



INTERNATIONAL CONGRESS OF THE  
**EGYPTIAN**  
OPHTHALMOLOGICAL SOCIETY

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MIDDLE EAST AND AFRICA CONGRESS OF OPHTHALMOLOGY

# Comparing very challenging situations in Cataract Surgery Phaco in Short Eyes

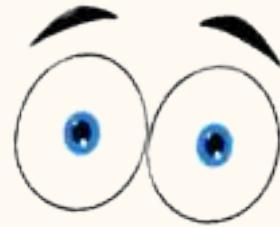
By

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# Phaco in short eyes can be a big problem



**What is your definition of a short  
eye ??**

**Do you depend on the preoperative  
refraction and glasses ?**

**+5 D**

**+7 D**

**+10 D**

**+16 D**

# Do you depend on the biometry?

OD right		IOL calculation				OS left			
Eye status									
<b>LS:</b> Phakic <b>VS:</b> Vitreous body				<b>LS:</b> Phakic <b>VS:</b> Vitreous body					
<b>Ref:</b> --- <b>VA:</b> ---									
LVC: Untreated		LVC mode: -		LVC: Untreated		LVC mode: -			
Target ref.: plano		SIA: +0.00 D @ 0°		Target ref.: plano		SIA: +0.00 D @ 0°			
<b>Biometric values</b>									
AL: 22.26 mm	SD: 11 µm	AL: 22.44 mm	SD: 15 µm						
ACD: 2.85 mm	SD: 10 µm	ACD: 2.75 mm	SD: 15 µm						
LT: 3.98 mm (!)	SD: 23 µm	LT: 4.01 mm	SD: 31 µm						
WTW: 12.0 mm		WTW: 12.2 mm							
SE: 41.50 D	SD: 0.00 D	K1: 40.91 D @ 165°		SE: 41.72 D (!) SD: 0.01 D	K1: 41.18 D @ 180°				
ΔK: -1.19 D	@ 165°	K2: 42.10 D @ 75°		ΔK: -1.09 D @ 180°	K2: 42.27 D @ 90°				
TSE: ---		TK1: ---		TSE: 41.75 D (!) SD: 0.04 D	TK1: 41.24 D @ 3°				
ΔTK: ---		TK2: ---		ΔTK: -1.05 D @ 3°	TK2: 42.28 D @ 93°				
<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>			
CB00_Eyhanoe - SRK0/T -		CB00_Eyhanoe - Haigis -		CB00_Eyhanoe - SRK0/T -		CB00_Eyhanoe - Haigis -			
A const.: 119.26		A0: -2.364 A1: +0.220 A2: +0.293		A const.: 119.26		A0: -2.364 A1: +0.226 A2: +0.293			
IOL (D)	Ref (D)	IOL (D)	Ref (D)	IOL (D)	Ref (D)	IOL (D)	Ref (D)		
+29.00	-0.86	+29.50	-0.56	+28.00	-0.74	+28.50	-0.57		
+28.50	-0.49	+29.00	-0.19	+27.50	-0.38	+28.00	-0.20		
<b>+28.00</b>	<b>-0.12</b>	<b>+28.50</b>	<b>+0.17</b>	<b>+27.00</b>	<b>-0.02</b>	<b>+27.50</b>	<b>+0.16</b>		
+27.50	+0.24	+28.00	+0.53	+26.50	+0.34	+27.00	+0.52		
+27.00	+0.60	+27.50	+0.89	+26.00	+0.69	+26.50	+0.88		
+27.83	Emmetropia	+28.74	Emmetropia	+26.98	Emmetropia	+27.72	Emmetropia		
<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>		<b>K Johnson and Johnson Vision I</b>			
CB00_Eyhanoe - Barrett Universal II -		CB00_Eyhanoe - Holladay 2 -		CB00_Eyhanoe - Barrett Universal II -		CB00_Eyhanoe - Holladay 2 -			
LF: +2.02 DF: Default		ACD: +5.755		LF: +2.02 DF: Default		ACD: +5.755			
IOL (D)	Ref (D)	IOL (D)	Ref (D)	IOL (D)	Ref (D)	IOL (D)	Ref (D)		
+29.00	-0.70	+29.50	-0.83	+28.00	-0.85	+28.00	-0.54		
+28.50	-0.32	+29.00	-0.47	+27.50	-0.47	+27.50	-0.18		
<b>+28.00</b>	<b>+0.06</b>	<b>+28.50</b>	<b>-0.11</b>	<b>+27.00</b>	<b>-0.09</b>	<b>+27.00</b>	<b>+0.17</b>		
+27.50	+0.43	+28.00	+0.25	+26.50	+0.29	+26.50	+0.52		
+27.00	+0.80	+27.50	+0.60	+26.00	+0.66	+26.00	+0.87		
+28.08	Emmetropia	+28.35	Emmetropia	+26.88	Emmetropia	+27.24	Emmetropia		

