

ICR, My 15 Years Experience of Ultimate Results

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Received: May 28, 2019; **Published:** June 26, 2019

Intra Corneal Rings (ICR) is a great solution of moderate Keratoconus (KC) for many reasons, first, the easy learning curve, second, the use of modern technology like femtosecond laser, which made it easy and fast surgery and early recovery, and more safe procedure, third the reversible surgery, which by removal of ICR, going back to the pre-operative point, fourth, is the limited minor complications, fifth, fast and good results as early and final outcomes.

ICR is an additive surgery, adding strength, thickness to the cornea, also, it counteract the corneal power and astigmatism leading to KC to be leashed and corrects the astigmatism and lastly flattens the central part of the cornea.

Effects of ICR include, stabilization of the KC and improving the visual acuity (VA), as far as used in the exact indication which is moderate KC.

Moderate KC has the following criteria, first K readings not beyond 50D and VA improving by spectacle correction and enough corneal thickness (not less than 400 Microns).

There are many types of ICR which are INTACS (Addition Technology), Kera (Mediphacos), Ferrara (Ferrara) and MyoRing (Dioptex), and the last is the only one getting improvement in central KC.

My experience for the last 15 years in ICR is really excellent, getting more VA, stabilizing the KC and avoiding Keratoplasty and its complications.

In my experience, am always using tow rings, same thickness, 6 mm optical zone, and incision on the steep meridian.

INTACS is implanted on 70% of thickness, MyoRing is implanted on 300 Microns, while the others are implanted on 80% of the corneal thickness.

In short, if you use the correct data for the moderate KC for ICR, you will get an excellent, stabilized, and uneventful results.

Volume 10 Issue 7 July 2019

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