

## Q Value .. Aspheric Ablation

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## The mistery ..... Aspheric Cornea

- Steep center and flattens toward the periphery = "Prolate"
- Prolate cornea, central light rays focus anterior to the peripheral rays =
"-ve spherical aberration."
- Oblate cornea, central light rays are focused behind the peripheral rays =
"+ve spherical aberration"

Prolate ... To focus each light ray


## Q Value : Asphericity ratio

- Amount cornea peripherally flattened from apex
- Normal aspheric cornea has a Q factor between $-0.20 \&-0.45$
- Q of zero $=$ a completely spherical cornea
- $\mathrm{Q}>$ zero corresponds to an oblate cornea $=$ induces positive spherical aberration.
- The more Prolate = more negative spherical aberration.


## Wavefront Distortion



- irregular surface
- wide angle Kappa
- Inadequate Pupil size


## Shack-Hartmann ..

## Post. Corneal mapping ... !!!!


Capture
Charge-Coupled
Device Camera
(CCD)

> Ocular distortion of wavefront

## In spite of all the technology <br> Disastrous



## Are we "correctly centring"

Corneal Apex ( Vertex )

- Visual axis
- Pupil centration

Angle Kappa

## Consider Pupil size

$-6.5-1.75 \times 10^{0}$ Age 21 ys

$-6.25-2.25 \times 170^{\circ}$ A.C depth: 2.6
пипй


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## Because she has ... !!!




## Influence of Pupil Size



Big difference


# OD: $-5.25-1.25 \times 15$ <br> OS: $-5.50-1.50 \times 165$ 



## OD Pro-Scan <br> OS Q Value Orientation



## 

## Postop. PSF Standard



## Postop. PSF Q Value adj










## Q Value

- The cornea has positive SA, approx $+0.27 \mu \mathrm{~m}$ for a 6 mm diameter

