

# REFRACTIVE ERRORS

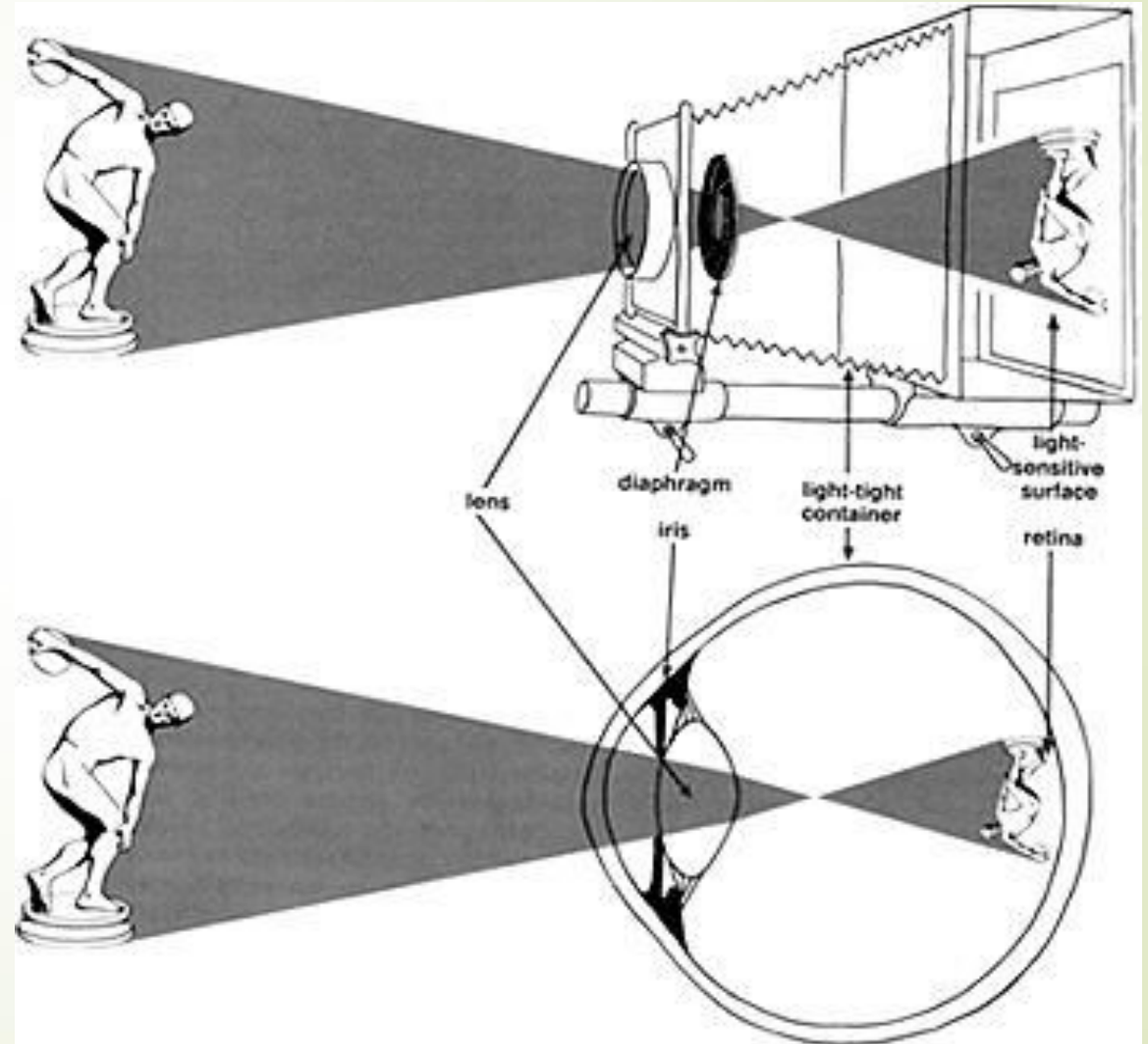
*Dr. samina*  
*Assistant Professor*  
*MTI-KGMC/HMC*

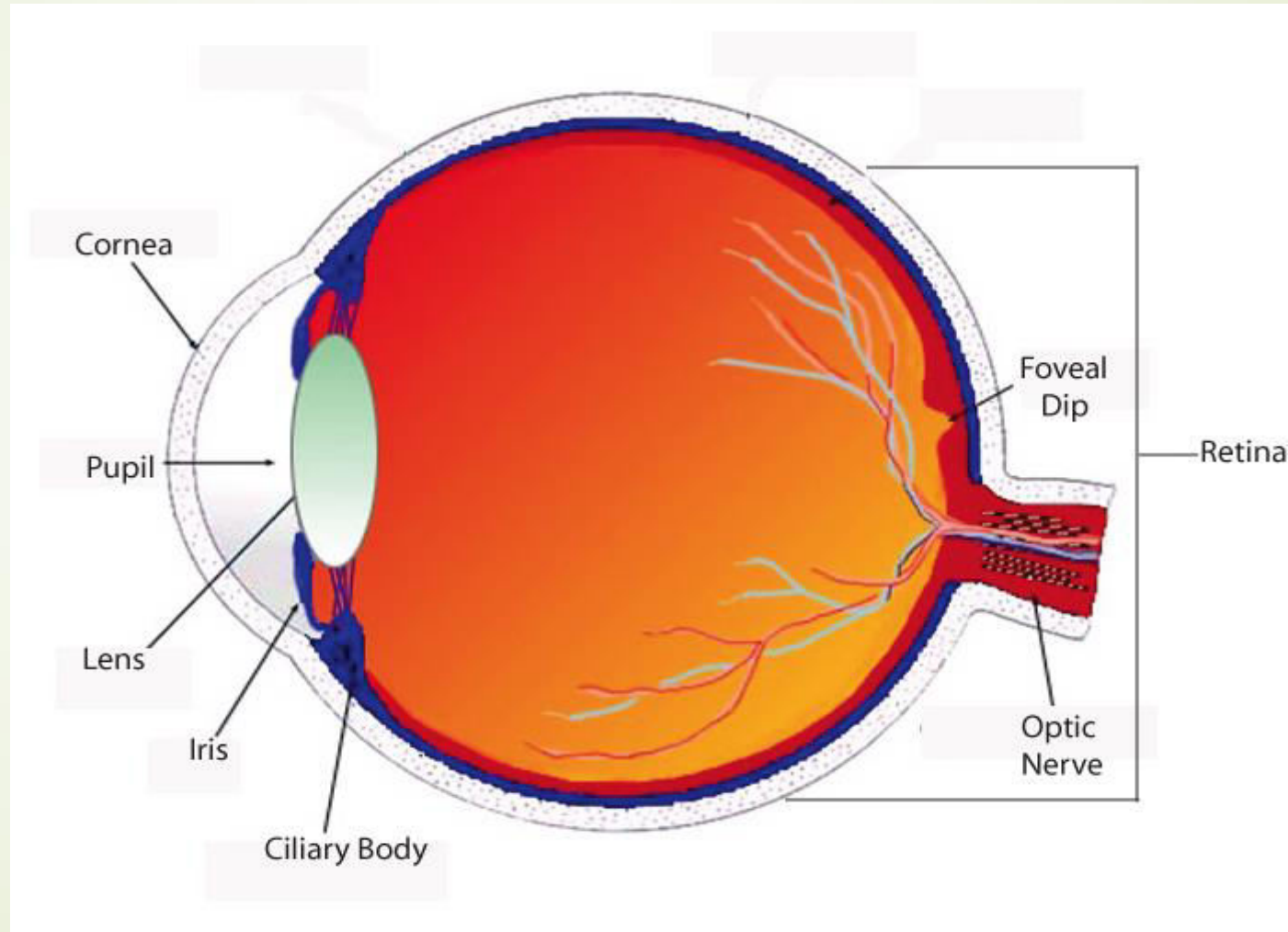


# Objectives:

- Define and enumerate treatment options of
  - Emmetropia
  - Myopia
  - Hypermetropia
  - Astigmatism
  - Presbyopia

- **Eyelids**- shutter
- **Cornea**- focusing system
- **Lens**- focusing system
- **Iris**- diaphragm
- **Choroid**- dark chamber
- **Retina**-light sensitive film

