

Nidek OPD-Scan III

Pre and Postoperative Diagnostic Tool

Richard S. Hoffman, MD

Clinical Associate Professor of Ophthalmology
Oregon Health & Science University



No Financial Interests

OPD Scan III



OPD Scan III

- ❖ Autorefractor
- ❖ Keratometer
- ❖ Pupillometer
- ❖ Corneal Topographer
- ❖ Wavefront Aberrometer

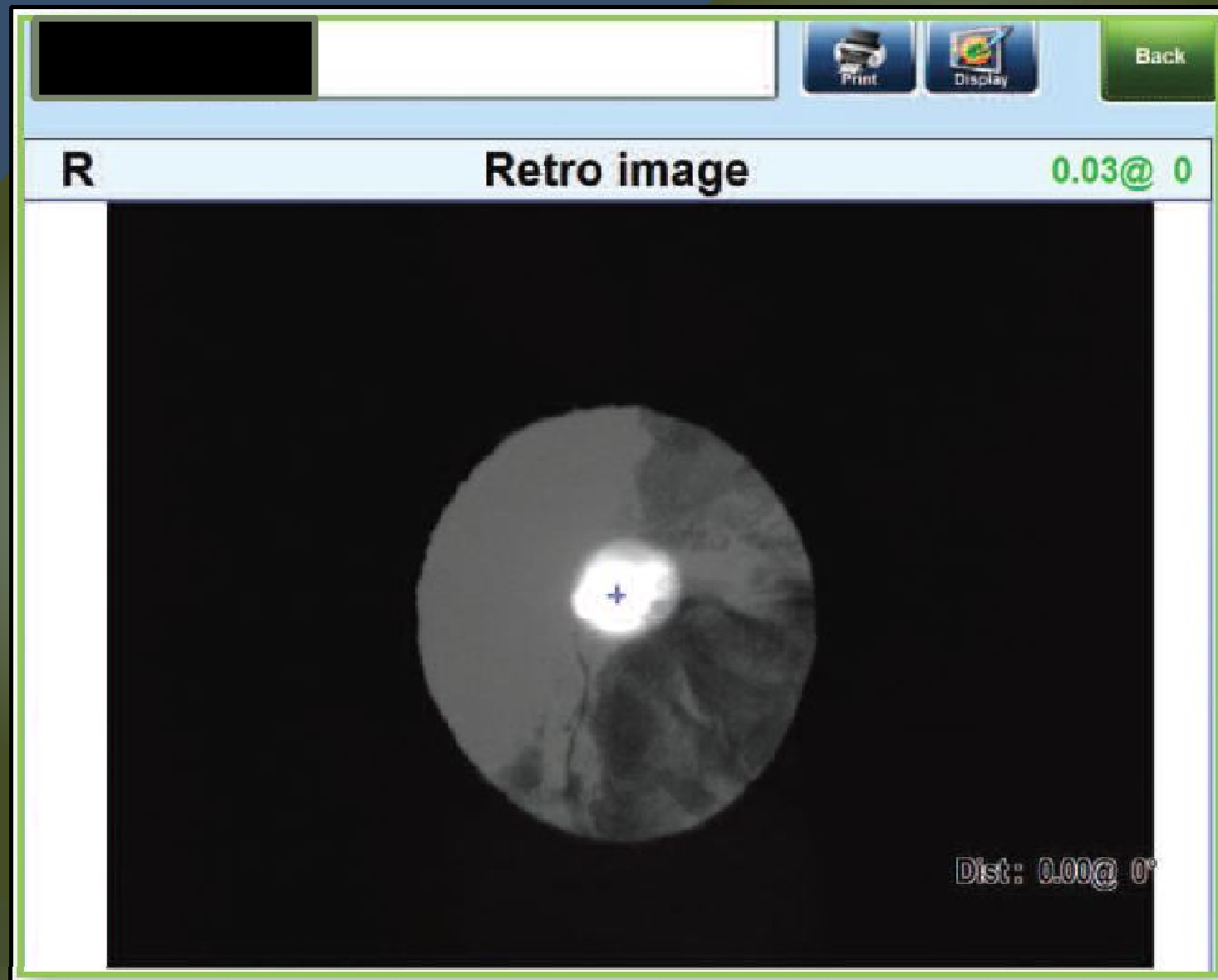


10 seconds / eye

- Retro illumination images
- Toric IOL Summary for axis marking
- APP – Average Pupil Power
- ECCP – Effective Central Corneal Power
- Wavefront Summary

10 seconds / eye

- MTF Graph
- Cataract Summary
- Visual Acuity Simulation of \overline{sc} and \overline{cc} vision
- Zernike Graph of OPD, Cornea or Internal OPD



ID : D00006
Name : Keratoconus, Os
ExamNo: 1 (29/09/2003 15:52)



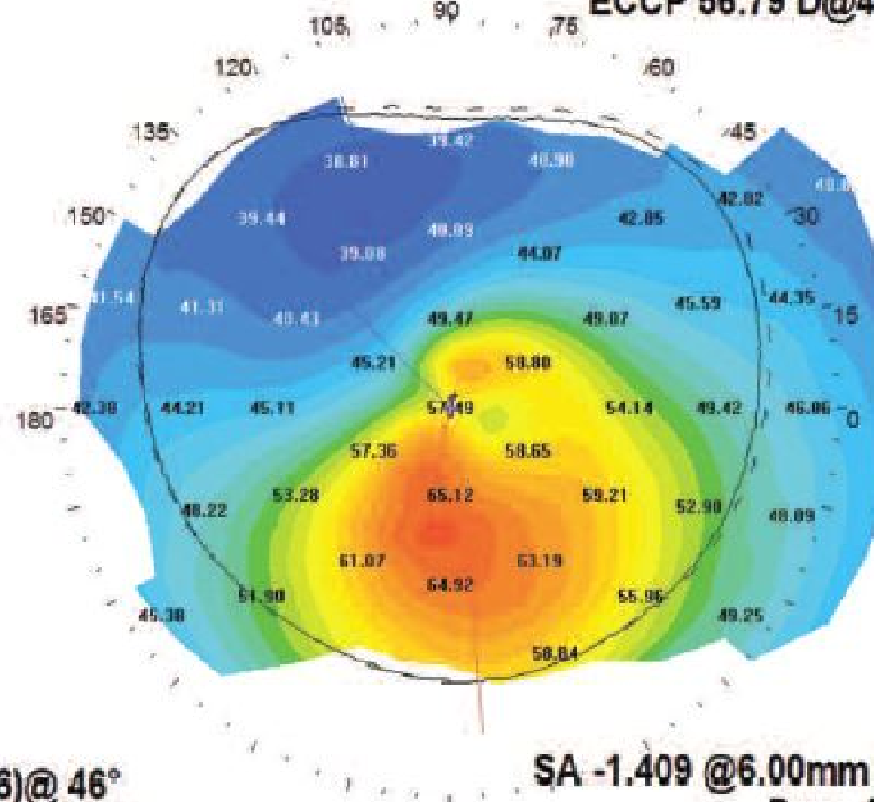
Back

L

Axial

0.09@346

APP 57.57 SD 5.87 @3.0mm
ECCP 56.79 D@4.50mm



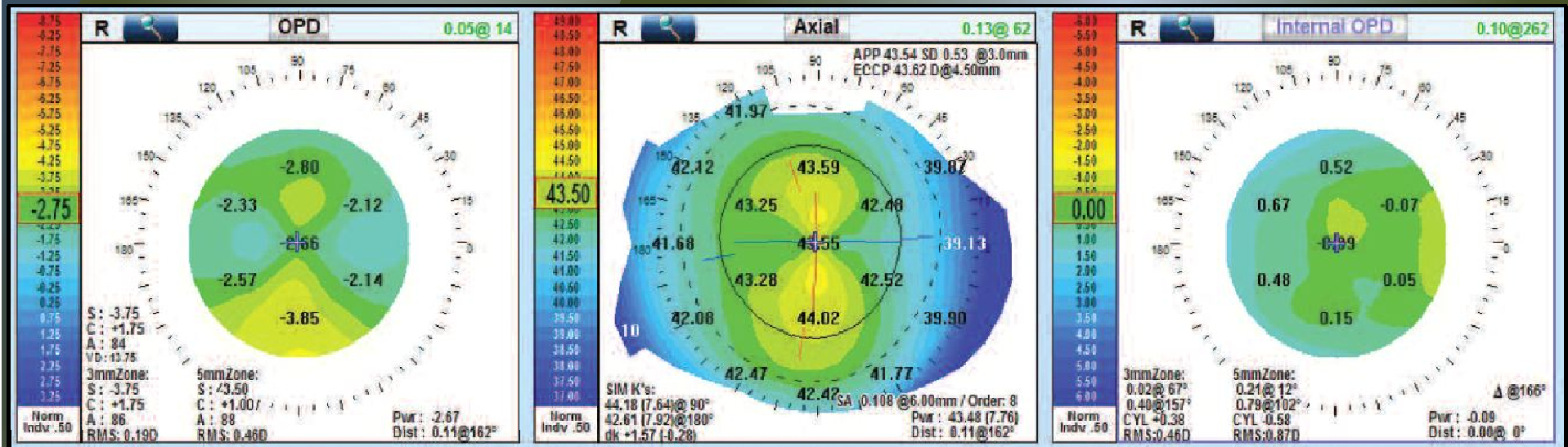
SIM K's:
57.59 (5.86)@ 46°
48.21 (7.00)@136°
45.10 (4.44)@136°

SA -1.409 @6.00mm / Order: 6
Pwr : 57.49 (5.87)
Dist : 0.00@ 0°

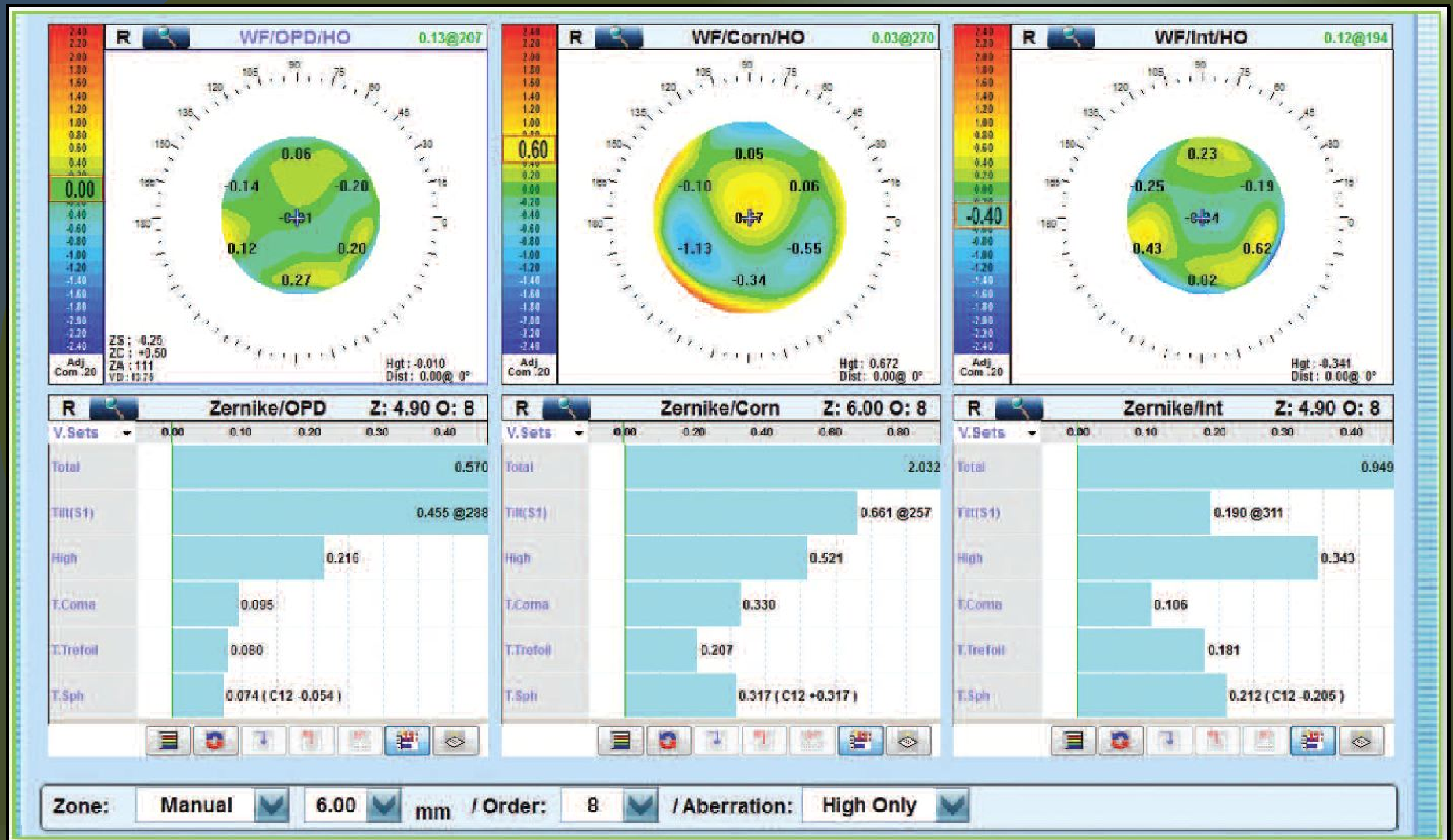
Norm
Indv 1.5

Total and Internal (lens)