# Do you depend on the biometry?

OD right		IOL calculation				OS left	
		Eye status					
LS: Phakic		VS: Vitreous body		LS: Phakic		VS: Vitreous body	
Ref: ---		VA: ---		Ref: ---		VA: ---	
LVC: Untreated		LVC mode: -		LVC: Untreated		LVC mode: -	
Target ref: plano		SIA: +0.00 D @ 0°		Target ref: plano		SIA: +0.00 D @ 0°	
Biometric values							
AL: 20.92 mm	SD: 6 µm	AL: 20.95 mm	SD: 6 µm	ACD: 2.63 mm	SD: 8 µm	ACD: 2.46 mm	SD: 8 µm
LT: 4.49 mm	SD: 29 µm	LT: 4.72 mm	SD: 29 µm	WTW: 11.5 mm		WTW: 11.4 mm	
SE: 46.77 D (!) SD: 0.04 D	K1: 46.00 D @ 2°	SE: 48.46 D (!) SD: 0.04 D	K1: 46.74 D @ 170°	ΔK: -1.57 D @ 2°	K2: 47.57 D @ 92°	ΔK: -3.56 D @ 170°	K2: 50.30 D @ 80°
TSE: 46.76 D (!) SD: 0.09 D	TK1: 46.06 D @ 1°	TSE: 48.76 D (!) SD: 0.02 D	TK1: 47.02 D @ 169°	ΔTK: -1.42 D @ 1°	TK2: 47.48 D @ 91°	ΔTK: -3.61 D @ 169°	TK2: 50.64 D @ 79°
<b>K Johnson and Johnson Vision AAB00_Sensor 1P - SRK0/T -</b> A const: 118.97 IOL (D) Ref (D) +28.00 -0.69 +27.50 -0.34 <b>+27.00 +0.00</b> +26.50 +0.34 +26.00 +0.68 +27.00 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Hedges -</b> AQ: -0.423 A1: +0.387 A2: +0.180 IOL (D) Ref (D) +27.50 -0.56 +27.00 -0.20 <b>+26.50 +0.18</b> +26.00 +0.52 +25.50 +0.87 +26.73 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - SRK0/T -</b> A const: 118.97 IOL (D) Ref (D) +26.00 -0.55 +25.50 -0.22 <b>+25.00 +0.11</b> +24.50 +0.44 +24.00 +0.76 +25.17 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Hedges -</b> AQ: -0.423 A1: +0.387 A2: +0.180 IOL (D) Ref (D) +25.00 -0.67 +24.50 -0.31 <b>+24.00 +0.05</b> +23.50 +0.41 +23.00 +0.76 +24.07 Emmetropia	
<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Barrett Universal II -</b> LF: +1.87 DF: Default IOL (D) Ref (D) +28.00 -0.84 +27.50 -0.46 <b>+27.00 -0.10</b> +26.50 +0.27 +26.00 +0.63 +26.87 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Holladay 2 -</b> ACD: +5.560 IOL (D) Ref (D) +28.50 -0.74 +28.00 -0.39 <b>+27.50 -0.05</b> +27.00 +0.28 +26.50 +0.62 +27.42 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Barrett Universal II -</b> LF: +1.87 DF: Default IOL (D) Ref (D) +25.50 -0.66 +25.00 -0.30 <b>+24.50 +0.05</b> +24.00 +0.40 +23.50 +0.75 +24.58 Emmetropia		<b>K Johnson and Johnson Vision AAB00_Sensor 1P - Holladay 2 -</b> ACD: +5.560 IOL (D) Ref (D) +26.00 -0.71 +25.50 -0.37 <b>+25.00 -0.04</b> +24.50 +0.29 +24.00 +0.61 +24.94 Emmetropia	

