



EXTREME POST-SURGICAL ASTIGMATISM Surgical aproach

Dr. Alfonso Arias Puente, MD, PhD, FEBOPhtth

NO FINANTIAL INTEREST



Extreme post-surgical astigmatism

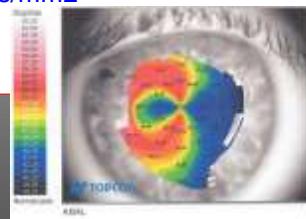
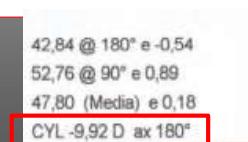
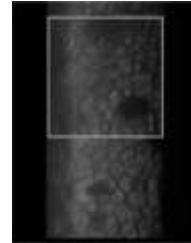
- Male 42 years old
- Bilateral keratoconus ----- bilateral keratoplasty
- Decrease of Visual acuity during the last year
- Uncomfortable quality of vision wearing glasses



Extreme post-surgical astigmatism

Clinical exam

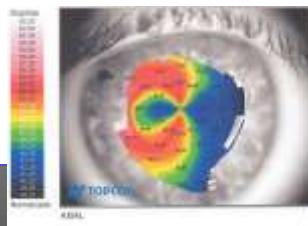
- BCVA:
RE. = 0,3 (-6.00 sph -8.50 cyl 170°)
LE = 0,6 (-6.75 sph -2.50 cyl 150°)
- Corneal topography: Irregular astigmatism
- Central corneal thickness: 600 / 610 µm
- Endothelial cell count:
R.E. 707 cels/mm²
L.E. 1082 cels/mm²



Extreme post-surgical astigmatism

SURGICAL OPTIONS

- 1º.- Corneal refractive surgery with excimer laser?
- 2º.- Toric ICL / IOL ?
- 3º.- Relaxing Corneal Incisions?



Extreme post-surgical astigmatism

FEMTOARCUATE CORNEAL INCISIONS (Victus Femtosecond Laser Nomogram)

Nomogram for AK without previous PKP

Astigmatism (D)*	Cut Diameter (mm)	Cut depth	Angle
1.50 to 2.50	7.25	90%	60°
2.75 to 3.75	7.00	90%	70°
4.00 to 5.00	7.00	90%	80°
5.25 to 6.25	6.75	90%	80°
6.50 to 7.50	6.75	90%	90°
7.75 to 8.75	6.50	90%	90°

per year of age under 30 increase by 0.05D

per year of age over 30 decrease by 0.05D

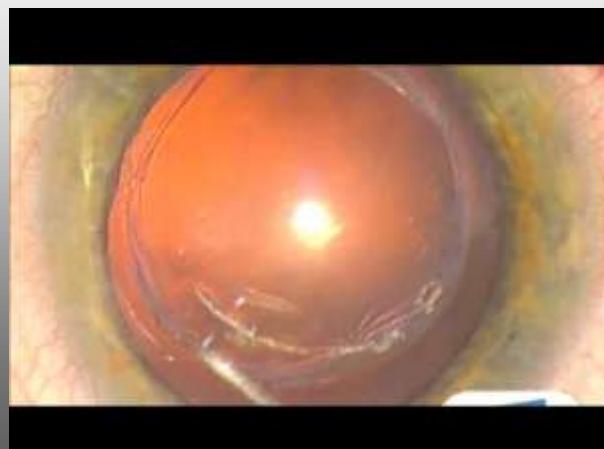
per year of age over 50 decrease by 0.025D (additional to 1.00D for the years 30 to 50)



Extreme post-surgical astigmatism

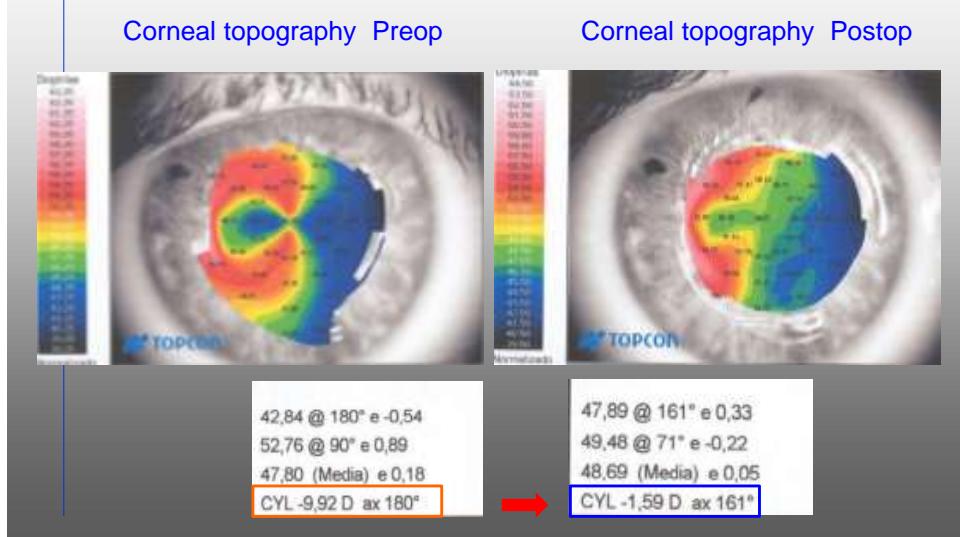
Surgical technique

Cut depth 90% , Cut angle 90°, Cut diameter 7.0 mm



Extreme post-surgical astigmatism

Postop result



Extreme post-surgical astigmatism

Postop refraction

RE. = 0,3 (-6.00 sph -8.50 cyl 170°)

LE. = 0,6 (-6.75 sph -2.50 cyl 150°)

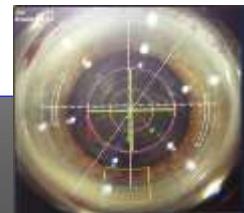
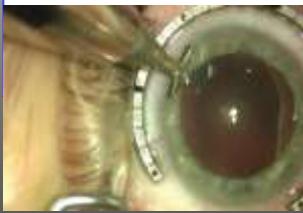
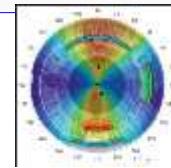


RE. = 0,5 (-12.00 sph -0.50 cyl 140°)

LE. = 0,6 (-8.00 sph -2.50 cyl 170°)

Relaxing corneal incision

- Troutman & Swinger (1980)
- Current surgical technique to reduce postop astigmatism following keratoplasty
- Effectiveness is different in case of keratoplasty when arcuate incision affect the limit of the donor corneal tissue
- FEMTOARCUATE CORNEAL INCISION increase the accurate and efficacy of the technique
- Offers the possibility to combine with other surgical options



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GRACIAS

