## Astana city Republic of Kazakhstan

## ASTANA VISION



## Optimization of TMR calculation for Topo-Guided LASIK Contoura Vision<sup>™</sup> in astigmatic situations



Igor A Remesnikov,

## Abbreviations

AR – refraction measured with Auto-Ref-Keratometer
SEQ – spheroequivalent of refraction
TMR – topography-modified refraction
BCDVA – best corrected distance visual acuity
NCDVA – non corrected distance visual acuity

Financial Disclosure: Author has no financial or proprietary interest in any material or method mentioned

## Step-by-Step Topo-Guided LASIK with TMR Part I Conventional method of calculation (V.1) (A John Kanellopoulos)

Kanellopoulos AJ Topography-modified refraction (TMR): adjustment of treated cylinder amount and axis to the topography versus standard clinical refraction in myopic topography-guided LASIK // Clinical Ophthalmology, November 2016

Case 1. AR OS sph -2.75 SD \* cyl -0.75 CD \* ax 175° BCDVA = 1.00 (0.00 LogMAR) SEQ = -3.125 D

## Open Treatment Planning (F7)



## Choose Topo-Guided (Topolyzer / TOPO-G) method

2	12345	Select Method		
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00		Wavefront O	ptimized (WFO)	
Diagnostics (rb)		οο	os 🔵	
		Wavefront-	Guided (WFG)	
Planning (F7)		op	05	
Planning <u>F</u> 5200				
ά-		Topography-Guided	(Topolyzer / TOPO-G)	
Treatment (F8)				
là		Topography-Guide	d (Oculyzer / OCU-G)	
ocumentation (E9)		OD OD	os 🕛	
		Cus	com Q	
Setup (F10)		ao	os 🕥	
Setup (110)			TK	
		OD OD	05	

## **GOOD** quality topograms are required!



## Set refraction in the upper windows to sph 0.00 and also cyl 0.00 with ax 0° (180°)

* 15.12.1991	S WaveLig
Patient Data (F5)	I       2       3       4       5       Refractive and Corneal Details - Topography-Guided (Topolyzer)         Refraction       Image: Content of the second
Diagnostics (F6)	Method Subjective Sphere* 0.00 D Cylinder* 0.00 D Axis* 0 0 VD* 13.8 mm
Treatment Planning (F7)	K-Readings         Image: Constraint of the second sec
Planning EX500 Planning ES200	K2* 44.41 • 91 • Eccentricity 2 • • • Q2 • • • •
Treatment (F8)	Pupillometrics     Image: Constraint of the standard
Documentation (F9)	Pachymetrics Comment (max. 255 characters)
Setup (F10)	642 × μm 470 × μm 555 × μm nasil temporal
	582 → µm       inferior   Info & Warnings
	Enter mandatory data or select data from database using the (+) sign or Ctrl+T and confirm selection by double click.

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Two steps later check Max. Ablation depth: it must be never > 15 mkm
 Save this preliminary plan

Planning / Overvie

S.	1 2 3 4 5 Overv	iew		
Patient Data (F5)	Refractive and Corneal Details		Ablation Profile	6
Diagnostics (F6)	Refraction         +0.00 D +0           Pupillometry         5.6 nm           Pachymetry         s 674           K1 / Q1         43.13 D @ 1           K2 / Q2         44.41 D @ 9	.00 D @ 0° / 13.8 mm t555 c 470 n 642 i 582 μm ° / 1º /		
Planning <u>E</u> 5200	Treatment Details			3.5 3.1 2.8
Treatment (F8)	Measured     -0.83 D       Modified     +0.00 D       Target Q     -0.38       Optical Zone     6.50       Ablation Zone     9.00       Max. Ablation     6       Central Ablation     6	:1.58 D @ 1° / 13.8 mm +0.00 D @ 0° / 13.8 mm ) mm Planned Flap 90 µm ] mm Cornea 470 µm 3 µm Res. Stroma 373 µm	mai: 7.54µm ceri: 3.48µm	/ 23 30 10 00 00
	Treatments		Attention:	
	Method Topography-Guided (Topolyzer)	Planning Date         Sta           06.04.2018 19:39:28         4	tus Tilt is switched off	
			Additional Planning	
	Info & Warnings	-		