# Do you depend on the biometry?

<b>OD</b> right	AL: 21.65 mm (SNR = 381.9) K1: 43.32 D / 7.79 mm @ 42° K2: 44.53 D / 7.58 mm @ 132° R / SE: 7.69 mm (SD = 43.92 mm) Cyl.: -1.21 D @ 42° opt. ACD: 2.77 mm	<b>OS</b> left
Eye Status: phakic		
SRK® II SRK®/T		
A Const: 119	A Const: 119	
IOL (D) REF (D)	IOL (D) REF (D)	
28.0 -1.3	28.5 +1.00	
27.5 -0.9	28.0 -0.63	
27.0 -0.5	27.5 +0.27	
<b>26.5 -0.1</b>	<b>27.0 0.00</b>	
26.0 0.3	26.5 0.44	
25.5 0.7	26.0 0.78	
25.0 1.1	25.5 1.13	
Emme. IOL: 26.35	Emme. IOL: 27.12	
<b>Holladay</b>	<b>Haigis</b>	
SF: 1.79	A0 Const: 1.903	
A0 Const: 1.903	SF: 1.79	
A1 Const: 0.4	A1 Const: 0.4	
A2 Const: 0.1	A2 Const: 0.1	
IOL (D) REF (D)	IOL (D) REF (D)	
29.0 -1.15	31.0 +1.20	
28.5 -0.79	30.5 -0.84	
28.0 -0.43	30.0 +0.49	
<b>27.5 -0.07</b>	<b>29.5 +0.14</b>	
27.0 0.28	29.0 0.21	
26.5 0.63	28.5 0.55	
26.0 0.97	28.0 0.89	
Emme. IOL: 27.40	Emme. IOL: 28.10	

<b>OD</b> right	AL: 21.63 mm (SNR = 371.3)	<b>OS</b> left
Eye Status: phakic		
SRK® II SRK®/T		
A Const: 119	A Const: 119	
IOL (D) REF (D)	IOL (D) REF (D)	
28.0 -1.3	28.5 -1.03	
27.5 -0.9	28.0 -0.66	
27.0 -0.5	27.5 -0.30	
<b>26.5 -0.1</b>	<b>27.0 0.05</b>	
26.0 0.3	26.5 0.41	
25.5 0.7	26.0 0.76	
25.0 1.1	25.5 1.10	
Emme. IOL: 26.35	Emme. IOL: 27.08	
<b>HofferQ</b>	<b>Haigis</b>	
pACD Const: 5.59	A0 Const: 1.903	
A0 Const: 1.903	A1 Const: 0.4	
A1 Const: 0.4	A2 Const: 0.1	
IOL (D) REF (D)	IOL (D) REF (D)	
29.5 -1.2	30.0 -1.14	
29.0 -0.8	29.5 -0.77	
28.5 -0.5	29.0 -0.41	
<b>28.0 +0.1</b>	<b>28.5 -0.05</b>	
27.5 0.2	28.0 0.30	
27.0 0.6	27.5 0.65	
26.5 0.9	27.0 1.00	
Emme. IOL: 27.80	Emme. IOL: 28.43	

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# Do you depend on the biometry?

