

# Very high myopia correction with the toric implantable contact lens(tICL). 2-year stability and visual data.

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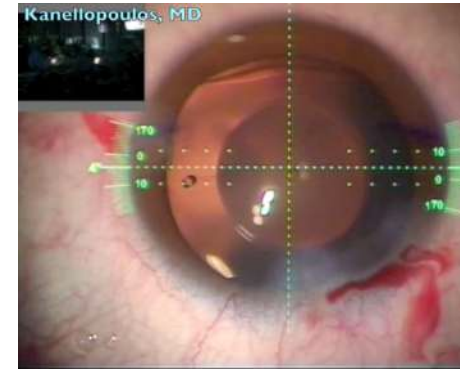
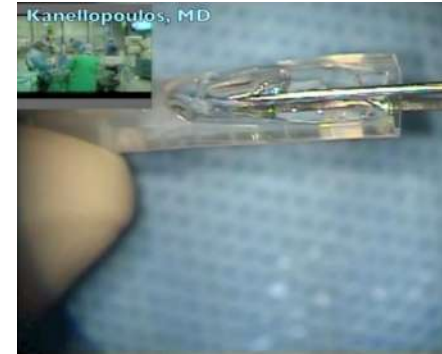
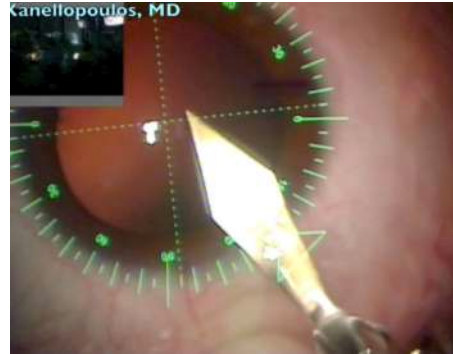
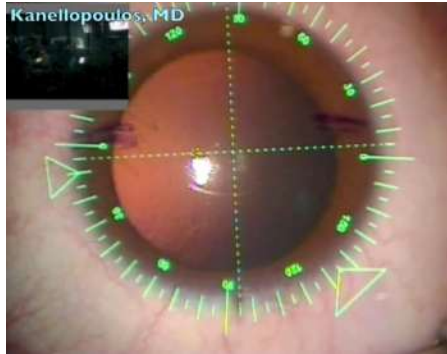
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## Financial Disclosures

Costas Karabatsas: None

A. John Kanellopoulos: Alcon,Allergan,i-Optics,Keramed,Optovue,Zeiss ISP Surgical

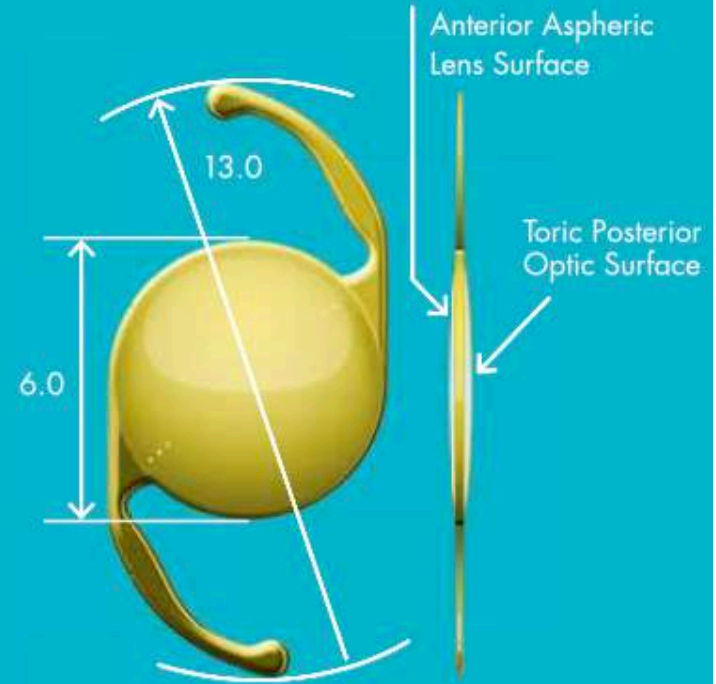
# Surgical technique



## SPECIFICATIONS

Model Number	SN6AT2, SN6AT3, SN6AT4, SN6AT5 SN6AT6, SN6AT7, SN6AT8, SN6AT9
Optic Diameter	6.0 mm
Overall Length	13.0 mm
Optic Type	Biconvex Toric Aspheric Optic
IOL Powers (spherical equivalent diopters)	+6.0 to +30.0 D
IOL Cylinder Powers	1.00 D, 1.50 D, 2.25 D, 3.00 D, 3.75 D, 4.50 D, 5.25 D and 6.00 D
Haptic Angulation	0 degrees (planar)
Haptic Configuration	STABLEFORCE® modified L haptic
Suggested A-Constant	119.0†
Refractive Index	1.55
Light Filtration	UV and Blue Light

†Provided as a guideline only.