## □ Open Treatment (F8) → EX500 □ Open preliminary plan

Treatments / Overview * 15.12.1991		OS COS		😂 WaveLight
Patient Data (F5)	Refractive and Corneal Details           Refraction         +0.00 D +0.00 D $\oplus$ 0° / 13.8           Pupilometry         5.6 mm           Pachymetry         s 674         t 555         c 470           K1 / Q1         43.13 D @ 1° /	m n 642 1582 µm	file	
Treatment Planning (F7) Treatment (F8) EXS00 F5 Decement (F8)	K2 / Q2         44.41 D @ 91° /           Treatment Details           Measured         -0.83 D -1.58 D @ 1° / 13.           Modified         +0.00 D +0.00 D @ 0° / 1           Target Q         -0.38           Optical Zone         6.50 mm           Ablation Zone         9.00 mm           Max. Ablation         8 µm	mm Edit .8 mm Edit .8 mm Information 470 µm Information 11 is switch	to ap the first state of the st	
Setup F10)	Central Ablation 4 µm Treatments  Patient Eye Method OS Topogra	ianned Aborted Com Date Planned by hy 06.04.2018 19:39:28 Remesnikov, Igor A.	pleted Confirmed by not confirmed	Patient Filter Export Delete Selected
Ready	Info & Warnings  Check and confirm the treatment.  Remeshiov		A V	Confirm

### □ Start edit it



Open Zernike window and set C4 ≈ C12 by changing sphere to myopia about -0.15 ÷ -0.25 SD

Treatments / Edk	os 🔁	😹 WaveLight
Patient Data (F5)	Edit Treatment Refractive Parameters Sobere Cylinder Avis VD	
Diagnostics (F6)		rram 5101
Treatment (F8) EX500 E5200 Documentation (F9) Setup (F10)	Corneal Parameters           Optical Zone*         6.5         mm         Planned Flap*         90         µm           Trans. Zone*         1.2         mm         Cornea         470         µm           Attention:         373         µm         373         µm	
	Option     Display Profile       Higher Orders off     Tilk off     Zernike     30     Animation	✓ Grid

Initial Zernike C4 = 0.0000, C12 = 0.2150 After adding -0.15 SD Zernike C4 = 0.2282

☐ Measured cylinder is -1.58, so we plan sph -2.35 SD \* cyl -1.55 CD, to keep initial SEQ = -3.125 D

* 13.12.1991	OS CONTRACTOR	😹 WaveLigh
2	Edit Treatment	
Patient Data (F5)	Refractive Parameters	
Diagnostics (F6)	Sphere         Cylinder         Axis         VD           Clinical         0.00 D         0.00 D         0 °         13.8 mm           Measured         -0.83 D         -1.58 D         1 °         1	
reatment Planning (E7)	Modified* -2.35 D -1 D Reset	
yur	Nomogram :	5 101
Treatment (FB) EX500 E5200 Documentation (F9) Setup (F10)	Deptical Zone*       6.50 mm       Planned F ap*       90 mm       µm         Trans. Zone*       1.25 mm       Cornea       470 µm         Res. Stroma       318 µm	300 300 300 300 300 300 300 300 300 300
	Option Display Profile	
	Higher Orders off V Tilt off Zernike 3D Animation V Grid	
	Info & Warnings	

# Finally add -0.15 SD to sphere up to -2.50 SD, to compensate myopic shift Set cylinder axis to 1°as measured: TRUST TOPO!

Treatments / Edit	os and the second se	झ WaveLight
Patient Data (F5)	Edit Treatment Refractive Parameters	
Diagnostics (F5)	Sphere         Cylinder         Axis         VD           Clinical         0.00 D         0.00 D         0 °         13.8 mm           Measured         -0.83 D         -1.58 D         1 °         1           Modified*         -2.5 D         -1.55 D         1 °         Reset	
Treatment Planning (F7)	Corneal Parameters  Corneal Parameters  Optical Zone*  6.50  mm  Planned Flap*  90  µm	5 101
Ex500	Trans. Zone* 1.25 mm Cornea 470 µm Res. Stroma 318 µm	
Documentation (F9)	Tilt is switched off!	8.7 3.1 3.6 2.0 2.0 17.9 15.3 12.3 12.2 7.7 5.1 2.6 3.5 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2
	Option Display Profile	
	Higher Orders off 🛛 Tilt off Zernike	irid
	Info & Warnings	
(C) Ready	X Bemesnikov	06.04.2018 19:45:22

