

ADVANCED IOL POWER CALCULATIONS

Jack T. Holladay, MD, MSEE, FACS

I. Formulas and Measurements

A. Variables Used to Predict ACD

1. Binkhorst 2 - 1981 - AL
2. Holladay 1 - 1988 - AL, K
3. SRK/T - 1990 - AL, K
4. Hoffer Q - 1993 - AL, K
5. Olsen - 1995 - AL, K, ACD
6. Clarke- 1996 - AL, K1, K2 ACD, LT
7. Holladay 2 - 1996 - AL, K, HWTW, REF, ACD, LT, AGE

B. Normal Values for required Measurements

1. Axial Length: mean = 23.5 mm, SD = 1.25 mm
2. Keratometry: mean = 43.81 D, SD = 1.6 D
3. Horizontal White-to-White (Corneal diameter): mean = 11.7 mm, SD = 0.46 mm
4. Preoperative Refraction: mean = plano
5. Anterior Chamber Depth (ultrasonic): mean = 3.1 mm, SD = 0.30 mm
6. Crystalline Lens Thickness (ultrasonic): mean = 4.7 mm, SD = 0.41 mm
7. Age: mean = 72, SD = 12 years

II. Axial length Measurements in Aphakic and Pseudophakic eyes

A. Aphakia - 1532 M/sec

B. Pseudophakia

1. PMMA - 2718 M/sec
2. Silicone - 980 M/sec
3. Acrylic- 2120 M/sec

III. Determination of corneal power following Keratorefractive Sx (PRK, LASIK, RK)

A. Manual Keratometry

B. Automated Keratometry

C. Corneal Topography

D. Calculation from pre- keratorefractive surgery K's

E. Determination from hard contact lens trial

IV. Data Screening Techniques on Preoperative Measurements

A. Probability of unusual measurements (one eye only)

B. Probability of asymmetrical measurements (both eyes)

V. IOL Calculations requiring Axial Length Measurements

A. Standard Cataract Removal with IOL

1. Piggy-Back IOL's: Use 34 D IOL posterior in bag
2. Multifocal IOL's: Target distance plano, near for -3.00 D.
3. Toric IOL's: IOL Cylinder to Corneal Cylinder ~ 1.46, but not exact for low (1.75) and high (1.20) power IOLs
 - a. Optimization of Cataract Incision Location: Normal 4 locations for zero residual astigmatism
 - b. Back calculation for surprise: 1) P.O. Refraction &, 2) P.O. Ks OR Current IOL axis

- #### B. Cataract Removal with IOL and Silicone in Vitreous: use convexplano ~ 3 D more, for biconvex ~ from 5 - 6 D more in IOL.

- VI. IOL Calculations not requiring Axial Length
 - A. Secondary Implant for Aphakia: in sulcus or anterior chamber angle
 - B. AC IOL in phakic patient: High myopia (- IOL) & High hyperopia (+ IOL)
 - C. Secondary Piggy-Back IOL for high hyperopia (or myopia within 1 year)
- VII. Pediatric IOL calculations
 - A. Ideal Postoperative Target Refraction: plano to -1.00 D.
 - B. Expected Myopic Shift with age: 4 D from age 2 to age 21.
- VIII. Minimizing Prediction Error
 - A. Personalizing Formula Constants (A-const, ACD or Surgeon Factor)
 - B. Prediction Error vs. IOL Power
 - C. Creating personalized constants for subgroups
 - 1. Axial Length (< 22 mm or > 26 mm)
 - 2. Keratometry (< 40 D or > 48 D)
 - 3. Preoperative Refraction (< -4 D or > +4 D)
- IX. Calculating SIRC (Surgically induced refractive change)
 - A. From pre and post operative keratometry
 - B. From pre and post operative refraction
- X. Outcomes Analysis
 - A. Prediction Error Analysis: Mean absolute prediction error should be < 0.50 D.
 - B. Formula Comparisons: more predictors, better results in unusual eyes
 - C. SIRC Results: Astigmatic Analysis
 - D. Visual Acuity Results
 - 1. Best corrected
 - 2. Uncorrected
- XI. Back-calculations
 - A. For determining source of error with refractive surprise
 - B. Comparison of back-calculated lens constant and actual lens constant



AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

Financial Disclosure

- I have the following financial interests or relationships to disclose:
 - Acufocus® – Consultant
 - Alcon® – Consultant
 - AMO® – Consultant
 - Oculus® – Consultant
 - Visiometrics® – Consultant
 - Wavetec® – Consultant
 - Zeiss® – Consultant

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3/28/2014 JTH 6

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Physician Resources: Holladay Publications, Holladay Handouts, IOL Consultant Software, International IOL Registry, Email Dr. Holladay!

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Eye Physician & Surgeon

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Vergence Formula

- Theoretical Formula has not changed in 173 years
- Physiologic Assumptions may be slightly different
 - Retinal thickness
 - Corneal Index of Refraction

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Vergence Formula

$$IOL = \frac{1336}{AL - ELP} - \frac{1336}{\frac{1336}{\frac{1000}{1000 + K}} - \frac{1000}{D_{PostRx}} - ELP}$$

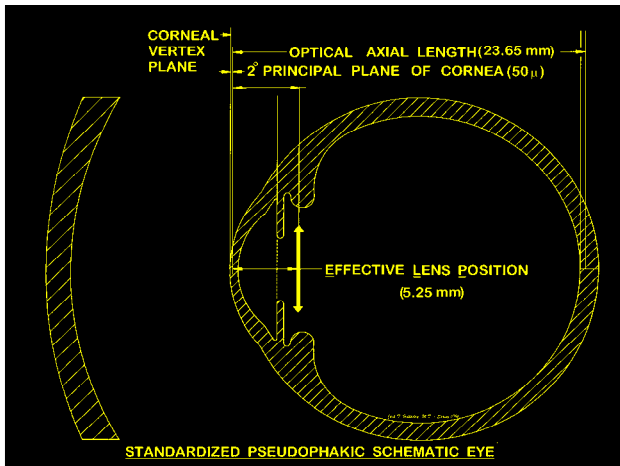
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ELP

Effective Lens Position

- Distance from corneal vertex to principal plane of thin IOL (no thickness)
- Same as ACD, but avoids confusion with anatomy

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- ### Prediction of ELP
- 1 <1980 Constant (0) 4.5
 - 2 1981 Binkhorst 2 (1) AL
 - 3 1988 Holladay 1 (2) AL, K
 - 4 1995 Olsen (4) AL, K, ACD, LT
- 3/28/2014 JTH 25

- ### Prediction of ELP
- 5 1996 Holladay 2 (7) AL, K, ACD, LT, **HWTW**, REF, AGE
- 3/28/2014 JTH 27

- ### Investigation
- International Study - 1993
 - 34 investigators (15 U.S.)
 - Additional measurements are taken
 - ◆ 35 eyes < 21 mm
 - ◆ 35 eyes > 26 mm
 - ◆ 35 eyes = normal
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Measurements taken for Predictors of ELP

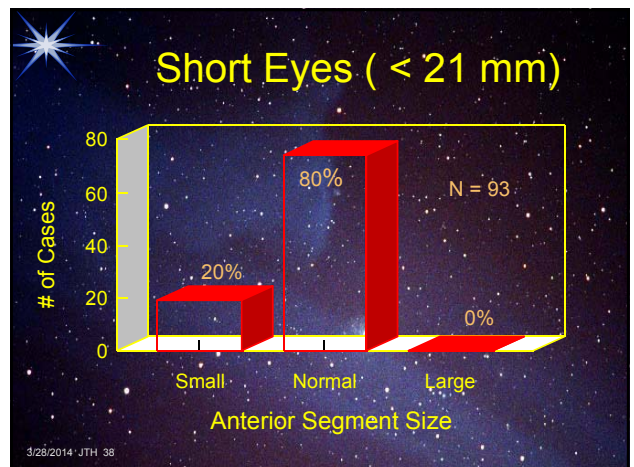
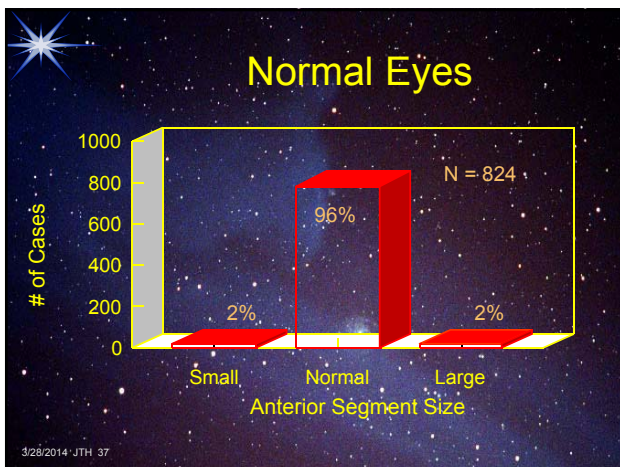
- 1 Axial Length
- 2 Average K
- 3 Horizontal WTW
- 4 ACD
- 5 LT
- 6 Pre-op Refraction
- 7 Age