<b>OD</b> right		AL: 21.17 mm (SNR = 339.8) K1: 43.66 D / 7.72 mm @ 174° K2: 43.89 D / 7.70 mm @ 84° R/L SR: 7.71 mm / 43.74 D Cyl: -0.17 D @ 174° ACD: 3.18 mm Reference: 0 D 0 D @ 0°	<b>OS</b> left
Refraction: 0 D 0 D @ 0°			Refraction: 0 D 0 D @ 0°
Status: Phakic		Status: Phakic	
<b>SRK9/T</b>	<b>SRK9 II</b>	<b>SRK9/T</b>	<b>SRK9 II</b>
A const: 119.20	A const: 119.60	A const: 119.20	A const: 119.60
TOL (D)	REF (D)	TOL (D)	REF (D)
-3.57 (-3)		-1.00	
		-1.00	
		-0.53	
		-0.29	
		0.08	28.5
		0.43	23.0
		0.72	27.5
		1.13	27.0
Eye: TOL: 29.62		Front: ICL: 20.50	
<b>Haigis</b>	<b>Holladay 1</b>	<b>Haigis</b>	<b>Holladay 1</b>
All const: -1.302	SF: 2.02	All const: -1.302	SF: 2.02
All const: 0.210		All const: 0.210	
A2 const: 0.351		A2 const: 0.251	
TOL (D)	REF (D)	TOL (D)	REF (D)
		-1.10	31.5
		-0.73	31.0
		-0.41	30.5
		-0.05	30.0
		0.21	29.5
		0.57	29.0
		1.02	28.5
Eye: TOL: 30.44		Front: ICL: 20.17	

<b>OD</b> right		AL: 20.41 mm (SNR = 111.4) K1: 44.88 D / 7.52 mm @ 176° K2: 46.75 D / 7.22 mm @ 86° R / SE: 7.37 mm / 45.81 dpt Cyl.: -1.87 D @ 176° opt. ACD: 2.15 mm	<b>OS</b> left
Eye Status: phakic			Eye Status: phakic
<b>SRK® II</b>	<b>SRK®/T</b>	<b>SRK® II</b>	<b>SRK®/T</b>
A Const: 119.6 IOL (D) REF (D)	A Const: 119.3 IOL (D) REF (D)	A Const: 119.6 IOL (D) REF (D) 31.0 -1.3 30.5 -0.9 30.0 -0.5 <b>29.5 -0.1</b> 29.0 0.3 28.5 0.7 28.0 1.1	A Const: 119.3 IOL (D) REF (D) 32.0 -0.94 31.5 -0.59 31.0 -0.23 30.5 0.11 30.0 0.46 29.5 0.80 29.0 1.14
Enne. IOL: 29.36			Enne. IOL: 30.67
<b>Holladay</b>	<b>Haigis</b>	<b>Holladay</b>	<b>Haigis</b>
SF: 2.02 A0 Const: -1.302 A1 Const: 0.21 A2 Const: 0.251	IOL (D) REF (D)	SF: 2.02 A0 Const: -1.302 A1 Const: 0.21 A2 Const: 0.251	IOL (D) REF (D) 32.5 -1.01 32.0 -0.65 31.5 -0.30 31.0 0.05 30.5 0.39 30.0 0.73 29.5 1.07
Enne. IOL: 31.07			Enne. IOL: 30.25

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# Do you depend on the biometry?

**OD**  
right

AL: 18.45 mm (SNR = 360.1)  
 K1: 46.17 D / 7.31 mm @ 27°  
 K2: 47.67 D / 7.08 mm @ 117°  
 R / SE: 7.20 mm / 46.92 dpt  
 Cyl.: -1.50 D @ 27°  
 opt. ACD: 2.90 mm

Eye Status: phakic

**SRK® II**

A Const:	118	A Const:	118
IOL (D)	REF (D)	IOL (D)	REF (D)
34.0	-1.1	37.0	-1.14
33.5	-0.7	36.5	-0.75
33.0	-0.3	36.0	-0.36
32.5	0.1	35.5	0.02
32.0	0.5	35.0	0.40
31.5	0.9	34.5	0.78
31.0	1.3	34.0	1.15

Emme. IOL: 32.66

**Holladay**

SF:	1.22	pACD Const:	4.96
IOL (D)	REF (D)	IOL (D)	REF (D)
38.0	-1.31	39.5	-1.0
37.5	-0.92	39.0	-0.6
37.0	-0.53	38.5	-0.3
36.5	-0.15	38.0	0.1
36.0	0.23	37.5	0.5
35.5	0.60	37.0	0.8
35.0	0.97	36.5	1.2

