SURGICAL CORRECTION OF ASTIGMATISMUS BY SENIOR FLYING STAFF CLINICAL OUTCOMES AFTER IMPLANTATION OF MONOFOCAL TORIC IOL

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NIGHT vision MONO-focal v.s. MULTI-focal IOLs



NIGHT vision Astigmatismus



What is astigmatism?

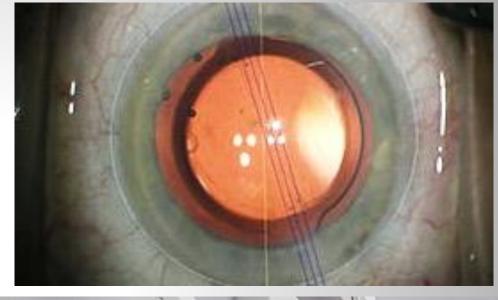
- 15% to 29% of patients with cataract have more than 1.5 dioptres of refractive astigmatism
- prevalence of astigmatism increases with age
- strongly affects visual acuity
- Intraocular toric lenses were first introduced in 1992

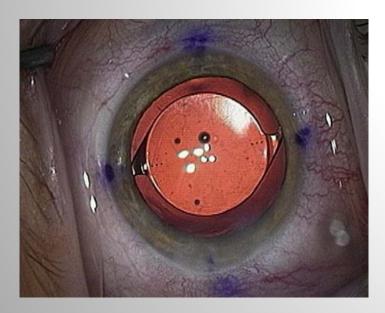
+3.00 0°	Relationship between UCDVA and astigmatism at the eye						
	UCDVA	1.0	0.8	0.5	0.25	0.16	0.08
	Astigmatism	±0D	±0.5D	±1.0D	±2.0D	±3.0D	±4.0D
	///			Sources: Viestenz et al (2007); Hoffer (1980) et al (2001)			
Pablo Artal's blog (http://pabloartal.blogspot.com	Ametropia in Dioptres					MED	ONTUR Premium class

Manual mark v.s. Calisto navigation ZEISS system









Cyclotorsion -

- 6D movement
- Purkynje

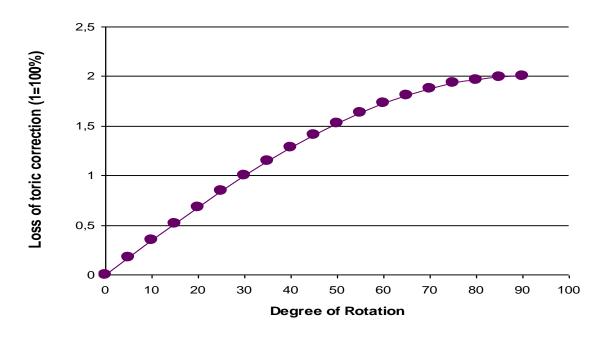


Rotation Stability – KEY FACTOR

one degree off-axis rotation

- •= 3.3% of the lens astigmatic power is lost
- •A deviation of **10 degrees** minimizes the potential correction by **33** %
- •at **30 degrees** of rotation the cylindrical power is **ZERO**
- •One mm circumference at the limbus equates to 10°

Association of rotation of toric IOL and the loss of the cylindric correction (1=100%)



Study:

- prospective, interventional case series study
- 20 cases >> 10 cataract patients
- Follow-up: 3 months (Day1, Day7, Month 1,2,3)

Purpose: to evaluate clinical outcomes, rotational and refractive stability after the implantation of monofocal toric IOL: Bi-Flex 677TAY (Medicontur).

