shape of the haptics may vary widely without departing from the intent of the invention. Irrespective of the specific configuration, the frame section will be designed and arranged to establish a stable position in the anterior chamber at the lowest feasible point so as to minimize any possibility that the placement of the frame section prior to extraction of the cataract will interfere with the extraction procedure. The optic section, irrespective of its particular configuration, will be adapted to mate with the frame section in a manner which will limit its movement after it is finally positioned, and will be of an overall size sufficient to ensure that the haptics associated with the optic section extends upwardly a sufficient distance to ensure that at least a portion of the haptic is substantially co-extensive with the angle defining the outer periphery of the anterior chamber.

FIGS. **3** and **4** illustrate a further embodiment of the invention which comprises a lens assembly having integral frame and optic sections but including structure which permits the optic section to be movable so that it will not interfere with the physical space required for surgical removal of the cataract. The lens assembly **44** depicted in FIG. **3** is quite similar to that shown in FIGS. **1** and **2** except that the clip **26** appended to the optic section **20** has been replaced by an integral hinge **46** connected to optic section **48**. The lens assembly also includes a frame section **50** composed of haptics **52** and **54** and intermediate member **56** around which hinge **46** is permitted to pivot. As illustrated, haptics **52** and **54** include loops **58** and **60** which provide these members with a degree of size adjustability. A similar loop could be included in haptic **62** associated with the optic section.

As with the other embodiments of the invention, the lens assembly of FIG. **3** is inserted into the eye after the incision is made in the limbal region between the cornea **30** and sclera **32**. However, unlike the other embodiments the entire lens assembly including both the frame section **50** and integral optic section **48** is pre-positioned prior to extraction of the cataract. More particularly, the haptics **52** and **54** are pre-positioned in the lowermost portion of the anterior chamber of the eye as previously described in connection with the other embodiments. However, prior to extracting the cataract, the cornea **30** is folded back (as illustrated by the shadow line **34** in FIG. **4**) to provide operating space for the surgical procedure, and the optic section **48** is rotated about hinge **46** so that it too is removed from the operating field to a position such as shown by outline lens **64**. Upon completion of the cataract extraction, the optic section **48** is rotated back into a position where its lens can function as a replacement for the removed cataractus lens, and the haptic **62** associated with the optic section **48** is manipulated into its final position as shown in FIG. **3**.

It will be readily apparent that the hinge **46** is merely illustrative of one mechanical embodiment of an integral but movable optic section and that many other mechanical configurations could be used. FIG. **5** illustrates one such preferred embodiment which is based on the principle of a "live" hinge which exhibits elastic memory. More particularly, there is illustrated a lens assembly **66** comprising an optic section **68** and a frame section consisting of haptics **70** and **72**. As illustrated, the haptics are permanently joined to the optic section at points **74** and **76**. As in the other embodiments, the haptics are made of biologically inert materials which exhibit a degree of resiliency and are so constructed and arranged so that the overall diameter of the lens assembly **66** closely approximates the diameter of the anterior chamber of the eye. The stability of lens assembly **66** is maintained by the fact that haptics **70** and **72** provide four contact points **78, 80, 82** and **84** at the outermost periphery of the anterior chamber which all preferably lie in substantially the same plane.

It will be readily apparent that the end **86** of optic section **68** opposite to the points **74** and **76** where the haptics are joined to the optic section is unrestrained. Accordingly, in use, the lens assembly **66** of FIG. **5** will be pre-placed in precisely the same fashion described with respect to the lens assembly **44** of FIGS. **3** and **4**, except that all of the haptics will be pre-placed in their final positions before the cataract is removed. The unrestrained end **86** of optic section **68**, the junction points **74** and **76**, which preferably are located within less than 180° from each other and the periphery of the optic section, either alone or acting together with legs **88** and **90**, respectively, of haptics **70** and **72**, will function like a live hinge having elastic memory. Thus, during surgery, the optic section will readily move out of the surgical field, e.g., to a position similar to optic section **48** in FIG. **4**, in response to any force applied on or near its free end **86** by the surgeon-surgical instruments or by contact with the natural lens as it is being extracted, but it will automatically return to its pre-positioned location as a replacement lens as a result of elastic memory when the force applied is released.

It will be understood by those skilled in the art that the mechanical arrangement for achieving a live hinge shown in FIG. **5** is illustrative only, and that a wide variety of arrangements which are functionally equivalent thereto will be readily apparent.

It will also be apparent that care must be taken to avoid damaging the inner surface of the cornea or endothelium **92** as a result of contact with the optic section of the lens during the surgery. Accordingly, the preferred embodiment of the invention contemplates the use of a coating on either the endothelium, the optic section or both to reduce friction and the possibility of injury. In one contemplated embodiment, a hydrophilic polymer coating, e.g., a hydroxethyl methacrylate coating, is grafted or otherwise applied to the lens and other optic section surfaces for that purpose. Other temporary or permanent liquid or solid coatings having the appropriate physical properties could also be employed.

What is claimed is:

1. A method of implanting an intraocular lens which comprises, making a surgical incision in the eye, inserting at least a portion of an intraocular lens assembly in the anterior chamber of the eye, pre-positioning at least one haptic associated with said lens assembly so that it is located at substantially the final position in said anterior chamber which it will occupy when the optic section of said lens assembly is in a position to function as a replacement for a surgically removed natural lens of the eye or portion thereof, and thereafter surgically removing at least a portion of said natural lens.

2. The method of claim **1**, wherein the entire intraocular lens assembly is inserted in said anterior chamber prior to said surgical removal step.

3. The method of claim **1**, wherein all of the haptics associated with said lens assembly are pre-positioned at substantially said final position in said anterior chamber.

4. The method of claim **1**, wherein said lens assembly comprises a frame section and a separate optic section, said frame section and the haptics associated therewith