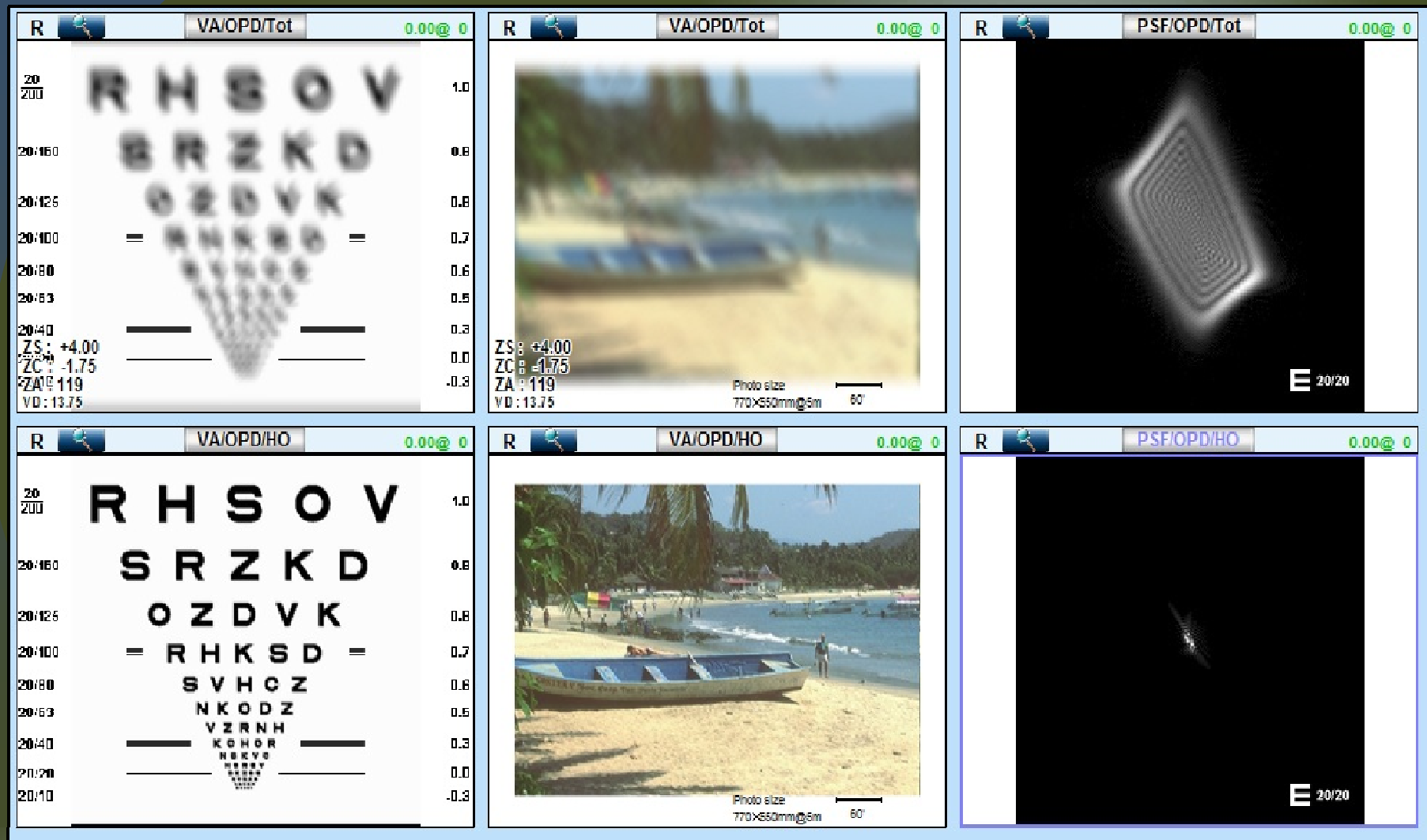
Wavefront Maps



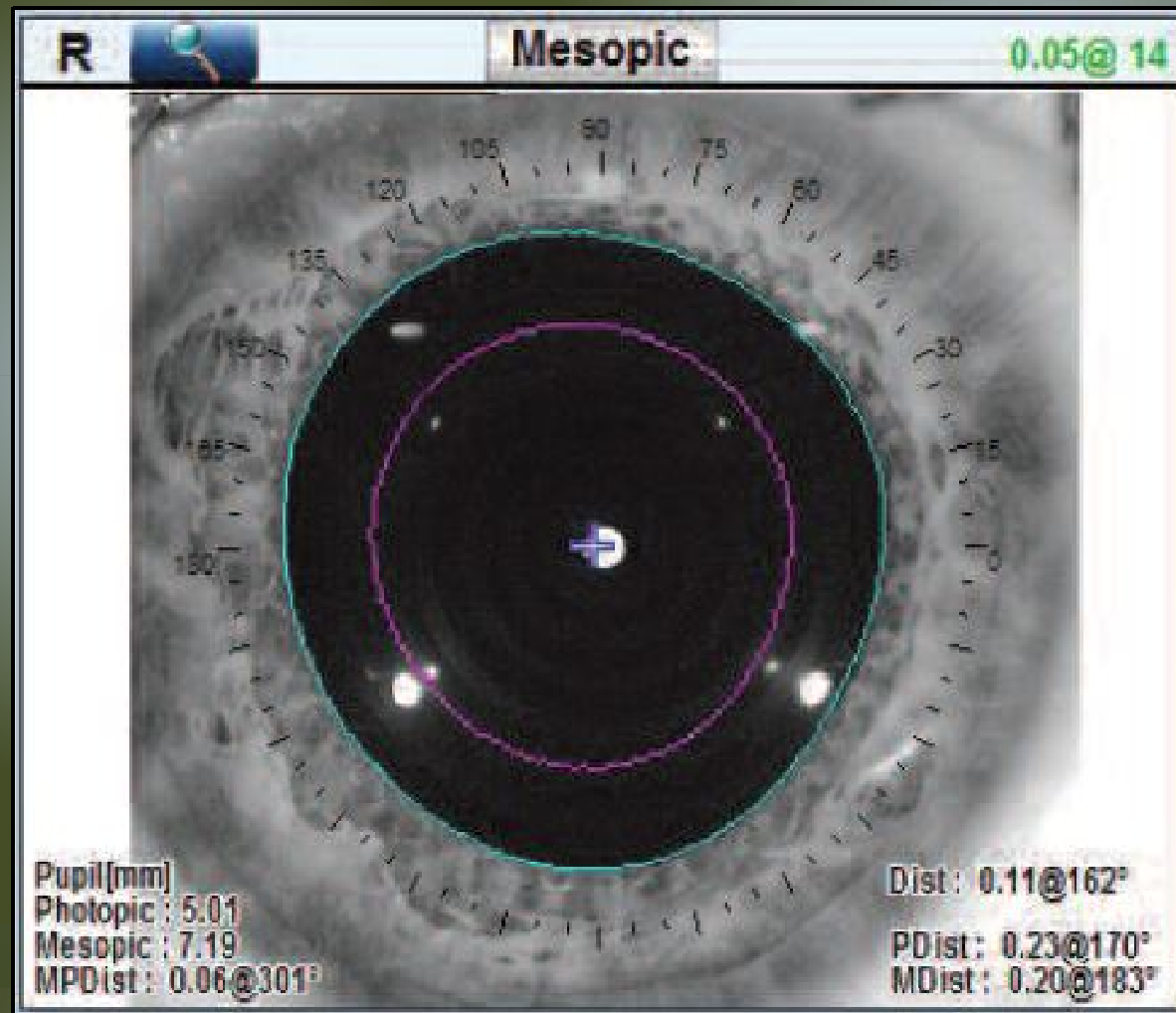
Zernikes



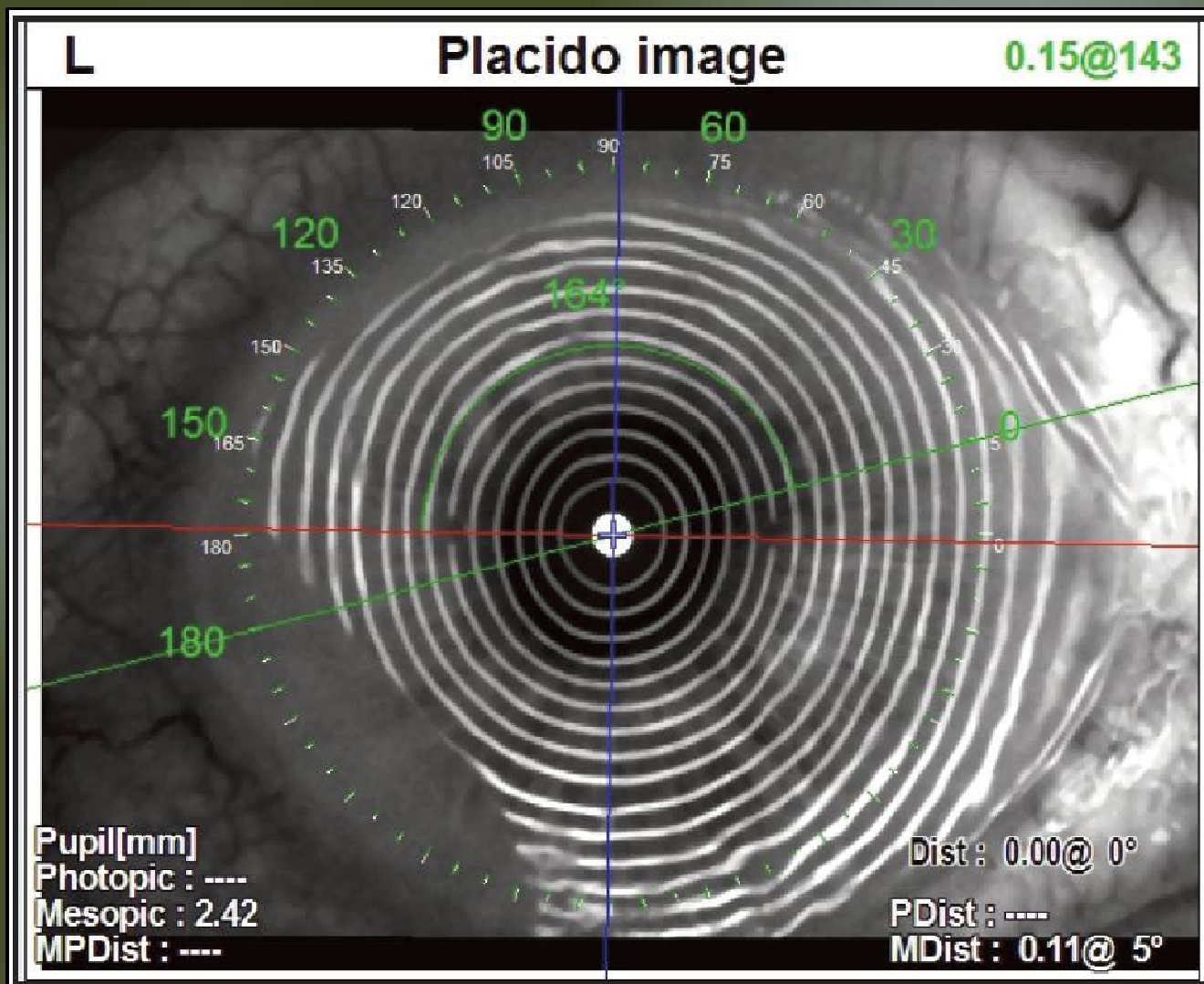
Visual Acuity Simulation



Mesopic and Photopic Pupil



Placido Disc Image



Nine Types of Text Maps

HOA [μm]: @6.00mm / Order = 8

	T.Sph	T.Coma	T.Tre	HO
Total:	0.297	0.083	0.313	0.460
Cornea:	0.398	0.146	0.480	0.804
Internal:	0.123	0.156	0.496	0.721

Refraction: VD = 13.75mm

	Sph	Cyl	Axis	RMS
WF@4.00	-7.75	+1.00	94	0.19D
WF@6.00	-8.50	+1.25	98	0.46D
Diff	-0.75	+0.25	4	

Customized Displays

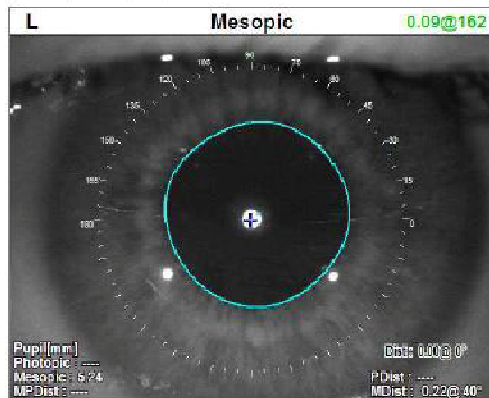
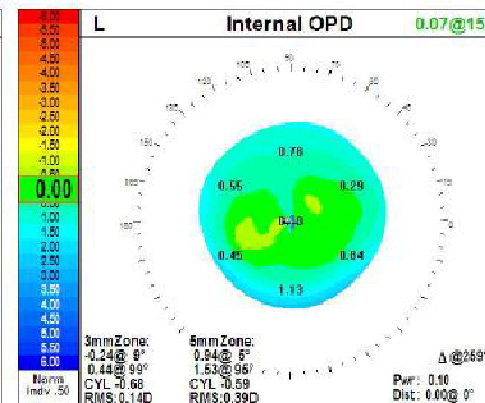
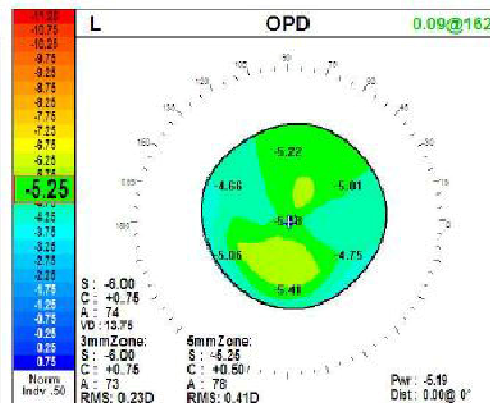
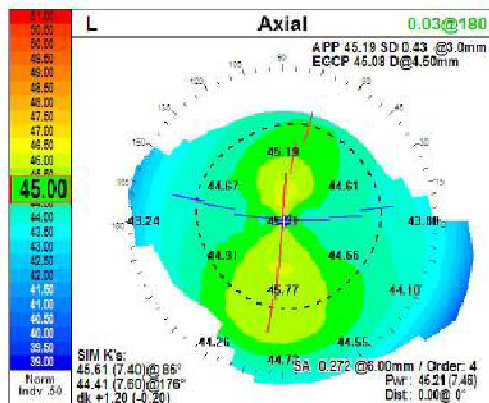
NIDEK

Diagnostic Marco

02/22/2012 15:33

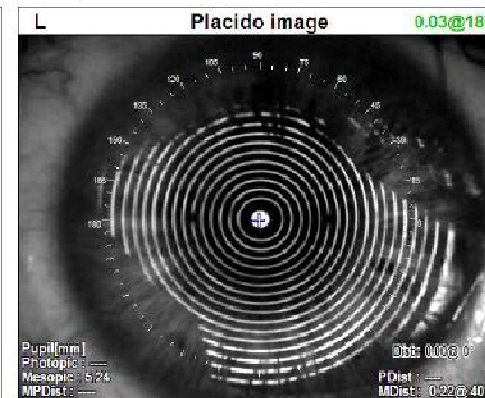
Ver.1.04.03

ID	000060				Physician	Dr. Richard Hoffman	
Name					Technician		
ExamNo	1	Date	02/22/2012 15:33	Comment	Diagnosis		



Cornea Power

Avg SimK: 45.01 (Cyl 1.20 @ 86°)
APP: 45.19 SD 0.43 @ 3.00mm
ECCP: 45.08 D @ 4.50mm
Cornea SA 0.277 μ m @ 6.00mm



Summary Displays

- ❖ Overview
- ❖ Cataract
- ❖ Diagnostic
- ❖ Toric IOL
- ❖ Wavefront
- ❖ Optical Quality
- ❖ White to White
- ❖ Pupil Image
- ❖ Contact Lens
- ❖ Cornea



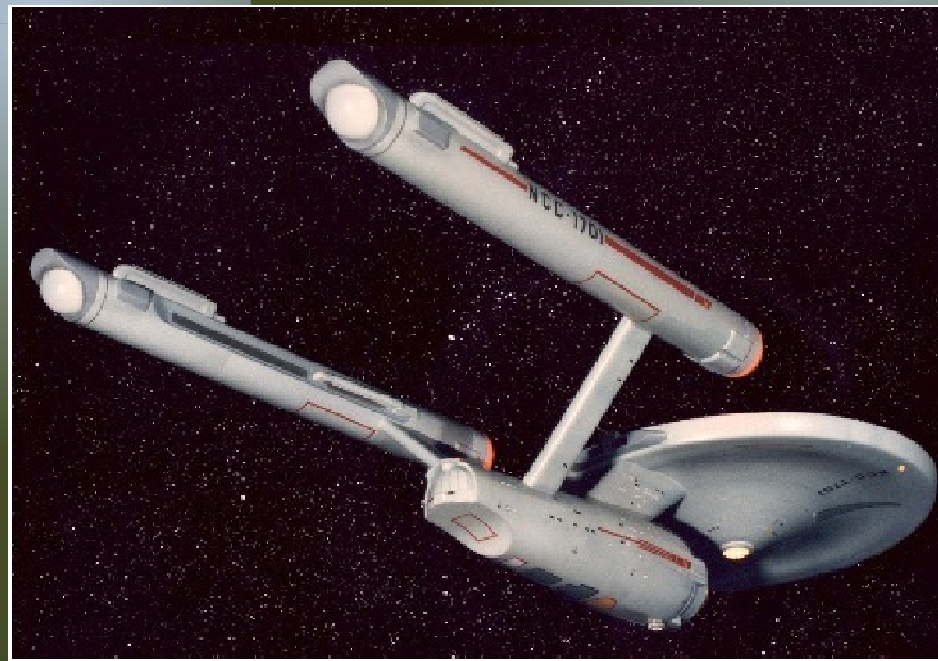
Retroillumination Images

Case 1

- ❖ Patient has had monofocal IOL implant
- ❖ Patient recently had YAG
- ❖ Patient says he can not drive at night

One more thing....

Patient says...he sees
the *Starship Enterprise* !



ID : E00006

Name : Starship, Enterprise

ExamNo : 2 (20/03/2011 05:03)



Print



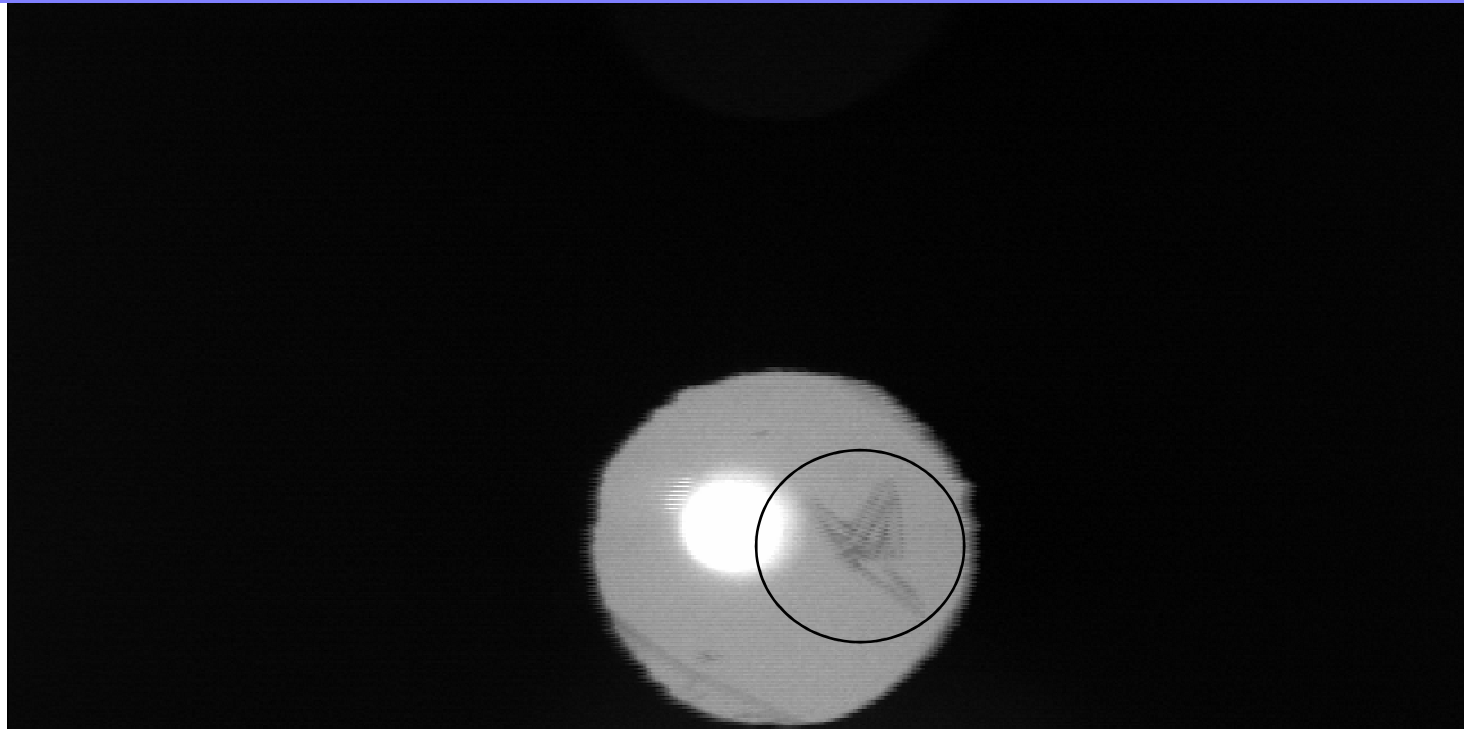
Display

Back

L

Retro image

0.07@333



Pupil[mm]

Photopic : ---

Mesopic : 3.66

MPDist : ---

PDist : ---

MDist : 0.51@338°

Case

- ❖ Patient wanting multifocal IOLs
- ❖ Patient has seen commercials and is convinced he will not need glasses
- ❖ Patient has a lot of astigmatism
- ❖ Patient may not be good candidate...why?

