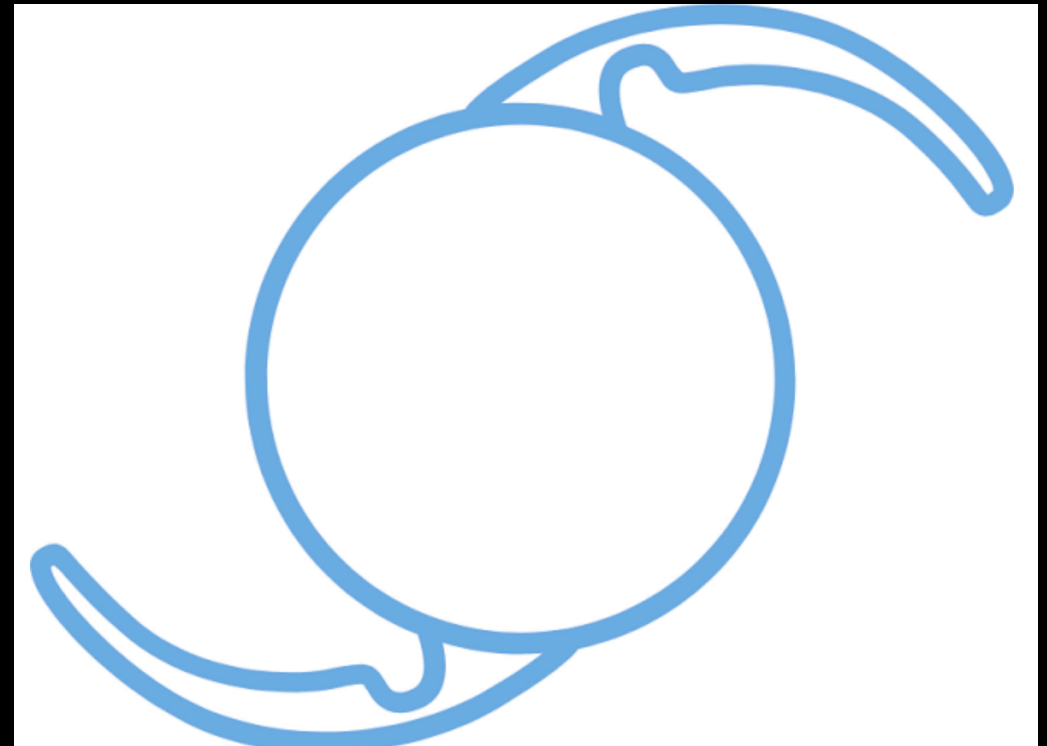


Why I prefer Visian ICL over RLE

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Vs



Indications of both depends on

AGE of the
patient

TYPE of Ametropia

AMOUNT of Ametropia

Hyperopia > 4.0D

Presbyopic age group above 40 years

- Refractive lens exchange, preferably with a MIOOL (Best candidates).
- ICL is not preferred, even with a good ACD as the accommodation is fading.
- This can be performed even without an evident LO.
- Low risk surgery , High patient satisfaction.

Hyperopia > 4.0D

Pre-presbyopic age group below 40 years

- 35-40 years of age: RLE if hyperopia more than +6.0D or with any faint LO, again preferably with MIOs.
- Below 35 years with a clear lens, increased incidence of choroidal effusion specially with high errors.
- ICL can be done only if the ACD is more than 2.8mm (Rare in more than +4.0)
- LVC for more than +4.0D can yield unsatisfactory results (angle kappa , decentrations, unmasking of latent Hyperopia).

High Hyperopia
Pre-presbyopic age group below 40 years

Glasses or Contact Lenses

Myopia > 8.0D

Presbyopic age group above 40 years

- RLE is the procedure of CHOICE:
 - High incidence of LO present and future.
 - Loss of accommodation both due to myopia and age, so no benefit from ICL.
 - Although not preferable in LOW myopes, MIOs can be used after proper counseling.

Myopia > 8.0D

Pre-presbyopic age group below 40 years

And Especially in a 25 year old

- ICL is a clear choice:
 - Patients still has accommodation so will be spectacle free.
 - Most patients with this refraction will have good ACD.
 - The quality of postoperative vision is extremely satisfactory for the patients , even with fine residual myopia.