Medicontur Bi-Flex 677TAY toric lenses

- Single piece, hydrophilic
- Toric posterior optic
- Double loop haptic
- Convex-concave technology
 - Widest cylindrical choice up to 27 cyl

Medicontur provides a user-friendly online calculator for choosing the optimal toric lens supported with

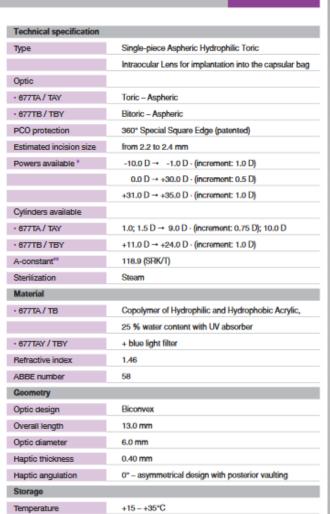
ABULAFIA – KOCH regression formula













Humidity

FLEXT 677TA/TB · 677TAY/TBY

15% - 50%

5 years (from sterifization)

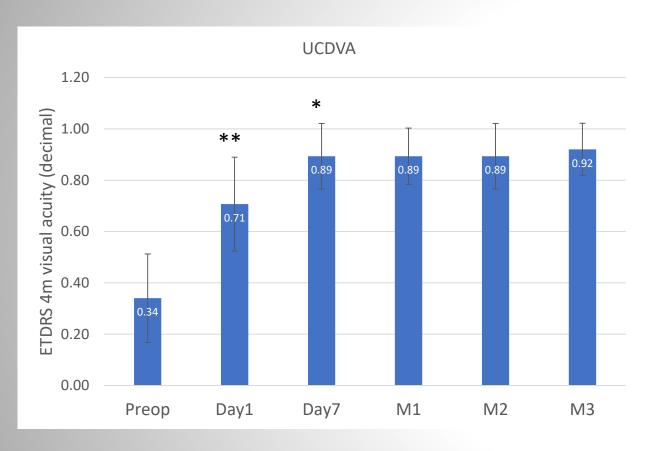
1228 Plan-les-Oueres Geneva / Switzerland

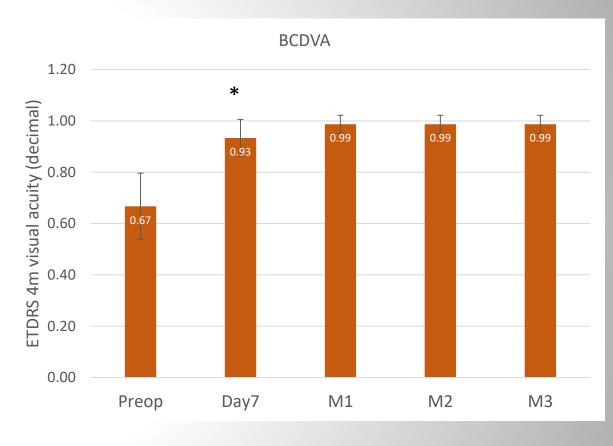
Patient characteristic and preoperative data

	Mean ± SD	Min	Max
Age (years)	66.8 ± 5.5	58	70
UCDVA (decimal)	0.34 ± 0.17	0.1	0.6
BCDVA (decimal)	0.66 ± 0.13	0.4	0.8
Mean refractive spherical equivalent(D)#	1.46 ± 1.38 (abs. value)	-5.75	1.875
Refractive astigmatism (D)#	-1.76 ± 1.47	-4.5	-0.25
Topographic astigmatism (D)	-1.71 ± 1.85	-4.71	2.3
SEQ of implanted IOL (D)	21.06 ± 2.61	16	25
Cyl of the implanted IOL (D)	2.01 ± 1.11	1	3.75

obtained by subjective refraction

Visual outcome - Non-corrected and corrected monocular far visual acuity



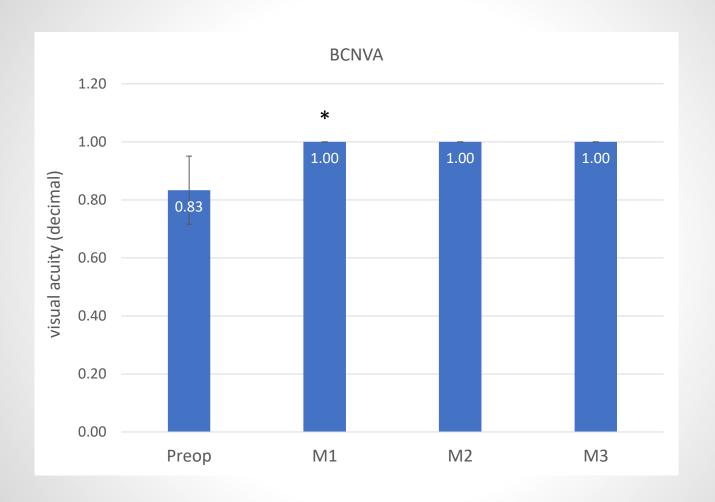


* p<0.001 preop vs. Day7 (paired Student's t test)