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### Finally, for this case: sph -2.75 SD \* cyl -0.75 CD \* ax 175° TMR will be: sph -2.50 SD \* cyl -1.55 CD \* ax 1°



### Steps from 11 to 14 slides you can also do in Treatment Planning EX500

- If we have initially BCDVA = 1.00 (0.00 LogMAR) and we see regular symmetrical topograms, so, in my opinion according
- to my practice and my experience, we will get 1.00 or better
- NCDVA not only using Topo-Guided method, but also using standard Custon-Q method
- We have very simple planning in Custom-Q, requiring only entering sph -2.75 SD \* cyl -0.75 CD \* ax 175° and not this
- difficult steps described above, also with higher risk of
- committing accidental human errors during planning
- Furthermore, after treatment using this variant of
- Topo-Guided method we can expect undercorrected sphere with overcorrected cylinder and changed axis of astigmatism
- from WTR to the non-physiological ATR one

We can expect possible PostOp situation like this:
AR sph -0.5 SD \* cyl +1.00 CD \* ax 180° and resulting
SEQ = 0.00 with NCDVA = 1.00, but it will be "bad ten lines"
"Uniformly-spherical" cornea without normal WTR
astigmatism ≈ 0.50 ÷ 0.75 D in corneal plane will cause
lens-induced ATR one, but now in the resulting general
clinical refraction



**Difference** map

Step-by-Step Topo-Guided LASIK with TMR Part II A novel method of calculation in myopic situations (V.2) (Igor A Remesnikov)

Purpose:

□ To get good functional results
 □ To get entirely corrected sphere
 □ To keep normal WTR astigmatism ≈ 0.50 ÷ 0.75 D in corneal plane

In our practice we use Topo-Guided method mainly in the cases with astigmatism  $\geq$  2.00 CD, excepting irregular corneas with any values of astigmatism, where we can also apply Topo-Guided method

### Case 2.

Treatments / Edil

### AR OD sph -1.75 SD \* cyl -4.00 CD \* ax 180° SEQ = -3.75 D BCDVA = 1.00 (0.00 LogMAR) Steps from 5 to 12 slides are similar Calculate sphere: -1.75 – 0.25 (from the standard nomogram) – 0.15 (to prevent myopic shift) = -2.15 SD

8	Edit Treatment	
atient Data (F5)	Refractive Parameters	
iagnostics (F5)	Sphere Cylinder Axis VD Clinical 0.00 D 0.00 D 0 ° 13.8 mm	
ment Planning (F7)	Measured -1.05 D -4.02 D 1/8 ° Modified* -2.15 ▼ D 0.00 ▼ D 178 ▼ ° Reset	5 101
	Corneal Parameters Ablation Profile	5 101
EX500 ES200 Cumentation (F9) Setup (F10)	Optical Zone*       6.50 mm       Planned Flap*       90 mm       ym         Trans. Zone*       1.25 mm       Cornea       476 µm         Res. Stroma       377 µm         Attention:       Thit is switched offi         Tilt is switched offi       max: 8.94µm       cer: 6.09µm	16 16 16 16 16 16 16 16 16 16
	Option Display Profile	
	Higher Orders off 🛛 Tilt off Zernike 🔲 30 🗌 Animation 🖉 Grid	Ł

□ Subtract ≈ 0.80 CD from the amount of measured cylinder. For example: measured cylinder is -4.02 CD – (-0.80 CD) = -3.25 CD

Treatments / Edit * 21.09.1993		😹 WaveLight
Patient Data (F5)	Edit Treatment Refractive Parameters	
Diagnostics (F6)	Sphere         Cylinder         Axis         VD           Clinical         0.00 D         0.00 D         0 °         13.8 mm           Measured         -1.05 D         -4.02 D         178 °         Reset           Modified*         -2.15 V D         -3.55 V D         178 V         Reset	-
Treatment (FB)	Corneal Parameters Ablation Profile	m 5101
EX500 E5200	Optical Zone*     6.50 mm     Planne     Flap*     90 mm       Trans. Zone*     1.25 mm     Cornea     476 μm       Res. Strima     349 μm	
Documentation (F9)	Attention: Tilt is switched off) max: 36.92,m cer: 36.32	4.0
	Option Display Profile	
	Info & Warnings	
Ready	n Remesnikov	06.04.2018 16:13:27

