

CORRESPONDENCE

Efficacy evaluation of toric IOL rotation after cataract surgery

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In general, a 30-degree misalignment in rotation of a toric intraocular lens (IOL) results in a 100% residual astigmatism error in the magnitude of astigmatism, or in other words, there is no efficacy of the toric IOL in astigmatism correction.¹⁻³ On the other hand, there are reports that the efficacy of astigmatism correction becomes zero at 45-degree misalignment.⁴⁻⁷ Based on an experiment by Tognetto et al. and the flattening index by Alpíns, Németh stated that the efficacy of astigmatism correction could be zero at 45-degree misalignment instead of 30-degree misalignment.^{4,5,7} In this report, the effect on the efficacy of astigmatism correction caused by misalignment in rotation of the toric IOL was evaluated analytically, and the results were compared with simulation images.

The angular changes of corneal astigmatism and toric IOL occur in the form of a sinusoidal wave at 180-degree cycle. Figure 1 shows a graphical summation with no rotation and 30-degree and 45-degree rotations to correct the entire -2 diopters (D) with-the-rule astigmatism. The blue line shows the angular changes in corneal astigmatism, the yellow line shows the angular changes in toric IOL correction, and the red line shows the angular changes in residual astigmatism after correction by the toric IOL. The residual astigmatism was linear when there was no postoperative misalignment (Figure 1, A). When the postoperative misalignment was 30 degrees, the preoperative astigmatism of -2 D remained (Figure 1, B). This means that the efficacy of astigmatism correction becomes zero with a 30-degree misalignment. It was also observed that the axial direction of the astigmatism changed. With-the-rule astigmatism turned into oblique astigmatism (30-degree astigmatism axis) with the same magnitude of astigmatism. Furthermore, when the postoperative misalignment was 45 degrees, the residual astigmatism was -2.83 D at the astigmatic axis of 22.5 degrees, which was 1.41 times higher than preoperative astigmatism (Figure 1, C). The graphical analysis showed that postoperative astigmatism could be higher than preoperative corneal astigmatism at more than 30 degrees of IOL misalignment in rotation.

The formula for calculating the residual astigmatism caused by misalignment can be obtained using the vector summation method as follows³:

$$C_R = \sqrt{C_P^2 + C_T^2 + 2C_P C_T \cos(2\alpha)},$$

$$y = \frac{C_R}{C_P} = \frac{\sqrt{C_P^2 + C_T^2 + 2C_P C_T \cos(2\alpha)}}{C_P}.$$

If $C_T = AC_P$, then,

$$y = \frac{\sqrt{C_P^2 + (AC_P)^2 + 2AC_P C_P \cos(2\alpha)}}{C_P},$$

$$y = \sqrt{A^2 + 1 + 2A \cos(2\alpha)},$$

$$y = \sqrt{(A - 1)^2 + 4A \cos^2(\alpha)},$$

where C_R is the postoperative residual astigmatism (D); C_P , preoperative corneal astigmatism (D); C_T , cylinder power of toric IOL (D) (at corneal plane); α , angle between corneal astigmatism axis and IOL steepest meridian (degrees) α of astigmatism correction is 90 degrees + θ ; θ , misalignment of toric IOL; A , astigmatism correction rate; and y , ratio of postoperative residual astigmatism and preoperative corneal astigmatism.

In a special case when $C_P = C_T$ or $A = 1$, then,

$$y = \sqrt{4 \cos^2(\alpha)}.$$

The effectiveness of toric IOL correction is defined using the following equation (Figure 1D):

$$\text{Eff} = (1 - y) \times 100\%.$$

In the case of toric IOL to correct -2 D corneal astigmatism with 30-degree misalignment and $y = 1$, the residual astigmatism remains -2 D and $\text{Eff} = 0\%$. There was no astigmatism correction. With 45-degree misalignment, the residual astigmatism is -2.83 D and $\text{Eff} = -41.42\%$. The residual astigmatism increased 1.41 times higher than preoperative astigmatism.