^{**} p<0.0001 preop vs. Day1 (paired Student's t test)

^{*} p<0.001 preop vs. Day7 (paired Student's t test)

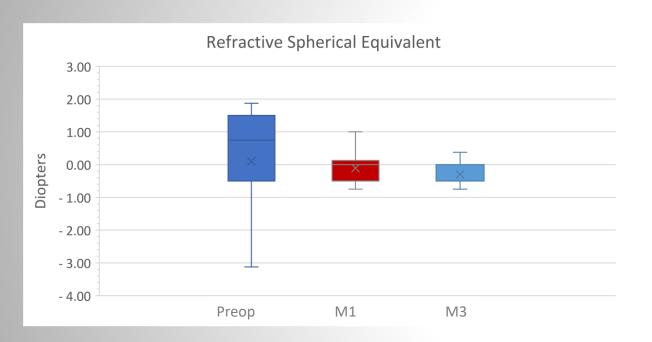
Visual outcome - corrected monocular near visual acuity

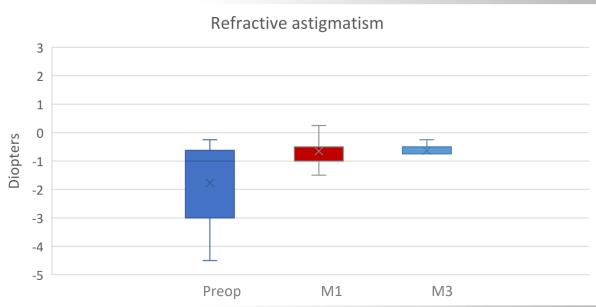


^{*} p<0.001 preop vs. M1 (paired Student's t-test)

† All data are presented as mean ± SD

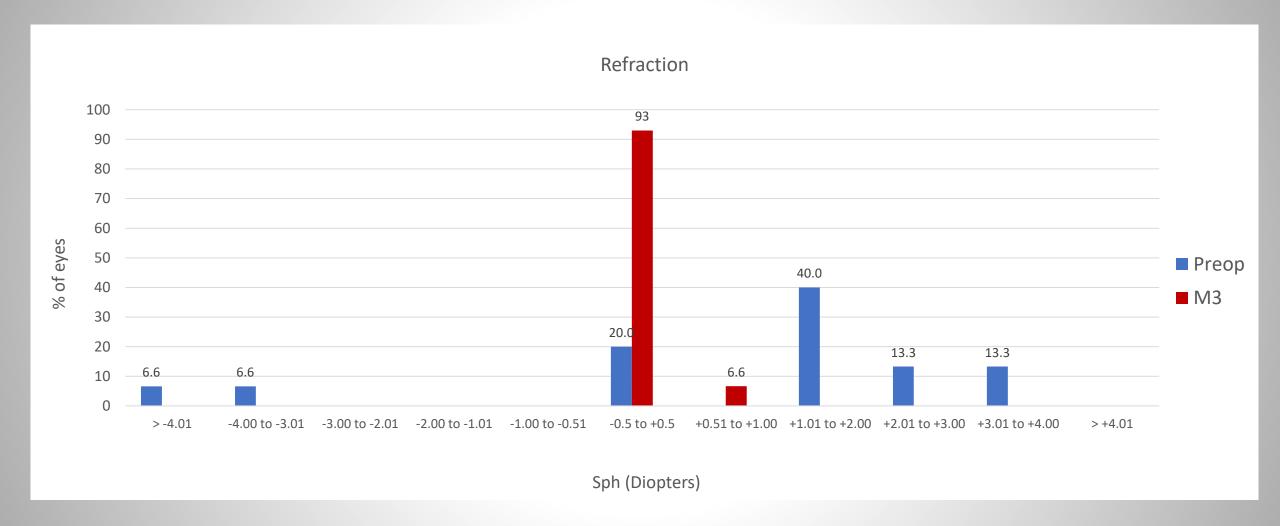
Stability of the spherical equivalent and refractive astigmatism in the follow-up period after implantation of toric IOL