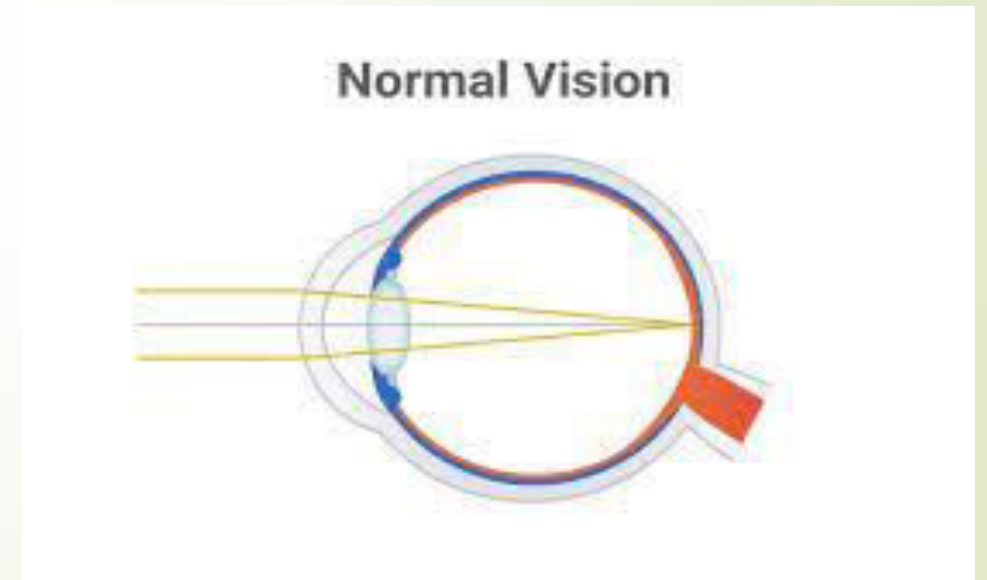




- 
- 
- ▶ Emmetropia
  - ▶ Ametropia
    - ▶ Myopia
    - ▶ Hypermetropia
    - ▶ Astigmatism
    - ▶ Presbyopia

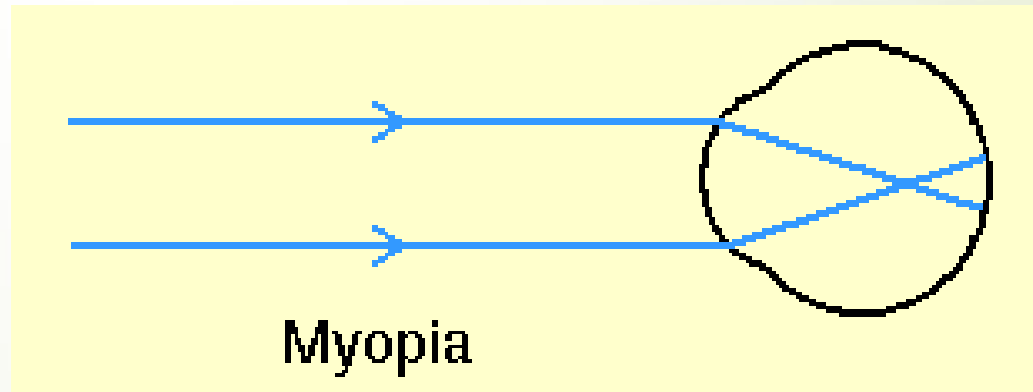
# Emmetropia

- ▶ Parallel rays of light focus on retina with accommodation at rest



# Myopia

- ▶ A form of refractive error in which parallel rays of light entering the eye are focused in front of retina with accommodation being at rest.

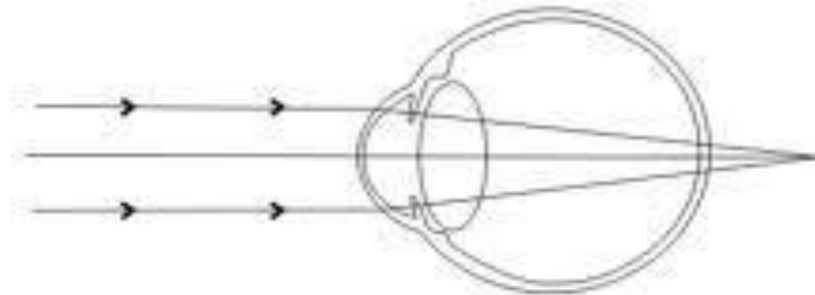






# Hypermetropia

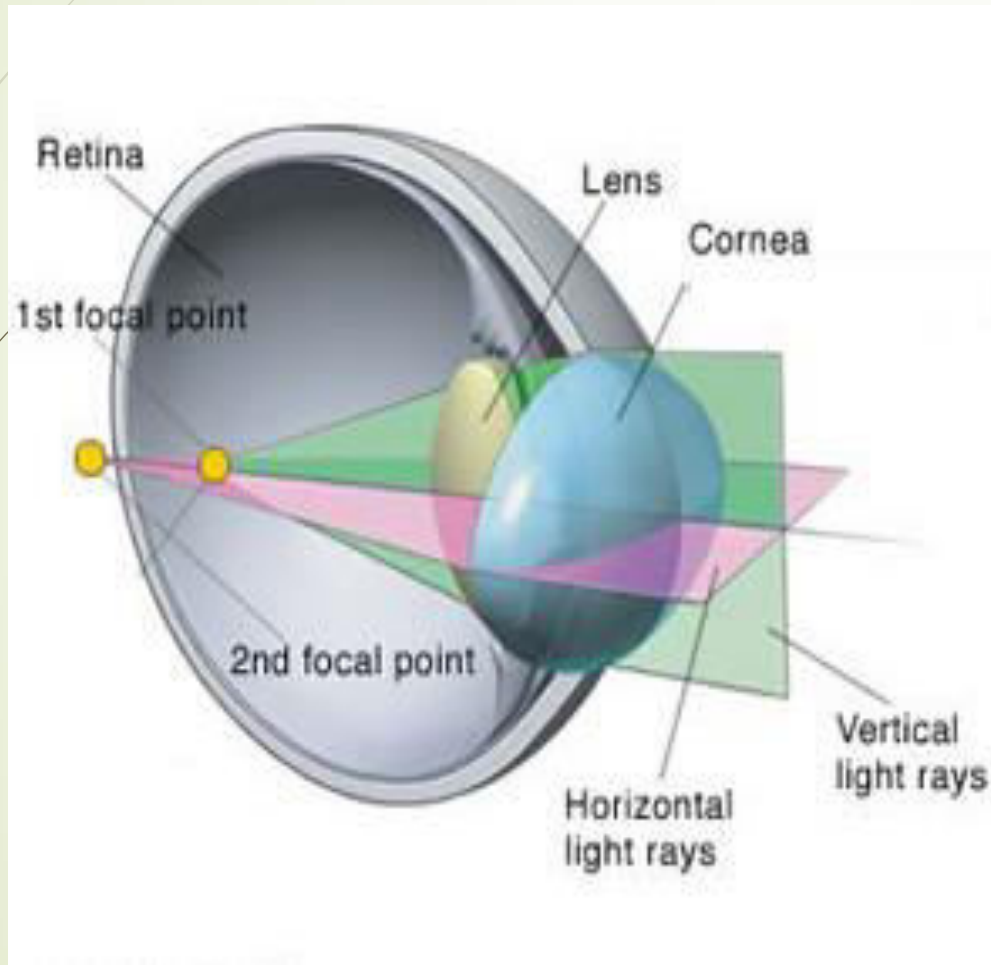
- ▶ Parallel rays of light coming from infinity are focused behind the retina with accommodation at rest



Refraction in a hypermetropic eye.