Emme. IOL: 36.30

AL: 18.47 mm (SNR = 264.0)  
 K1: 45.73 D / 7.38 mm @ 143°  
 K2: 46.94 D / 7.19 mm @ 53°  
 R / SE: 7.29 mm / 46.33 dpt  
 Cyl.: -1.21 D @ 143°  
 opt. ACD: 2.92 mm

Eye Status: phakic

**OS**  
left

AL: 20.55 mm (\*)  
 K1: 42.94 D / 7.86 mm @ 74°  
 K2: 45.98 D / 7.34 mm @ 164°  
 R / SE: 7.60 mm / 44.46 D  
 Cyl: -3.04 D @ 74°  
 ACD: 3.14 mm  
 Refraction: 0 D 0 D @ 0°

Status: Phakic

**OS**  
left

Refraction: 0 D 0 D @ 0°

Status: Phakic

**SRK®/T**

A Const:	118	A Const:	118
IOL (D)	REF (D)	IOL (D)	REF (D)
34.0	-1.1	37.0	-1.14
33.5	-0.7	36.5	-0.75
33.0	-0.3	36.0	-0.36
32.5	0.1	35.5	0.02
32.0	0.5	35.0	0.40
31.5	0.9	34.5	0.78
31.0	1.3	34.0	1.15

Emme. IOL: 35.53

**HofferQ**

SF:	1.22	pACD Const:	4.96
IOL (D)	REF (D)	IOL (D)	REF (D)
38.0	-1.31	39.5	-1.0
37.5	-0.92	39.0	-0.6
37.0	-0.53	38.5	-0.3
36.5	-0.15	38.0	0.1
36.0	0.23	37.5	0.5
35.5	0.60	37.0	0.8
35.0	0.97	36.5	1.2

Emme. IOL: 38.13

**Holladay 1**

SF:	2.02
IOL (D)	REF (D)
33.5	-0.99
33.0	-0.62
32.5	-0.25
32.0	0.12
31.5	0.48
31.0	0.83
30.5	1.18

Emme. IOL: 36.83

**Haigis**

A0 const:	-1.302
A1 const:	0.210
A2 const:	0.251
IOL (D)	REF (D)
33.5	-0.99
33.0	-0.62
32.5	-0.25
32.0	0.12
31.5	0.48
31.0	0.83
30.5	1.18

Emme. IOL: 38.59

**Holladay 1**

SF:	2.02
IOL (D)	REF (D)
33.5	-1.03
33.0	-0.67
32.5	-0.31
32.0	0.04
31.5	0.39
31.0	0.74
30.5	1.08

Emme. IOL: 32.16

**Haigis**

A0 const:	-1.302
A1 const:	0.210
A2 const:	0.251
IOL (D)	REF (D)
33.5	-1.03
33.0	-0.67
32.5	-0.31
32.0	0.04
31.5	0.39
31.0	0.74
30.5	1.08

Emme. IOL: 32.06

**Holladay 1**

SF:	2.02
IOL (D)	REF (D)
33.5	-1.03
33.0	-0.67
32.5	-0.31
32.0	0.04
31.5	0.39
31.0	0.74
30.5	1.08

# Anatomic Classification

- Short AC depth with short axial length
  - Nanophthalmos (simple microphthalmos)
  - Colobomatous microphthalmos
  - Complex microphthalmos
- Short AC depth with normal axial length
  - Relative anterior microphthalmos
- Normal AC depth with short axial length
  - Axial hyperopia