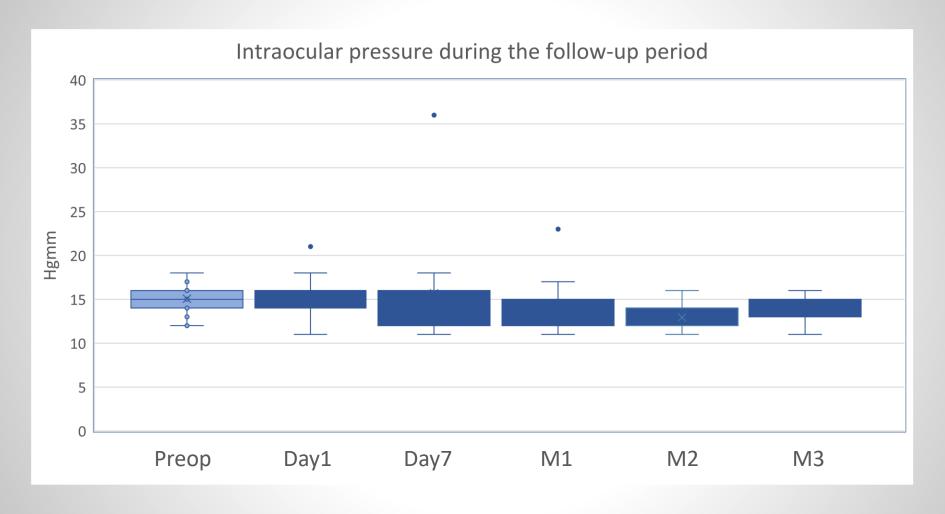


† All data are presented as mean ± SD

Preoperative and postoperative refraction

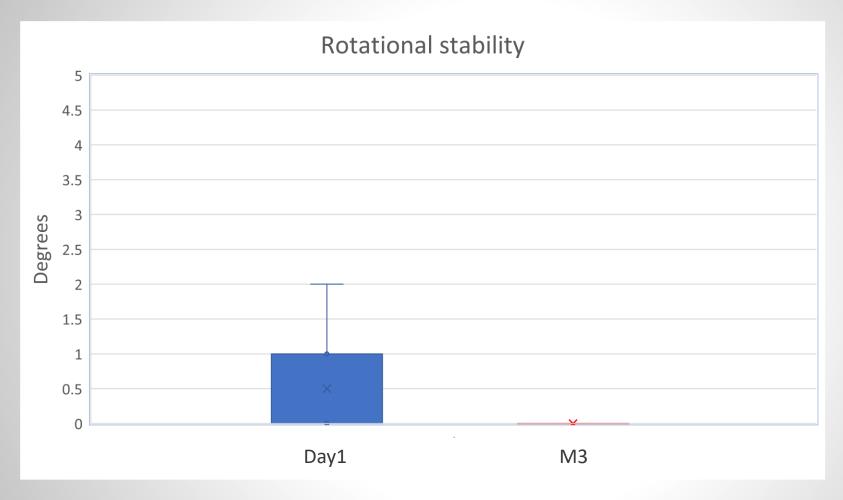


Intraocular pressure



† All data are presented as mean ± SD

Rotational stability



Lens rotation: intraop vs. Day1 and Day1 vs. M3

† All data are presented as mean ± SD

Conclusions

- The implanted toric IOLs provides safe and effective correction
 of pre-existing regular corneal astigmatism in patients after cataract surgery
- This method is good enough to restore excelent vision and brings glasses independecy for distance
- Medicontur Bi-Flex 677TAY lenses exhibit excellent refractive precision and refractive & rotational stability