ID : E00014

Name :

ExamNo: 3 (05/03/2011 17:57)



Print



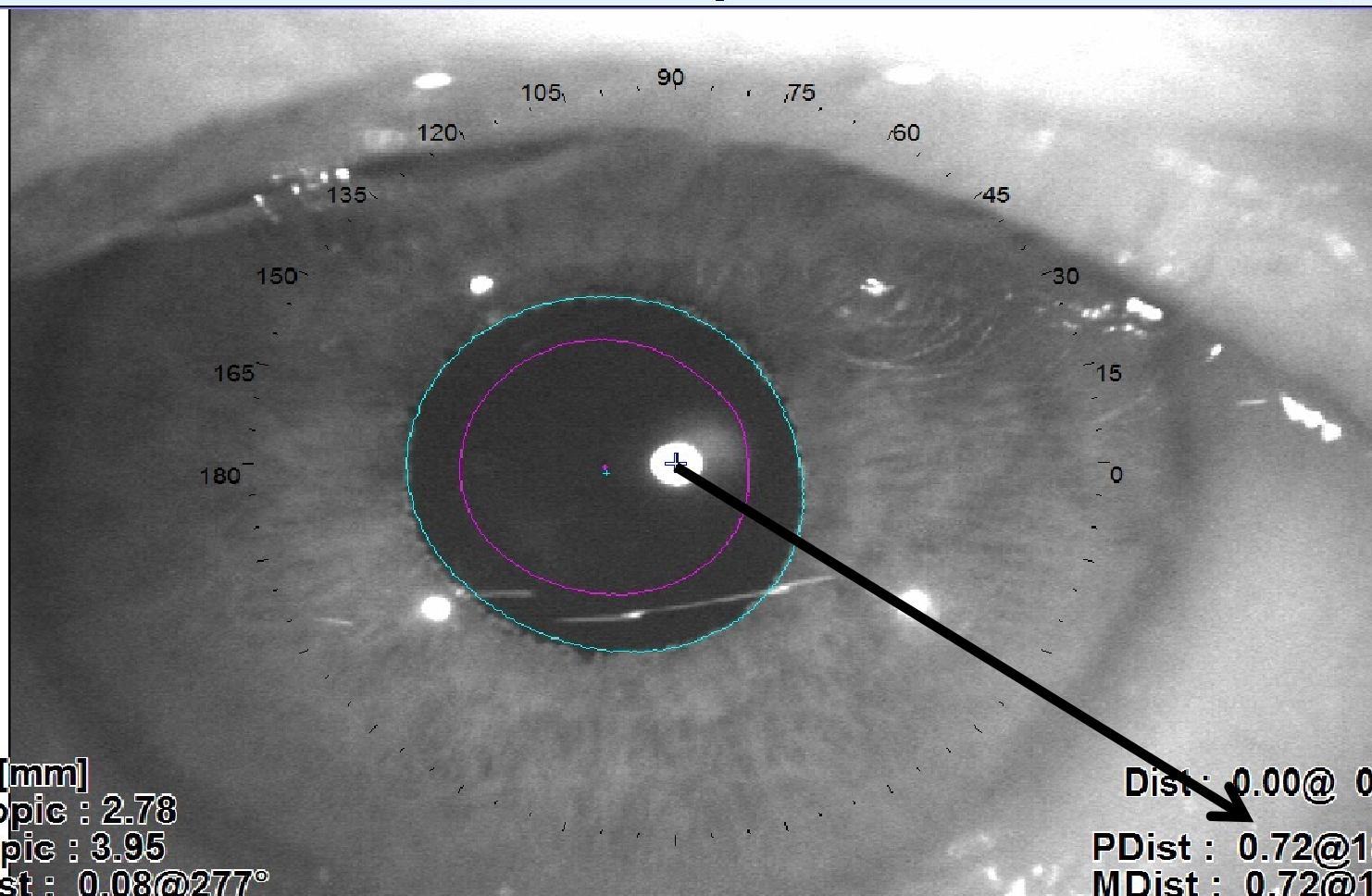
Display

Back

R

Mesopic

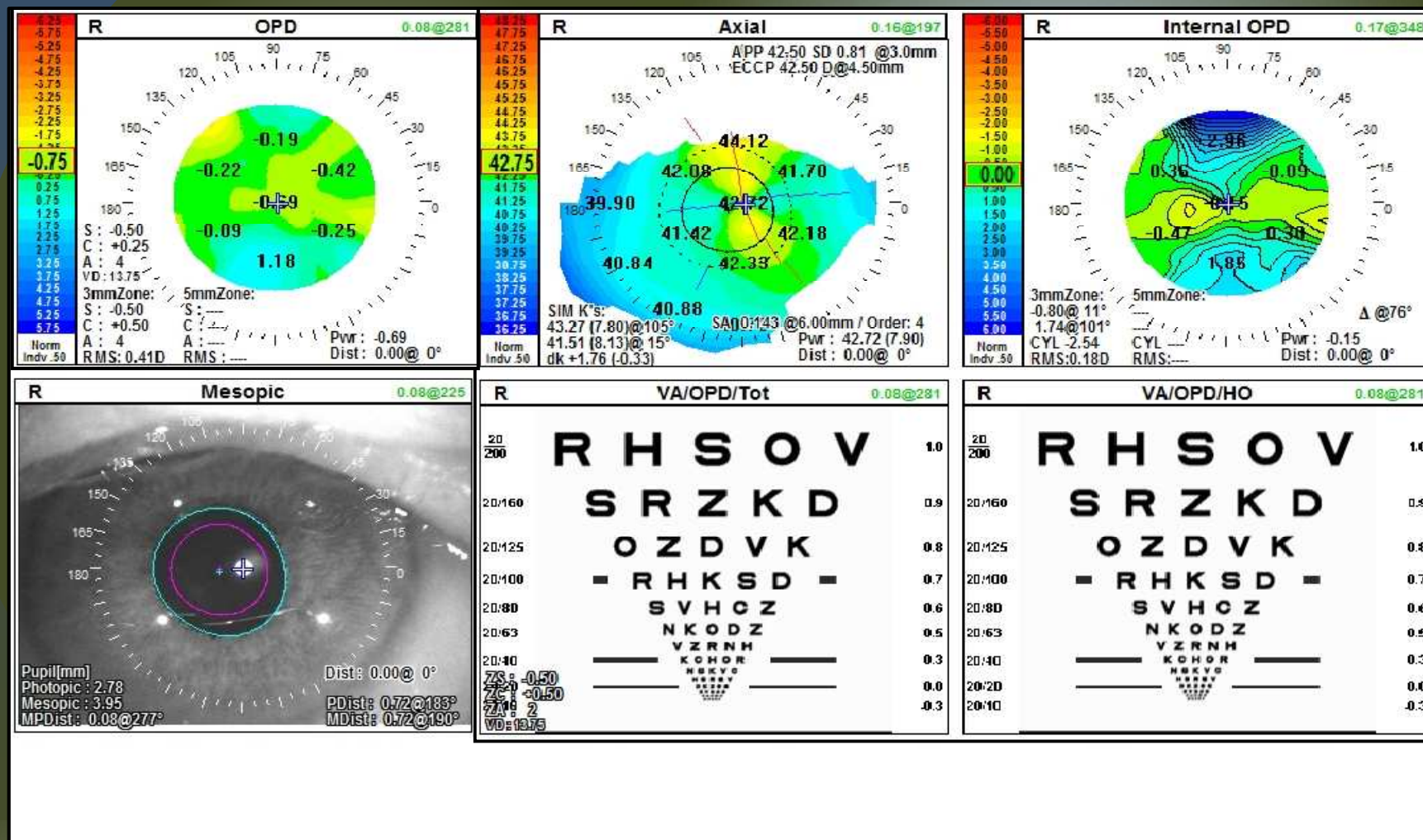
0.08@225



Pupil[mm]
Photopic : 2.78
Mesopic : 3.95
MPDist : 0.08@277°

Dist : 0.00@ 0°
PDist : 0.72@183°
MDist : 0.72@190°

Patient opted for Toric and is happy with the result



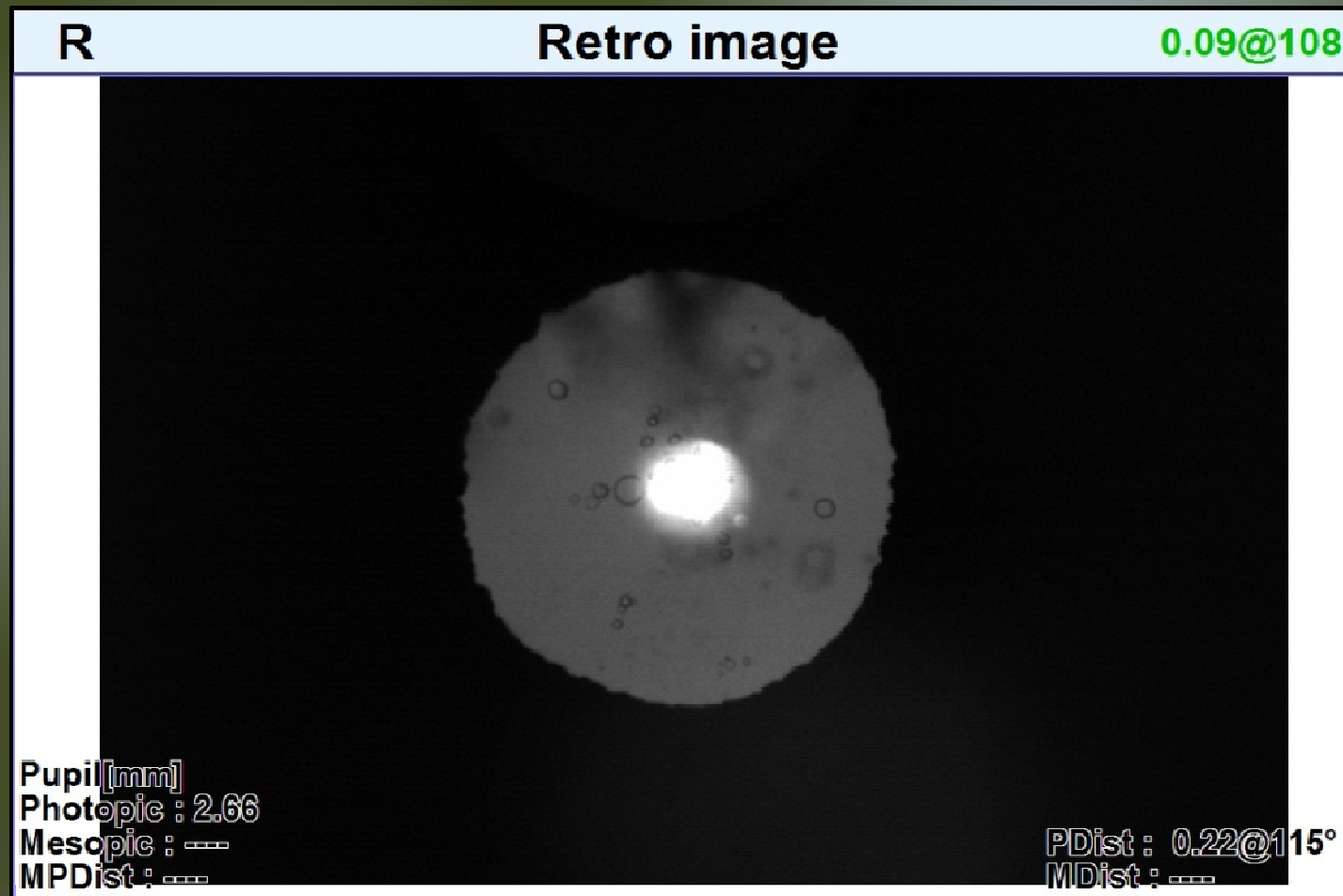


Patient Education Opportunities

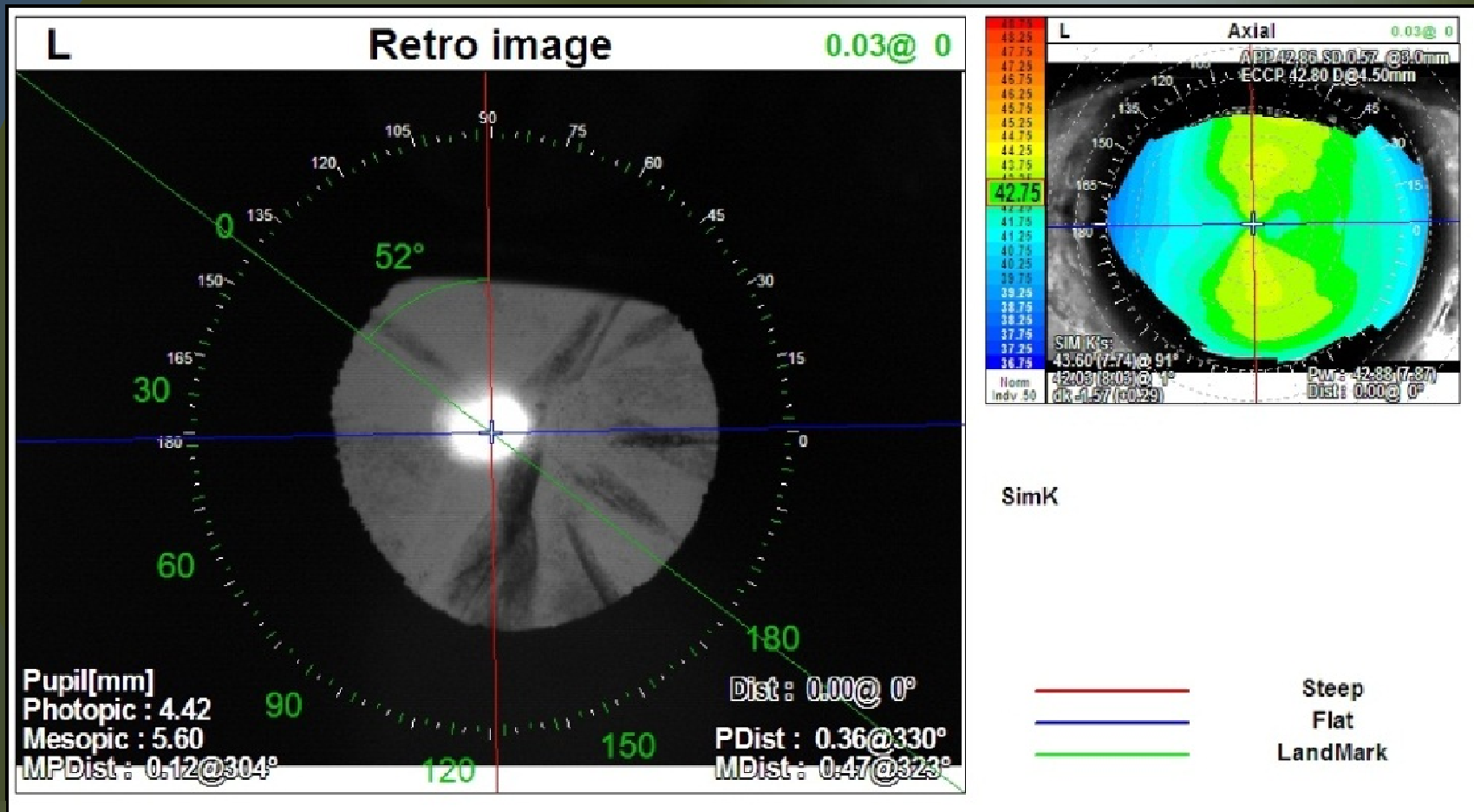
Patient Education

- ❖ Corneal aberrations
- ❖ Astigmatism
- ❖ Retro-illumination photos
 - Cataract progression
 - PCO
- ❖ Visual acuity maps
 - Photos
 - Snellen charts

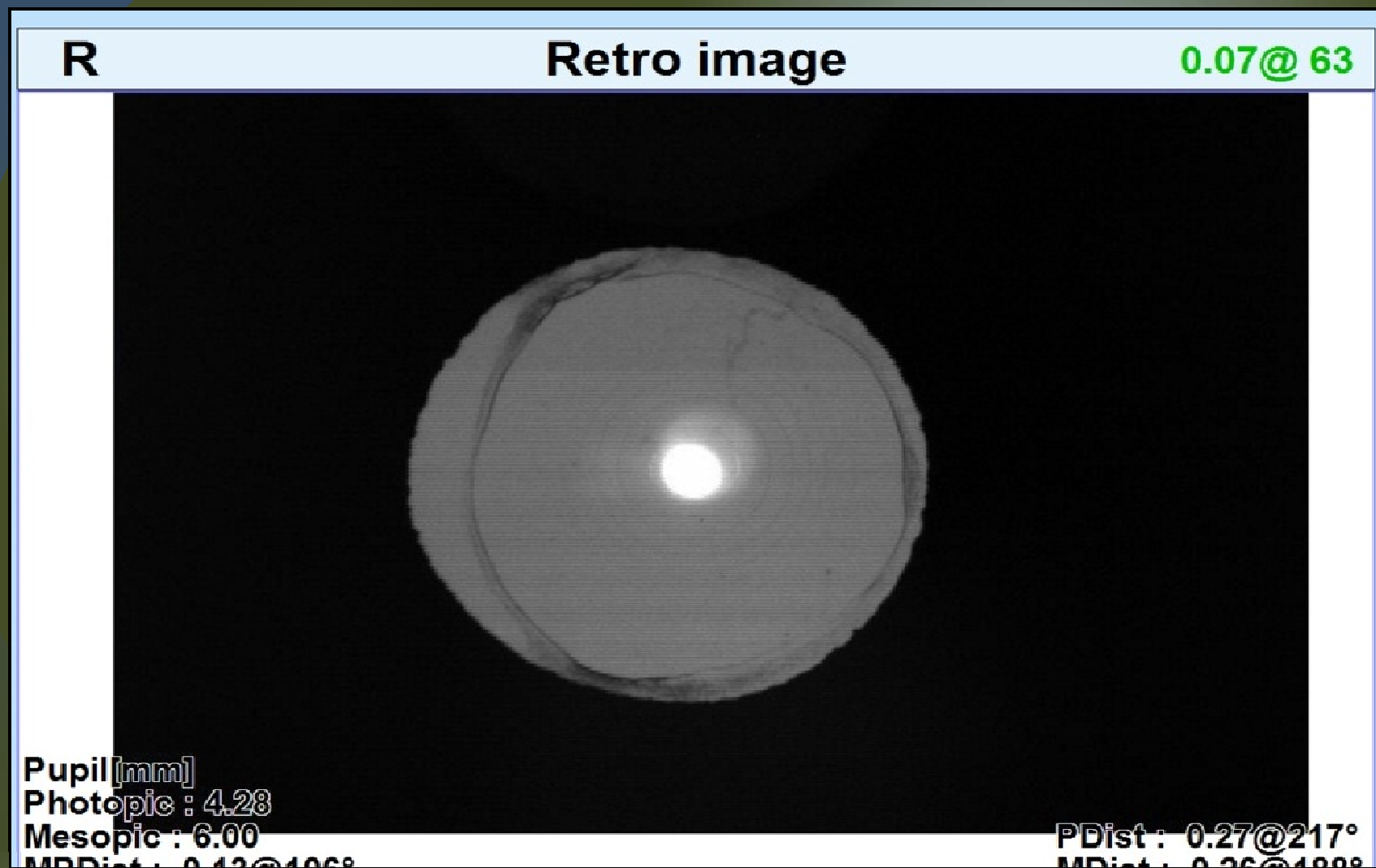
Vacuoles



Cortical Cataract



Centered ReStor Implant



Case 2

- ❖ Patient works for MD
- ❖ Patient not convinced cataracts are bad enough
- ❖ Being able to demonstrate her cataracts and visual function was enough to convince her

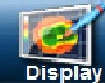
ID : E00011

Name : Cataracts, R and I

ExamNo: 1 (29/03/2011 04:55)



Print



Display

Back

R

Retro image

0.04@ 45



Pupil[mm]
Photopic : 3.18
Mesopic : 4.43
MPDist : 0.17@174°

PDist : 0.24@192°
MDist : 0.40@184°

ID : E00011

Name : Cataracts, R and I

ExamNo: 1 (29/03/2011 04:55)



Print



Display

Back

L

Retro image

0.00@ 0



Pupil[mm]