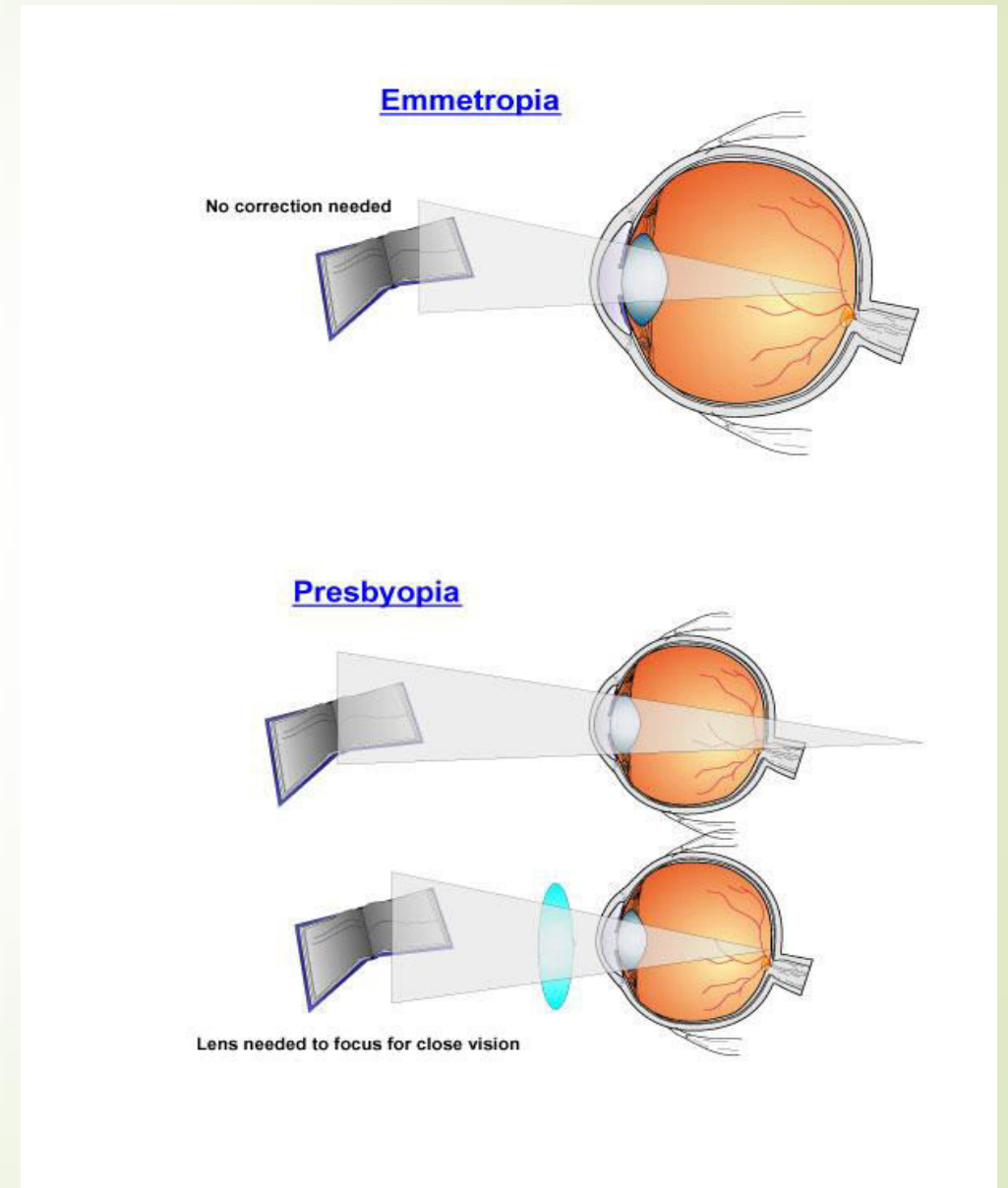
# ASTIGMATISM



- **A-Stigma** = Not a point
- A defect of an optical system causing light rays from a point source to fail to meet in a focal point resulting in a blurred and imperfect image

# PRESBYOPIA

- ➔ The physiologic loss of accommodation in the eyes with advancing age



# Treatment



# GLASSES

➤ *Myopia*

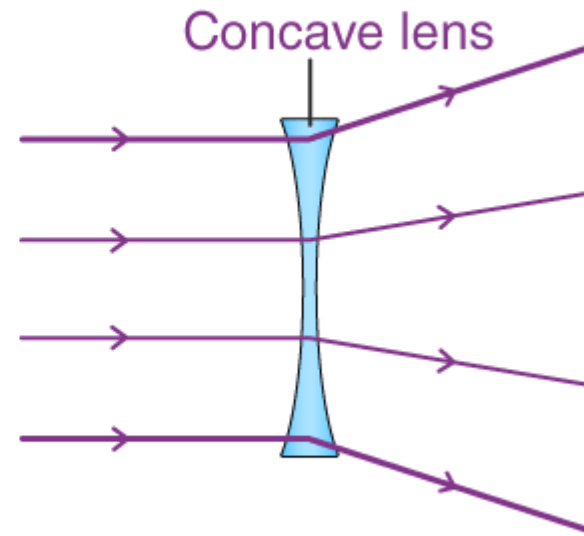
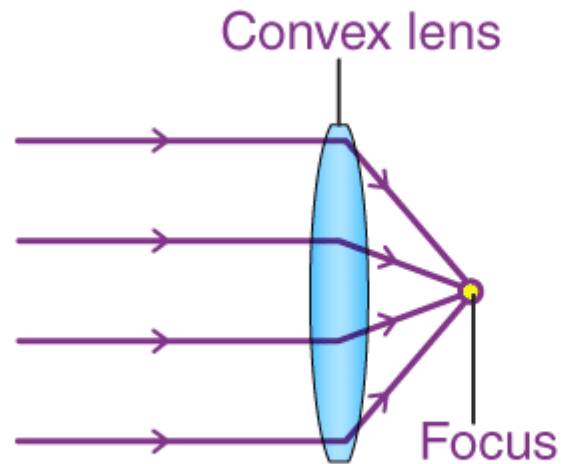
➤ Concave = - ( minus) lenses



# Hypermetropia

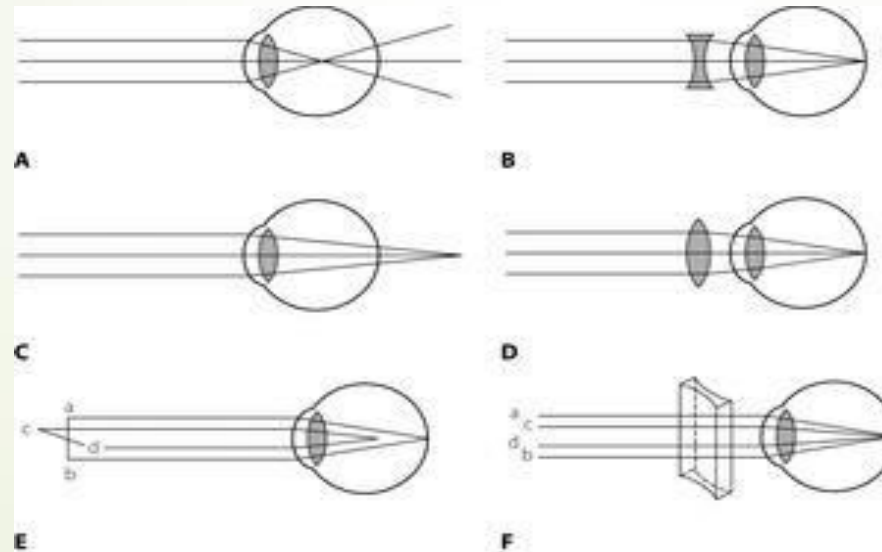
➔ Convex = + (plus)