# Nanophthalmos

**Axial length less than 20.5 mm (average 17.0 mm)**

**Average refraction + 13.5 D**

**Associated with PXF and glaucoma**

# Nanophthalmos

A- Short axial length

B- Small cornea

C- Shallow AC

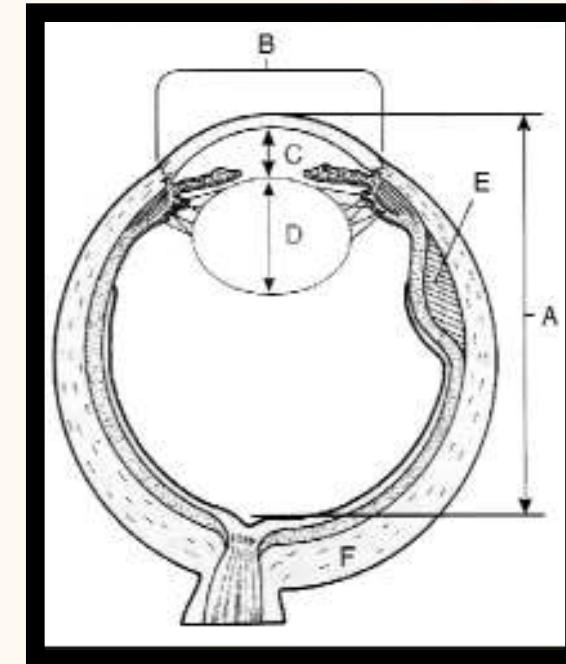
marked iris convexity

D- Normal / Increased lens thickness

E- Uveal effusions

F- Thickened sclera

Thickened choroid



# Relative Anterior Microphthalmos

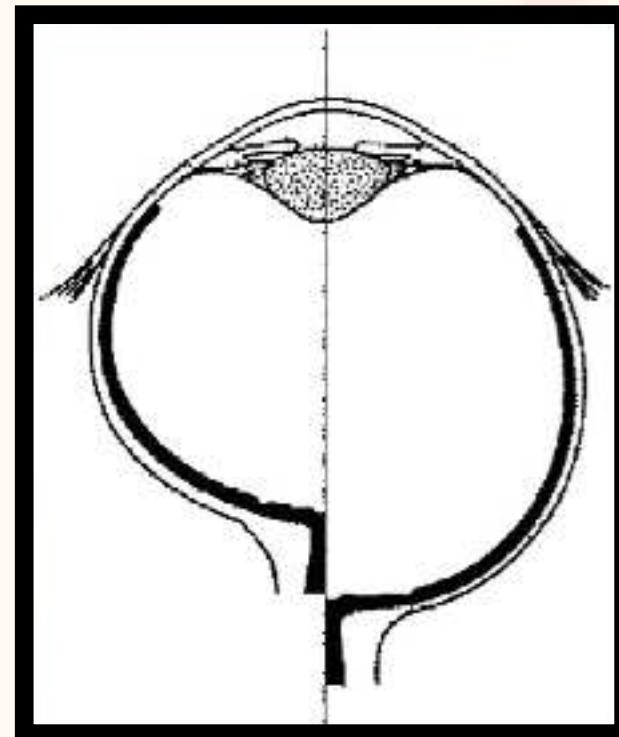
## Short AC depth / Normal Axial Length

- More common than nanophthalmos
- High incidence of narrow angle glaucoma
- High incidence of cornea guttata and pseudoexfoliation
- No scleral abnormalities
- No uveal effusions

# Axial Hyperopia

## Normal AC / Short Axial Length

- Most hyperopes are in this category (**83%**)
- High hyperopia
- No complications