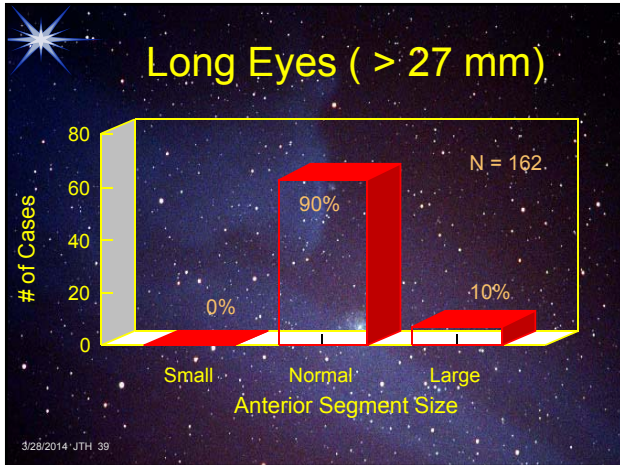
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HWTW Gauge

Horizontal Corneal Diameter

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- ### Normal Physiologic Values
- AI: 23.5 mm \pm 1.25 mm
 - K: 43.81 D \pm 1.6 D
 - Hwtw: 11.7 mm \pm 0.46 mm
 - Ref: -0.60 D \pm 2.00 D
- 3/28/2014 JTH 40

- ### Normal Physiologic Values
- ACD: 3.1 mm \pm 0.30 mm
 - LT: 4.7 mm \pm 0.41 mm
 - Age: 72 years \pm 12.0 years
- 3/28/2014 JTH 41

- ### Critical Data
- Corneal Power
 - "Optical" Axial Length
 - Horizontal "White-to-White" (11.7)
 - AC angle = WTW + 1.0 (12.7)
 - Sulcus = WTW + 1.5 (13.2)
 - Bag = WTW - 1.0 (10.7)
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CONCLUSION

Eye Model must include

NINE

types of eyes not only

THREE

3/28/2014 JTH 43

CONCLUSION: 9 EYES

Anterior Segment Size	Large	Megalocornea + axial hyperopia (0%)	Megalocornea (2%)	Large Eye Buphthalmos Megalocornea + axial myopia (10%)
	Normal	axial hyperopia (80%)	normal (96%)	axial myopia (90%)
	Small	Small eye Nanophthalmia (20%)	Microcornea (2%)	Microcornea + axial opia (0%)
		Short	Normal	Long
Axial Length				

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Relative Importance of Predictors for ELP

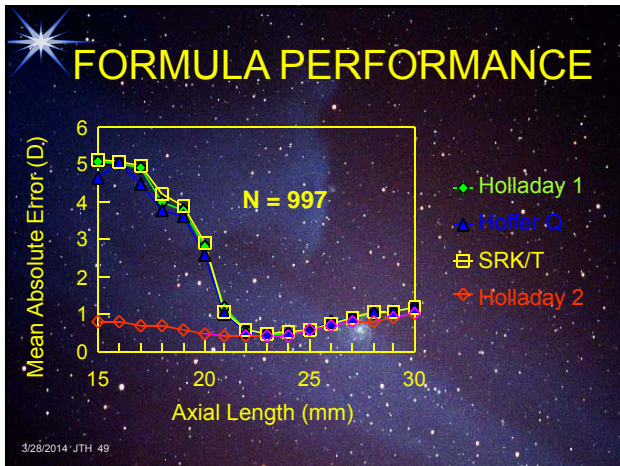
1	Axial Length	100
2	Average K	76
3	Horizontal WTW	24
4	Refraction	18
5	ACD	8
6	LT	7
7	Age	1

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THE HOLLADAY 2 FORMULA

More Measurements
More Accuracy

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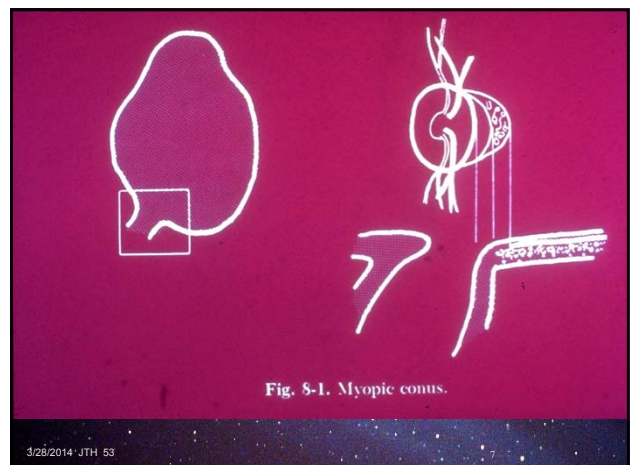
CONCLUSIONS

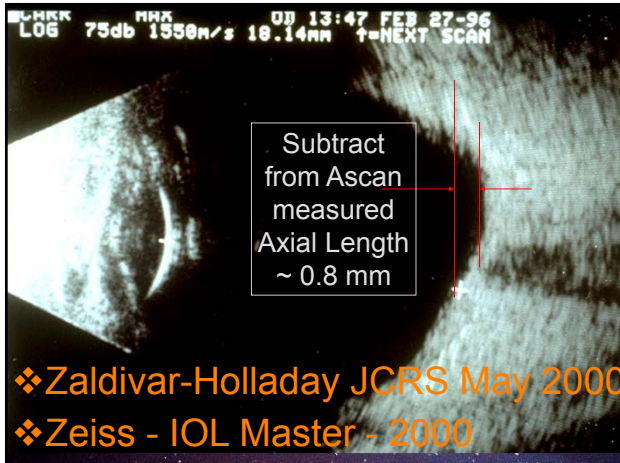
- Prediction Errors in Short Eyes: significantly improved by more measurements
- Prediction Errors in Long Eyes: due to bad Axial Lengths, B-Scan

3/28/2014 JTH 50

Myopic Staphyloma

3/28/2014 JTH 52





ARTICLE

Optimizing intraocular lens power calculations in eyes with axial lengths above 25.0 mm

Li Wang, MD, PhD, Mariko Shirayama, MD, Xingyuan Jack Ma, Thomas Kohner, MD, PhD, FEBO, Douglas D. Koch, MD

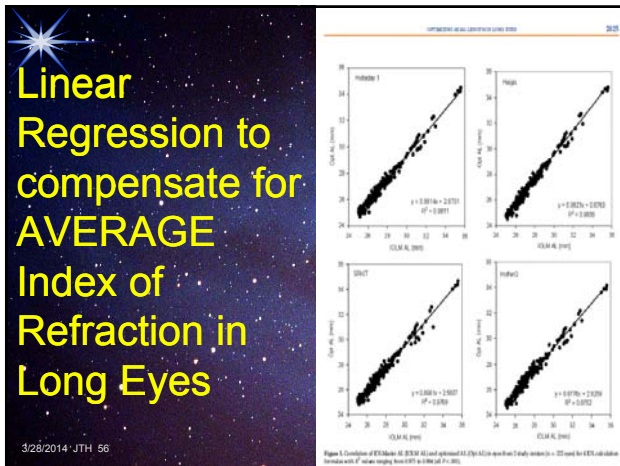
J Cataract Refract Surg 2011; 37:2018-2027

PURPOSE: To evaluate the accuracy of refractive prediction of 4 intraocular lens (IOL) power calculation formulas in eyes with axial length (AL) greater than 25.0 mm and to propose a method of optimizing AL to improve the accuracy.

SETTING: Cullen Eye Institute, Baylor College of Medicine, Houston, Texas, USA, and Department of Ophthalmology, Goethe University, Frankfurt am Main, Germany.

DESIGN: Case series.

METHODS: Refractive prediction errors with the Holladay 1, Haigis, SRK/T, and Hoffer Q formulas were evaluated in consecutive cases. Eyes were randomized to a group used to develop the method of optimizing AL by back-calculation or a group used for validation. Further validation was performed in 2 additional data sets.



Zeiss-Humphrey IOL Master LenStar

Difficult Cases

- Asteroid Hyalosis (vit. debris)
- Extreme Length (26.5 mm)
- Uses Average Index → **Too Long**
- Extreme Short (< 21 mm)
- Pseudophakic Eyes
- Silicone in Vitreous

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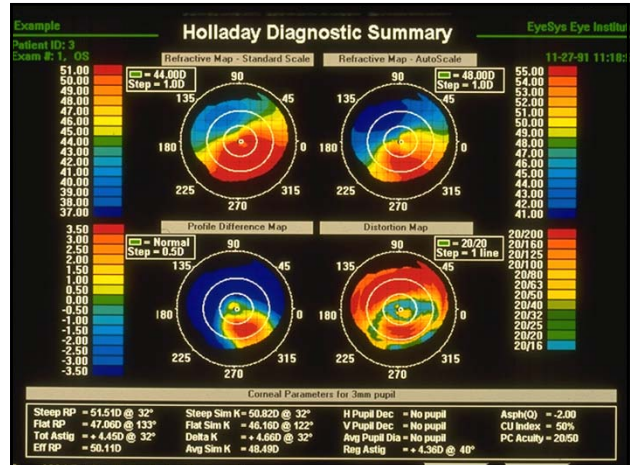
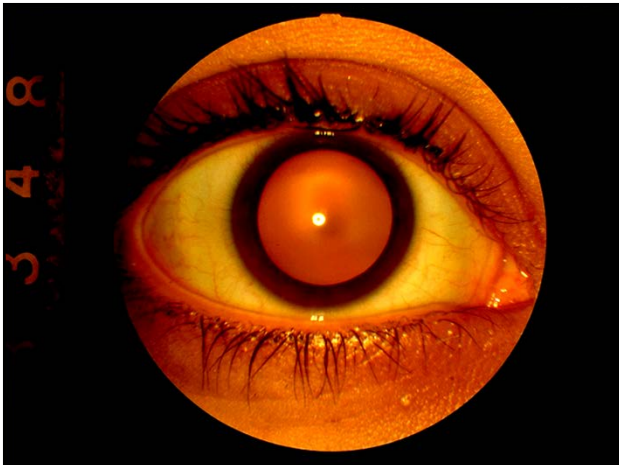
Cataract Surgery ... IOL Power Calculations Following Refractive Surgery