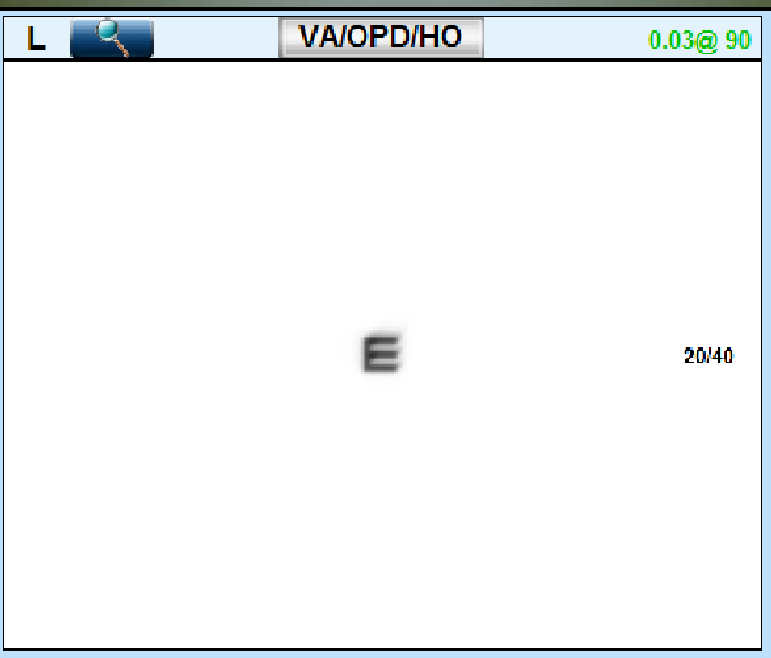
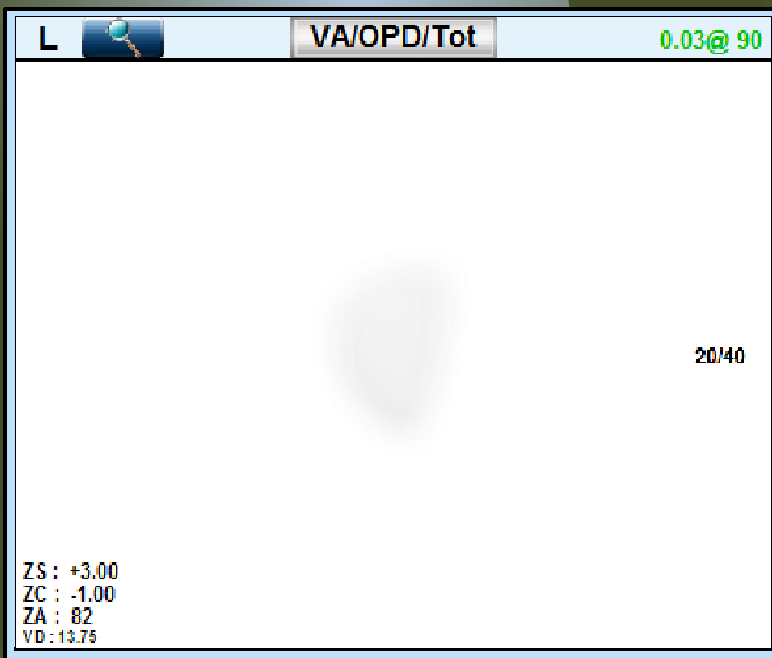
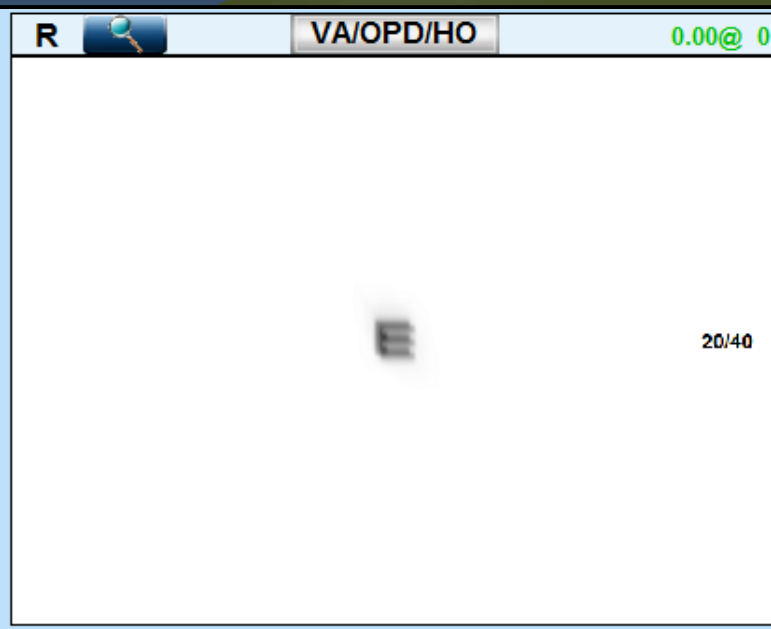
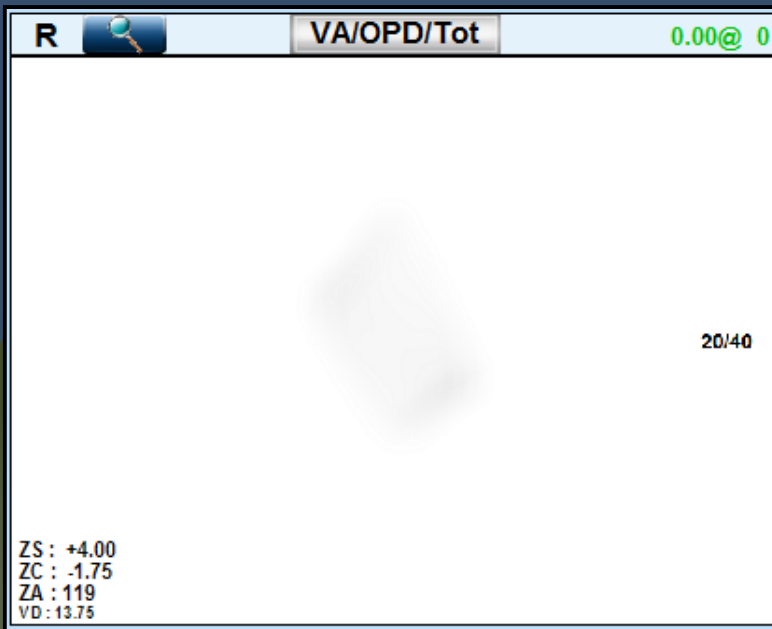
Photopic : 3.30

Mesopic : 4.69

MPDist : 0.13@323°

PDist : 0.31@322°

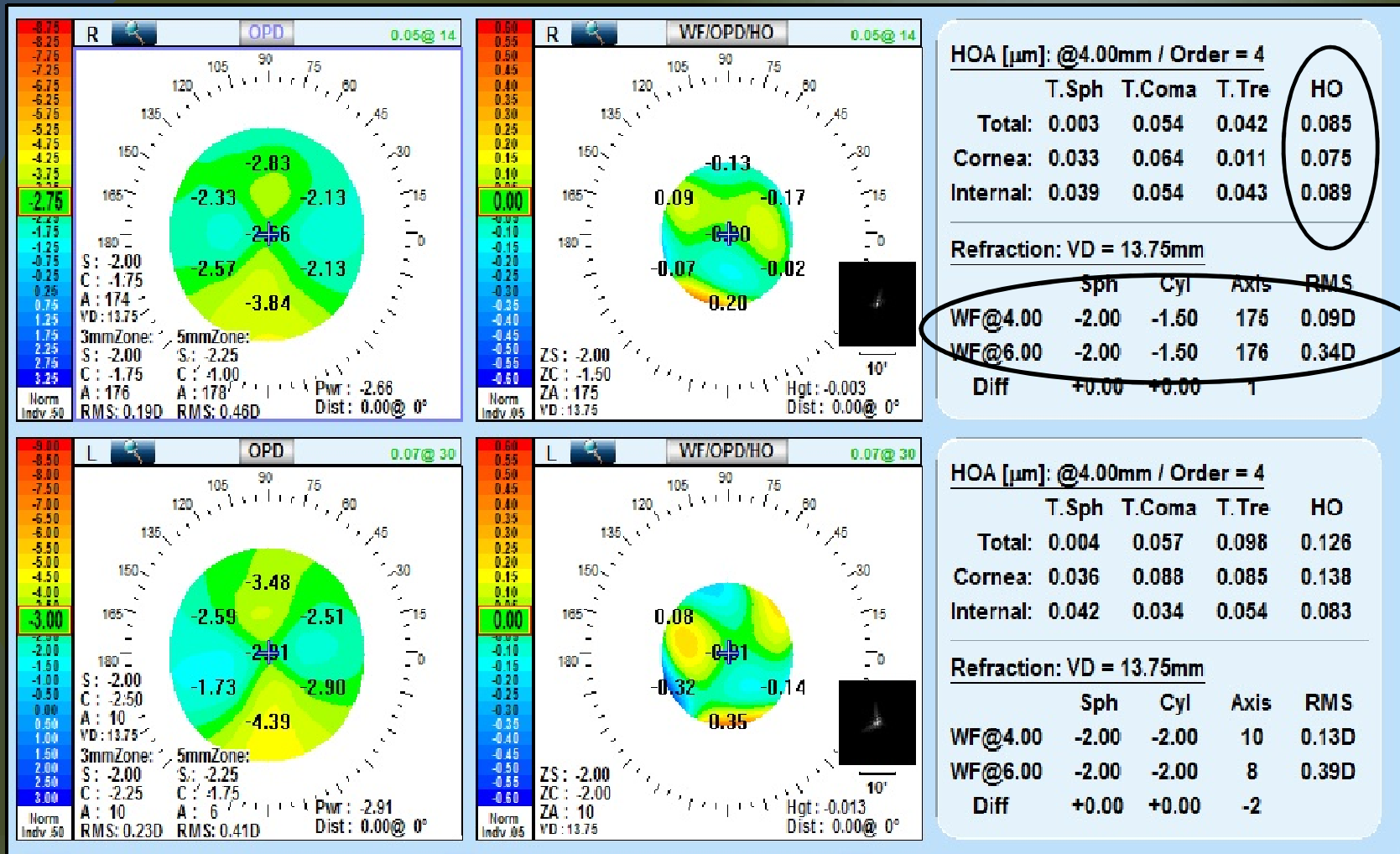
MDist : 0.44@322°



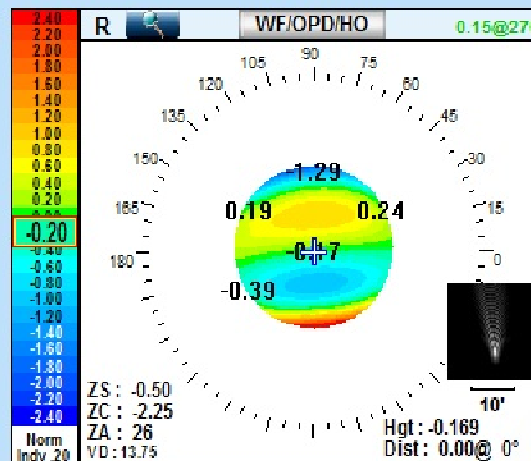
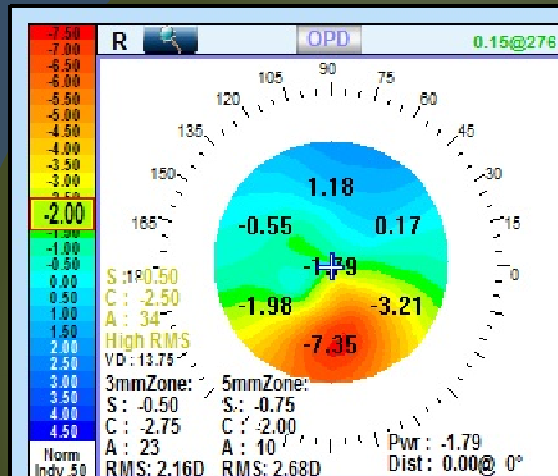


Night and Day Refractions

Correctible



HOAs (High RMS) = Less Correctable

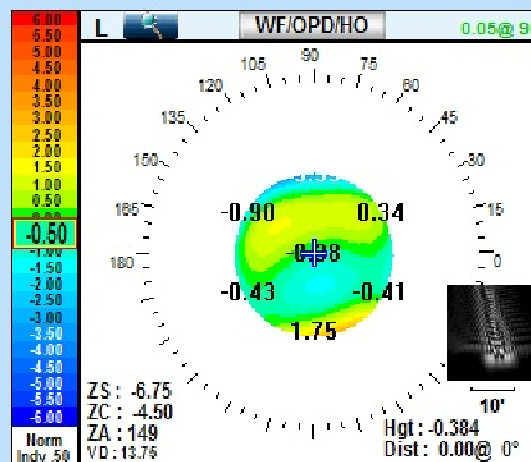
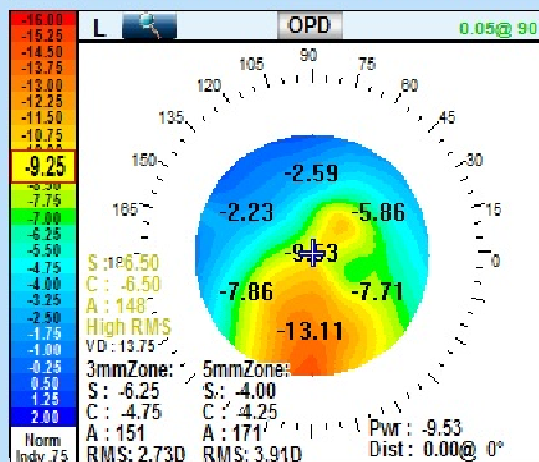


HOA [μ m]: @4.00mm / Order = 4

	T.Sph	T.Coma	T.Tre	HO
Total:	0.039	0.597	0.375	0.716
Cornea:	0.072	1.344	0.540	1.464
Internal:	0.110	0.758	0.189	0.806

Refraction: VD = 13.75mm

	Sph	Cyl	Axis	RMS
REF	-0.50	-2.50	34	
WF@5.64	-0.50	-2.25	21	1.67D
Diff	+0.00	+0.25	-13	



HOA [μ m]: @4.00mm / Order = 4

	T.Sph	T.Coma	T.Tre	HO
Total:	0.211	0.748	0.459	0.912
Cornea:	0.616	1.637	0.347	1.788
Internal:	0.402	0.907	0.185	1.014

Refraction: VD = 13.75mm

	Sph	Cyl	Axis	RMS
REF	-6.50	-6.50	148	
WF@5.87	-5.25	-4.00	155	2.35D
Diff	+1.25	+2.50	7	



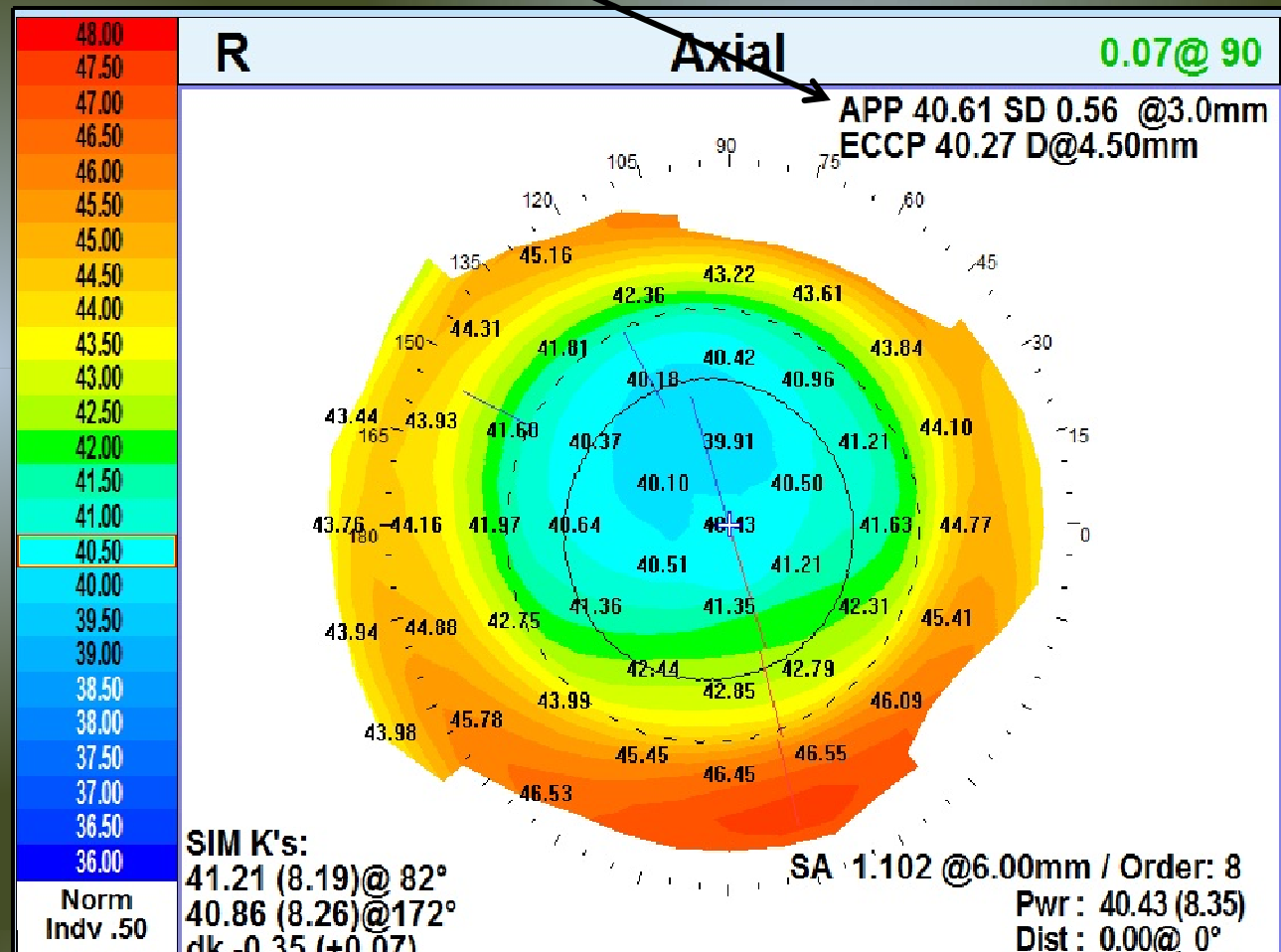
IOL Selection

There are many factors we need to assist us
in selecting the best IOL for a patient

- ❖ Corneal power (post-refractive surgery)
- ❖ Spherical aberration (Aspheric)
- ❖ Corneal Astigmatism (Toric or LRIs)
- ❖ Angle Kappa (Multifocals)

APP – Average Pupil Power

The average K
refractive power
within the pupil



ECCP (Effective Central Corneal Power)

Obtained by correcting
keratometry values using
the mean K refractive power
within 4.5 mm – diameter area
after myopic refractive surgery and the
estimated amount of correction

ECCP

Effective Central Corneal Power

“The software looks at the Topography and then determines the 3 and 4.5 mm corneal power centered over the pupil. It then looks at periphery , around 9 mm, and determines if there is an inflection (knee), introduced by myopic ablation. It then determines what the central curvature would have been before the ablation. Knowing these values the central corneal power over the pupil can be modified to compensate for the posterior radius of the cornea, yielding the ECCP (Effective Central Corneal Power) used for IOL Calculations.