Myopia > 8.0D

Pre-presbyopic age group below 40
years

And Especially in a 25 year
old

Why not RLE??



Format: Abstract

[Ophthalmology](#). 2015 Nov;122(11):2179-85. doi: 10.1016/j.ophtha.2015.07.014. Epub

Incidence, Risk Factors, and Impact of Age on Retinal Detachment after Cataract Surgery in France: A National Population Study.

Daïen V¹, Le Pape A², Heve D², Carriere I³, Villain M⁴.

Author information

Abstract

PURPOSE: To assess the incidence, risk factors, and impact of age on retinal detachment after cataract surgery.**DESIGN:** Cohort study.**PARTICIPANTS:** All patients older than 40 years of age who underwent a primary cataract surgery in France between January 2009 and December 2012.**METHODS:** A Cox proportional-hazard regression model was used to analyze risk factors of RD after cataract surgery.**MAIN OUTCOME MEASURES:** Risk factors of RD after cataract surgery.**RESULTS:** Over 4 years, 2680167 eyes in 1787021 patients (59.4% women; mean age, 73.9±9.5 years) underwent cataract surgery. A total of 11 424 patients experienced RD after cataract surgery, with an estimated risk of 0.99% at 4 years after surgery. The odds ratio associated with increased risk of RD was 3.87 (95% confidence interval [CI], 3.79-3.95) for cataract surgery itself. The multiadjusted hazard ratio (HR) associated with increased risk of RD was 5.22 (95% CI, 5.05-5.39) for patients 40 to 54 years of age, 3.69 (95% CI, 3.60-3.79) for those 55 to 64 years of age, and 1.98 (95% CI, ~~1.93-2.03~~) for those 65 to 74 years of age as compared

Hazard Ratio (HR) of RD

5.2 for age 40-54

3.6 for age 55-64

1.98 for age 65-74



Relationship between retinal detachment and biometry in 4: [Ophthalmology. 2006]

Male sex as a risk factor for pseudophakic reti [Ophthalmology. 2007]

Review Vitreous surgery for macular hole-related retinal de [Eye (Lond). 2012]

Review Biostatistical analysis of pseudophakic [Semin Ophthalmol. 2002]

[See reviews...](#)[See all...](#)



Incidence, Risk Factors, and Outcomes of Retinal Detachment after Pediatric Cataract Surgery

Sumita Agarkar, MS, DNB^{1,*}, Varada Vinay Gokhale, DNB¹, Rajiv Raman, MS, DNB², Muna Bhende, MS², Gayathri Swaminathan, MSc², Mukesh Jain, MS²

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<https://doi.org/10.1016/j.ophtla.2017.07.003>

+ Article Info

Purpose

To report the incidence of, and to estimate the long-term risk and predisposing factors and the surgical outcomes for, retinal detachment (RD) after pediatric cataract surgery.

Design

Retrospective consecutive interventional case series.

Participants



Feedback

Previous studies showed conflicting results regarding age at cataract risk of RD. ²⁵ However, similar to Haargaard et al, ¹¹ we did not find a significant association. ²⁷ and Tuft et al ²⁸ have all shown increased axial length and RD. ²³ estimated a 6.12 HR for RD after adult cataract surgery in the eyes with increased axial length and RD had not been studied.

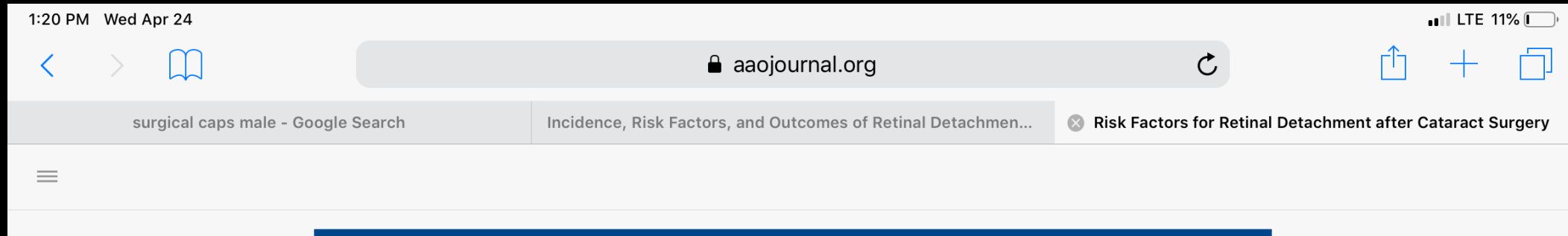
We found that the risk for RD increased progressively with increased hypermetropia (age-adjusted ALD > 0 mm), significantly higher risk (HR, 21.93, 95% CI, 2.95–162.80, $P = 0.003$). The cumulative risk of RD (8.8% in eyes with age-adjusted ALD > 0 mm), which increased to 8.8% in eyes of children with high myopia. As a substitute for axial length, Rabiah et al ¹⁰ showed that aphakic refraction was significantly associated with risk of RD after pediatric cataract surgery. However, aphakic refraction as a proxy for axial length has inherent limitations, especially in eyes with myopia and eyes with abnormally steep or flat keratometry. ²⁹ Therefore, our estimates of HR using the axial length seem more appropriate.