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Preoperative Assessment

- Endothelial Cell Count
- Pachymetry
- Direct Ophthalmoscope @ 16"
- Corneal Topography
- Determining Corneal Power
- IOL Calculation

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Corneal Power after LASIK, PRK, RK

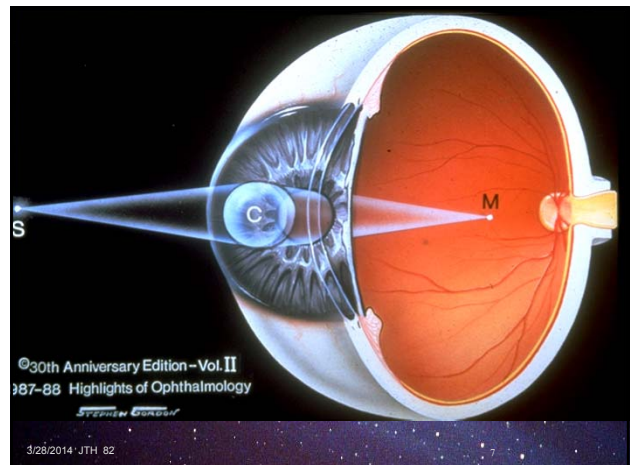
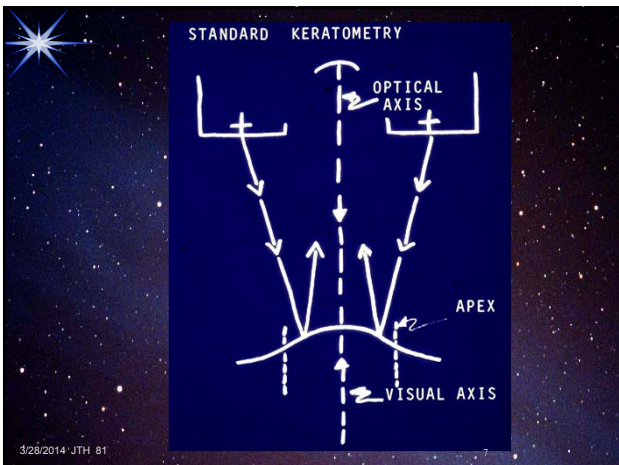
- 1 Ideally, Calculation from both surfaces ...
- 2 Calculation from Prior Data Trial
- 3 Hard Contact Lens
- 4 Corneal Topography
- 5 Automated Keratometry
- 6 Manual Keratometry

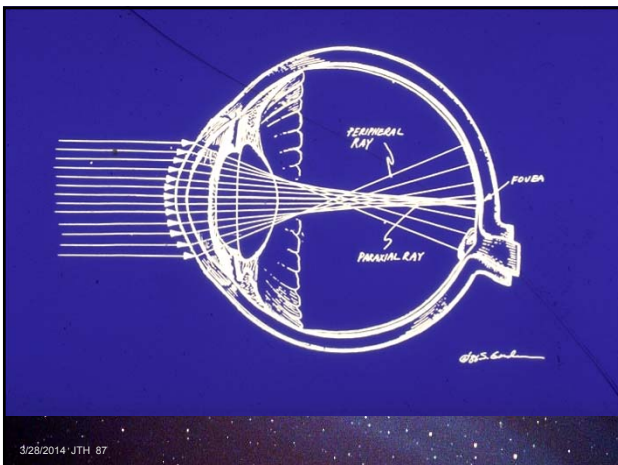
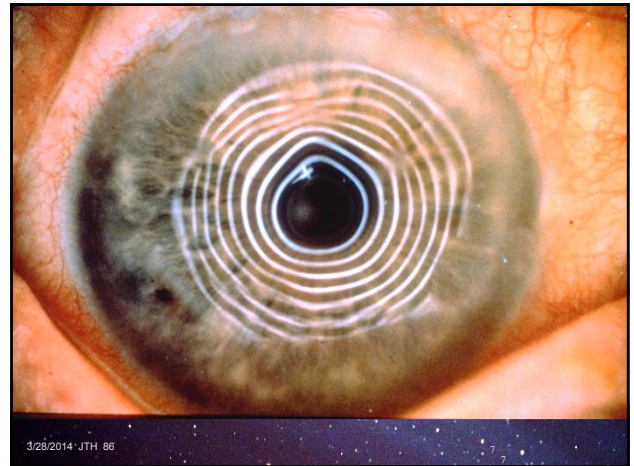
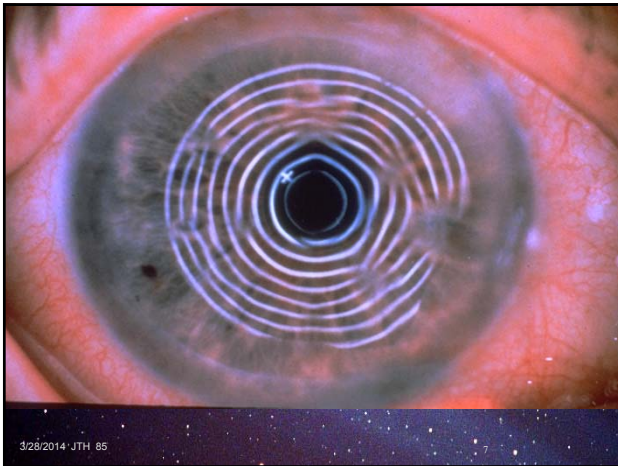
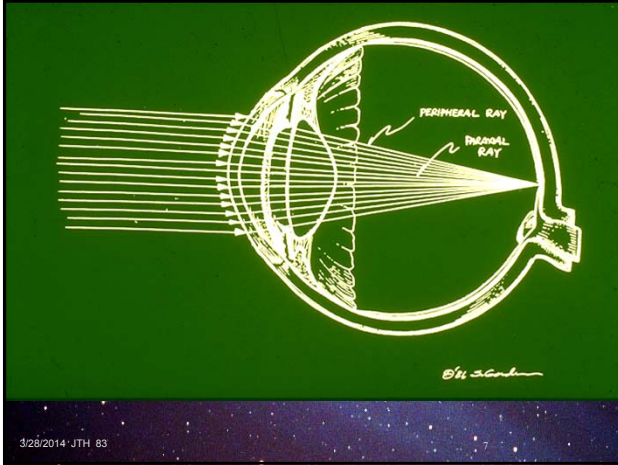
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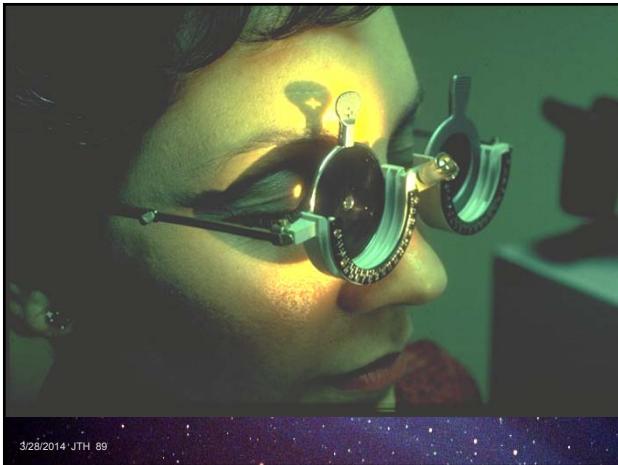
Pachymetry and Posterior Corneal Surface

New patented laser cross for measurement of posterior corneal surface and optical pachymetry

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3/28/2014 JTH 89

1. Calculation from Prior Data (Pre K & Δ MR known)

Pre KR Mean K = 44.00 D

Change in SEQ Ref = -4.50 D

Calc Mean K = 39.50 D

3/28/2014 JTH 90

2. Calculation from Prior Data (Post Std. K's & Δ MR only)

Post Mean K = 40.58 D

Change in SEQ Ref = -4.50 D

STD K's: $-0.24 * SEQ = -1.08$

Calc Mean K = 39.50 D

3/28/2014 JTH 91

3. Calculation from Prior Data (Post Ctr Top Power & Δ MR only)

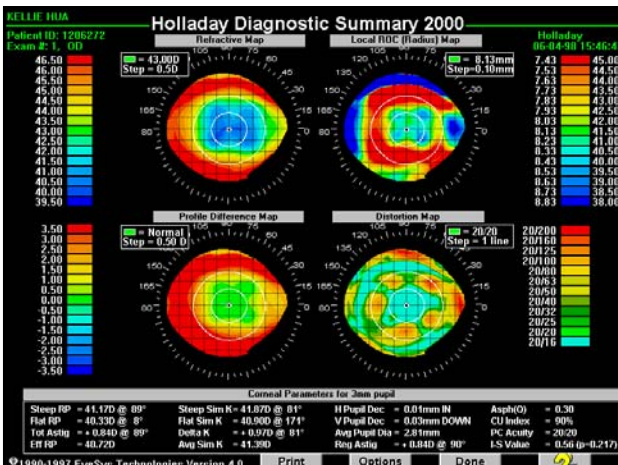
Post Mean K = 40.27 D

Change in SEQ Ref = -4.50 D

Ctr Top: $-0.15 * SEQ = -0.77$

Calc Mean K = 39.50 D

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4. Trial Hard Contact Lens (Rigid Contact lens only)