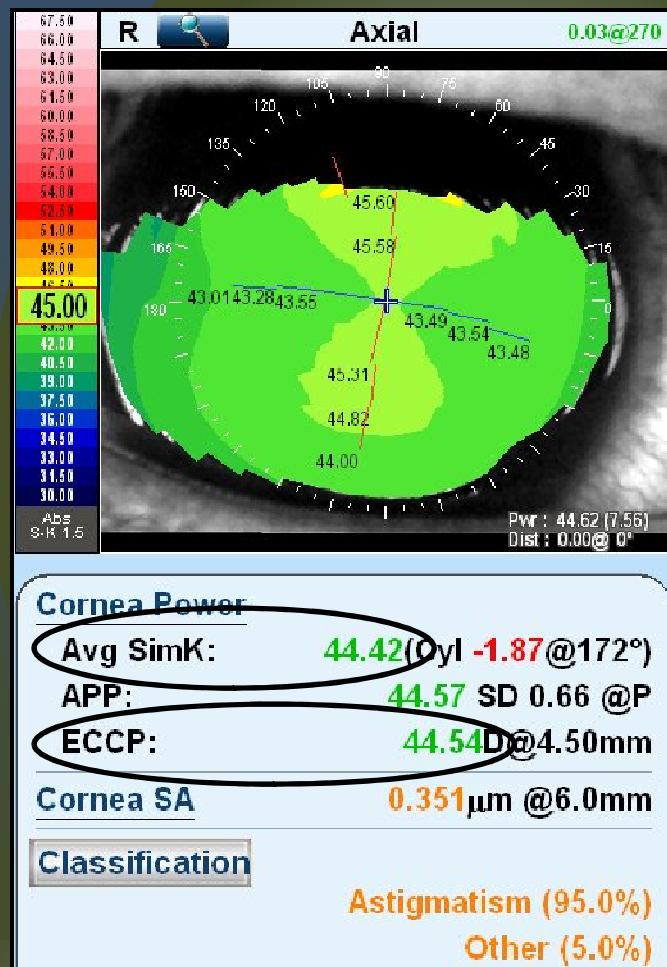
In short, the ECCP provides a K-reading to be used for IOL Calculations in post myopic Refractive surgery patients.”

Jack Holladay, MD

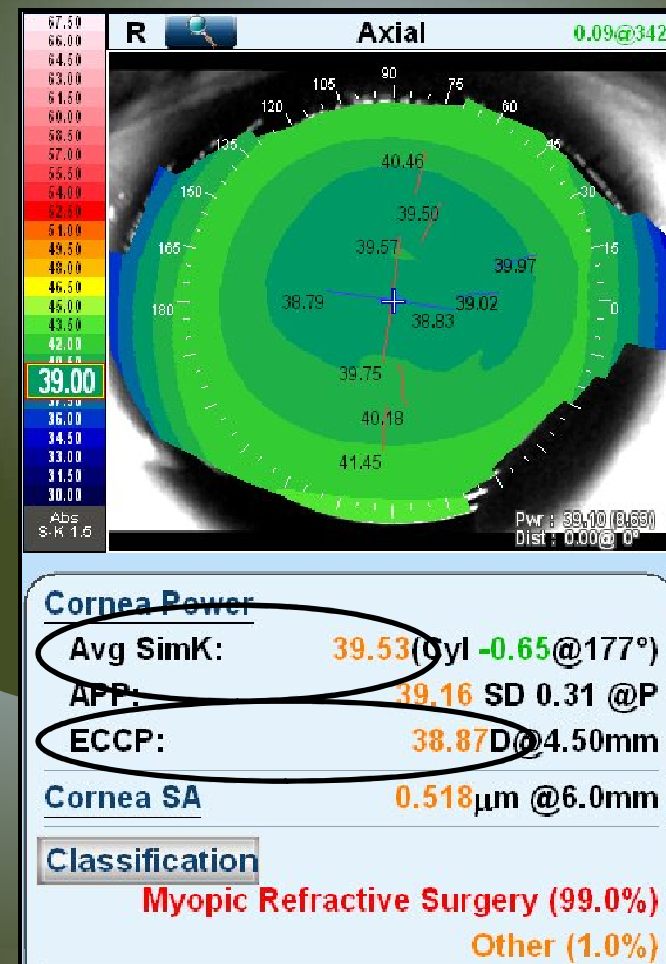
ECCP (Effective Central Corneal Power)

- A better K-Value for cases where we do not have the pre-refractive surgery data
- Based on an estimation of the correction done by refractive surgery using data from the unchanged corneal periphery
- Traditional K values underestimate the true change of corneal radius by ~10%
(ratio $r_{\text{back surface}}/r_{\text{front surface}}$ changed by treatment)
- ECCP is the average corneal net. power over 4.5 zone centered on the pupil – 10% of the estimated refractive change induced by previous refractive surgery.
- IOL Calculation using standard formulas.

ECCP: a better K value in post LASIK Corneas

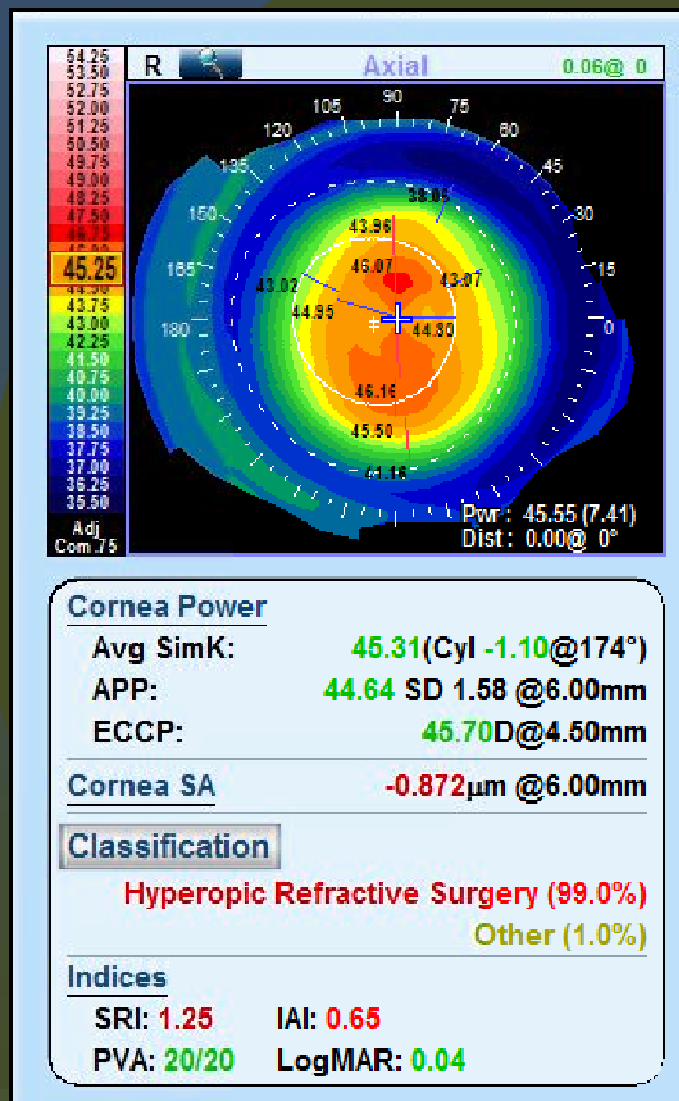


SimK-
ECCP
-0.08D



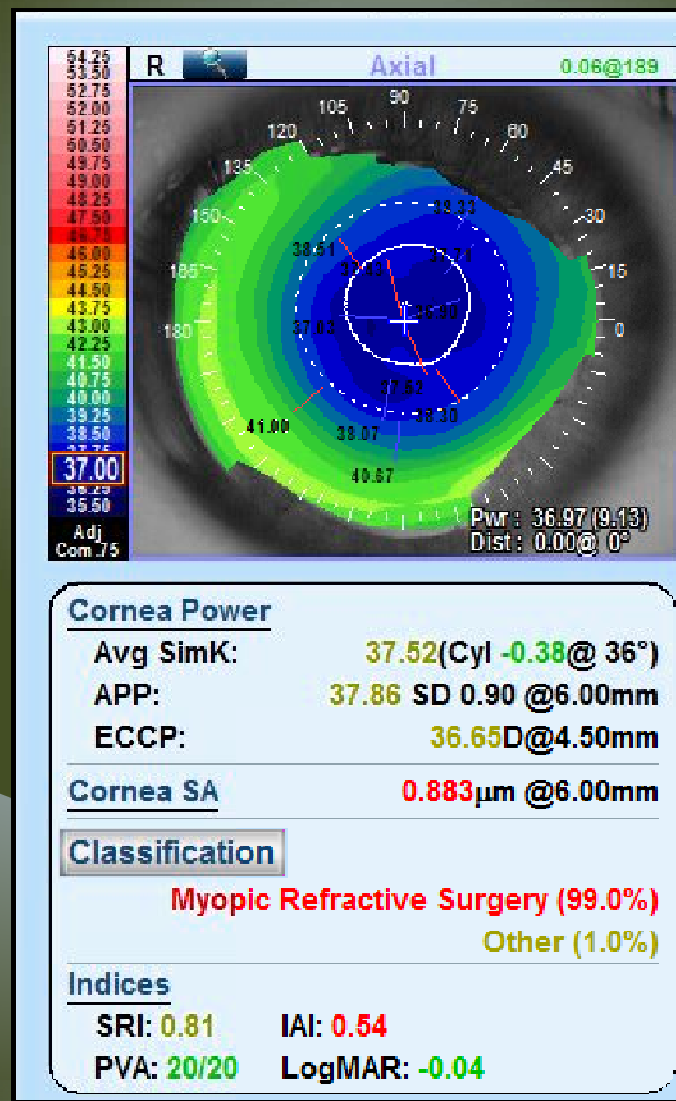
SimK-
ECCP
0.66D

ECPP: post Hyperopic and post Myopic LASIK



SimK-
ECCP

-0.39D



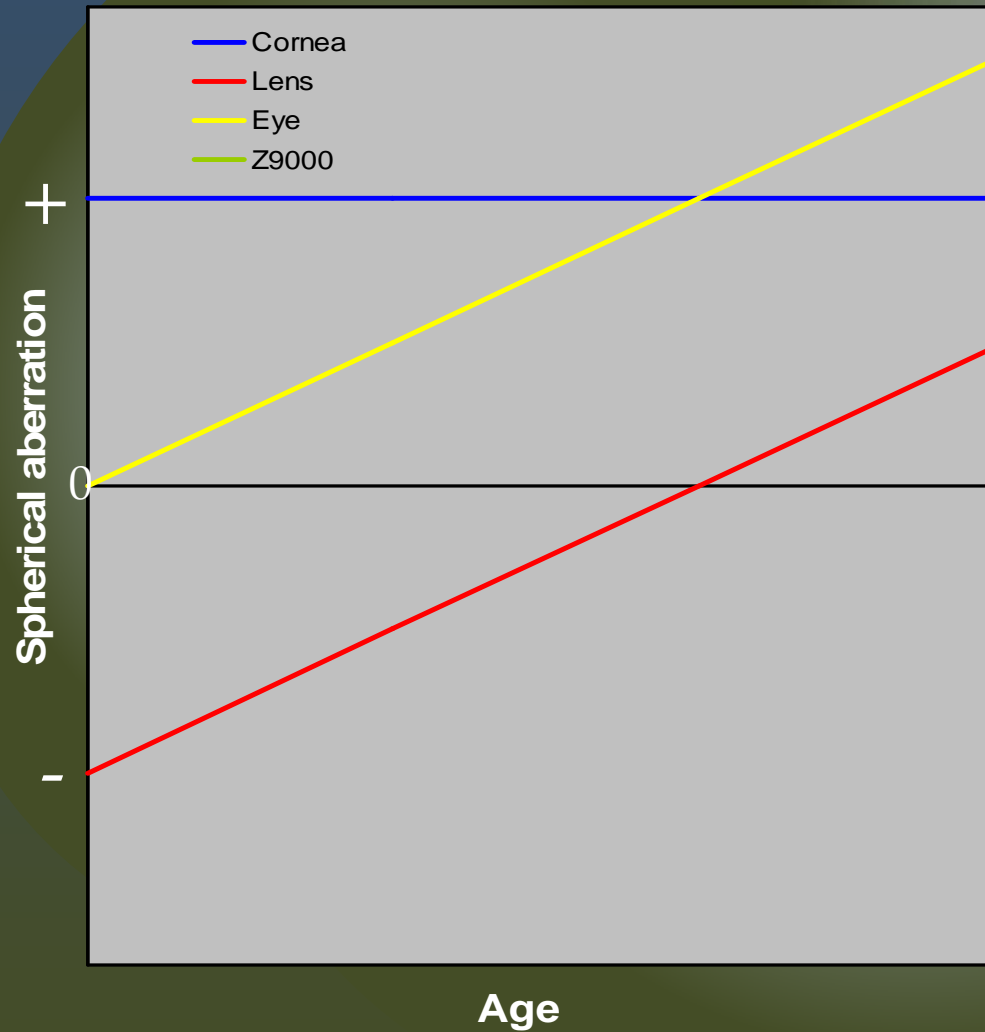
SimK-
ECCP

+0.87D



Spherical Aberration

SA of the Eye Increases with Age



Aspheric IOLs

- ❖ Theoretical goal : Final Spherical Aberration = 0

Aspheric IOLs

Mean residual SA of $+0.10\ \mu$
May yield the best contrast sensitivity

Beiko GH. Personalized correction of spherical aberration in cataract surgery. *J Cataract Refract Surg* 2007;33(8):1455-60

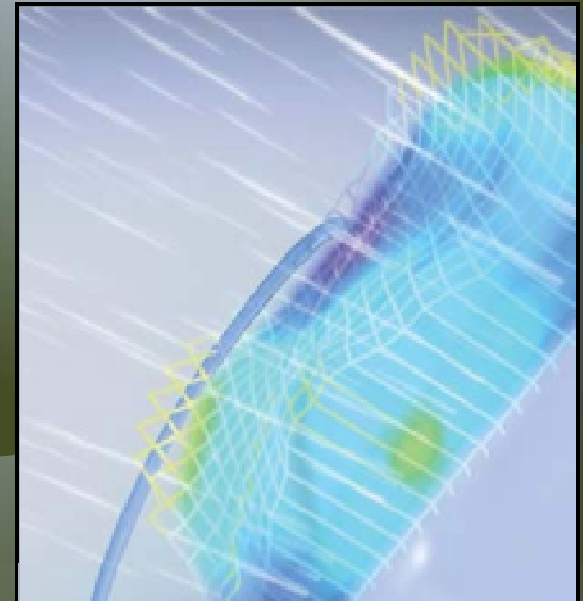
Aspheric IOLs

- ❖ Theoretical goal : Final Spherical Aberration = 0
- ❖ Measuring the SA of the cornea allows us to predict the SA that will remain when the cataract is removed

Aspheric IOLs

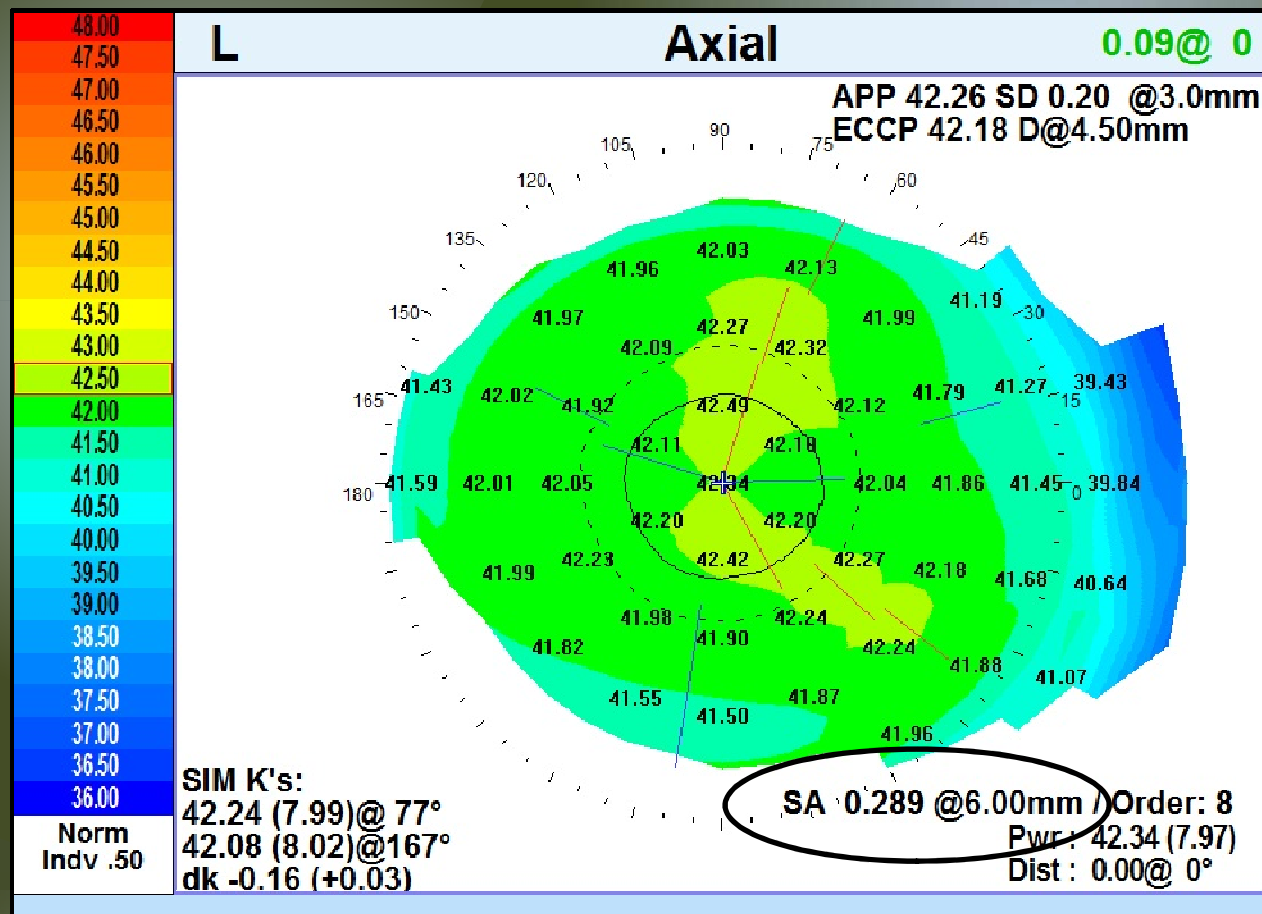
Average cornea $+0.27\mu$ SA

- | | |
|-----------------------------|-------------|
| • AMO Tecnis® Z9000 | - 0.27μ |
| • Alcon AcrySof® SN60WF | - 0.20μ |
| • Hoya AF-1 iSpheric IOL | - 0.18μ |
| • Staar® Surgical (AQ2015) | - 0.08μ |
| • B&L Sofport® (Akreos™ AO) | 0μ |
| • Spherical (monofocal) | $+0.15\mu$ |



