Patents: U.S. 6,720,314 & 6,367,480; Europe 1,075,285; Japan 3,463,199; Australia: 758,951 & 715,620

5 De Waard PWT, Budo CJ, Melles GJR, Trypan blue capsular staining to “find” the leading edge of a “lost” capsulorhexis, American J. Ophthalmology 2002; 134:271-272