Hazard Ratio for RD below 15 years

of age

21.93!!

So does myopia increase the incidence of RD post lens extraction



In our study we found that RD occurred secondary to either PVD-induced retinal break or holes complicating lattice degeneration. Ripandelli et al³⁰ showed that after cataract surgery, PVD occurred in 77.6% and 87.2% of emmetropic eyes without preoperative lattice degeneration and with lattice degeneration, respectively. Although PVD after cataract surgery itself is associated with increased risk of RD, the risk increases multiple folds in eyes having lattice degenerations, a very common finding among those with myopia. PVD-induced retinal break was the most common cause of RD. The symptoms of PVD must be explained to the child and his or her parents to facilitate early medical attention.

Stephen J. Tuft, MD (FRCOphth)^{1,*}, Darwin Minassian (FRCOphth)², Paul Sullivan, MD (FRCOphth)¹

PlumX Metrics

<https://doi.org/10.1016/j.jophtha.2006.01.001>

Article Info

Purpose

To determine risk factors for rhegmatogenous retinal detachment after cataract surgery.

Design

Retrospective case-control study.

First, Do NO Harm.....

“Primum non nocere”

–Hippocratic Oath.

So in a High myope 25 year old

- Why do a procedure that carries a risk of RD.
- Why take away the patients accommodation.
- The risk may be acceptable if the patient has a LO.
- But it is not acceptable if the patient has good aided VA.
- Especially when you have a procedure which offers better safety and quality of vision.

Price issues

- A lot of times its a surgeon's perspective.
- Good quality ICL “Wanna Be s” are available.
- Consider the price “money and stress” that the patient will pay if RD happens.

So in a High myope 25 year old

I would offer ICL surgery

Or NO surgery at all!

Age

Pre presbyopia

Presbyopia

Myopia ↑

Hyperopia ↑

ICL ✓

ICL X

RLE X X

RLE X

Myopia ↑

Hyperopia

ICL X

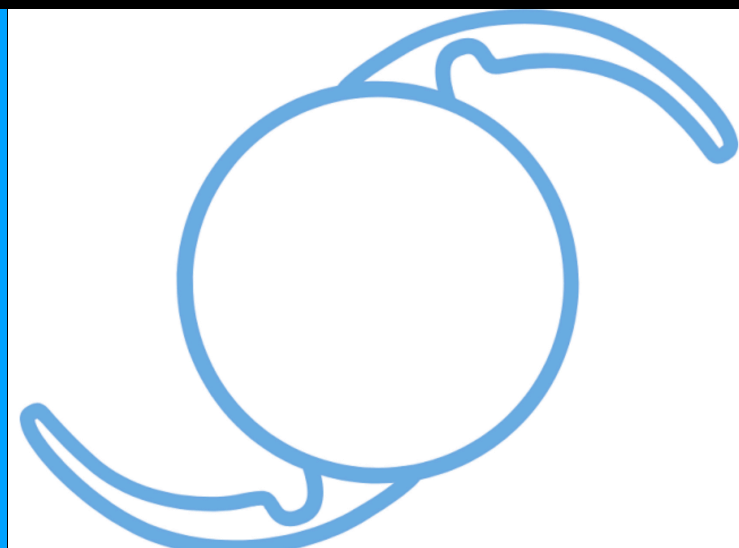
ICL X X

RLE ✓

RLE ✓

نظارة في سن مبكرة — نظارة

Houfy



Hosny

