

# Premium IOL Implantation Calculations in Post-LASIK Cataract Eyes Using ASCRS IOL Calculator

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# Financial Disclosures

**Sahiba K. Chailertborisuth and Saneha K. Borisuth have no financial interest in the subject matter of this e-poster.**

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# Introduction

- **In the post-refractive surgery cataract eye, the selection of an intraocular lens with appropriate power for implantation can be inaccurate.**
- **Premium IOL implantation in the post-refractive surgery cataract eye represents a unique subset of patients.**
- **The visual outcome as well as spectacle independence of these patients is highly dependent on the refractive outcome.**
- **The purpose of this study is to evaluate the clinical outcomes of post-LASIK cataract eyes undergoing phacoemulsification with premium IOLs and to assess the accuracy of the ASCRS IOL Calculator for these eyes.**

# Methods

- **Retrospective chart review of 25 eyes of 21 post-LASIK (myopic LASIK n=15 , hyperopic LASIK n=10) patients undergoing diffractive mIOL (n=15) or toric lens (n=10) implantation after routine phacoemulsification.**
- **Diffractive multifocal lenses consisted of ZMB00 (n=11) (AMO, Inc.) or SN6AD1/D3 (n=4) (Alcon Labs) models. Toric lenses consisted of SN6AT3/T4 lens (n=10) (Alcon Labs).**
- **Postoperative refractive data was used to compare back-calculated optimum IOL powers (BCI) to those predicted by using the ASCRS IOL calculator.**

# Methods

- We analyzed the MRSE, UDVA, UNVA, and the rate of excimer laser enhancement to obtain the target postoperative refraction.
- The absolute prediction error (PE) of each formula was calculated by the following:

**PE = [Predicted Lens Power – Optimal Lens Power to achieve desired refraction]**

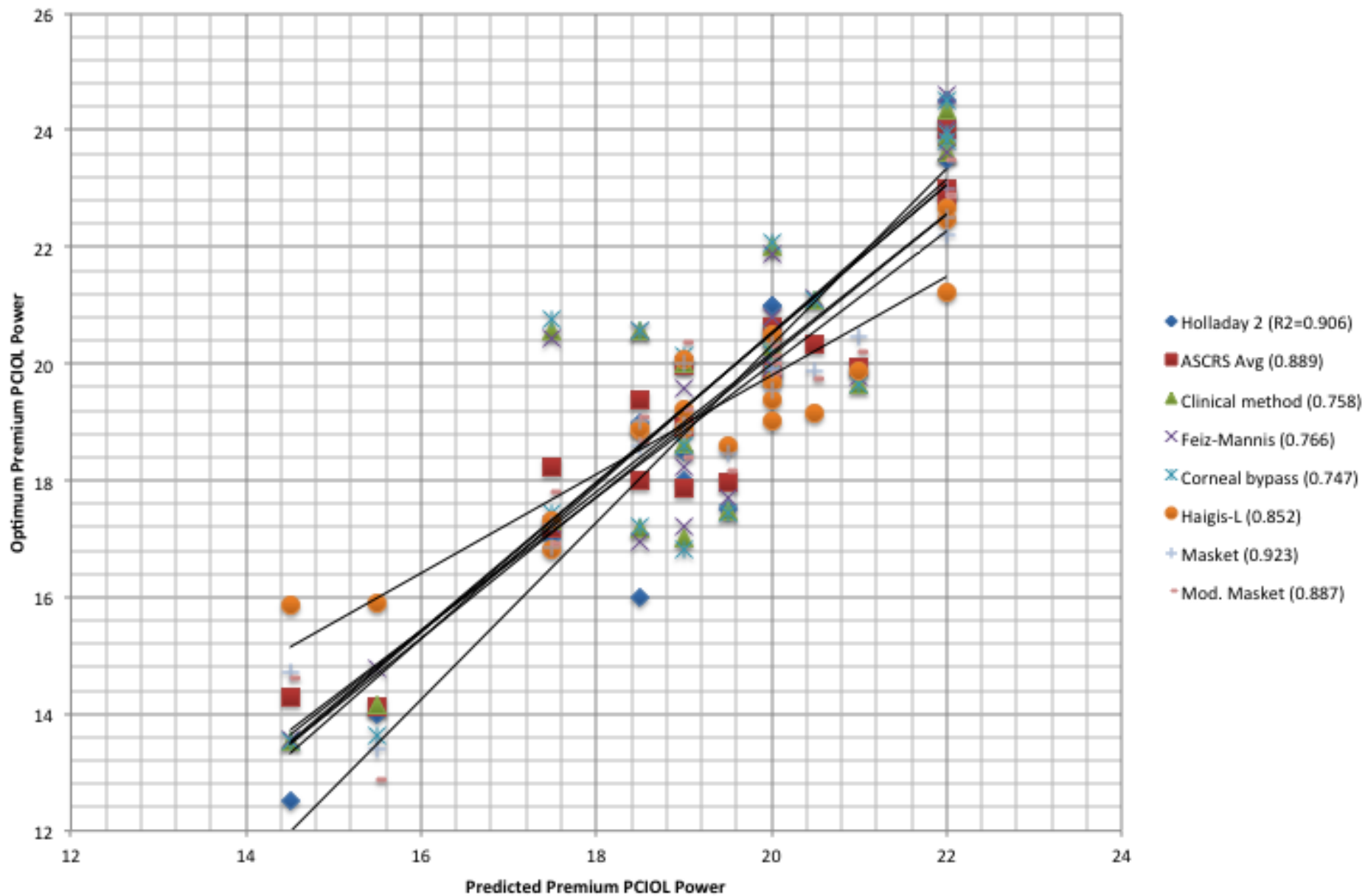
# Baseline Characteristics of Patients:

	No. of Eyes	Mean (SD)
Age	25	62.6 (7.42)
Sex		
Females	14	
Males	7	
Eye	25	
OD	13	
OS	12	
Axial Length (mm)	25	24.4 (1.23)
ACD (mm)	25	3.27 (0.36)
Average K' s (D)	25	44.5 (3.5)
Lens Implanted	25	
ZMB00	11	
SN6AD1/D3	4	
SN6AT3/T4	10	
Lens Power (D)		18.9 (3.6)
Multifocal IOL	15	18.8 (3.30)
Toric IOL	10	20.1 (1.20)

# Results

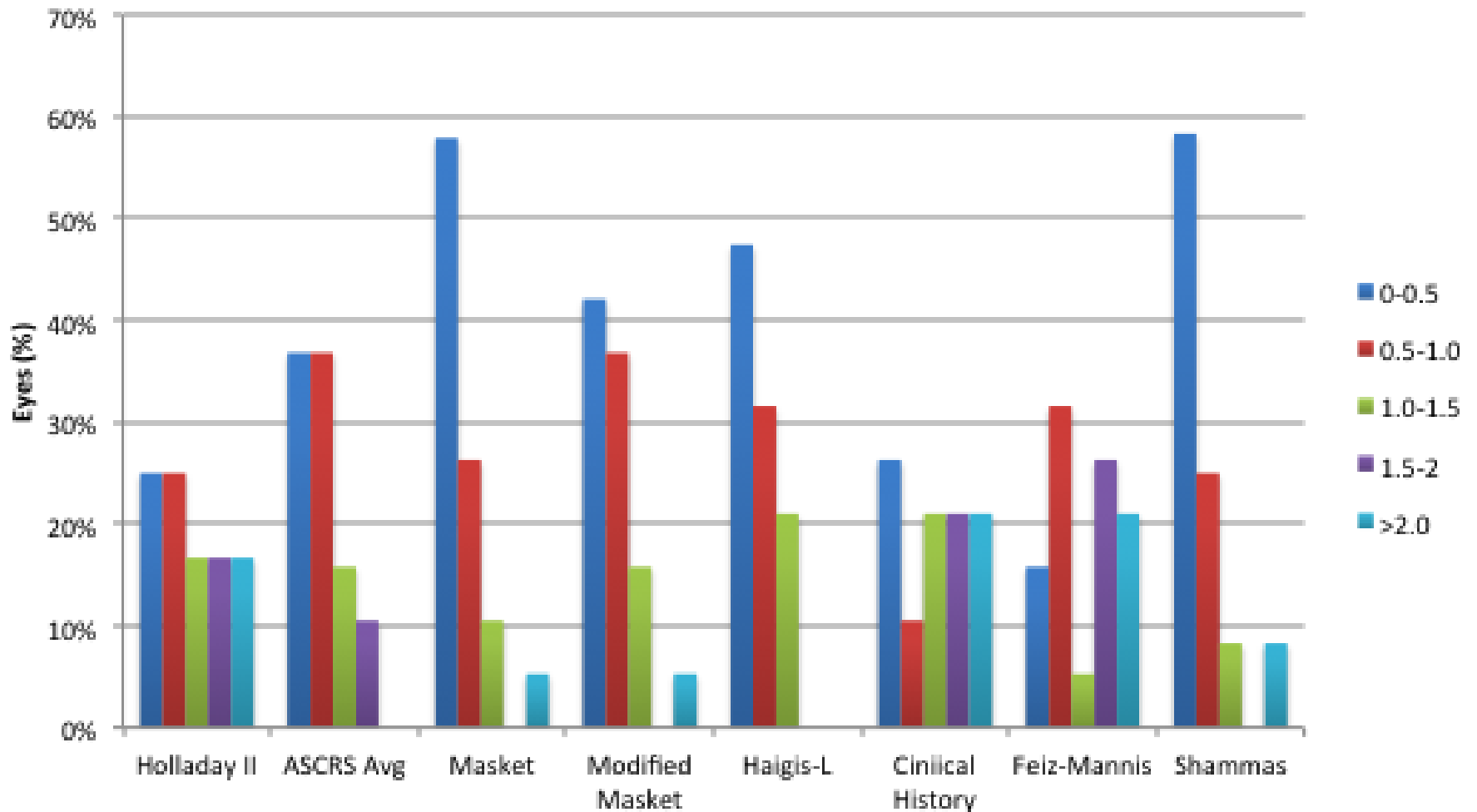
- UNVA in the multifocal PCIOL group significantly improved from  $0.50 \pm 0.10$  to  $0.05 \pm 0.08$  logMAR units ( $p < 0.001$ ).
- Astigmatism in the toric PCIOL group significantly improved from  $1.18 \pm 0.23$  D to  $0.64 \pm 0.40$  D ( $p = 0.027$ ).
- 59% of eyes were within  $\pm 0.5$  D of target outcomes, 72.6% within  $\pm 1.0$  D, 86.2% within  $\pm 1.5$  D, 95.3% within  $\pm 2.0$  D and 100% were within  $\pm 2.5$  D.
- Back-calculated optimum IOL powers correlated highest with ASCRS Average IOL power, modified Masket, Masket, and Haigis-L power calculations
- Excimer laser enhancement was performed in 12 eyes (43% of eyes) because of residual refractive error.