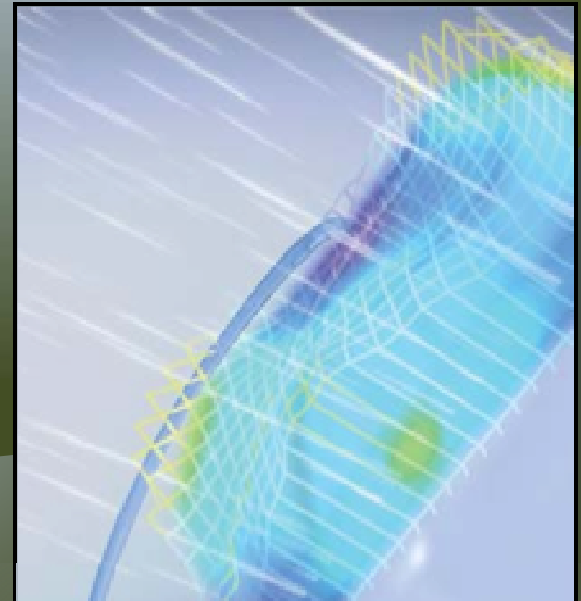
Average Cornea

No previous treatments



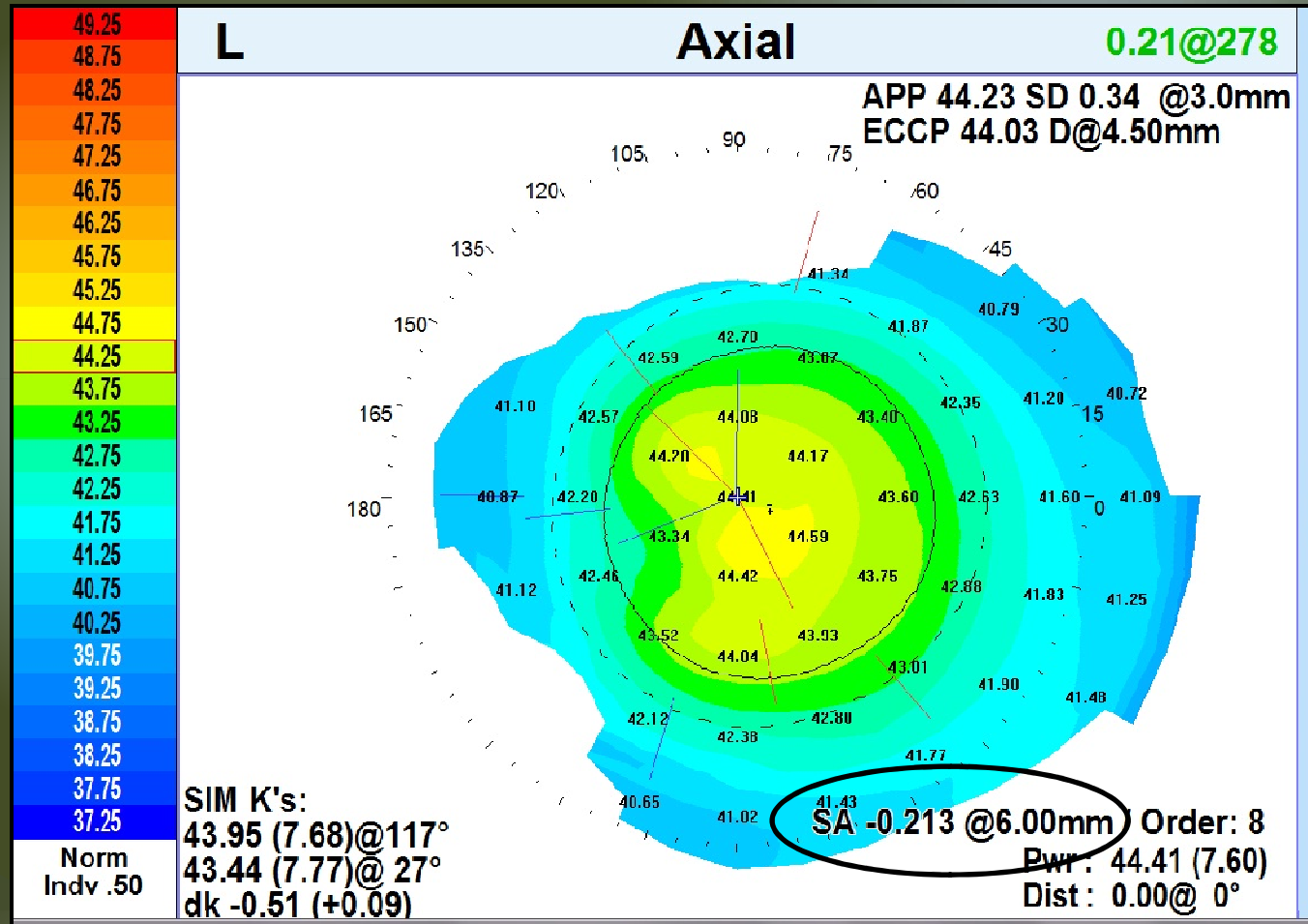
Aspheric IOLs

- AMO Tecnis® Z9000 - .27 μ
- Alcon AcrySof® SN60WF - .20 μ
- Hoya AF-1 iSpheric IOL - .18 μ
- Staar® Surgical (AQ2015) - .08 μ
- B&L Sofport® (Akreos™ AO) 0 μ
- Spherical (monofocal) +.15 μ



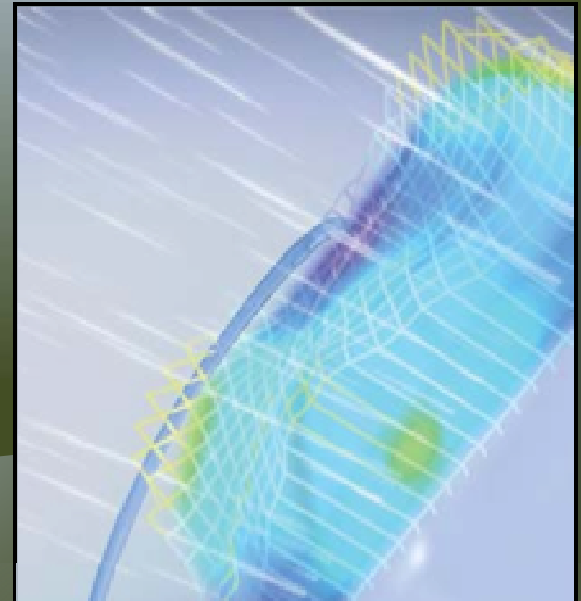
Post Hyperopic LASIK

Induces Negative SA



Aspheric IOLs

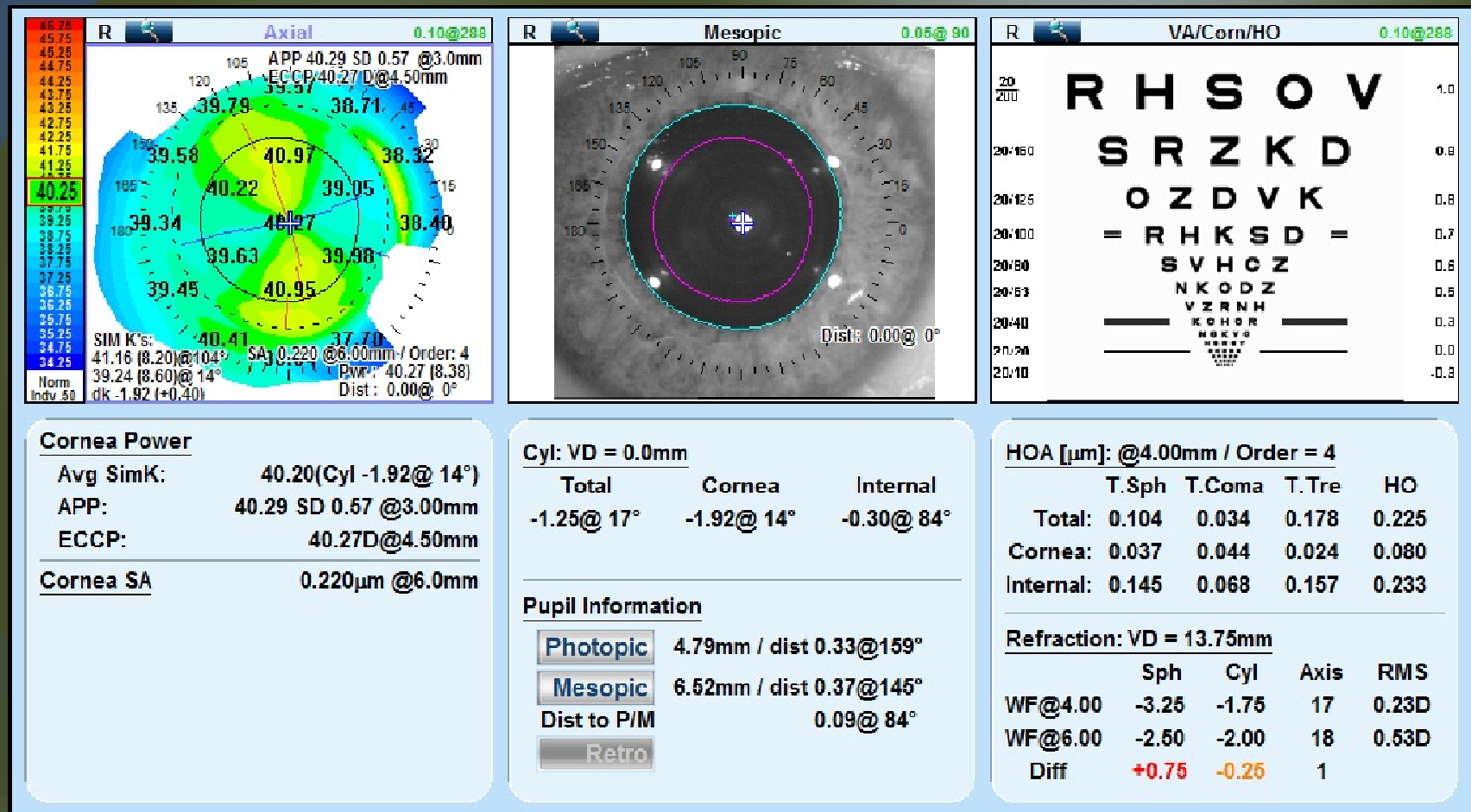
- AMO Tecnis® Z9000 - .27 μ
- Alcon AcrySof® SN60WF - .20 μ
- Hoya AF-1 iSpheric IOL - .18 μ
- Staar® Surgical (AQ2015) - .08 μ
- B&L Sofport® (Akreos™ AO) 0 μ
- Spherical (monofocal) +.15 μ



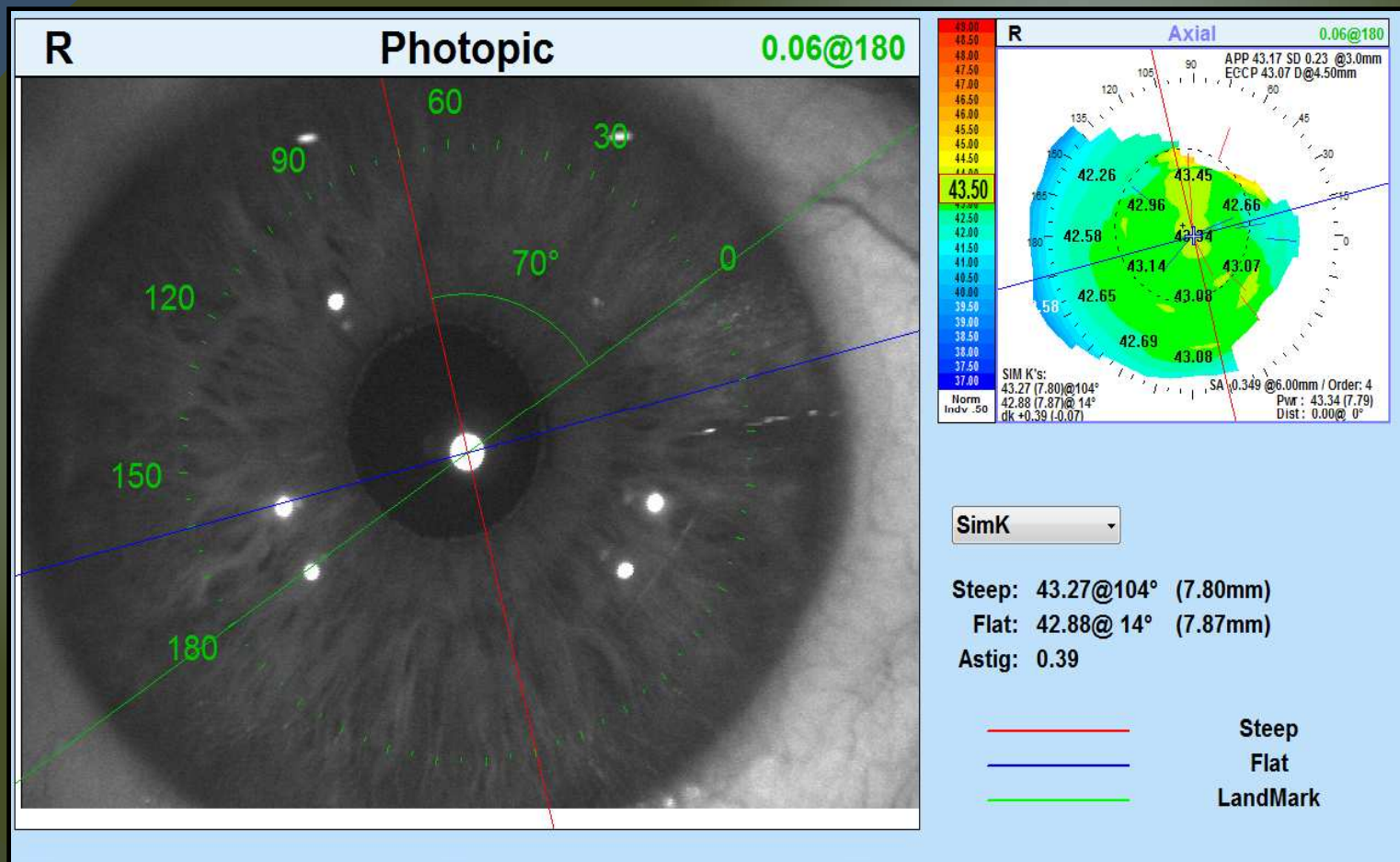
Toric IOLs

OPD III is a great device for
pre and postoperative
Toric IOL evaluations

Cataract Summary Check Pre Op



TORIC IOL Summary



Printout allows you to accurately mark cornea based on landmarks on iris or blood vessel on sclera and gage axis

Toric IOL Summary





Case

- ❖ Patient has toric IOL implants OD/OS
- ❖ Patient has not been happy with vision OS
- ❖ Patient has had YAG
- ❖ Patient is doctor's wife
- ❖ Patient is not happy....doctor is not happy!

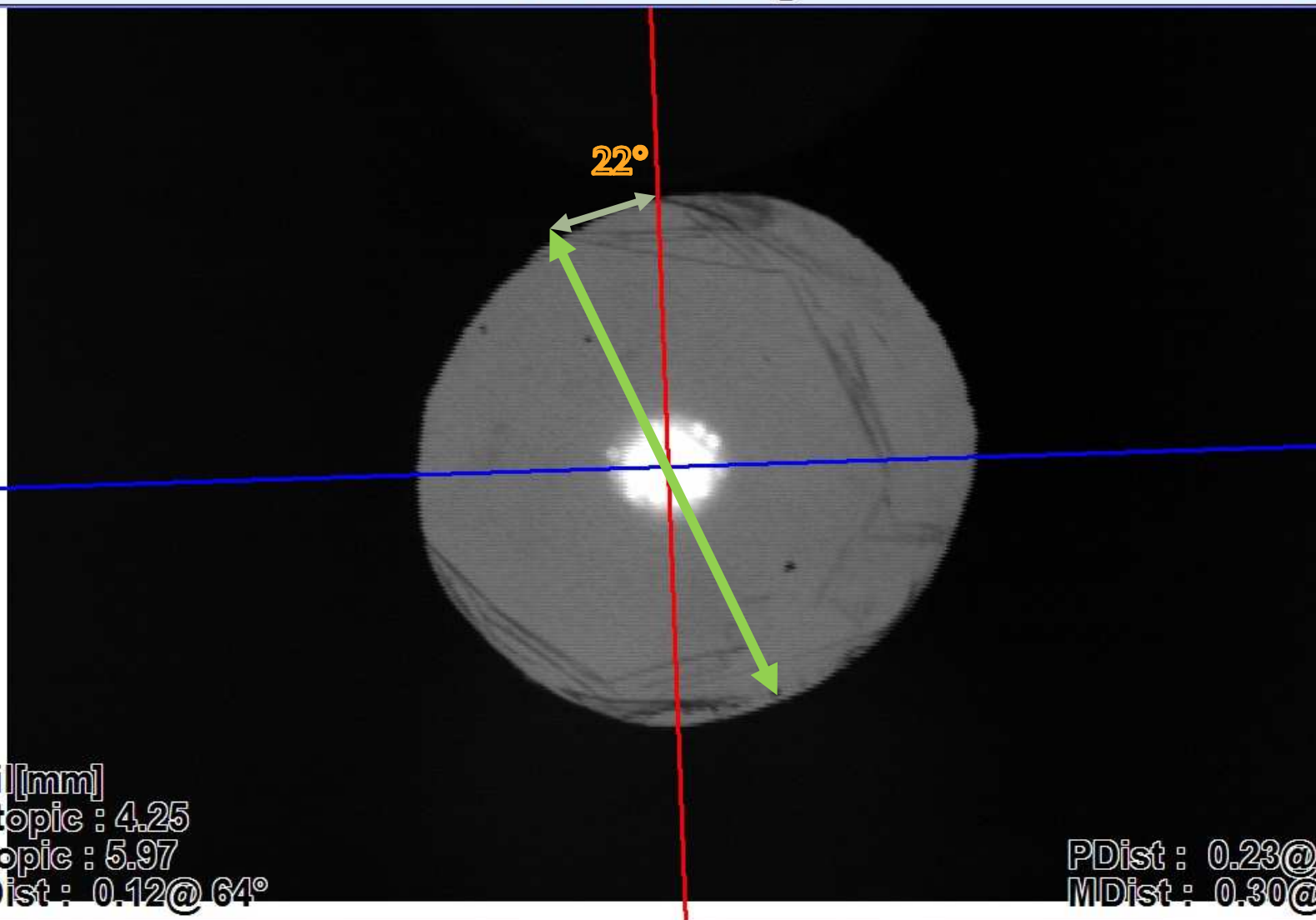
ID : E00020
Name : Toric iol, Dots
ExamNo: 1 (15/04/2011 19:30)