## CONVEX LENS VS. CONCAVE LENS



# ASTIGMATISM

## ➤ Cylindrical lenses





# Contact lenses





# why opt for refractive surgery

## Previously:

Profession

Sport


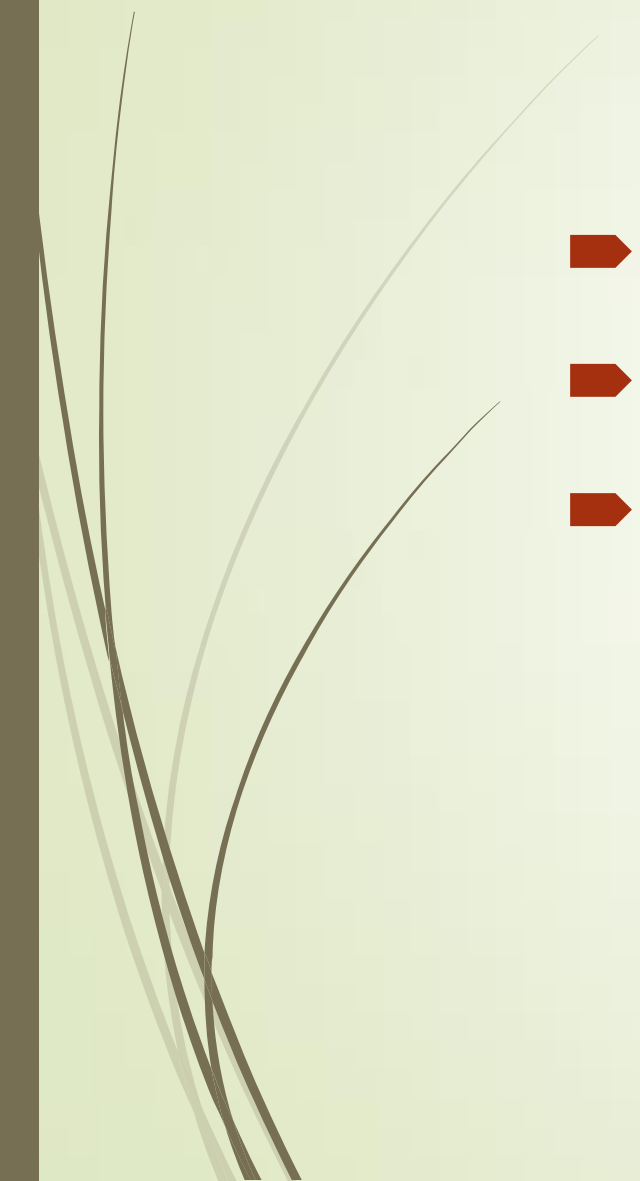
Spec/CL intolerance

## Now:

Cosmesis

Frustration with use of spec

Improved Unaided VA

- 
- 
- Keratorefractive procedures
  - Lens based refractive procedures
  - Combined procedures



- **Incisional**

- Radial keratotomy
- Astigmatic keratotomy
- Limbal relaxing incisions

- **Laser ablation**

- PRK
- LASIK
- SMILE

- **Corneal implants**

- ICL
- Intrastromal corneal ring segments (INTACS)




# Preoperative evaluation

- History Taking
  - Screening
  - Examination and counselling
- 




# Ophthalmic Examination

- VA
  - Refraction
  - Gross External Examination
  - SLE
  - Fundus Examination
  - Jones' Basal tear secretion rate
- 



# Patient selection

- ▶ Age: 18 or more
  - ▶ Stable refraction: at least 6-12 months
  - ▶ Normal eye exam
  - ▶ Normal screening tests
- 



# Systemic contraindications

- DM
- Pregnancy/Lactation
- Autoimmune disorders(RA,SLE,PAN)
- Immunodeficiency
- Abnormal wound healing(Keloid)





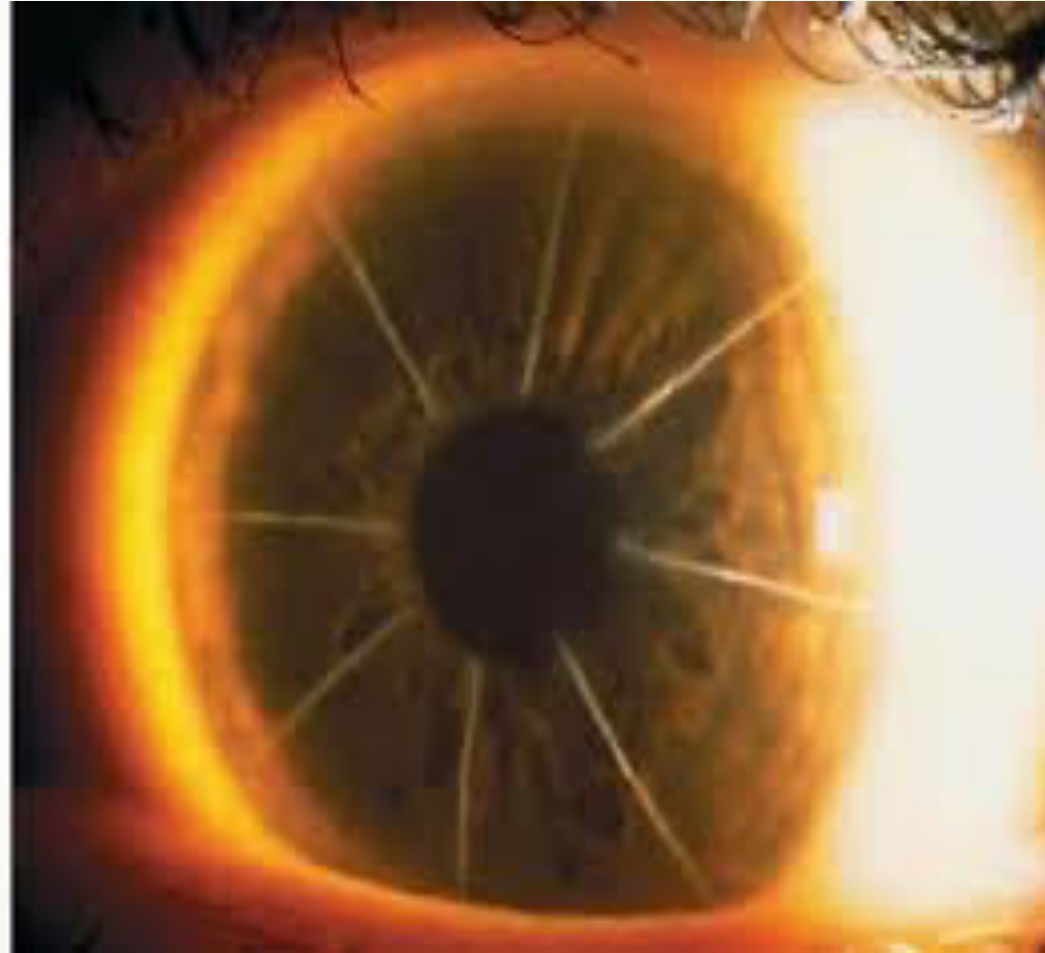
# Ophthalmic Contraindications

- HZO, HSK
- Glaucoma
- Dry eyes
- High irregular astigmatism
- Corneal ectasia i,e KC, PMD
- Uveitis, Progressive retinal degenerations