## Optimum vs Predicted Premium PCIOL Power

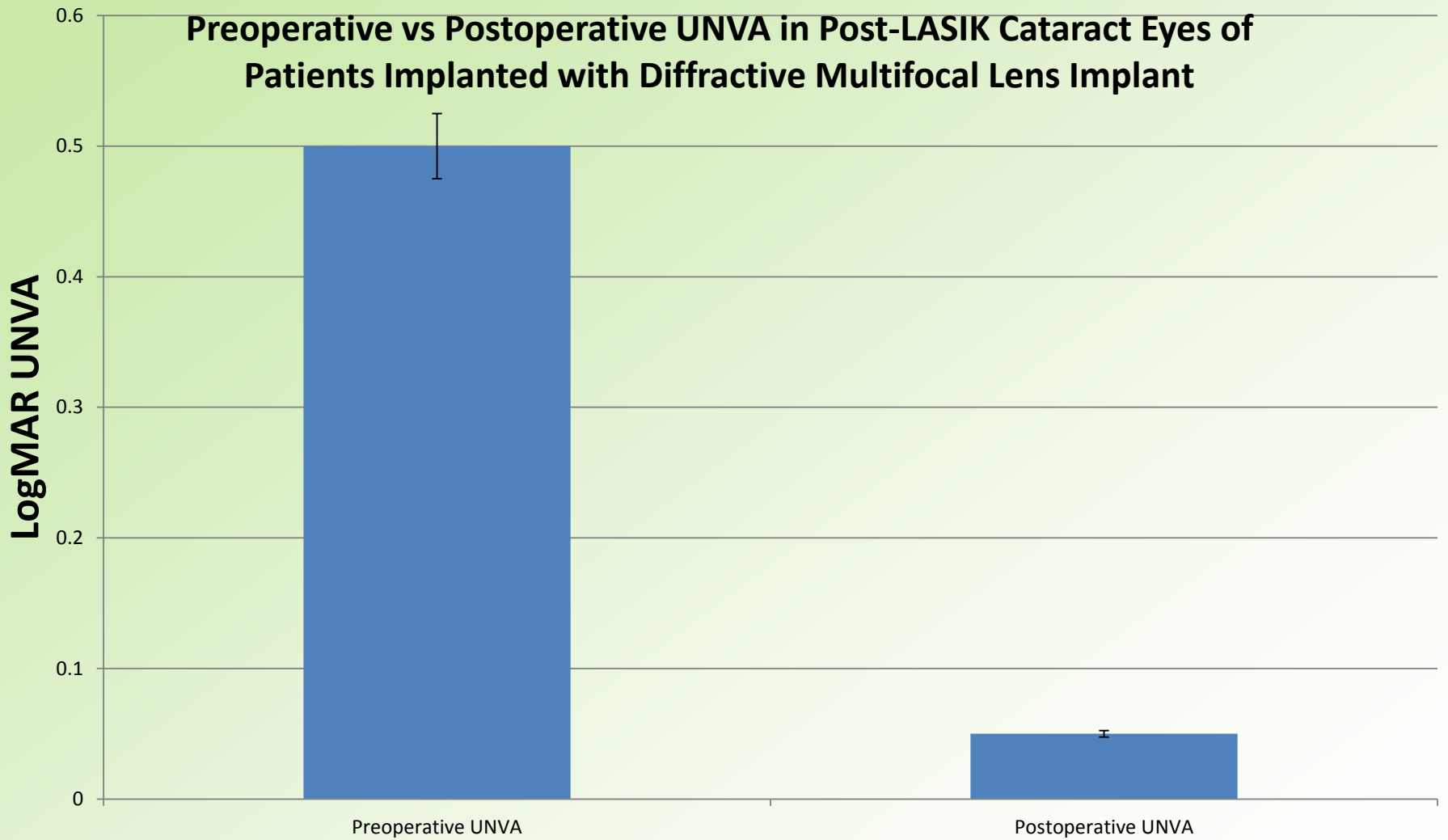




## Distribution of Absolute Prediction Error Stratified By Power Calculation Formulas



# Preoperative vs Postoperative UNVA in Post-LASIK Cataract Eyes of Patients Implanted with Diffractive Multifocal Lens Implant



# Conclusions

- **Inaccuracies in formulas for premium IOL power calculations are further inflated in the post-LASIK eye.**
- **Intraoperative aberrometry IOL power calculations have been shown to achieve excellent refractive outcomes in post-LASIK cataract eyes; however, its use is limited by its cost and availability.**
- **Our study demonstrates that the ASCRS IOL calculator, specifically the Average IOL Power, Masket, Modified Masket, Shammas, and the Haigis-L formulae are highly predictable and are a low cost alternative to intraoperative aberrometry.**

# Conclusions

- **Our study demonstrates that implantation of multifocal posterior chamber IOLs in the post-LASIK eye can result in significantly improved reading vision even when placed monocularly.**
- **Implantation of toric posterior chamber IOLs resulted in a significant reduction of preoperative astigmatism.**
- **Inaccuracies in IOL calculations in the post-LASIK cataract eye resulted in a high rate of excimer laser enhancement postoperatively.**