 Set axis of astigmatism as measured
 Finally, TMR for this case will be: sph -2.15 SD \* cyl -3.25 CD \* ax 178° and it's no need to calculate SEQ to compare it with initial



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## Case 2 PreOp AR OD sph -1.75 SD \* cyl -4.00 CD \* ax180° ΔK = 3.25 D BCDVA = 1.00 (0.00 LogMAR) Difference

**Difference Map** 



Measured cylinder was -4.02 CD - (-0.77 CD) = -3.25 CD TMR = sph -2.15 SD \* cyl -3.25 CD \* ax 178° (V.2) With conventional method of calculation: TMR = sph -1.90 SD \* cyl -4.00 CD \* ax 178° (V.1)

#### **1D PostOp**

```
AR OD sph +0.25 SD * cyl -1.25 CD * ax 15°
NCDVA = 1.00 (0.00 LogMAR)
SEQ = -0.375 D
```

# Case 3 PreOp AR OS sph -1.50 SD \* cyl -4.00 CD \* ax 170° ΔK = 3.25 D BCDVA = 1.00 (0.00 LogMAR) Difference Map

os OS. 8-Ł 465 0-1 60 ů-180 0ł. Bĝ. å 270 270\* A

> Measured cylinder was -3.91 CD – (-0.76 CD) = -3.15 CD TMR = sph -1.90 SD \* cyl -3.15 CD \* ax 179°

### **1D PostOp**

AR OD sph +0.50 SD \* cyl -1.00 CD \* ax 120° (you can see slight torque-effect) NCDVA = 1.00 (0.00 LogMAR) SEQ = 0.00 D

## Case 4 PreOp AR OD sph -4.25 SD \* cyl -4.00 CD \* ax 15° BCDVA = 0.80 (0.10 LogMAR)

ΔK = 3.75 D

### **Difference Map**



Measured cylinder was -4.38 CD – (-0.83 CD) = -3.55 CD TMR = sph -4.40 SD \* cyl -3.55 CD \* ax 12°

### **1D PostOp**

AR OD sph +0.50 SD \* cyl -1.25 CD \* ax 40° NCDVA = 1.00 (0.00 LogMAR) SEQ = -0.125 D

## Case 5PreOpAR OS sph -1.50 SD \* cyl -4.00 CD \* ax 170° $\Delta K = 3.25$ DBCDVA = 1.00 (0.00 LogMAR)



Measured cylinder was -5.64 CD – (-2.64 CD) = -3.00 CD. The values of cylinders and  $\Delta K$  measured by AR on the both eyes (see previous Case 4) are almost the same, so we significantly reduced amount of cylinder for entering in TMR. TMR = sph -3.15 SD \* cyl -3.00 CD \* ax 170°

### 1D PostOp

AR OD sph +0.50 SD \* cyl -1.00 CD \* ax 120° (you can see slight torque-effect) NCDVA = 1.00 (0.00 LogMAR) SEQ = 0.00 D

## Case 6 PreOp AR OD sph -1.75 SD \* cyl -5.75 CD \* $ax160^{\circ}$ $\Delta K = 4.75 D$ BCDVA = 0.70 (0.15 LogMAR)

### Difference Map



Measured cylinder was -6.16 CD – (-0.86 CD) = -5.30 CD TMR = sph -2.10 SD \* cyl -5.30 CD \* ax 168°

#### PostOp

AR OD sph 0.00 SD \* cyl 0.00 CD \* ax 0° NCDVA = 1.00 (0.00 LogMAR) SEQ = 0.00 D

## Case 7 PreOp AR OS sph +0.25 SD \* cyl -6.75 CD \* ax 15° $\Delta K = 5.50 D$ BCDVA = 0.8 (0.10 LogMAR) $\Delta K = 5.50 D$