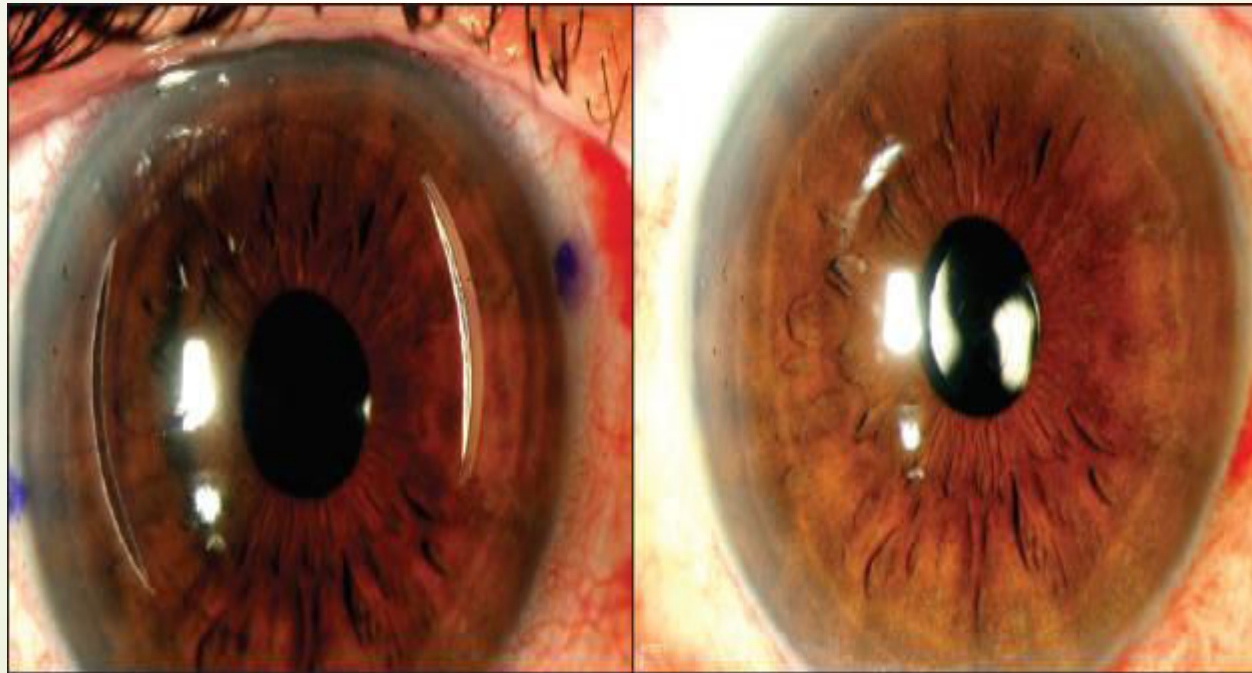
# Radial Keratotomy



- Russian surgeon  
svyatoslav  
Nikolay Fyodrov.  
1970




# Astigmatic Keratotomy





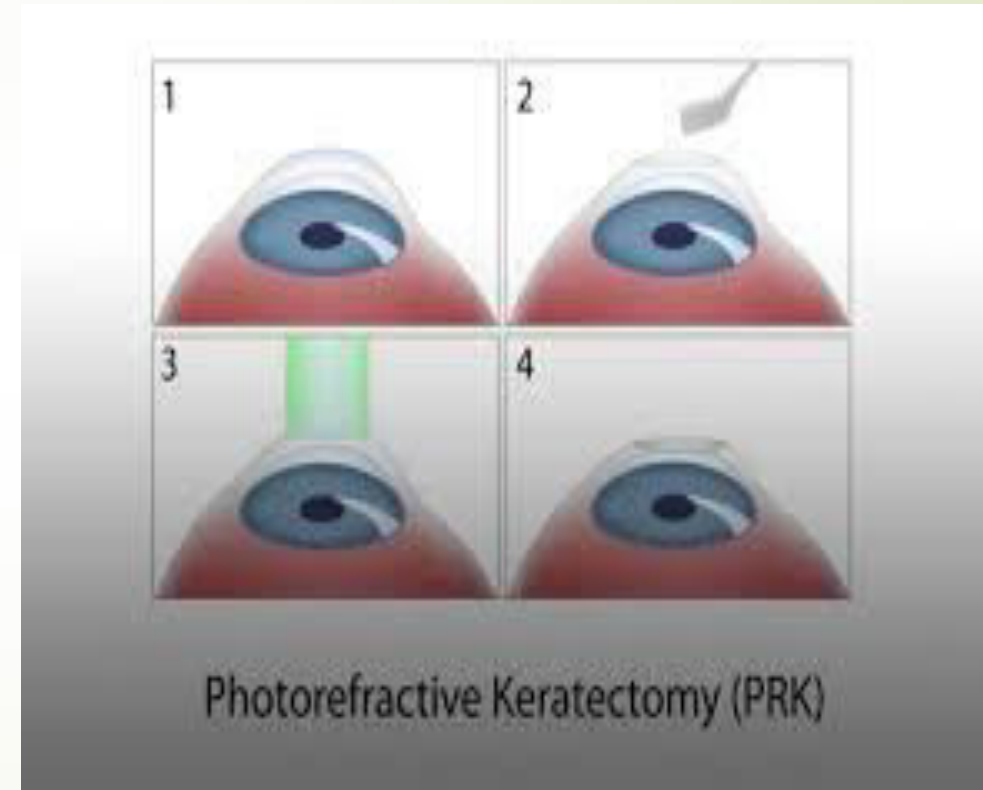
# complications

- 
- Under/overcorrection
  - Instability of correction
  - Astigmatism
  - Perforation
  - Traumatic globe rupture
  - Bacterial keratitis
  - Glare

- 
- 
- Blind eye, partially sighted and fully sighted clinical trials
  - LASIK was developed by Ioannis Pallikaris

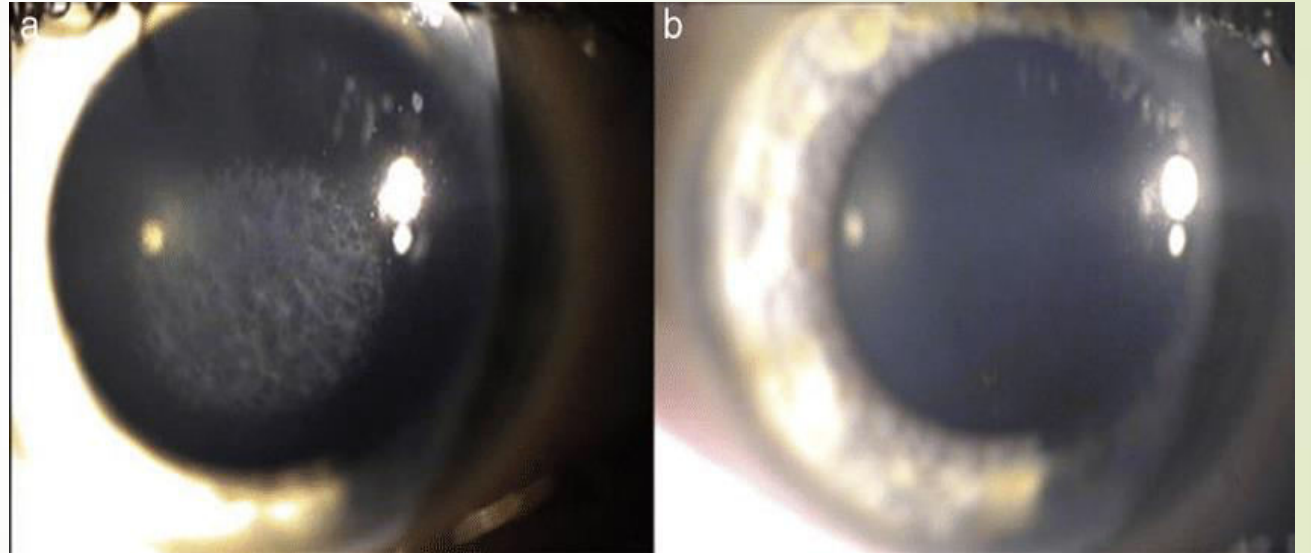
# Photorefractive Keratectomy (PRK)

- Epithelial removal
- Patient fixate on aiming beam
- Photoablation of cornea
- MMC
- BCL



# Complications

- Pain
- Decentration
- Corneal haze
- Keratitis
- Dryness





# LASIK (Laser Assisted In Situ Keratomileusis)





# BASIC LASIK PROCEDURE



Under L/A,  
cornea is  
marked

2



Suction ring  
applied  
(65mmHg)

3



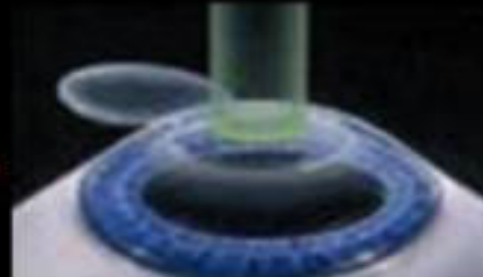
Microkeratome  
cut hinged flap

4



Flap folded to  
expose stromal  
bed

5



Stromal ablated


6



Flap repositioned



# Advantages

- No or minimal pain
  - Early recovery
  - Residual haze is unlikely
  - High degree of correction
  - Less regression
- 

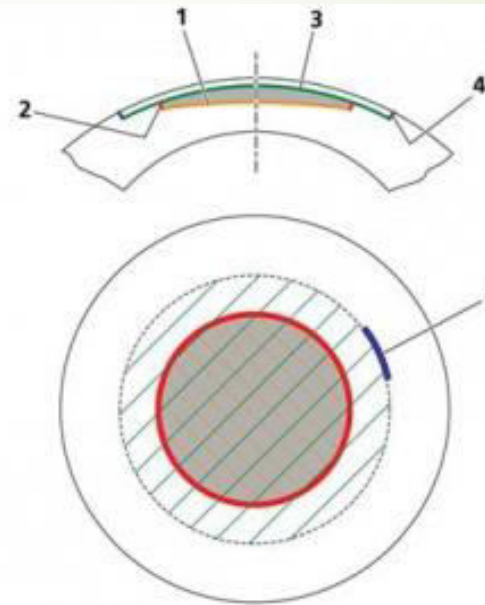


# Disadvantages

- Flap complications
  - Incomplete
  - Thin flap
  - Button hole
  - Free cap
- Army personnel
- Contact sports