To compare with the image of Tognetto et al., we show the deterioration simulation image caused by rotational misalignment for a patient with -1.48 D with-the-rule astigmatism obtained using OPD-Scan III (NIDEK Co., Ltd.) (see Supplemental Figure 1, Supplemental Digital Content 1, available at <http://links.lww.com/JRS/A205>).^{4,A} A toric IOL (AcrySof IQ SN6AT4 with 16.00 D, Alcon Laboratories, Inc.) and a nontoric IOL (AcrySof SN60WF with 15.50 D, Alcon Laboratories, Inc.) were simulated. At 30-degree misalignment, the image quality is equivalent to that

Submitted: August 5, 2020 | Accepted: August 14, 2020

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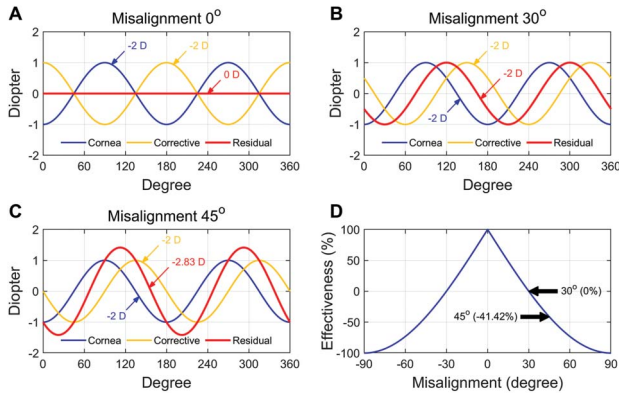


Figure 1. A: Graphical summation for toric IOL with no misalignment. B: Graphical summation for toric IOL with 30-degree misalignment. C: Graphical summation for toric IOL with 45-degree misalignment. D: Effectiveness of toric IOL as a function of misalignment angle when $C_P = C_T$ (100% astigmatism corrections). Black arrows show the effectiveness with 30- and 45-degree misalignments (IOL = intraocular lens).

of nontoric IOL (nontoric IOL: -2.62 D, 30-degree misalignment: -2.50 D). At 45-degree misalignment, the image deteriorated further (nontoric IOL: -2.62 D, 45-degree misalignment: -3.51 D).

The simulation image using the artificial eye by Tognetto et al. became steeper in the rotation interval between 15 and 20 degrees.⁴ Thirty degrees of toric IOL rotation reduced the image quality to less than 50%, and 45 degrees of toric IOL rotation reduced the image quality to the same as no toric correction at all. This was contrary to the results of both our graphical analysis and image simulation.

In conclusion, from both the mathematical perspective and the results of image simulation, it is clear that the corrected astigmatism has no efficacy at 30 degrees

misalignment, which indicates that postoperative residual astigmatism is equivalent to the value of astigmatism with nontoric IOL. Moreover, misalignments of more than 30 degrees up to 90 degrees worsen residual astigmatism compared with the nontoric IOL.

REFERENCES

- Shimizu K, Misawa A, Suzuki Y. Toric intraocular lenses: correcting astigmatism while controlling axis shift. *J Cataract Refract Surg* 1994; 20:523–526
- Ma JJK, Tseng SS. Simple method for accurate alignment in toric phakic and aphakic intraocular lens implantation. *J Cataract Refract Surg* 2008;34: 1631–1636
- Felipe A, Artigas JM, Díez-Ajenjo A, García-Domene C, Alcocer P. Residual astigmatism produced by toric intraocular lens rotation. *J Cataract Refract Surg* 2011;37:1895–1901
- Tognetto D, Perrotta AA, Bauci F, Rinaldi S, Antonuccio M, Pellegrino FA, Fenu G, Stamatelatos G, Alpíns N. Quality of images with toric intraocular lenses. *J Cataract Refract Surg* 2018;44:376–381
- Alpíns NA. Vector analysis of astigmatism changes by flattening, steepening, and torque. *J Cataract Refract Surg* 1997;23: 1503–1514
- Zhou F, Jiang W, Lin Z, Li X, Li J, Lin H, Chen W, Wang Q. Comparative meta-analysis of toric intraocular lens alignment accuracy in cataract patients: image-guided system versus manual marking. *J Cataract Refract Surg* 2019; 45:1340–1345
- Németh G. One degree of misalignment does not lead to a 3.3% effect decrease after implantation of a toric intraocular lens. *J Cataract Refract Surg* 2020;46:482

OTHER CITED MATERIAL

- Vinciguerra P, Albè E. IOL Station Software for the OPD-Scan. *Cataract & Refractive Surgery Today Europe* 2012; November/December 30–32

Disclosures: None reported

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