Piano HCL Base Curve = 41.50 D

SEQ Ref without CL = +0.50 D

SEQ Ref with CL = -1.00 D

Front K = $41.50 - 1.50 = 40.00 D$

$40.00 D - 10\% (4.50) = 39.50 D$

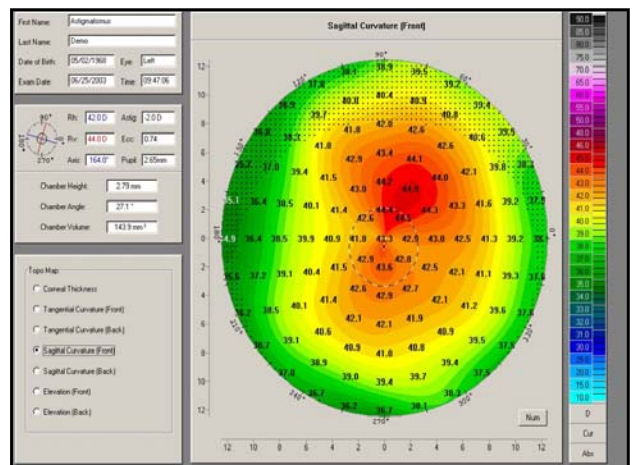
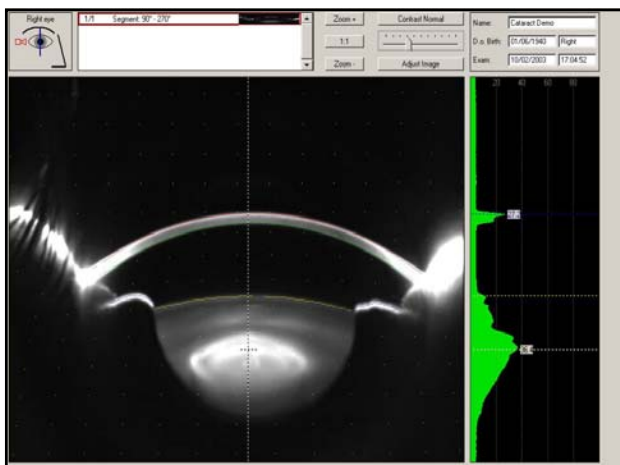
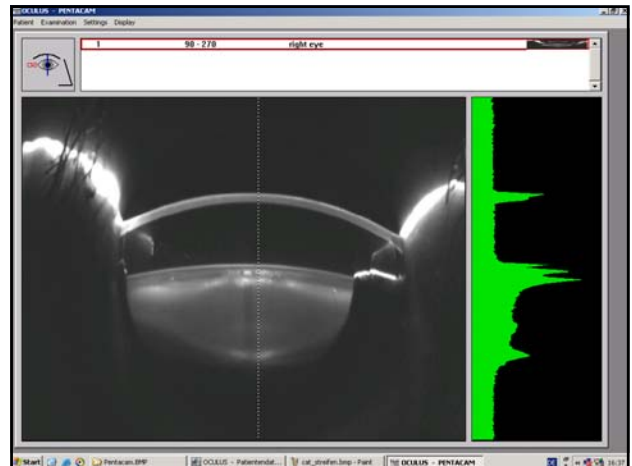
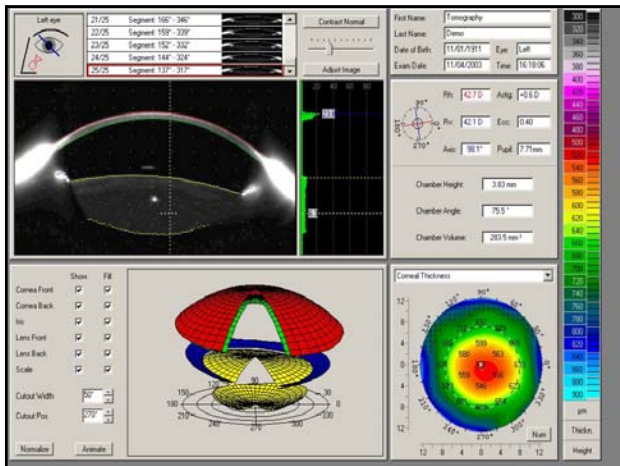
Mean K = 39.50 D

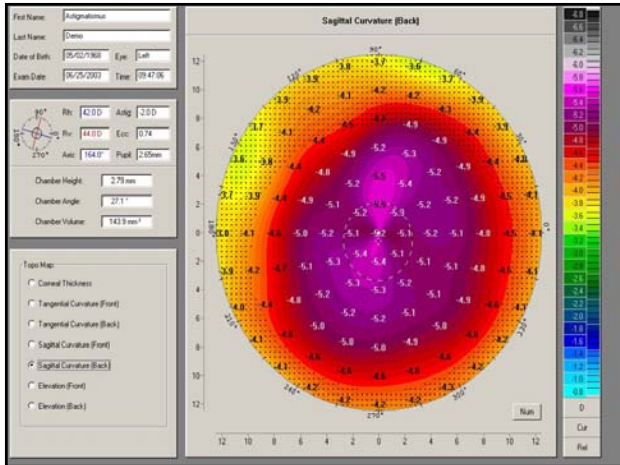
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Post-operative

- Initial Hyperopic Shift
- Long Term Hyperopic Drift
- ATR: Astigmatism Drift

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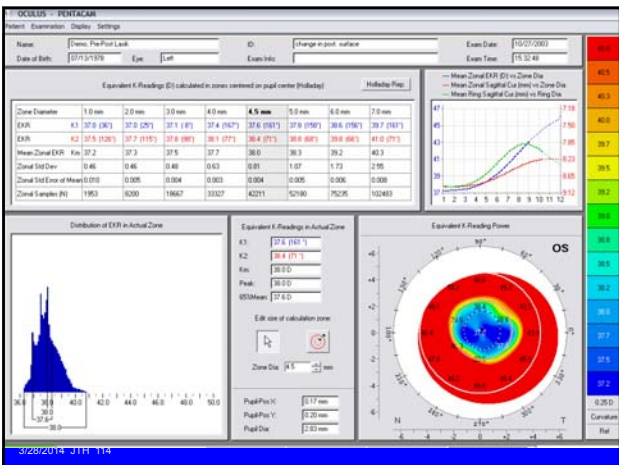
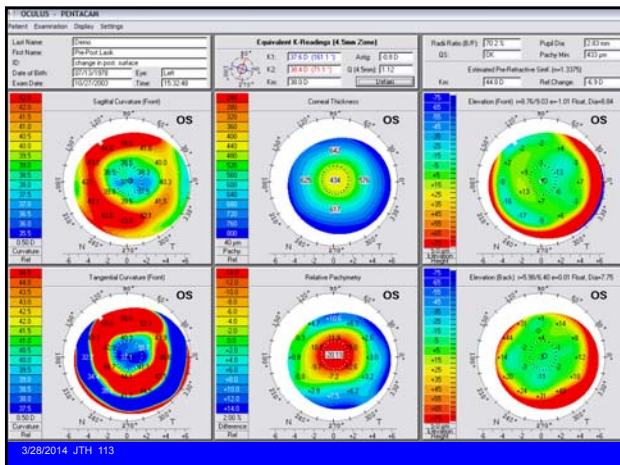
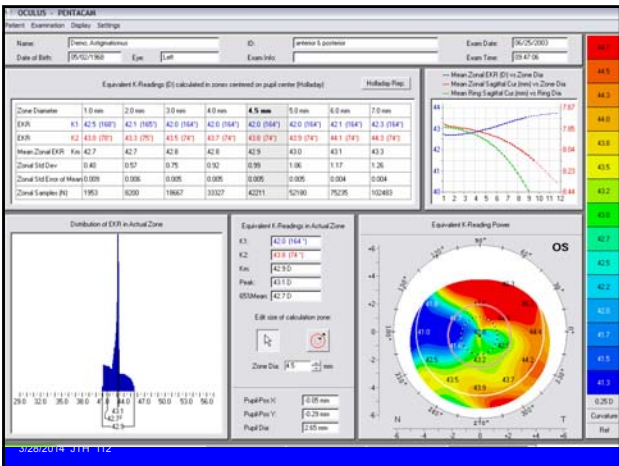
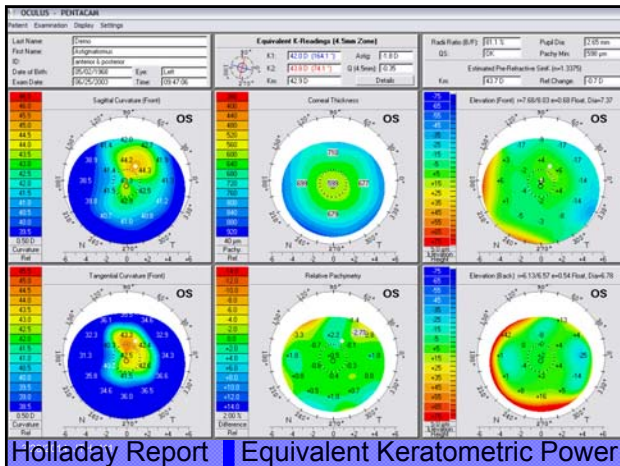