# SMILE (Small Incision Lenticule Extraction)

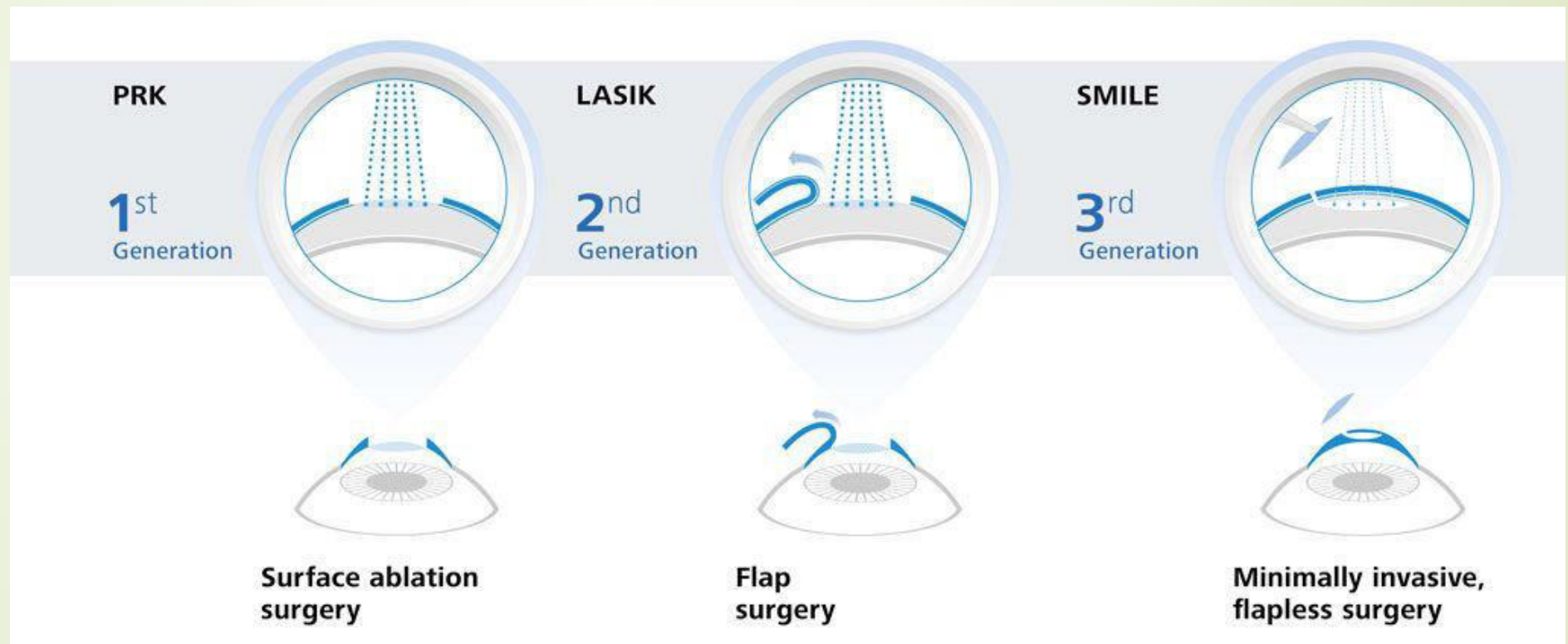
- ▶ Patient raised to contact glass
- ▶ Suction is applied



- 1 Lenticule cut (underside of lenticule)
- 2 Lenticule side cut
- 3 Cap cut (concurrently upper side of lenticule)
- 4 Cap opening incision

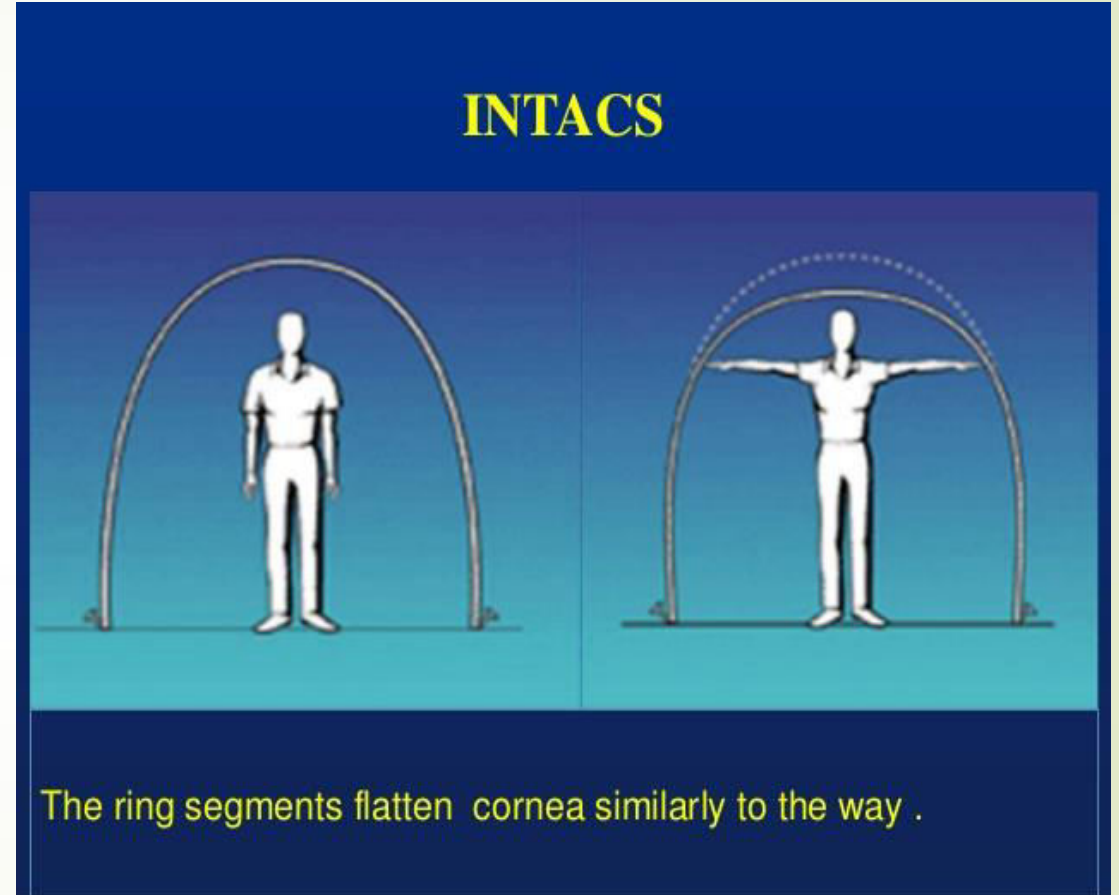
**Fig. 1 Incision geometry of the SMILE Procedure**

Reinstein et al.: Small incision lenticule extraction (SMILE) history, fundamentals of a new refractive surgery technique and clinical outcomes. *Eye and Vision* 2014 1:3. Web 10 Mar. 2015. <http://www.eandv.org/content/pdf/s40662-014-0003-1.pdf>