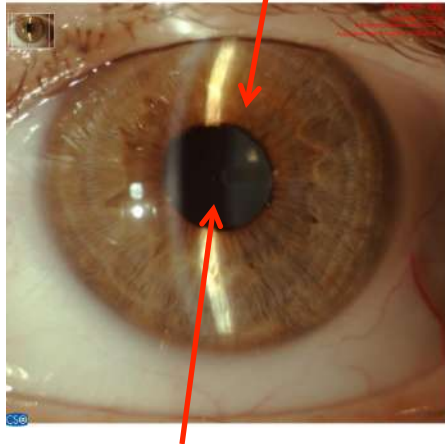
Purpose: The of this study is to report a prospective case series of a novel application of an ICL with a central hole in very high myopia, refractive and keratometric long term stability

Methods: 24 consecutive cases of mean age: 27yo ( range 19-52), had the tICL phakic IOL clear cornea procedure. Peri-operative refraction, UDVA, CDVA, keratometry, topography, lens clarity and objective scatter index (OSI) were evaluated with 24 month follow-up.

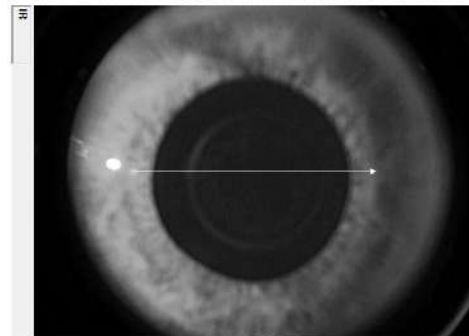
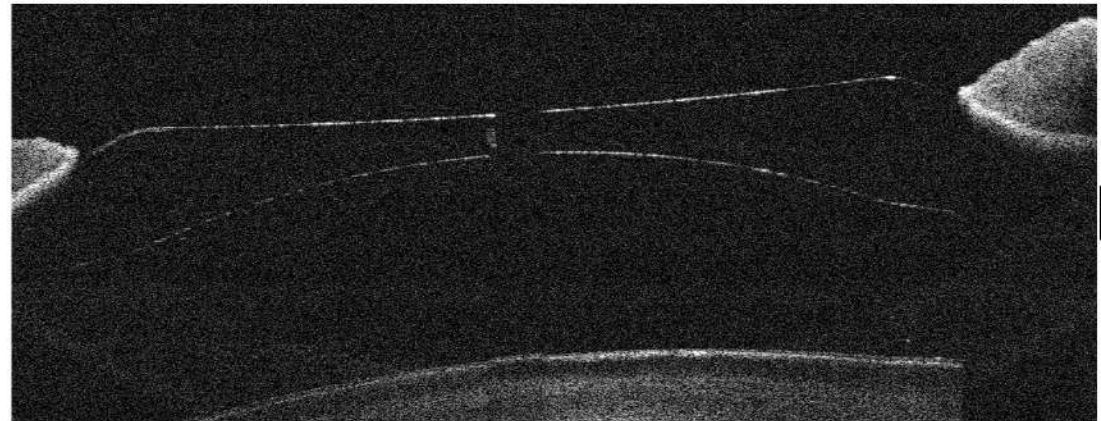
# Video presenting the surgical procedure



Anterior Capture



Centriflow



OCT Cornea line

Print

OU Report

Comparison

Comment



## Results:

Mean value of myopia: -12.5D (6.5-19.5) and Cylinder: -2.5 (0.75- 5)D.

The UDVA changed from CF to 20/25 while CDVA from 20/30 to 20/25.

At 24 months, 78.5% of the eyes were  $\pm 0.50$ D of target. Post-op residual refractive error (SE):  $-0.49 \pm 0.5$ D.

No lens changes were noted and OSI change was 1.5 to 1.1. IOP 15 (11-19) mmHg to 15.5 (10-20) mmHg.

# Conclusions

Clear cornea tICL implantation appears to offer safe and very effective correction of very high myopia with and without astigmatism. We found no significant IOP and/or lens changes. There was no significant pigment dispersion noted in any case throughout the 2 year follow-up and the centriflow design proved clinically to suspend the IOL higher within the space between the iris and the crystalline lens, avoiding potential IOL-Crystalline lens touch.