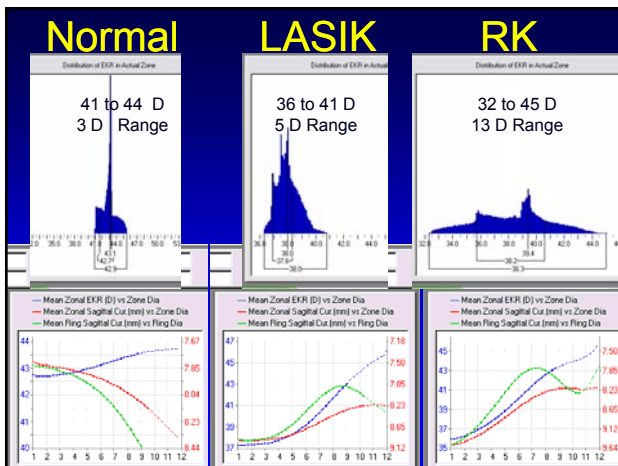
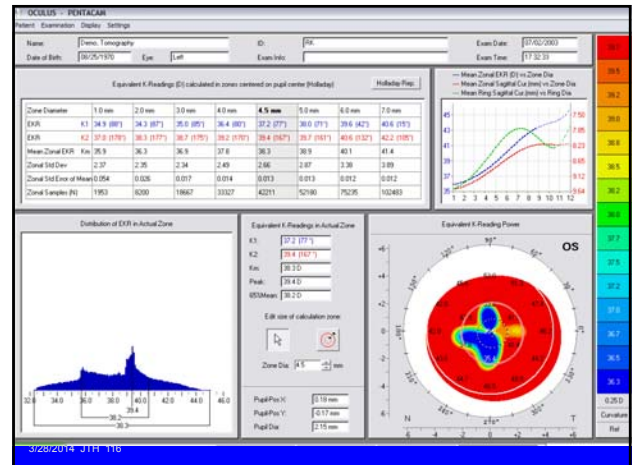
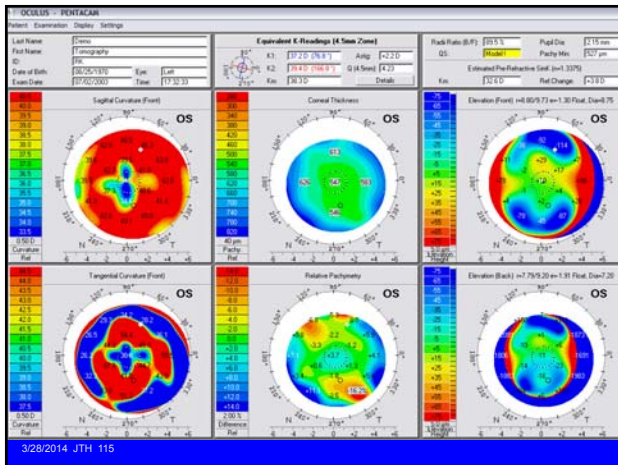


Accuracy of EKR

Prior Sx LASIK RK	STD 4.5 (D) 0.56 0.94
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Holladay JT, Hill WE, Steinmueller A. Corneal Power Measurements Using Scheimpflug Imaging in Eyes With Prior Corneal Refractive Surgery. J Refractive Surgery 2009;25:862-868. (October 2009 Issue of J Refr Surgery)
3/28/2014 JTH 106



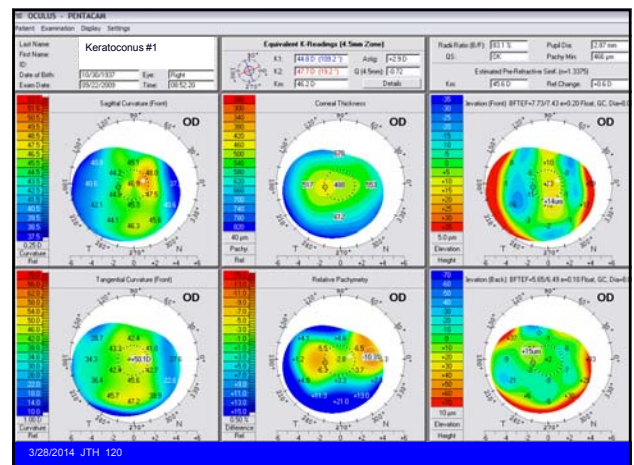


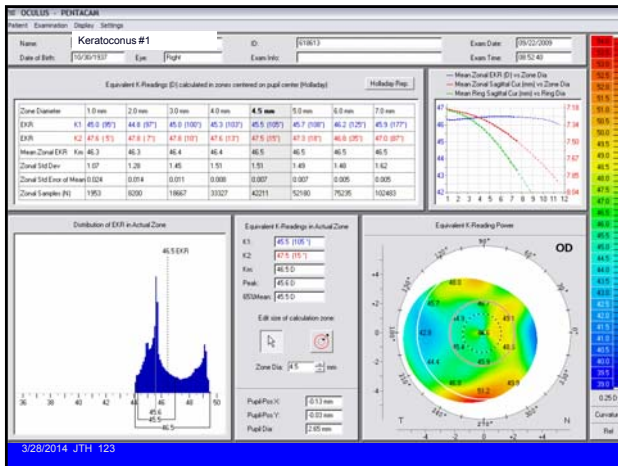
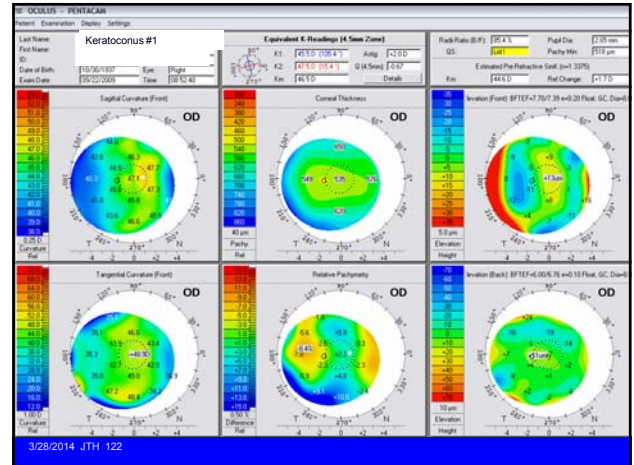
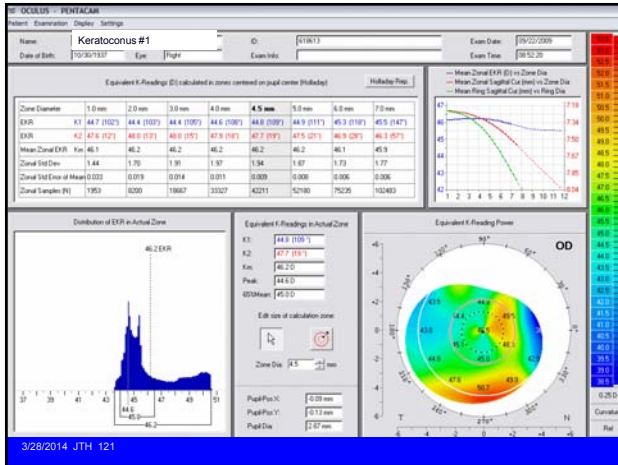
Summary

- Optimal Zone
 - LASIK: 4.5 mm
 - RK: 5.0 mm
 - Customize for small/large pupils
- Accuracy
 - LASIK: ± 0.56 D
 - RK: ± 0.94 D
- Error on MYOPIC side

IOL CALCS in Keratoconus

- Corneal is Bifocal
- Patient does not look through cone for distance (may use at 10 cm as magnifier)
- Look at Power Distribution
- Use Paracentral Power (65% Mean Power)





Keratoconus Calculation #1 OS

- Used Km = 46.5 D => +1.00 D
- Should have used 65% Mean
 - 45.5 D => plano
 - should have targeted -0.50 D (-0.50 always better than +0.50)

