

HIGH UTILITY OF THE OPD-SCAN III FOR CATARACT PATIENTS

By Ilya Rozenbaum, MD

I, too, find the data from the OPD-Scan III very useful for planning cataract surgery. I look at several of the system's maps to collect data about the status of an eye. First, I determine the amount of irregularity in the visual system and whether it is coming from the cornea, the rest of the optical system, or both. Next, I look at the corneal topography to see how much corneal astigmatism is present and whether it is regular or irregular. I compare the autokeratometric measurements against manual Ks and IOLMaster K readings (Carl Zeiss Meditec).

The corneal spherical aberration measurement is especially useful in selecting the best possible aspheric IOL for correction. For example, most eyes need between +0.25 and +0.30 D of cylinder correction, and for those I select a Tecnis IOL. However, I also look at the pupillometry data to help predict an IOL's centration relative to

the center of the pupil and visual axis. This is especially important for multifocal IOLs. If angle kappa is too high, I am less likely to recommend a multifocal IOL. Finally, the retroillumination image is helpful in patient education and documenting lens opacities.

For the growing number of patients who have undergone prior laser refractive surgery, the OPD-Scan III calculates the effective central corneal power. This provides a K reading that can be used to calculate the IOL power when preoperative refractive measurements are not available. ■

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