L

Retro image

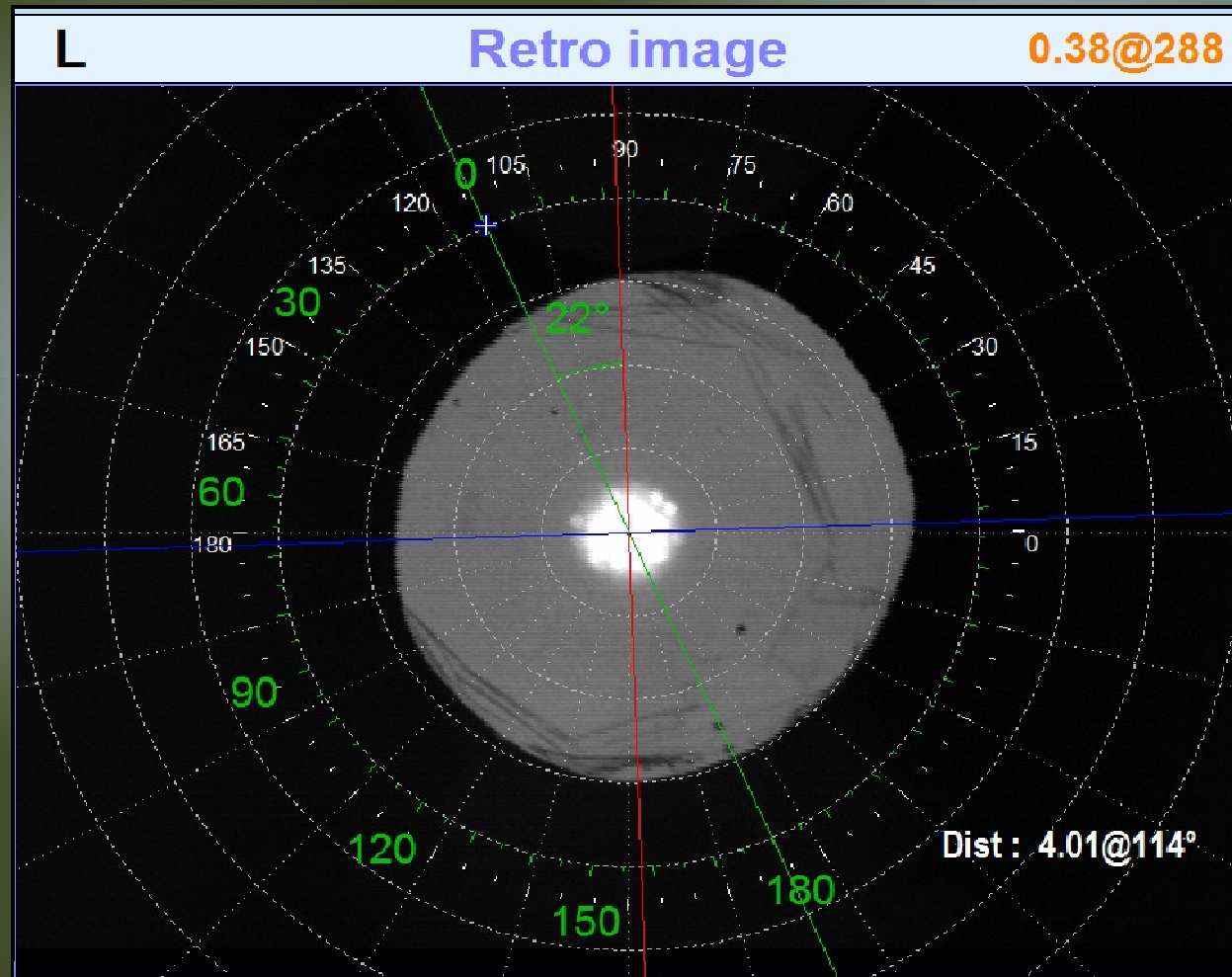
0.38@288



Pupil[mm]
Photopic : 4.25
Mesopic : 5.97
MPDist : 0.12@ 64°

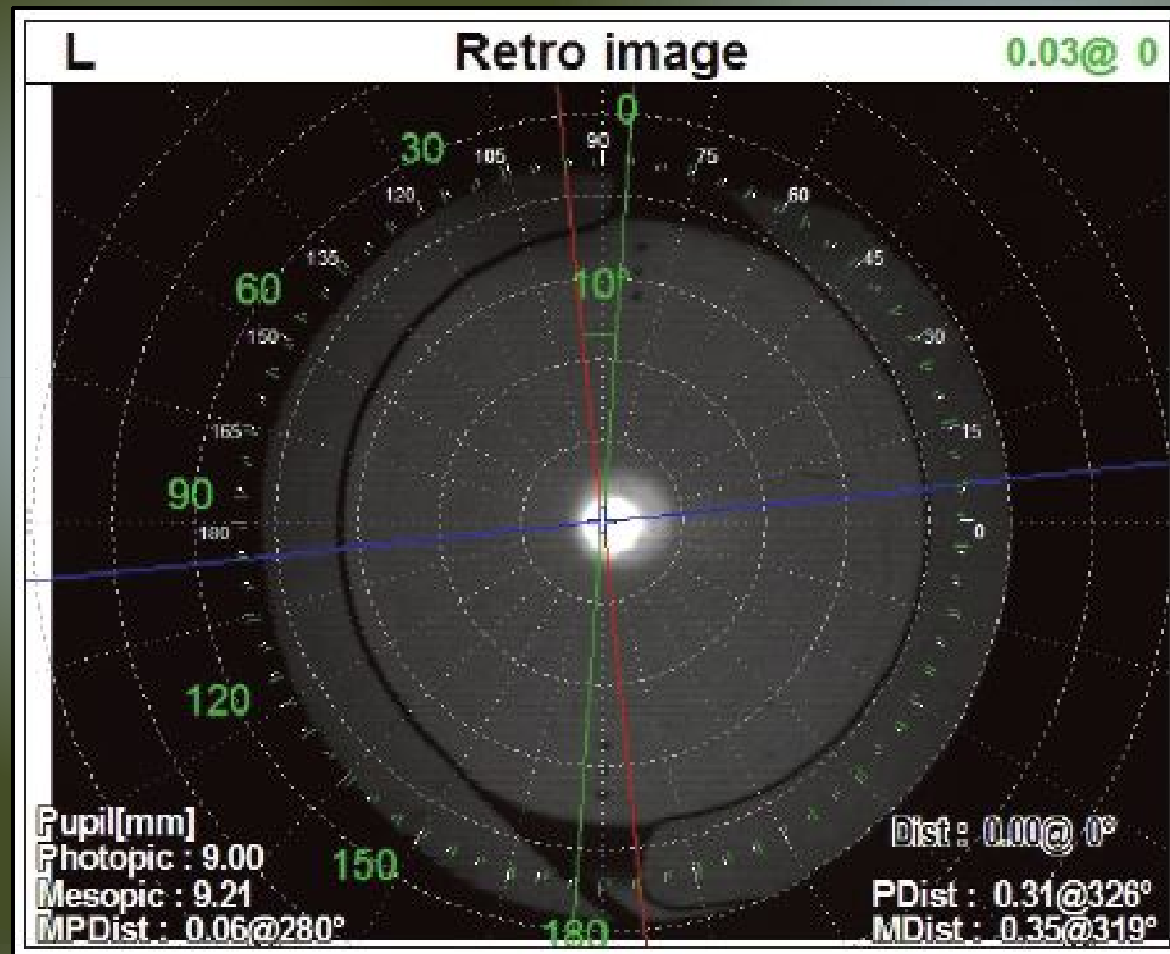
PDist : 0.23@ 1°
MDist : 0.30@ 22°

How do we know it is 22° ?

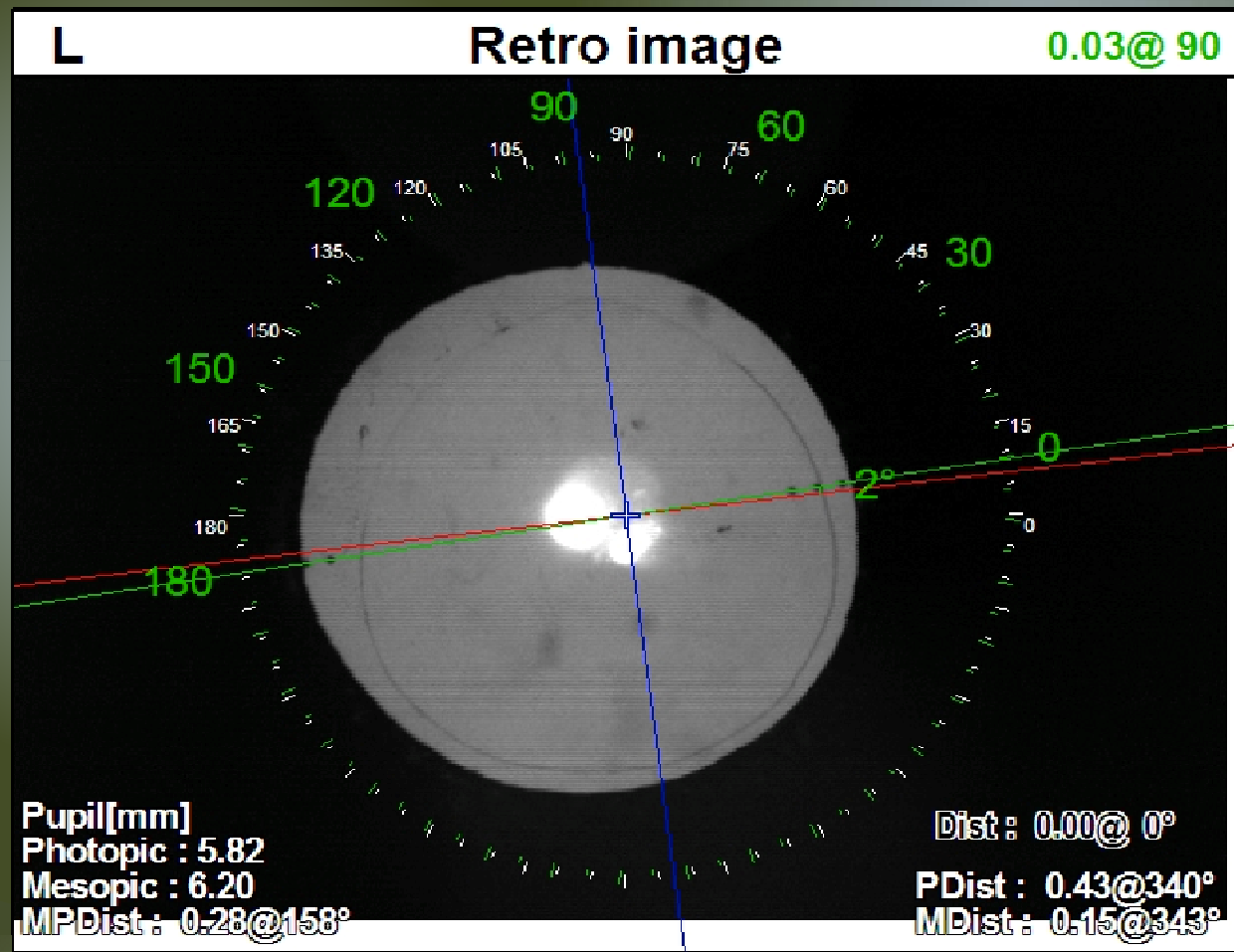


Toric IOL Summary

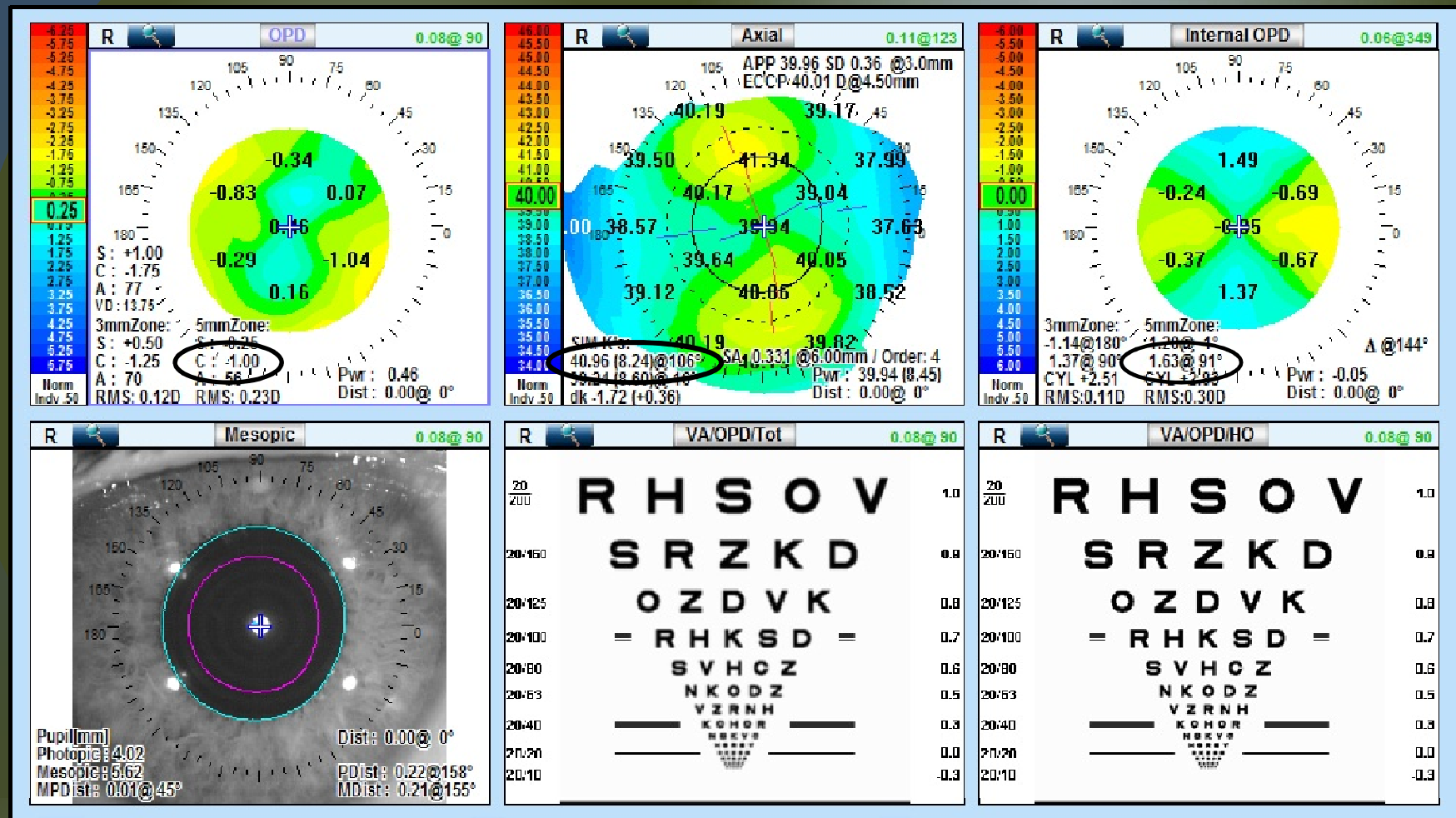
10 degree = 34% reduced effect



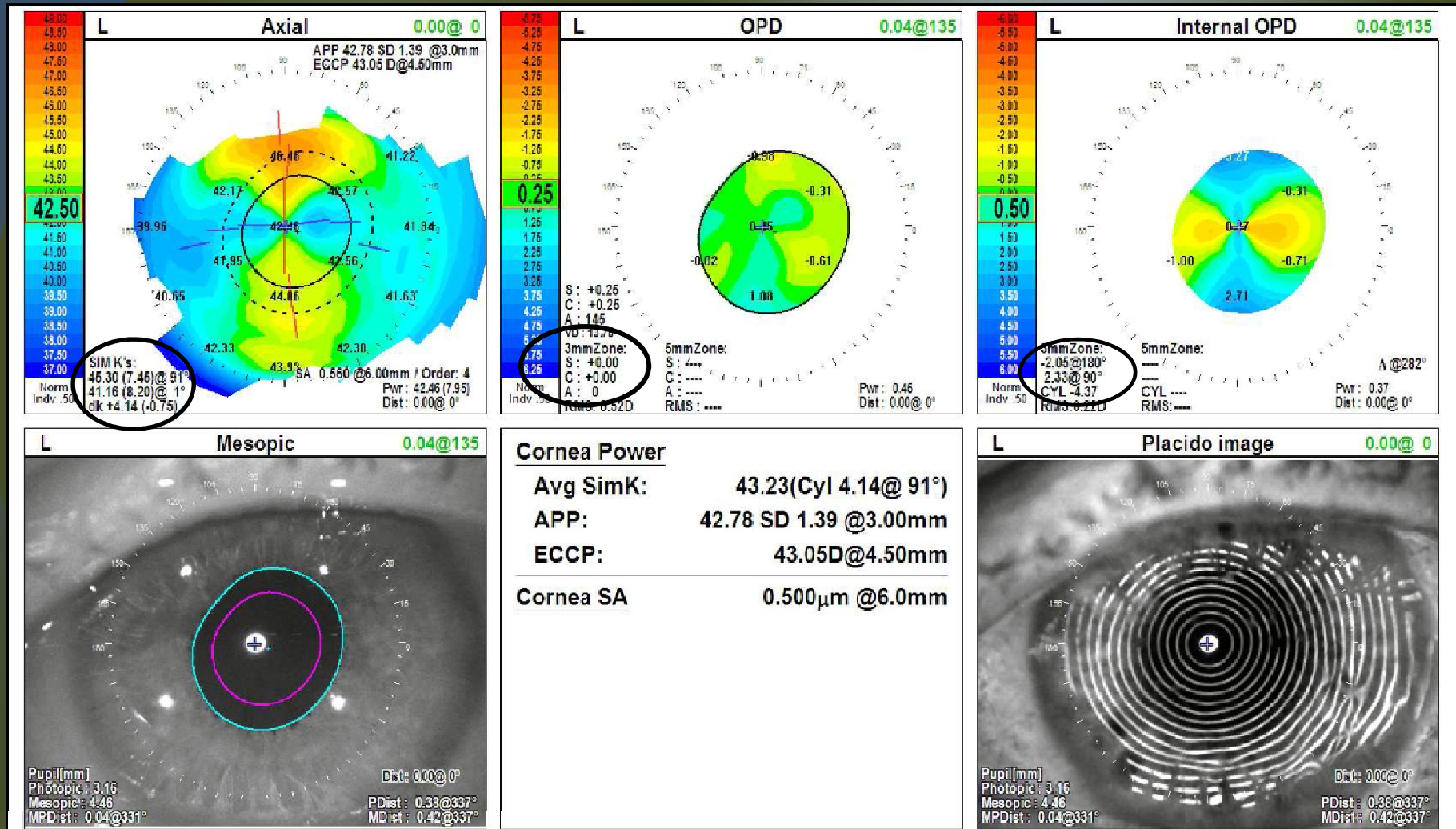
Toric IOL Summary



What if Toric IOL marks are not visible ?