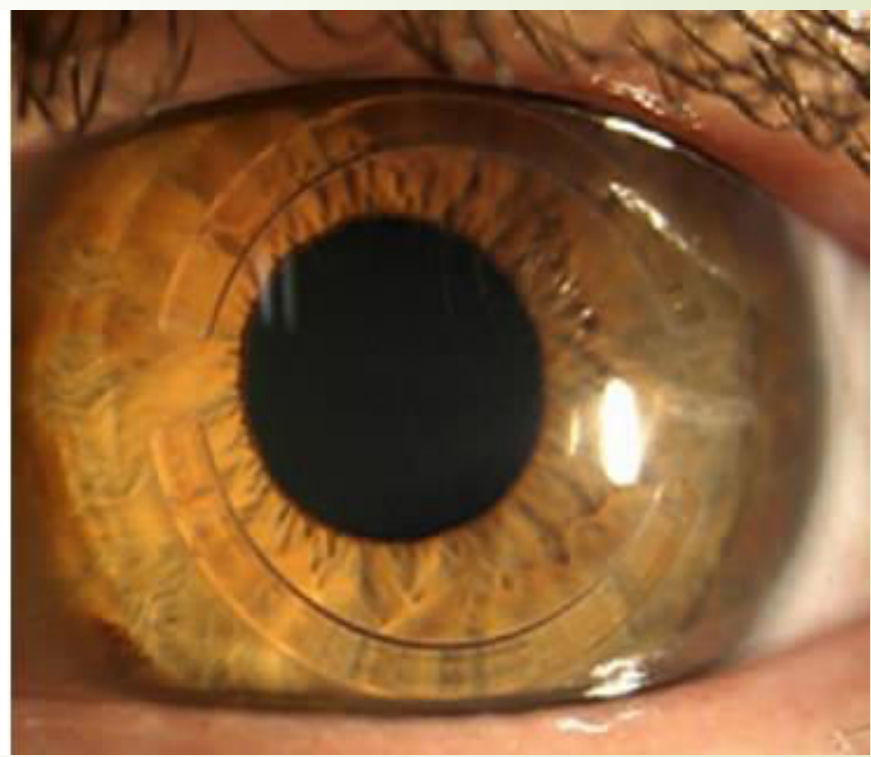
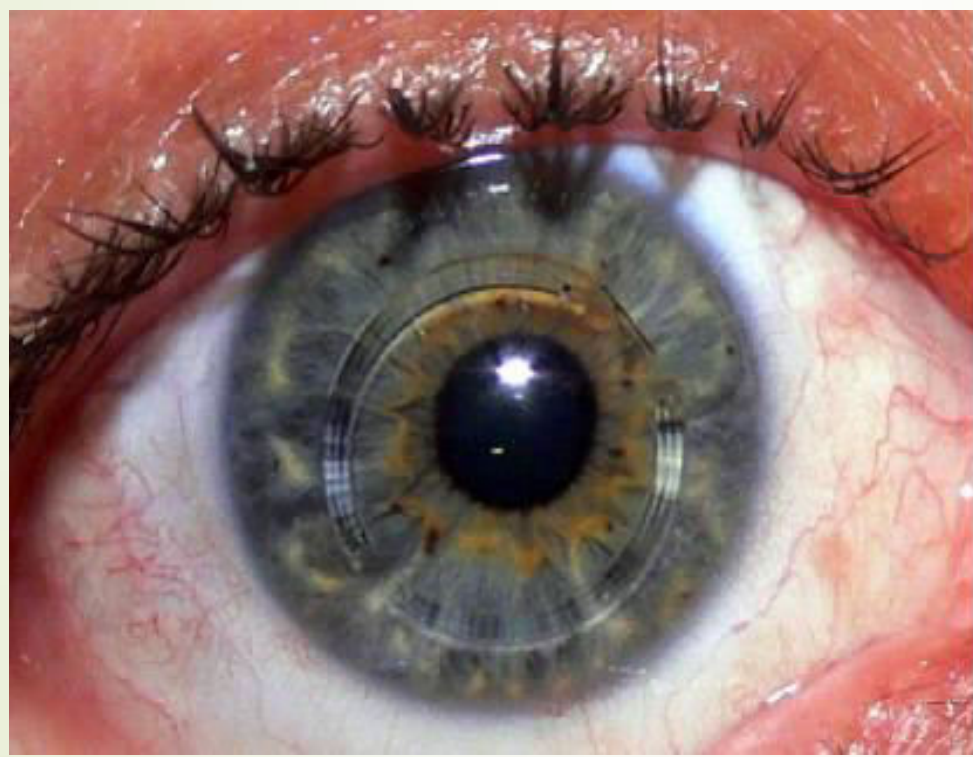
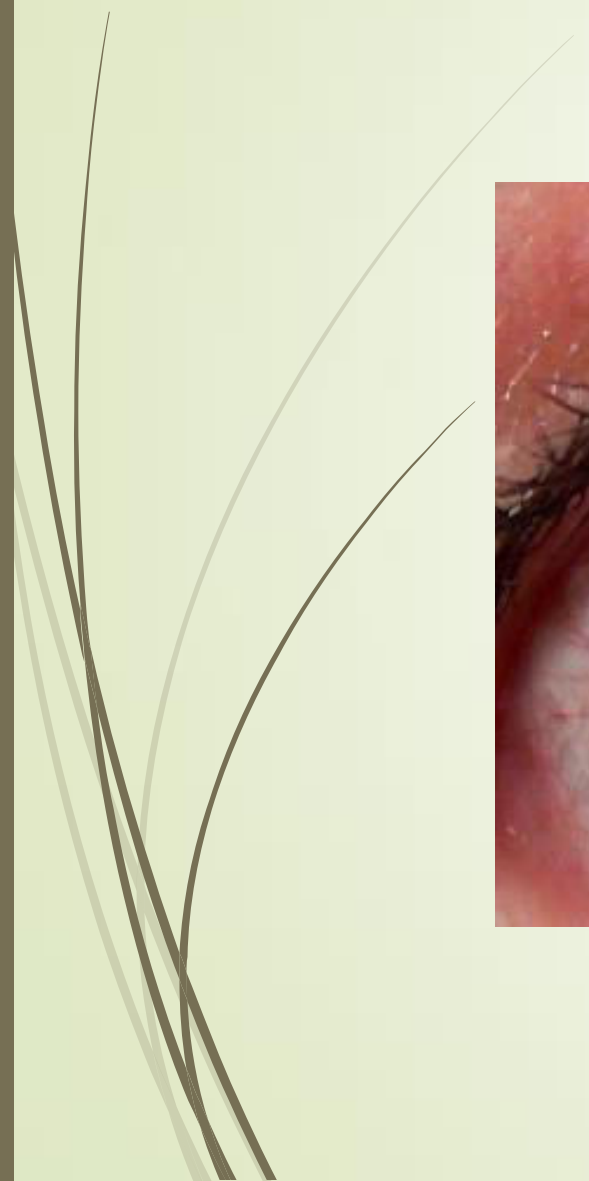


# Intracorneal Ring Segments

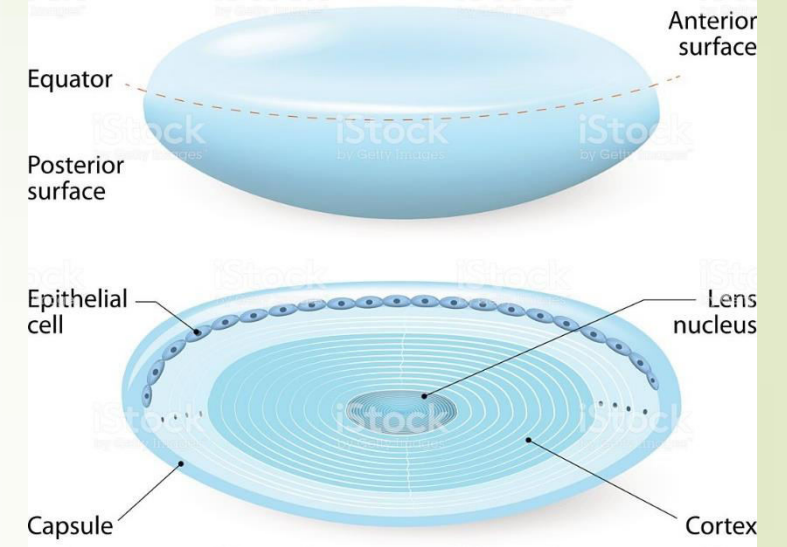
- Intacs
- Keratoconus
- Flatten central cornea







