Background: Intractable diplopia that is refractory to medical, surgical and optical treatment approaches is particularly disabling for patients. Often permanent occlusion is required to restore visual function. Permanent occlusive strategies include the insertion of a permanent opaque intraocular lens (IOL). The worry that important clinical signs can be missed due to the inability to clinically examine the eye and visualise the posterior pole has led to the reluctance of ophthalmologists to offer occlusive IOLs to patients. Case: We present a case of a 37 year old female with a six month history of new onset diplopia, oscillopsia, drooping eyelids and headaches. Further history revealed long standing nystagmus, left-sided amblyopia and previous left divergent squint surgery. On examination she was found to have left sided Dissociated Vertical Deviation (DVD), bilateral central rotatory nystagmus and bilateral brow ptosis. Investigations including blood tests and a MRI scan of her brain and orbits were normal. Fresnel prisms, frosted spectacles and occlusive contact lenses were attempted but unsuccessful. Five years on, she remained symptomatic. Implantation of an occlusive IOL was performed to her left eye with a high level of postoperative satisfaction. Discussion: The use of occlusive IOLs is a valuable option in the management of intractable diplopia. New imaging devices such as scanning laser ophthalmoscopy/optical coherence tomography (SLO/OCT) have been shown to acquire high quality images of the posterior pole through occlusive lenses. This may fundamentally change the view on occlusive IOLs as a treatment modality.