

Under Diagnosed Etiology of the Unhappy EDOF Patient

Edward Hedaya*

Invision Eye Care, USA

***Corresponding Author:** Edward Hedaya, Invision Eye Care, USA.

Received: July 12, 2019; **Published:** August 22, 2019

As someone who has been performing Yag vitreo-lysis of select floaters for nearly three decades, I have again been made aware of the optical function of the vitreous. In this case as it relates to post op cataract surgery patients, in particular, those patients who have unwittingly comprised their MTF by electing range of vision enhancing IOL's that split or modulate the incoming light.

We continue to asses with an increasing level of sophistication, potential EDOF/ multifocal candidates. Factors examined include total SIA vector, angle Kappa, tear film quality, regularity of topographic astigmatism, posterior corneal astigmatism, lens tilt, nyctalopic pupil size, macular function as well as OCT anatomy, optic nerve function, motor balance and mono-fixation as well as occupational/lifestyle considerations. Concomitantly IOL calculations are performed with utilizing multiple of the latest formulas looking for agreement.

In our clinic, despite substantial efforts, we have identified a class of patients that are quite dissatisfied with their plano, 20/20, on visual axis, low HOA, post-operative result due to what they describe as a poor quality of vision. Even after optimization of their tear film with outstanding tear film stability as measured by the Tear Break Up Time (TBUT) on the Optical Quality Analysis System, from Visiometrics certain patients remain distraught.

We have identified what we believe is the source of the dissatisfaction in a number of these patients. It appears that vitreous haze due to degeneration and syneresis is the cause. We noted an elevation on the post-operative Ocular Scatter index (OSI) using the Optical Quality Analysis System which was normalized after vitrectomy.

Before dismissing a patients complaints or considering an IOL exchange in these unhappy patients, perform a good vitreous exam and OSI if available and perhaps you may consider a vitrectomy to improve the contrast sensitivity already compromised by their new EDOF/ multifocal IOL.

Volume 10 Issue 9 September 2019

©All rights reserved by Edward Hedaya.