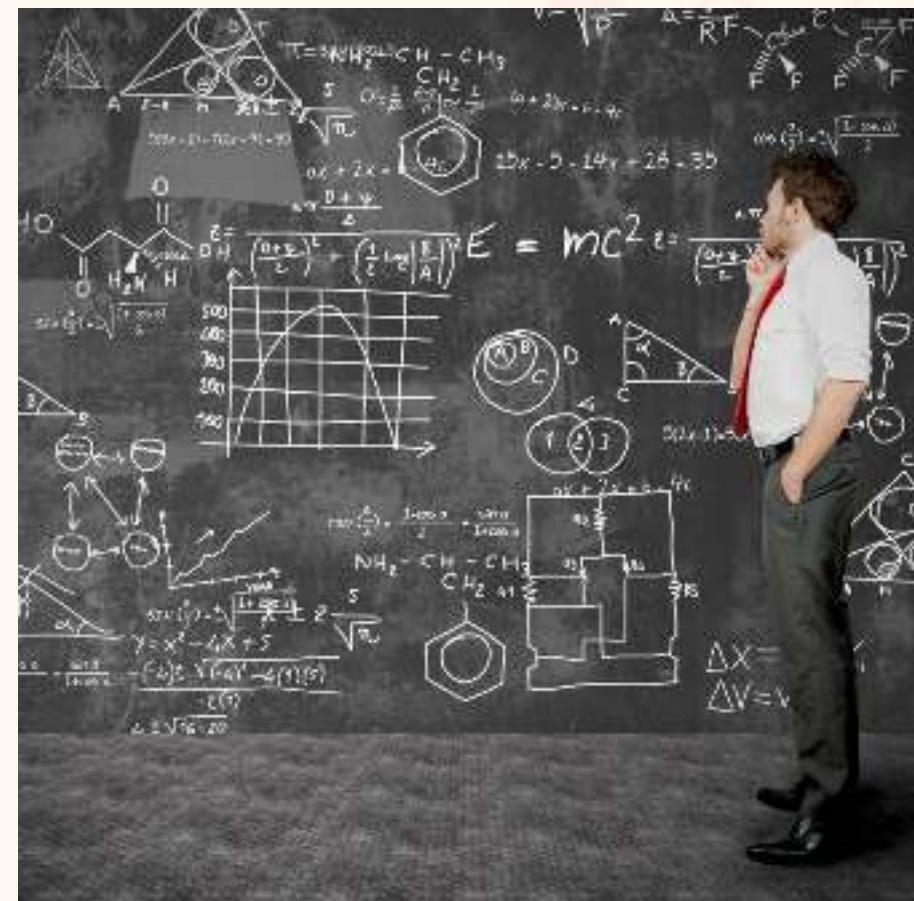
# Preoperatively

**It is important to categorize the high hypermetropic patient in one of the three groups**

# The Challenge:

## The Nanophthalmic eye

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# Biometry

- A real challenge
- Optical biometry or Immersion biometry
- Any minor error in axial length determination will lead to large refractive error



# Biometry in Short eyes

## A unique challenge

- Only 60% to 71% fall within 0.5 diopter of the refractive target post-operatively.<sup>1</sup>
- one major error source is physical optics. The higher IOL power and smaller lens-retina distance amplify refractive sensitivity to an ELP as much as 5-fold.<sup>2</sup>
- The shape factor of IOLs is an increasingly significant and non uniform source of error at higher IOL powers.<sup>3</sup>

**ARTICLE**

**DIGITAL OPHTHALMOLOGY**

### Efficacy of segmented axial length and artificial intelligence approaches to intraocular lens power calculation in short eyes

Peter J. Kenney, BS, Karim Kozhaya, MD, Paulina Truong, BS, Mitchell P. Weikert, MD, Li Wang, MD, PhD, Warren E. Hill, MD, Douglas D. Koch, MD

**Purpose:** In short eyes, to compare the predictive accuracy of new intraocular lens (IOL) power calculation formulas using traditional and segmented axial length (AL) measurements.

**Setting:** Cullen Eye Institute, Baylor College of Medicine, Houston, Texas and East Valley Ophthalmology, Mesa, Arizona.

**Design:** Multi-center retrospective case series.

**Methods:** Measurements from an optical biometer were collected in eyes with AL <22 mm. IOL power calculations were performed with 15 formulas using 2 AL values: (1) machine-reported traditional AL (Td-AL) and (2) segmented AL calculated with the Cooke-modified AL nomogram (CMAL). 1 AL method and 7 formulas were selected for pairwise analysis of mean absolute error (MAE) and root mean square absolute error (RMSE).

**Results:** The study comprised 278 eyes. Compared with the Td-AL, the CMAL produced hyperopic shifts without differences in RMSE. The ZEISS AI IOL Calculator (ZEISS AI), Kine, Hill-RBF, Pearl-DGS, EVO, and Barrett Universal II (Barrett) formulas with Td-AL were compared pairwise. The ZEISS AI demonstrated smaller MAE and RMSE than the Barrett, Pearl-DGS, and Kine. Kine had a smaller RMSE than the Barrett formula. In 73 eyes with shallow anterior chamber depth, the ZEISS AI and Kine had a smaller RMSE than the Barrett.

