outer ring **12** is transmitted via the bridging elements **15** to the inner ring **13** and has the effect of slightly displacing the latter in a posterior direction relative to the outer ring. As a result, the inner ring is pressed against the posterior capsule **14***a* a small distance (on the order of about 2 mm) radially inwardly of the equatorial zone and thereby constitutes a secondary mechanical barrier to the migration, over the posterior capsule and toward the optic region **14***b* thereof, of epithelial cells that were not blocked by the primary barrier, i.e., the outer ring. As can be seen from FIG. **9**, when a posterior capsular opacification-inhibiting device **11** is used, the subsequently implanted IOL (shown only in phantom outline in FIG. **9**) will be positioned so as to be seated in the capsular bag **14** anteriorly of the device **11** but posteriorly of the anterior capsular flap **14***c*.

Merely by way of example, if the capsular bag diameter of a patient is about 9.4 mm, the outer diameter D of the outer ring **12** should be in the range of about 9.9 mm to about 10.9 mm, with the outer diameter d of the inner ring **13** then being in the range of about 7.9 mm to about 8.9 mm.

The principles of the present invention can also be embodied in dual ring posterior capsular opacification-inhibiting structures differing somewhat from that shown in FIGS. **1–3**. For example, the device **16** shown in FIGS. **4–6** is basically similar to the device **11** in that it has an outer ring member **17** and an inner ring member **18** interconnected with each other by diametral rod-like bridging elements **19**, with the inner ring **18** and the bridging elements **19** being identical to the corresponding members **13** and **15**, respectively, of the device **11**. The difference between the two devices in essence resides in the fact that the outer ring member **17** of the device **16** has the form of a toroidally shaped ring resembling an anteriorly and posteriorly incomplete capsular bag-like structure, with both the anterior and posterior capsule portions of that structure having respective relatively large holes or openings **17***a* and **17***b* therein to define an annular anterior capsular flap-like portion **17***c* and an annular posterior capsular flap-like portion **17***d*. As in the first embodiment, of course, the planes of the two rings **17** and **18** are parallel to one another.

As a general proposition, the bridging elements **19** at their ends remote from the ring **18** are connected to the inner peripheral boundary edge of the annular posterior capsular flap-like portion **17***d* of the toroidal ring **17**. Preferably, however, as shown in FIGS. **4–6**, those ends of the bridging elements are connected to the toroidal ring **17** through the intermediary of an auxiliary ring **18***a* the plane of which is parallel to the planes of both rings **17** and **18**, with the said remote ends of the bridging elements being fused or otherwise bonded to the auxiliary ring **18***a* and with the latter being in turn fused or otherwise bonded to the inner peripheral boundary edge of the posterior capsular flap-like portion **17***d*. The provision of the auxiliary ring **18***a* serves primarily to stiffen the connection between the inner ring **18** and the outer ring **17**.

The toroidal outer or larger ring **17** is shaped as shown so that when it is properly implanted in the residual capsular bag **20** (see FIG. **10**) of a patient's eye, its posterior capsular flap-like portion **17***d*, by virtue of its greater width or thickness relative to that of the outer ring **12** of the embodiment of the device shown in FIGS. **1–3**, is at least in part in surface contact not only with the equatorial region of the capsular bag but also with the radially outwardmost region of the posterior capsule **20***a* (as distinguished from the line contact between the ring **12** and the equatorial region of the capsular bag). Thus, in addition to functioning (like the outer ring **12** of the first embodiment) as a means to prevent the capsular bag from collapsing or shrinking as well as a receptacle or carrier for an IOL (shown only in phantom outline in FIG. **10**) to be subsequently implanted into the bag, the toroidal ring **17** at the same time performs its main function as a means constituting a primary barrier to epithelial cell migration from the equatorial region of the residual capsular bag onto the posterior capsule **20***a*. The ring **17**, of course, also serves as a means for ensuring that the inner or smaller ring **18** will be pressed against and maintained in engagement with the posterior capsule so as to constitute a secondary barrier to migration, into the optic region **20***b* of the posterior capsule, of epithelial cells that were not blocked by the larger ring.

The posterior capsular opacification-inhibiting device **21** according to a third embodiment of the present invention also includes, like the device **16**, a generally toroidally shaped outer ring **22** having the same structural features and functions as the ring **17**. In this embodiment, however, the posterior capsule-engaging inner ring **23** of the device, the plane of which is parallel to that of the ring **22**, is constituted by either the smaller base edge of an annular, relatively shallow, generally frusto-conical, inwardly directed and posteriorly slanted flange or dish-like structure **24** or by a small ring member of rod-shaped material like the rings **13** and **18** of the other embodiments secured to or incorporated in the smaller base edge of the flange. In either event, the larger base edge **25** of the flange is connected with the inner peripheral boundary edge **22***a* of the posterior capsular flap-like portion **22***b* of the toroidal ring **22** which, if desired, may also incorporate an auxiliary stiffening ring like the ring **18***a* of the embodiment of the device **16** shown in FIGS. **4–6**. The flange **24** in the device **21** thus serves as a bridging means performing the functions of the bridging elements **15** and **19** in the devices **11** and **16**. Within the contemplation of the present invention, of course, the entire device **21** can be made as a unitary or one-piece structure, or the ring member **22** and the flange **24** can be separately formed and then fused or otherwise bonded to one another.

It will be understood that the foregoing description of preferred embodiments of the present invention is for purposes of illustration only, and that the various structural and utilitarian features herein disclosed are susceptible to a number of modifications and changes none of which entails any departure from the spirit and scope of the present invention as defined in the hereto appended claims.

I claim:

1. A posterior capsular opacification-inhibiting device for implantation into an eye between the posterior capsule and the anterior capsular flap of the residual capsular bag that remains in the eye following an extracapsular cataract extraction, comprising:

a pair of resiliently flexible, concentric, closed, rings having respective planes and having different outer diameters, the larger of said rings being connected to the smaller of said rings by bridging means extending therebetween, the plane of said larger ring being parallel to but offset anteriorly from the plane of said smaller ring, and the outer diameter of said larger ring at its outer periphery being slightly larger than the inner diameter of said residual capsular bag in the equatorial region thereof;

whereby, upon proper implantation of the device into an eye, (i) said larger ring presses along its entire circumference against the interior surface of said residual capsular bag in the equatorial region thereof without overstressing the latter and without engendering an unfurling of said anterior capsular flap, said larger ring