### **Difference Map**



Measured cylinder was -7.27 CD – (-1.27 CD) = -6.00 CD. We can't enter the value of cylinder more than +/- 6.00 CD, so we significantly reduced amount of measured cylinder for entering in TMR. TMR = sph -0.35 SD \* cyl -6.00 CD \* ax 14°

### **1D PostOp**

AR OD sph -0.50 SD \* cyl -1.00 CD \* ax 45° (you can see slight torque-effect) NCDVA = 1.00 (0.00 LogMAR) SEQ = -0.75 D

## Case 8 PreOp AR OD sph -8.75 SD \* cyl -4.25 CD \* ax 5° $\Delta K = 3.00 D$ BCDVA = 0.10 (1.00 LogMAR) $\Delta K = 3.00 D$

### **Difference Map**



Measured cylinder was -4.19 CD – (-0.74 CD) = -3.45 CD TMR = sph -8.15 SD \* cyl -3.45 CD \* ax 9°

#### **1D PostOp**

```
AR OD sph +0.25 SD * cyl -0.75 CD * ax 0°
NCDVA = 0.30 (0.50 LogMAR)
SEQ = -0.125 D
```

## Case 9 PreOp AR OS sph -8.50 SD \* cyl -3.25 CD \* ax 170° ΔK = 2.75 D BCDVA = 0.50 (0.30 LogMAR) Difference Map



Measured cylinder was -4.35 CD – (-1.45 CD) = -2.90 CD. The value of cylinder measured by AR and  $\Delta$ K are significantly less, so we reduced amount of cylinder for entering in TMR. TMR = sph -7.90 SD \* cyl -2.90 CD \* ax 172° (V.2) With conventional method of calculation it will be: TMR = sph -7.60 SD \* cyl -4.35 CD \* ax 172° (V.1) **1D PostOp** AR OD sph +0.50 SD \* cyl 0.00 CD \* ax 0°

AR OD sph +0.50 SD \* cyl 0.00 CD \* ax 0° NCDVA = 1.00 (0.00 LogMAR) SEQ = +0.50 D

### **Finally, back to Case 1**, but in **V.2** AR OS sph -2.75 SD \* cyl -0.75 CD \* ax 175° BCDVA = 1.00 (0.00 LogMAR)

### PreOp

ΔK = 1.00 D

### **Difference Map**



Measured cylinder was -1.58 CD – (-0.88 CD) = -0.70 CD. The value of cylinder measured by AR and  $\Delta K$  are slightly less, so we reduced amount of cylinder for entering in TMR. TMR = sph -2.95 SD \* cyl 0.70 CD \* ax 1°

### **1D PostOp**

AR OD sph +0.25 SD \* cyl 0.00 CD \* ax 0° NCDVA = 1.25 (0.00 LogMAR) SEQ = +0.25 D and we can see presence of WTR astigmatism  $\approx$  0.75 D on topogram Step-by-Step Topo-Guided LASIK with TMR Part III Calculation in mixed astigmatism situations

Previously we successfully used Arthur Cammings method for calculation in mixed astigmatism situations:
Turn refraction into the plus-cylinder form
Minus sphere planned with standard nomogram
Reduction of the (+) cylinder

We tried to join it together with TMR method:
□ In our practice we subtract ≈ 30% from the (+) cylinder
□ We entering topo-measured axis of cylinder not from AR or manifest refraction

### Case 10

### **PreOp**

## AR OD sph +2.00 SD \* cyl -4.50 CD \* ax $0^{\circ}$ = sph -2.50 SD \* cyl +4.50 CD \* ax $90^{\circ}$ $\Delta K = 3.75 D$ BCDVA = 0.60 (0.20 LogMAR)Difference Map



Spere: -2.50 - 0.25 (from the nomogram) – 0.15 (to prevent myopic shift) = 2.85 SD Cylinder: +4.50 - 30% = 3.15 CD Measured axis of (-) cylinder was 5° TMR = sph -2.85 SD \* cyl +3.15 CD \* ax 95°

### **1D PostOp**

AR OD sph +0.25 SD \* cyl -0.50 CD \* ax 165° NCDVA = 0.80 (0.10 LogMAR) SEQ = +0.50 D