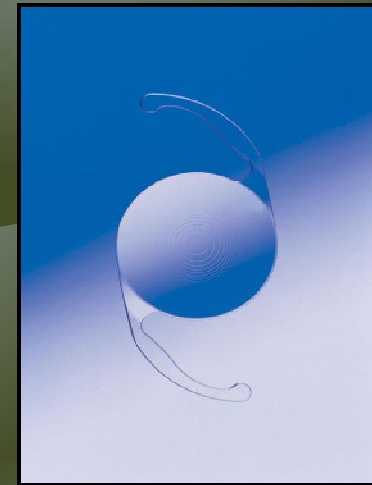


What if Toric IOL marks are not visible ?



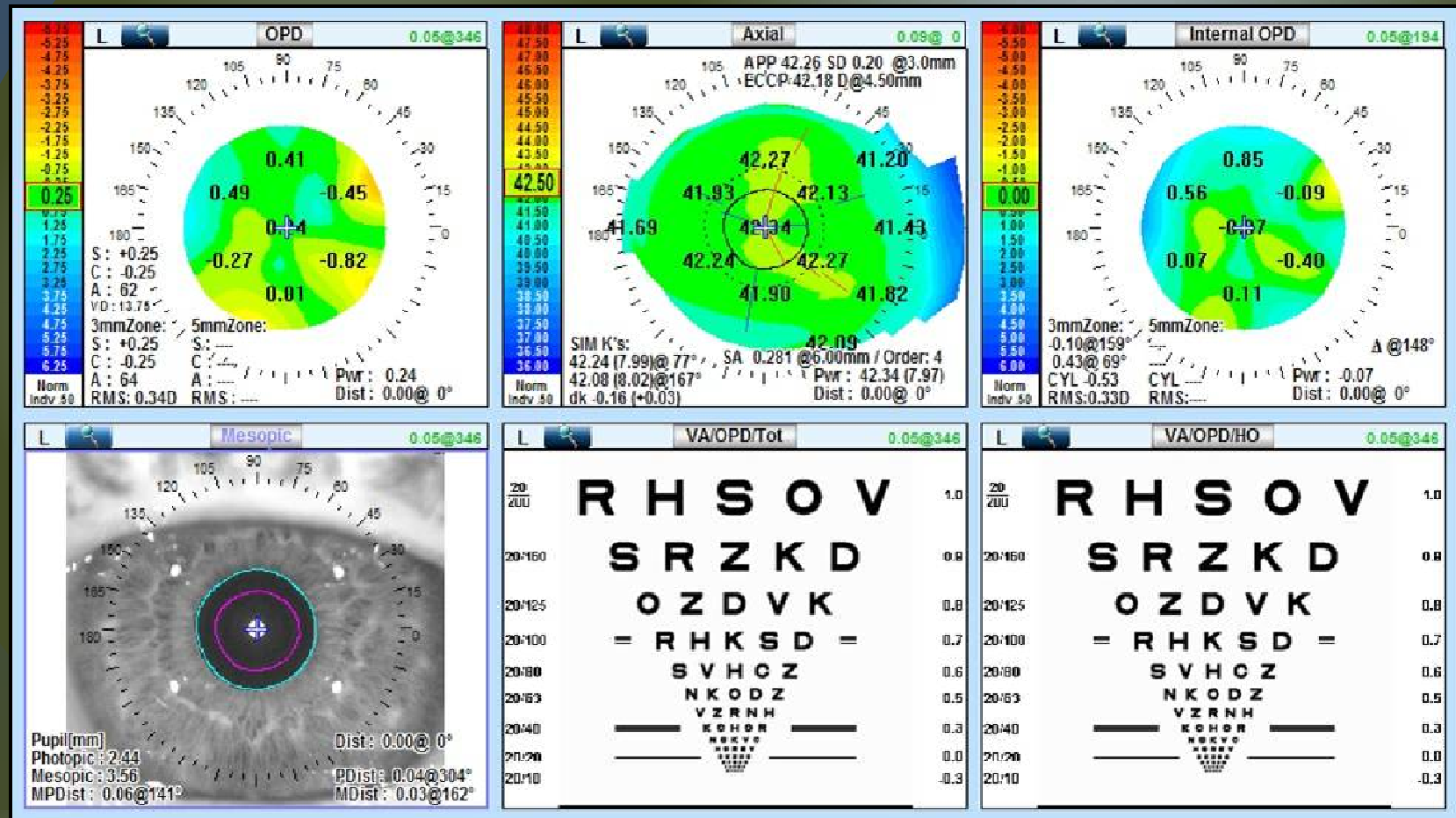
Multifocal IOLs

- ❖ Why do some patients have no problems and others do ?
 - Biggest contribution to glare and aberrations is residual refractive error
 - Angle kappa



Multifocal IOLs

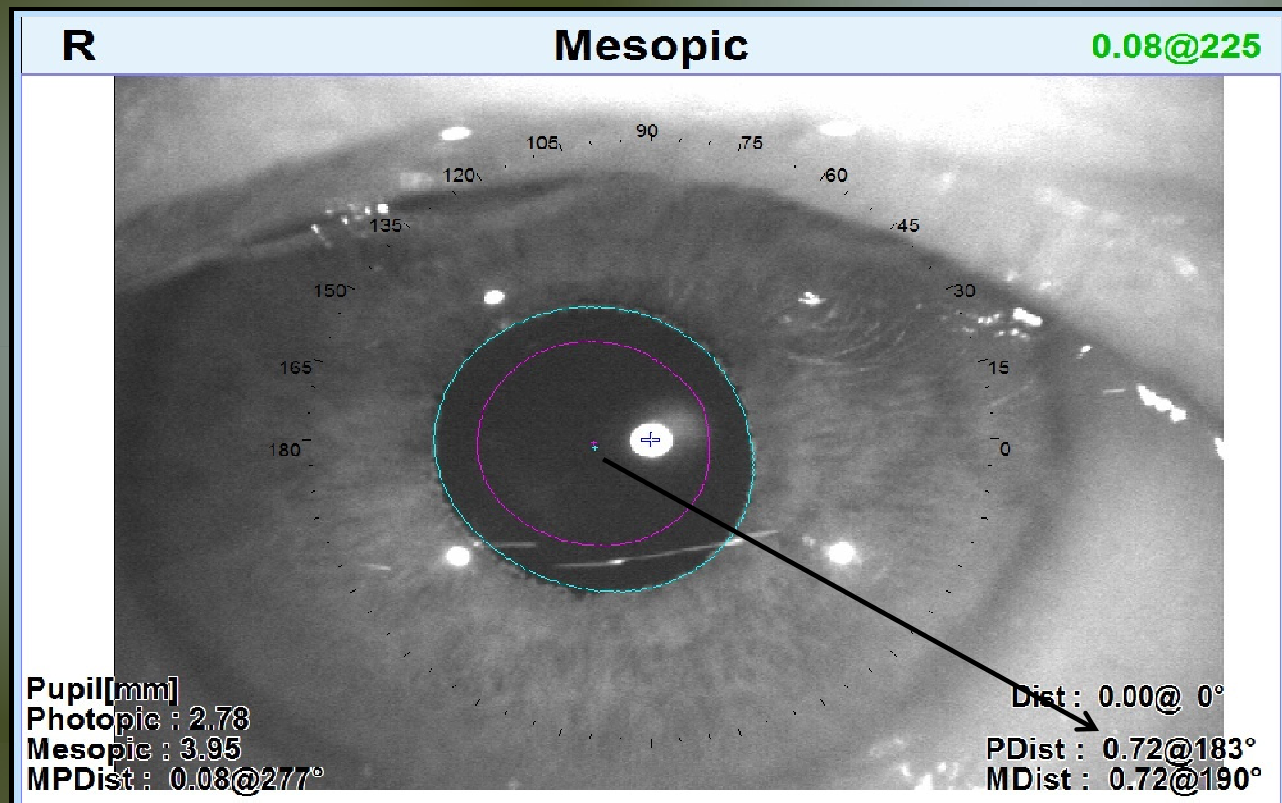
Good Candidate



Multifocal IOLs

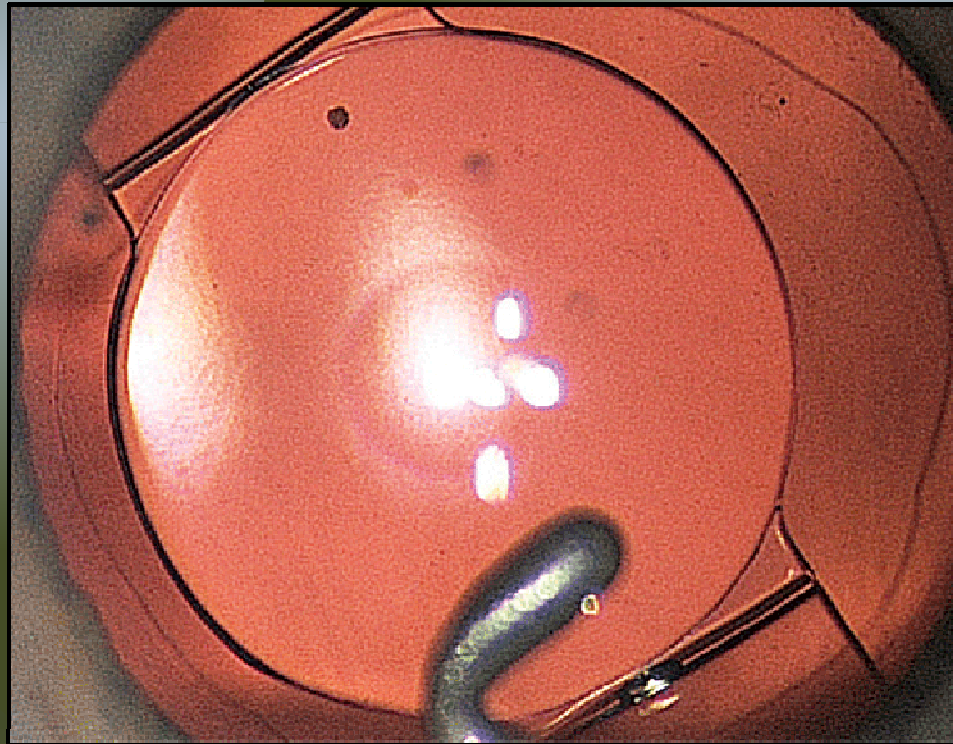
Not so good candidate

High Angle Kappa



Greater than 0.4 mm = poor multifocal candidate

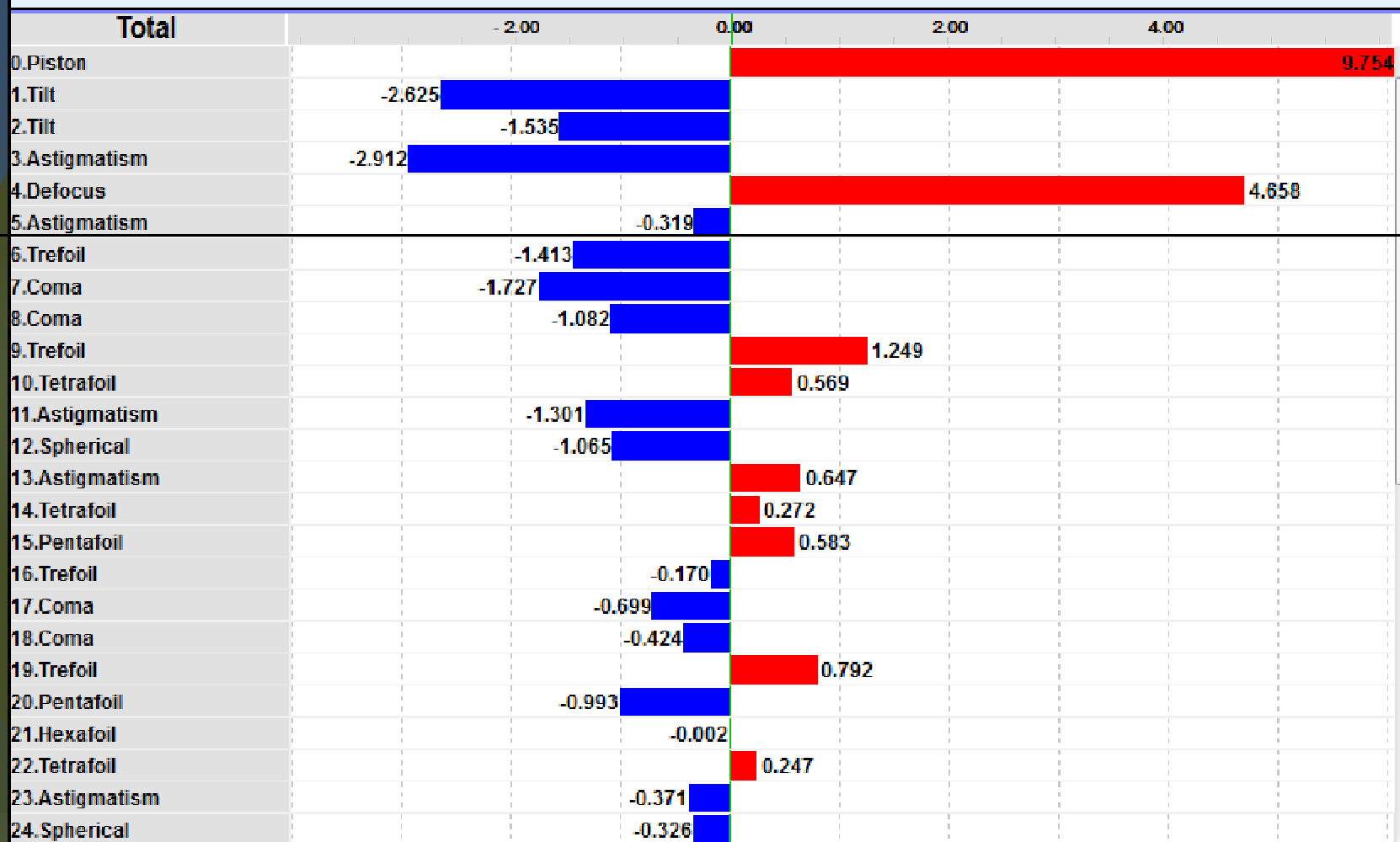
Crystalens HD



Removed from
the market



Wavefront Analysis

R**Zernike/OPD****Z: 5.60 O: 8**

Halos and Glare



$\leq 0.4\mu\text{m RMS}$

$0.4 \text{ to } 1.0\mu\text{m RMS}$

$\geq 1.0\mu\text{m RMS}$

Reduced Contrast Sensitivity

NIDEK



ID : E00007
Name :
ExamNo: 1 (20/03/2011 01:52)

Date:06/05/2011 15:07

Diagnostic Summary

Back

Left

Print

Pt. List

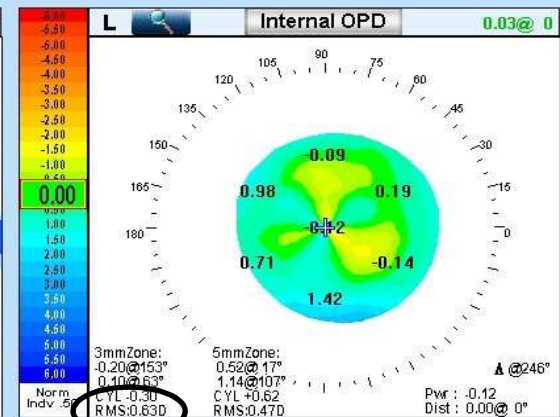
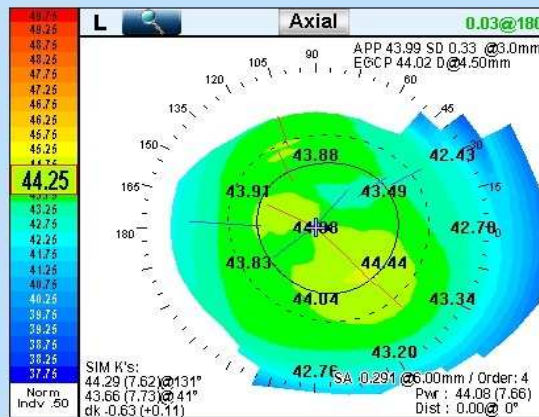
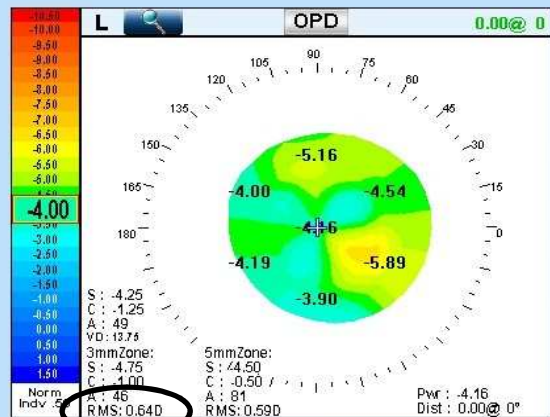
Pt. Exams

Summary

Display

Tools

Diag:
Com:



Zernike/OPD Z: 4.00 O: 4

	Total	-0.80	0.00	0.80	1.60	2.40
0.Piston						4.430
1.Tilt		-0.065				
2.Tilt				0.335		
3.Astigmatism		-0.485				
4.Defocus						2.623
5.Astigmatism				0.075		
6.Trefoil		-0.489				
7.Coma					0.016	
8.Coma					0.105	
9.Trefoil		-0.125				
10.Tetrafoil					0.004	
11.Astigmatism					0.032	
12.Spherical					0.051	
13.Astigmatism					-0.014	

Zernike/Corn Z: 4.00 O: 4

	Total	-0.40	-0.20	0.00	0.20	0.40
0.Piston						0.080
1.Tilt		-0.179				
2.Tilt				-0.032		
3.Astigmatism		-0.312				
4.Defocus						0.130
5.Astigmatism					0.007	
6.Trefoil				-0.020		
7.Coma				-0.066		
8.Coma					0.003	
9.Trefoil					0.001	
10.Tetrafoil				-0.025		
11.Astigmatism					0.006	
12.Spherical					0.065	
13.Astigmatism					-0.012	

Zernike/Int Z: 4.00 O: 4

	Total	-0.80	0.00	0.80	1.60	2.40
0.Piston						4.349
1.Tilt						0.115
2.Tilt						0.367
3.Astigmatism		-0.173				
4.Defocus						2.493
5.Astigmatism					0.010	
6.Trefoil		-0.469				
7.Coma					0.082	
8.Coma					0.103	
9.Trefoil		-0.127				
10.Tetrafoil					0.029	
11.Astigmatism					0.026	
12.Spherical					-0.014	
13.Astigmatism					-0.001	



Final Comments

OPD-Scan III

Powerful Pre and Postoperative Diagnostic Tool

- ❖ Autorefractor
- ❖ Keratometer
- ❖ Pupillometer
- ❖ Corneal Topographer
- ❖ Wavefront Aberrometer



OPD-Scan III

Powerful Pre and Postoperative Diagnostic Tool



- ❖ Patient Education
- ❖ Preoperative Cornea and Lens Evaluation
- ❖ IOL Selection
- ❖ Intraoperative Toric IOL Alignment
- ❖ Postoperative IOL Assessment



Obrigado