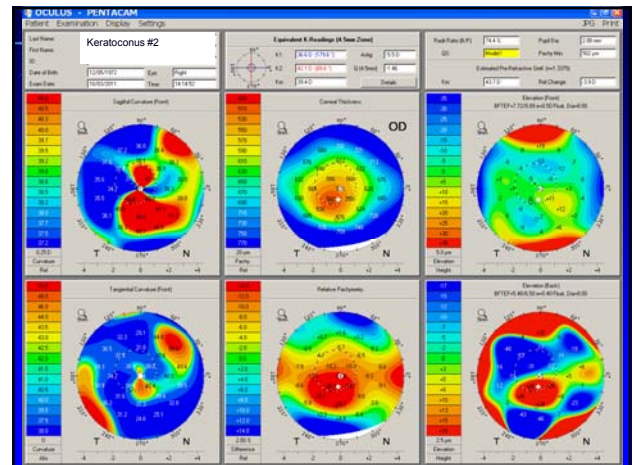
Keratoconus Calculation #2

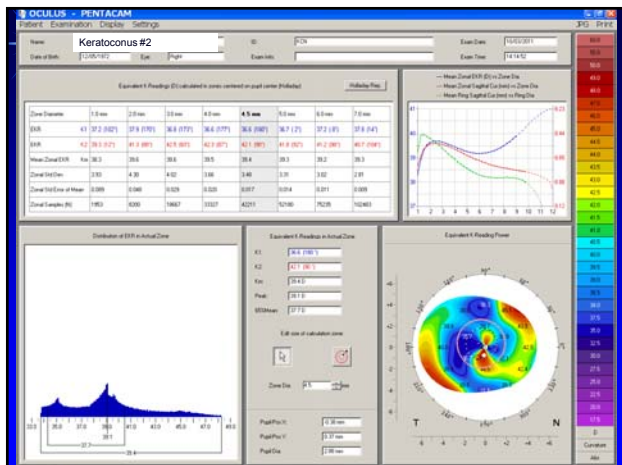
Dear Dr. Holladay,

> Will you please review this case and give me some insight. A KKC with Intacs patient underwent ECCE/IOL the doc targeted -4.00 so as to not make him anisometric. I used the Pentacam 3.0mm zone EKR and the Holladay II formula. The patient came out PI -0.75x 135= 20/30! UCVA = 20/40. Patient is very very happy. But, this was an unintended outcome. How does one measure the central corneal power in an Intacs pt? Can you determine the cause of this outcome? It appears that the cornea must be flatter than what the instruments measured? Is that a correct assumption. The suggested IOL power was 26.0D, for a target of -4.00. When I click the keratoconus box (after the fact) for the same target the suggested IOL power was 27.50.????? What should I have done differently!

> Please Advise! THANK YOU 1000x

> Yvonne





Keratoconus Calculation #2

- Used $K_m = 39.60 D \Rightarrow$ Plano, but targeted for $-4.00 D$
- Should have used 65% Mean
 - $37.7 D \Rightarrow +2.00 D$
 - If had \checkmark KKC $\Rightarrow +0.50 D$ (not \checkmark will use steeper K to size eye)

3/28/2014 JTH 128

Keratoconus Case #3

Dear Dr. Holladay, I am so pleased and excited to tell you about a very successful outcome involving IOL calcs on **KCN patient** and the assistance Holladay distribution scale on the Pentacam. I thought you might find this case interesting and gratifying at the least.

Pre Op Refraction: $+5.75 -8.00 \times 075 = 20/40$ IOLM ks $47/54.17 \times 91$

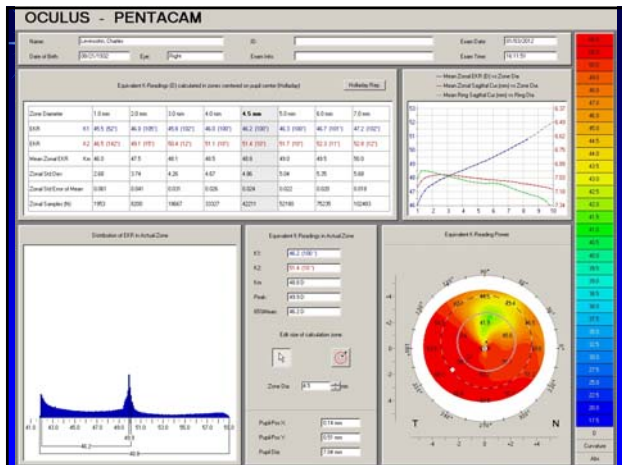
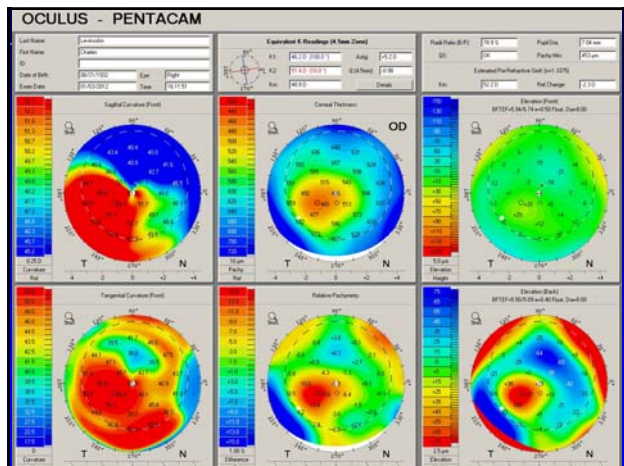
1wk Post-Op Refraction : $-0.50 -3.25 \times 65 = 20/50$ The surgeon placed a temporal suture. Will this 1 suture significantly impact the astigmatism?

I ran IOL calcs based on instructions you gave me on a similar case previously. You instructed me to use the Ks from a **paracentral region derived from the EKR Distribution scale** on Holladay report. I used the Ks from the smaller peak which I approximated to be about 44D. With those Ks and Holladay consultant we obtained the above results. I think this case demonstrates the invaluable utility of the Holladay report when calculating IOL power in pts with KCN.

I attached the screenshots of Pentacam and IOL calcs. The technician who performed the IOL Master was unable to get ACD with IOLM and failed to get ACD with Immersion ultrasound- thats the reason that field is blank.

Yvonne

3/28/2014 JTH 129



Keratoconus Calculation

- $K_{mean} = 48.8 D$
- Used $44 D \Rightarrow SEQ = -2.12 D$
 $(-0.50 - 3.25 \times 65 = 20/50)$
- $65\% \text{ mean} = 46.2 D \Rightarrow +0.08 D$
- Always \checkmark KKC
- Use 65% mean K

3/28/2014 JTH 132

IOL Calcs Using Axial Length

- Cataract or Clear Lens Removal
- Primary Piggy-Back IOL's
- Multifocal IOL's
- Toric IOL's
- Silicone in Vitreous Compartment

3/28/2014 JTH 133

Axial Length Measurements

- Phakia AL_{1555}
- Aphakia AL_{1532}
- Pseudophakia
 - PMMA $AL_{1532} + 0.4$
 - Silicone $AL_{1532} - 0.6$
 - Acrylic $AL_{1532} + 0.2$

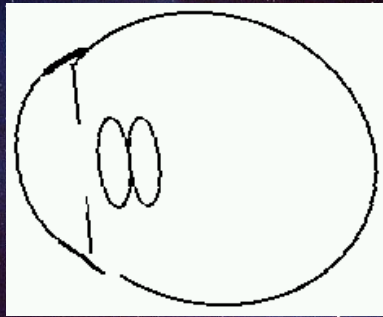
3/28/2014 JTH 134

Primary Piggy-Back IOL's

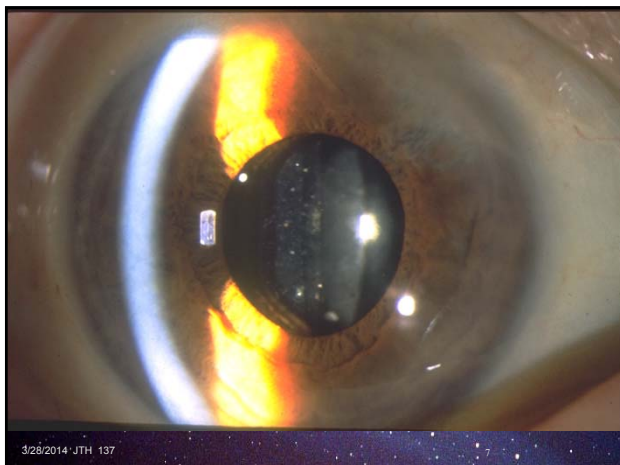
- Current Formulas are very inaccurate
 - ELP underestimated due to AL
 - Back lens displaced posteriorly
- Severe hyperopic errors (+5 D)

3/28/2014 JTH 135

Primary PIGGY-BACK INTRAOCULAR LENSES



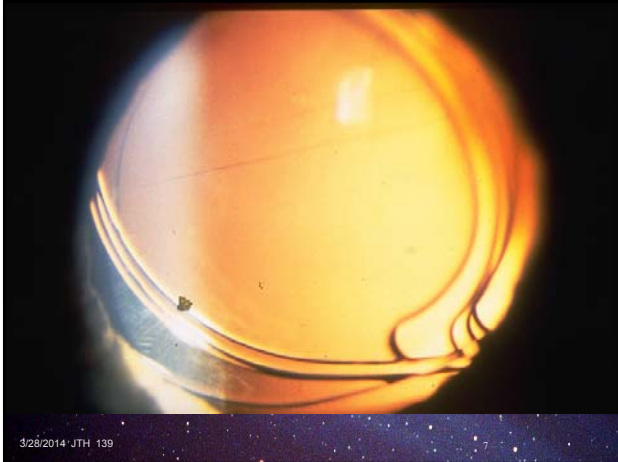
3/28/2014 JTH 136



Polypseudophakia

Up to 4 IOL's

3/28/2014 JTH 138



PIGGY-BACK INTRAOCULAR LENSES

J.T. Holladay James P. Gills
Jane Leidlein Myra Cherchio

“Achieving Emmetropia In Extremely Short,
 Eyes With Two Piggy-Back Posterior
 Chamber Intraocular Lenses.”
Ophthalmology Journal, Vol. 103.
July 1996 Blue Journal”