### Case 11

### **PreOp**

### AR OS sph +1.50 SD \* cyl -5.00 CD \* ax 170° = sph -3.50 SD \* cyl +5.00 CD \* ax 80° ΔK = 3.75 D

BCDVA = 0.60 (0.20 LogMAR)

**Difference Map** 



Spere: -3.50 – 0.15 (to prevent myopic shift) = 3.65 SD Cylinder: +4.50 - 30% = 3.15 CD Measured axis of (-) cylinder was 174° TMR = sph -3.65 SD \* cyl +3.50 CD \* ax 84°

### 1D PostOp

AR OD sph +0.25 SD \* cyl +0.50 CD \* ax 60° NCDVA = 0.70 (0.15 LogMAR) SEQ = +0.50 D

### Case 12

#### **PreOp**

### AR OD sph +1.50 SD \* cyl -5.25 CD \* ax 0° = sph -3.75 SD \* cyl +5.25 CD \* ax 90° ΔK = 3.50 D

VA = 0.40 NC (0.40 LogMAR)

**Difference Map** 



Spere: -3.75 - 0.15 (to prevent myopic shift) = 3.90 SD Cylinder: +5.25 - 28% = 3.75 CD Measured axis of (-) cylinder was 8° TMR = sph -3.90 SD \* cyl +3.75 CD \* ax 98°

#### **1D PostOp**

AR OD sph +0.25 SD \* cyl -0.50 CD \* ax 25° NCDVA = 1.00 (0.00 LogMAR) SEQ = +0.50 D

### **PreOp**

### Case 13 AR OS sph +1.75 SD \* cyl -5.75 CD \* ax 170° = sph -4.00 SD \* cyl +5.75 CD \* ax 80° $\Delta K = 4.50 D$

VA = 0.40 NC (0.40 LogMAR)

### **Difference** Map



Spere: -4.00 - 0.15 (to prevent myopic shift) = 3.65 SD Cylinder: +5.75 - 30% = 4.00 CD Measured axis of (-) cylinder was 177° TMR = sph -4.15 SD \* cyl +4.00 CD \* ax 87°

### **1D PostOp**

AR OD sph +1.50 SD \* cyl -2.00 CD \* ax 145° (you can see slight torque-effect) NCDVA = 0.80 (0.10 LogMAR)SEQ = +0.50 D

### PreOp

### Case 14

### **OD** NCDVA = 1.00 AR **OS** sph +5.50 SD \* cyl -6.00 CD \* ax 170° = sph -0.50 SD \* cyl +6.00 CD \* ax 80° $\Delta K = 4.75$ D

BCDVA = 0.80 (0.10 LogMAR)

### **Difference Map**



Spere: -4.00 - 0.25 (from the nomogram) -0.15 (to prevent myopic shift) = 3.65 SD Cylinder: +6.00 - 28% = 4.30 CD Measured axis of (-) cylinder was 177° TMR = sph -1.00 SD \* cyl +4.30 CD \* ax 87°

### 1D PostOp

AR OD sph +0.50 SD \* cyl -0.75 CD \* ax 25° NCDVA = 1.00 (0.00 LogMAR) SEQ = +0.125 D **NB!** You can also put to use Custom Femto-flap in astigmatic cases. For example, for mixed astigmatism: 9.3 mm X 8.5 mm flap with hinge position according to the astigmatism axis



## Discussion

- We specially show you the 1D PostOp cases you can already see good functional results in early PostOp period
- 2. We specially show you autorefractometry data despite the fact that the analysis of the refractive outcomes is based on the manifest refraction
- You can more accurately evaluate the quality of surgery with Autorefractometry as well as Topography and not only manifest refraction
- Amount of reduction in 0.80 CD of measured minus-cylinder is based on my individual surgical factor and also may vary due to the clinical situation: value of cylinder, ΔK from AR and IOL-Master (or equal device) and etc. and are only recommended!

## Conclusions

- This proposed method of calculation allows to save normal 0.50 ÷ 0.75 D WTR astigmatism in the corneal plane
- 2. It can be applied not only in presence of significant astigmatism
- 3. We suggest to use measured axis of astigmatism in situations with mixed and hyperopic astigmatism
- 4. It's only my point of view
- 5. No other conclusions You Can Try It Yourself!

## Thank you for attention!

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