## Crystalline lens



# LENS BASED SURGERY



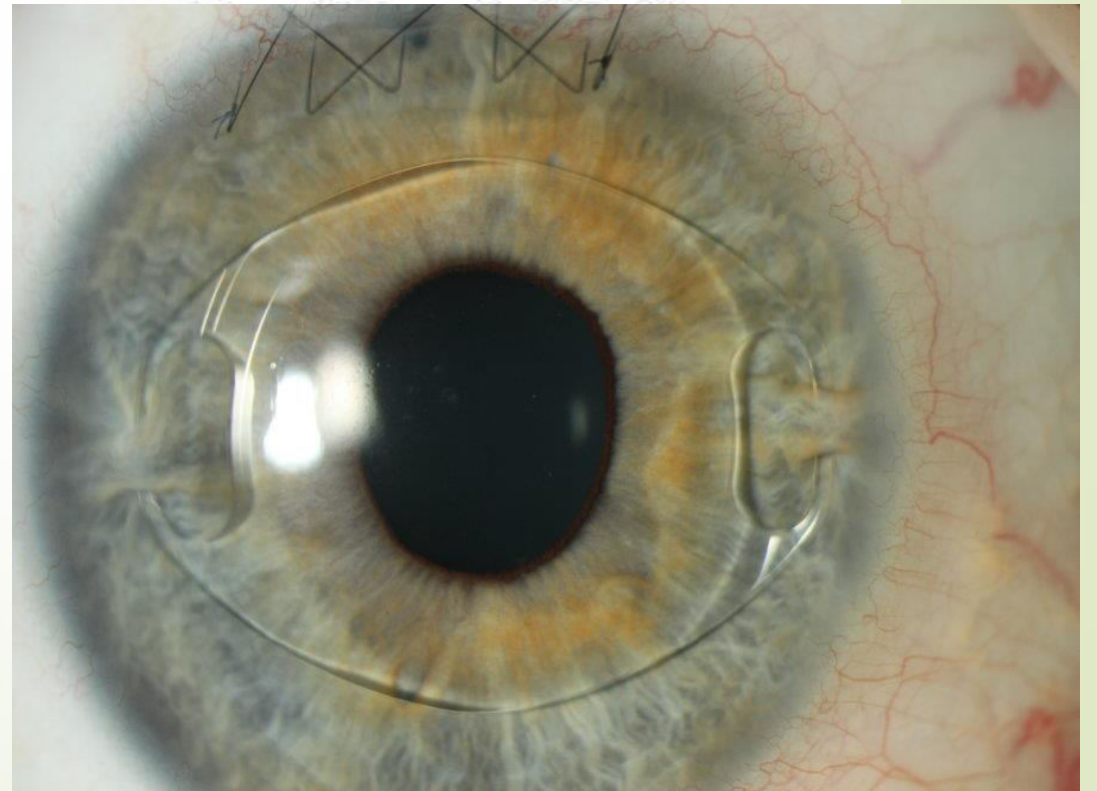
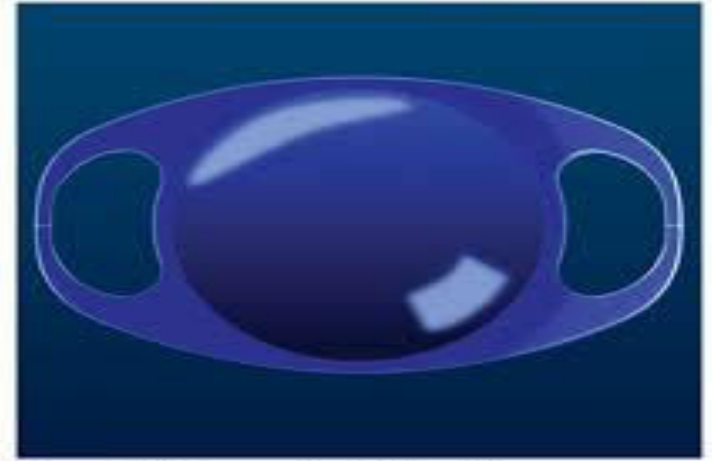


# Phakic IOLs

- 1953 by Dr. Strampelli
  - High refractive error
  - Not suitable for corneal procedures
- 

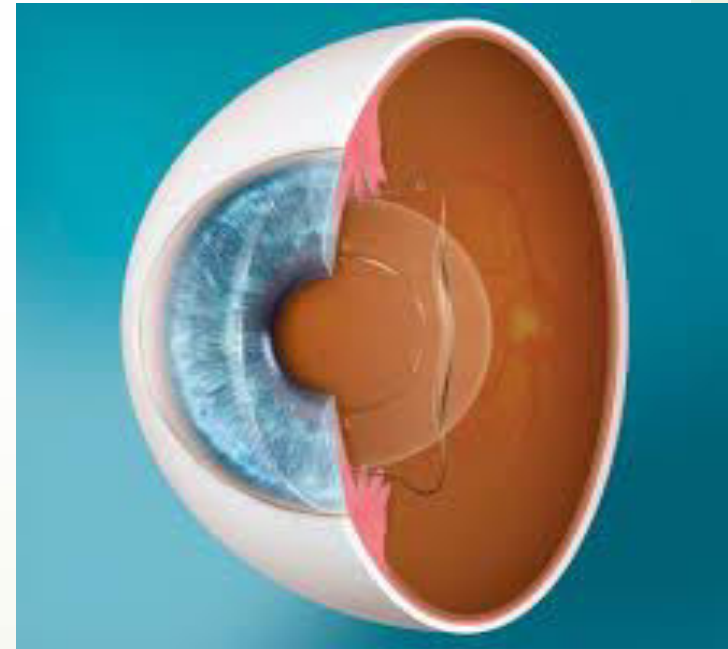
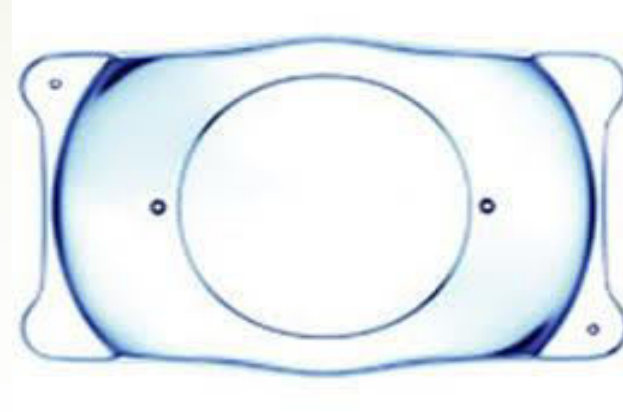
# Artisan

- Iris claw
- AC IOL
- Complications
  - Inflammation
  - Glaucoma
  - Decompensations



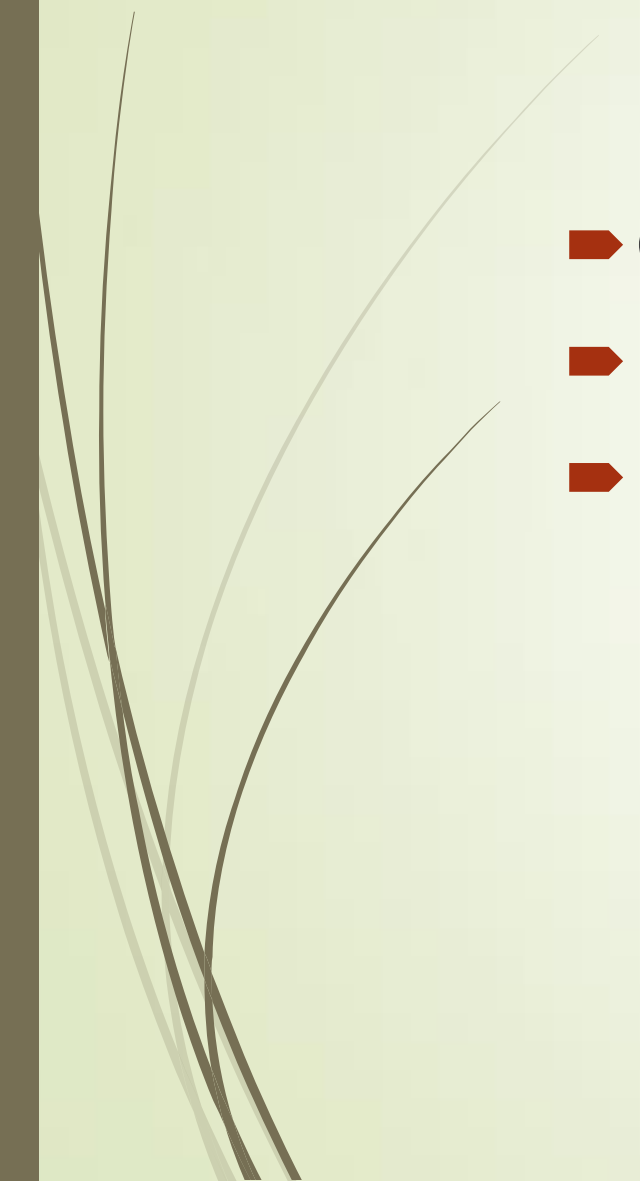
# visian

- ▶ PC pIOL
- ▶ b/w iris and lens
- ▶ Complications
  - ▶ Cataract
  - ▶ Glaucoma
  - ▶ Inflammation





# Refractive Lens Exchange

- Clear lens exchange
  - Presbyopic age
  - High Hypermetrope
- 



**Thank you for your cooperation**