3/28/2014 JTH 144

Primary Piggy-Back Complications

Acrylic
 Interlenticular membrane
 3 to 5 D hyperopic shift @ 3 yr
Silicone
 Interlenticular membrane
 Flat Spot

3/28/2014 JTH 148

Minimizing Prediction Error

- Holladay 2 Formula
- Personalize Constant
- Prediction Error vs. IOL power
- Constants for Sub-groups
 - Axial Length, K's and Refraction

3/28/2014 JTH 153

Toric IOL's

- Current Formulas do not work because calculate different ELP for steep and flat meridian
- Predicted ELP must be the same for each meridian -- only one IOL position

3/28/2014 JTH 158

Toric IOL's

- Calculate IOL power for steep and flat meridian using same ELP
- Difference in IOL powers is the toricity necessary to completely correct corneal astigmatism

3/28/2014 JTH 160

Toric IOL's

- Always choose toricity to undercorrect corneal astigmatism – **WRONG!**
- LEAVE MIN RESIDUAL CYL!
- Eg: Steep calc yields **24.0 D**
Flat calc yields **27.0 D**
- Ideal Toricity is **3.0 D**
(Use **24.0 D** with < 3.0 D of toricity)

Ratio and Power of IOL Cylinder to Corneal Cylinder

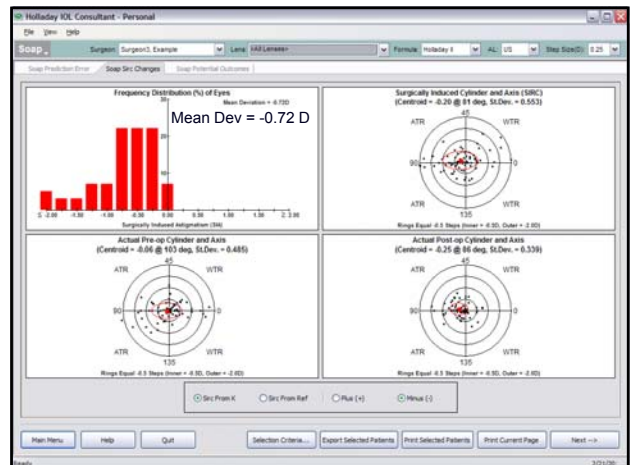
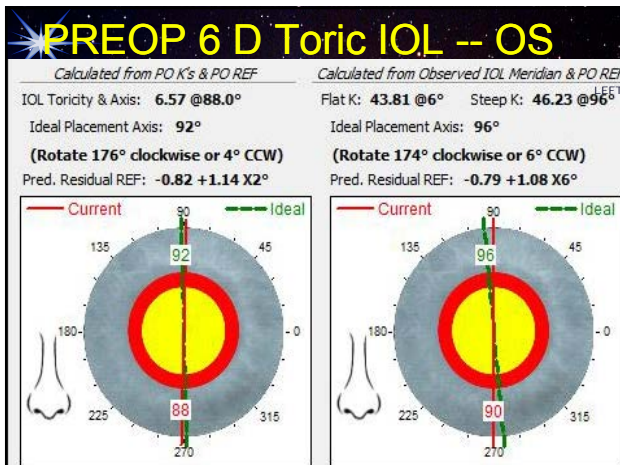
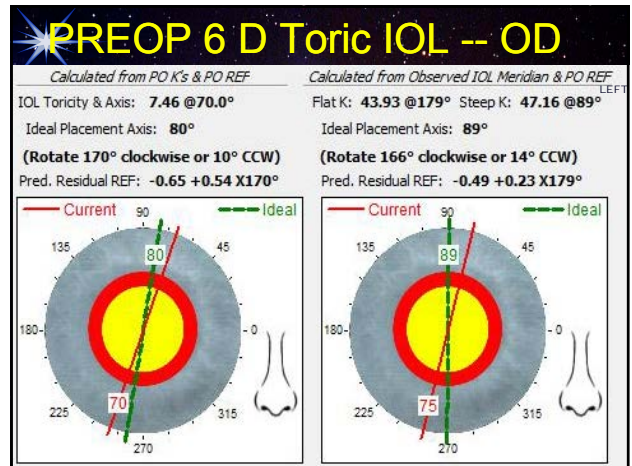
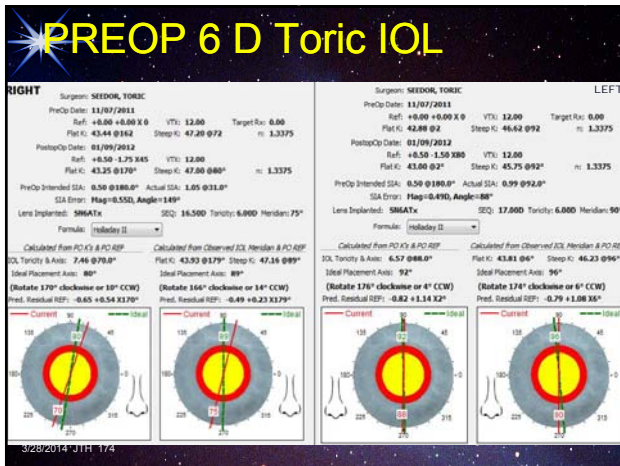
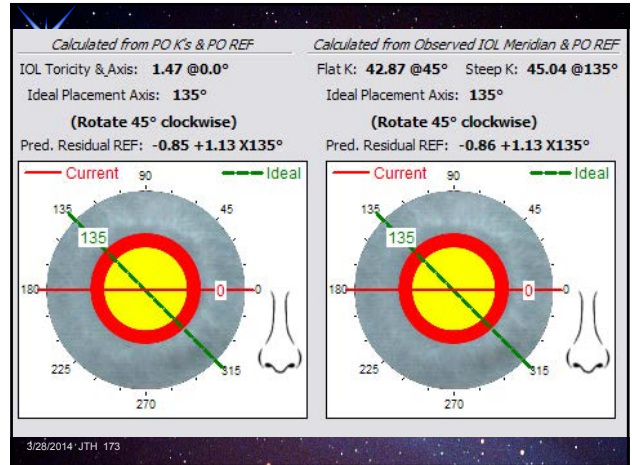
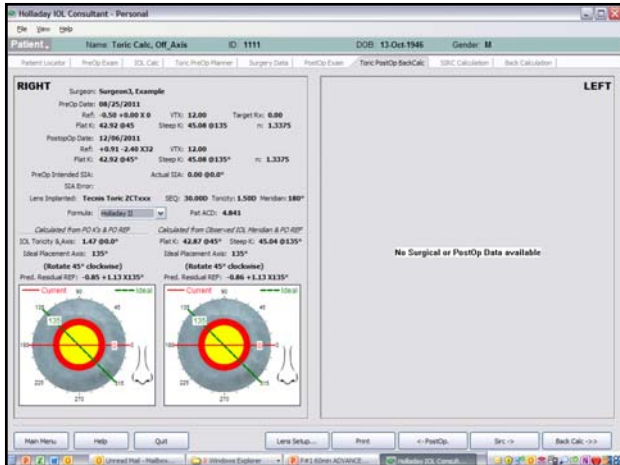
		Effective Lens Position (ELP)					
A-constant	→	116.346	117.203	118.059	118.916	119.773	120.630
Surgeon Factor	→	0.287	0.772	1.257	1.742	2.227	2.713
ELP	→	4.000	4.500	5.000	5.500	6.000	6.500
IOL POWER		Resulting Ratio of IOL Toricity to 2 D of Corneal Astigmatism					
10		1.359	1.424	1.494	1.571	1.654	1.745
22		1.277	1.330	1.387	1.450	1.519	1.595
34		1.198	1.239	1.284	1.334	1.390	1.452
46		1.121	1.151	1.185	1.223	1.267	1.316

		Effective Lens Position (ELP)					
A-constant(D)	→	116.346	117.203	118.059	118.916	119.773	120.630
Surgeon Factor(mm)	→	0.287	0.772	1.257	1.742	2.227	2.713
ELP(mm)	→	4.000	4.500	5.000	5.500	6.000	6.500
IOL POWER		Required IOL Toricity for 2 D of Corneal Astigmatism					
10		2.718	2.848	2.988	3.141	3.308	3.490
22		2.554	2.659	2.774	2.900	3.038	3.190
34		2.396	2.477	2.568	2.668	2.780	2.904
46		2.242	2.302	2.369	2.446	2.533	2.631

Dioptric Error vs. Angular Error for a 1.00 D of astigmatism

Angle Error (°)	Dioptric Error (D)	% Error
0°	0.00	0%
15°	0.52	52%
30°	1.00	100%
45°	1.41	141%
60°	1.73	173%
75°	1.93	193%
90°	2.00	200%

