less than the distance by which the back wall extends toward the center of the aperture. Back wall **13** is tapered in such a manner that a thickness in the direction of the back wall **13** increases in a radially outward direction.

The back wall can be constructed in such a manner that the back wall has a circular shape which is almost concentric to the outline (circular shape) of the device when the device is viewed from the upper side (i.e. the back wall is circular shaped). Such a construction can be also employed that the back wall portion, wherein the support member of the intraocular lens is inserted, extends toward a center of the ring. In short, any shape can be employed if the optical portion of the intraocular lens to be inserted into the device can be secured, the support member of the intraocular lens can be easily engaged with the groove of the device and easily deformed when the device is inserted into the lenticular capsule. For instance, the inner diameter of the back wall is preferably 5 to 7.5 mm in accordance with the object of the present invention.

In the present invention, the device is not limited to the device wherein the shape in section is square (FIG. **14**). The inhibiting device **3** of FIGS. **4** to **5** having a circular shape in section, wherein the back wall is protruded, can be employed.

It will be explained with reference to FIG. **15** as follows how to use the inhibiting device **11**. Firstly, the device **11** is inserted into the lenticular capsule. The inserting method is the same as mentioned hereinbefore. Secondly, the intraocular lens **4** is inserted into the lenticular capsule. At this time, the support member of the intraocular lens is contacted with a slanting surface of the back wall **13**. Then the support member moves along the slanting surface due to the resilient restoring force thereof and extends to the groove **12** so that the support member is completely contained in the groove **12**. In other words, the back wall **13** which extends toward a center of the ring acts to guide the support member of the intraocular lens **6** so that the intraocular lens can be easily and surely inserted and securely held. Since the back wall **13** is centripetally protruded, an ophthalmologist who performs an operation can not only confirm the back wall **13** of the device which is inserted into an eye and set but also insert and fix the intraocular lens easily and surely.

In FIG. **16**, another embodiment of the device is shown. This embodiment does not have the groove

The device **21** is an example of a variation of the inhibiting device **1** shown in FIG. **1**. The device has such a construction that one end **21***a* of the device is inserted into a channel **21***c* which is formed from the other end **21***b*.

Thus constructed device **21** can shorten the outer diameter thereof in such a manner that one end **21***a* is inserted into the channel **21***c*. Therefore, the device can be still more easily inserted into the eye. By inserting the device into the lenticular capsule, the device completely comes into contact with the equator of the lenticular capsule, the residual epithelial cells in the equator of the capsular bag can be encircled in the equator and aftercataract caused by proliferation of cells can be effectively inhibited. Further, since the device can keep the shape of the lenticular capsule circular, shrinkage of the lenticular capsule is inhibited and aftercataract can be effectively inhibited.

On the other hand, since the device can keep the shape of the lenticular capsule circular, the shape of the incised opening is kept in good state. Therefore, when the intraocular lens is inserted after the crystalline lens is removed, the intraocular lens can be easily inserted and it does not happen that the intraocular lens damages the incised opening by adding unstable force. In this case, the intraocular lens can be firmly retained and inhibited from falling down and moving, then can be fixed in good state by using an inhibiting device having a groove.

Though several embodiments of the present invention are described above, it is to be understood that the present invention is not limited only to the above-mentioned, and various changes and modifications may be made in the invention without departing from the spirit and scope thereof.

We claim:

1. A device for inhibiting an aftercataract, comprising:

a ring formed of a material having a resilient property, and having a substantially circular shaped with an aperture at a central portion thereof, said ring including a groove formed in an inner periphery thereof, said groove structured to engage with a support member of an intraocular lens in order to retain the intraocular lens, wherein said ring is sized to contact an inner periphery of an lenticular capsule, said ring further comprising a front wall portion and a back wall portion adjacent to said groove, said back wall portion and said front wall portion extending in a radial direction in such a manner that said back wall portion extends toward a center of the aperture by a first distance, and wherein, in a non-flexed condition, the front wall portion extends toward the center of the aperture by a second distance which is less than the first distance, said back wall portion being tapered in such a manner that a thickness in the axial direction of the back wall portion increases in a radially outward direction.

2. A device for inhibiting an aftercataract of claim **5** which has at least two protrusion portions which are intended to contact said inner periphery of the equator of the lenticular capsule.

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