A clear and unobstructed view of the intraocular structures is a prerequisite for many surgical procedures. Sufficient pupil dilation not only provides the surgeon access to the lens but also prevents posterior capsular rupture resulting from poor visualization and trauma to the delicate intraocular structures.

**INTRAOPERATIVE FLOPPY-IRIS SYNDROME**

Poor pupil dilation can be observed in cases complicated by pseudoexfoliation syndrome, uveitis, posterior synechiae, trauma, or previous intraocular surgery. Chang and Campbell described intraoperative floppy-iris syndrome (IFIS) associated with systemic administration of the alpha-1A antagonists (tamsulosin hydrochloride and others). The intraoperative diagnostic triad of this symptom is fluttering and billowing of the iris stroma, significant tendency to iris prolapse through the main and/or sideport incisions, and progressive constriction of the pupil during surgery. The main cause of IFIS is thinning of the iris dilator muscle resulting in the changing of biomechanical properties and decreased rigidity of the iris tissue.

**PHARMACOLOGICAL THERAPY**

Pharmacological therapy with the use of nonsteroidal eye drops or strong mydriatics, such as phenylephrine 10%, is effective when administered preoperatively. Nevertheless, it cannot provide an adequate pupil aperture in all patients. Phenylephrine administration sometimes leads to unwanted ocular and systemic side effects.