Dioptric Error = 2 * Cyl * sin (angular error)



Silicone in Vitreous Cavity

- Use Convexo-Plano IOL to minimize effect of Silicone (add 3 D to calculated IOL)
- If Biconvex IOL (add 6 D to calculated IOL)
- When Silicone removed -- 2 to 5 D of induced myopia

3/28/2014 JTH 179

IOL Calculations using a Refractive Formula (ignore axial length)

3/28/2014 JTH 180

IOL Calculation without AL

- Secondary AC or PC IOL for Aphakia
- Secondary Piggy-Back AC or PC IOL for Pseudophakia
- Primary AC IOL in Phakia

3/28/2014 JTH 181

REFRACTION FORMULA

$$IOL = \frac{\frac{1336}{\frac{1000}{PreRx} - V} + K - ELP}{\frac{1336}{\frac{1000}{DPostRx} - V} + K - ELP}$$

3/28/2014 JTH 182

Secondary Piggy-Back IOL's Indications

Intolerable Pseudophakic Refractive Error

3/28/2014 JTH 183

Refractive Surprises

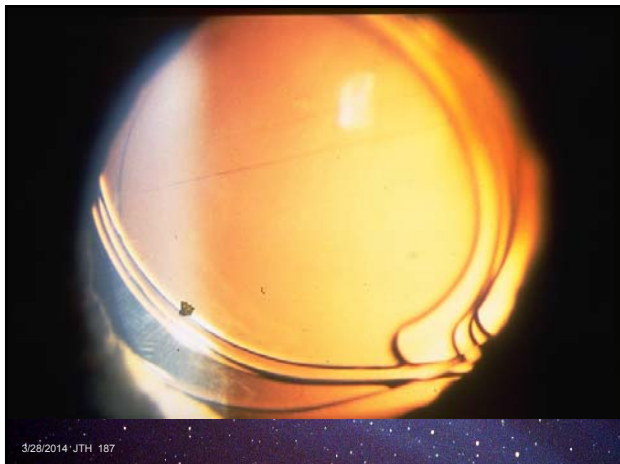
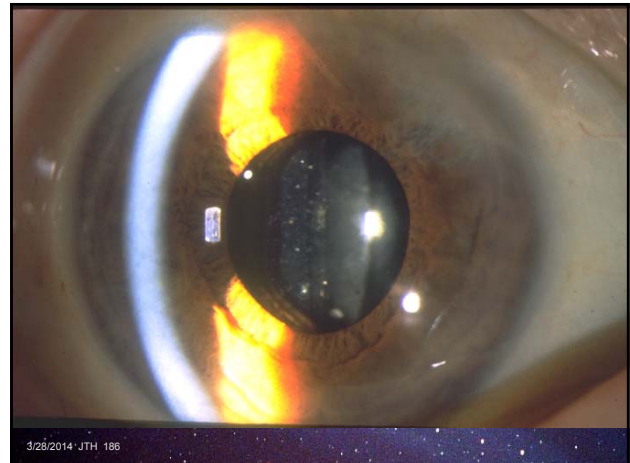
- 1 Previous RK, PRK, LASIK
- 2 Bad axial length - short/long
- 3 Mislabeled IOL
- 4 Axially displaced
- 5 Misc.

3/28/2014 JTH 184

Secondary Piggy-Back Calc Advantages over Exchange

- 1 Mislabeled IOL irrelevant
- 2 Less risk to capsule or zonules
- 3 Mismeasured AL irrelevant
- 4 No AP shift of existing IOL
- 5 Fewer unknown variables

3/28/2014 JTH 185



Phakic IOL's

3/28/2014 JTH 188

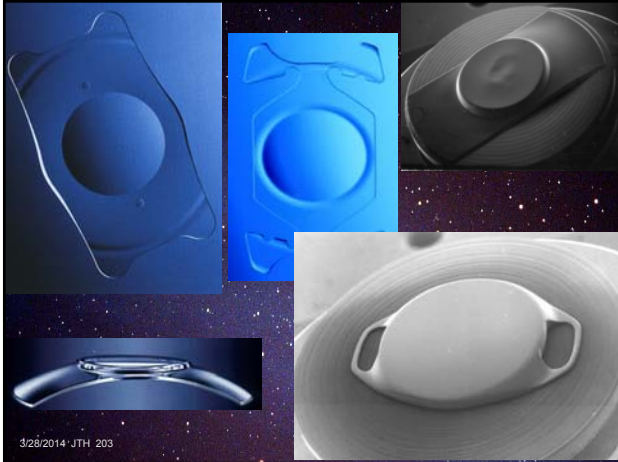
IOL Power Calcs for Phakic IOLs (2° Piggy-Back & IOL Exchange after Refractive Surprise)

Jack T. Holladay, MD, MSEE, FACS
Clinical Professor of Ophthalmology
Baylor College of Medicine
Houston, Tx

Phakic IOL's

- Compete with corneal refractive procedures for high myopia and med & high hyperopia
- ACL, ICL or Iris Clip ?

3/28/2014 JTH 202



**Phakic IOL's
(Secondary Piggy Back IOL's)**

*Refraction
Formula*

**Phakic IOL Calculation
Input Variables**

- Refraction and Vertex
- Keratometry
- Desired Refraction
- Predict ELP (ACD)
Effective Lens Position

REFRACTION FORMULA

$$IOL = \frac{1336}{\frac{1336}{\frac{1000}{PreRx} - V} + K} - ELP - \frac{1336}{\frac{1336}{\frac{1000}{DPostRx} - V} + K} - ELP$$

Holladay, J.T.: "Refractive Power Calculations for Intraocular Lenses in the Phakic Eye." *American Journal of Ophthalmology*, Volume 116:63-66, July 1993.

**Phakic IOL Calculation
Input Variables**

Refraction and Vertex
Soft Contact Lens @ Vtx = 0
w Small Over-Refract (< ± 2 D)
is most accurate.

**Effective Lens Position (ELP)
OLD ACD**

- Verisye Avg ELP = 4.27 mm
- AACD (20 y/o) = 3.60 mm

AACD + 0.67 mm = ELPx

Effective Lens Position (ELP) OLD ACD

- Visian ICL Avg ELP = 4.00 mm
- AACD (20 y/o) = 3.60 mm

AACD + 0.40 mm = ELPx

3/28/2014 JTH 210

Effective Lens Position (ELP) OLD ACD

- Visian ICL Avg ELP = 4.00

White to White (mm)	ACD (mm)	Recommended ICL Length
<10.5	All	Not Recommended
10.5-10.6	<=3.5	Not Recommended
10.5-10.6	>3.5	12.1
10.7-11.0	All	12.1
11.1	<=3.5	12.1
11.1	>3.5	12.6
11.2-11.4	All	12.6
11.5-11.6	<=3.5	12.6
11.5-11.6	>3.5	13.2
11.7-12.1	All	13.2
12.2	<=3.5	13.2
12.2	>3.5	13.7
12.3-12.9	All	13.7
>=13	All	Not Recommended

3/28/2014 JTH

Phakic IOL Calculations

- + IOL's to Specs ~ 1.5 to 1
- - IOL's to Specs ~ 1.0 to 1
- Approximation only

3/28/2014 JTH 212

Refraction

Ref: -15 1 X 90 VTX: 12

BCVA: 20/16 UCVA: 20/600 Hor white-to-white: 12.1

K1: 42.5 @ 90 K2: 42 @ 0

3/28/2014 JTH 217

Formula: HolladayR

Lens #1: Chiron-Baikoff3 Procedure: Phakic ac IOL Entered Cst.: 3.69		Lens #2: Staar-Fyodorov1 Procedure: Phakic ICL Manuf. Cst.: 4.09	
IOL	Ref.	IOL	Ref.
-16.0	0.18	-16.5	0.21
-15.5	-0.20	-16.0	-0.16
-15.0	-0.58	-15.5	-0.52
-14.5	-0.96	-15.0	-0.89
-14.0	-1.35	-14.5	-1.27

3/28/2014 JTH 219



Pediatric IOL Calculations

- Ideal Refraction: plano to -1 D
- Expect average of 4 D myopic shift from age 2 to 20
- Much easier to correct myopia at age 20 than amblyopia

3/28/2014 JTH 223

Minimizing Prediction Error

- Holladay 2 Formula
- Personalize Constant
- Prediction Error vs. IOL power
- Constants for Sub-groups
 - Axial Length, K's and Refraction

3/28/2014 JTH 224

Surgically Induced Refractive Change SIRC

- From Keratometry
 - Cataract & Clear Lensectomy
 - Keratorefractive Sx.
- From Refraction
 - Keratorefractive Sx.

3/28/2014 JTH 225

Outcome Analysis

- Prediction Error (50% < 0.50 D)
- Formula Comparisons
- Induced Astigmatism (SIRC)
- Visual Acuity
 - Best Corrected
 - Uncorrected

3/28/2014 JTH 226

Back-Calculations

- Helpful in determining cause of refractive surprise
 - Back-calculated K, AL and IOL power compared to pre-op & to post-op remeasured values
 - Back-calculated ELP compared to preoperative prediction by formula

3/28/2014 JTH 227