**Conclusions:** ZEISS AI outperformed Barrett, Pearl-DGS, and Kine. The Kine formula outperformed some formulas in selected parameters. Across all formulas, use of a segmented AL did not improve refractive predictions.

*J Cataract Refract Surg 2023;43:697–709 Copyright © 2023 Published by Wolters Kluwer on behalf of ASCRS and ESCRS*

### AI-Enabled IOL Power Calculations for Short Eyes

Training with IOL model-specific, real-world data may improve accuracy.

HOWARD LARSON REPORTS

**A**n artificial intelligence-enabled intraocular lens (IOL) power calculator that applies real-world patient diagnostic measurements to specific IOL models may more accurately predict refractive outcomes in short eyes than most of the best current formulas, according to Douglas D. Koch.

The Zeiss AI IOL calculator is the first AI-based formula for specific individual IOL models. Dr Koch said, noting optimising IOL formulas based on population-level data is misleading, as the cohort may not be representative of the population at large or if the constant varies throughout. Short eyes, post-refractive surgery eyes, and keratoconus eyes are among such incomplete cohorts.

However, using AI in fact is a broad range of immature and refractive data recorded before and after surgery with retinal data specific to each unique IOL model appears to improve refractive prediction accuracy, though only for IOL models for which the AI formulas has been specifically trained.

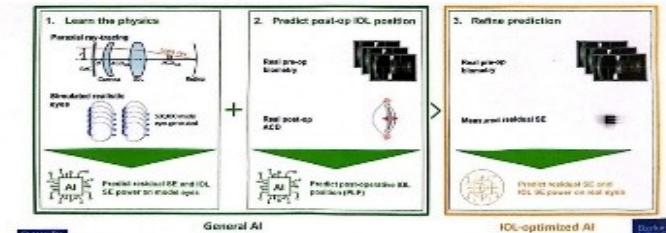
**Short eye study**  
To test the Zeiss AI calculator's performance in small eyes, Dr Koch with Dr Warren Hill and colleagues at Baylor College of

For the future, you can build a larger database of eyes with various parameters.

Medicon and Carl Zeiss Meditec conducted a test involving 278 eyes implanted with one of three monofocal IOL models: the SN60WF (Alcon), the Tecnis ZCB00 (Johnson & Johnson), and the enVision (Bausch + Lomb). Mean axial length of the eyes was 21.56 mm ± 0.41, ranging from 19.37 mm to 22.00 mm, and statistical analysis is showed a non-Gaussian distribution.

The team tested each of the 15 IOL power calculation formulas for predicted and achieved refraction accuracy. Paired comparisons were made of the top 7 formulas based on percentages with outcomes within ± 0.5 D of target. At 0.41 D, the mean absolute error for the Zeiss AI calculator was the lowest of the 7, reaching statistical significance for the Kine, Barrett, and Pearl-DGS formulas but not for the K6, Hill-RBF, or EVO. Root mean square absolute error results were similar, with the K6 values lower than the others.

IOL-model-specific AI training based on real clinical data



1- Luo et al. Ophthalmol 2022;42:1939-1956

2-Olsen T. Acta OphthalmolScand 2007;85:472-485

3-Farsa Koglu et al .Optica publishing 2014;928-902.

# Biometry in Short eyes

## A unique challenge

### The Solution

- Use SOS devices
- AI enabled formulas

# Biometry can be surprising

<b>OD</b> right	AL: 18.45 mm (SNR = 360.1) K1: 46.17 D / 7.31 mm @ 27° K2: 47.67 D / 7.08 mm @ 117° R / SE: 7.20 mm / 46.92 dpt Cyl.: -1.50 D @ 27° opt. ACD: 2.90 mm	AL: 18.47 mm (SNR = 264.0) K1: 45.73 D / 7.38 mm @ 143° K2: 46.94 D / 7.19 mm @ 53° R / SE: 7.29 mm / 46.33 dpt Cyl.: -1.21 D @ 143° opt. ACD: 2.92 mm	<b>OS</b> left
Eye Status: phakic			Eye Status: phakic
<b>SRK® II</b>	<b>SRK®/T</b>	<b>SRK® II</b>	<b>SRK®/T</b>
A Const: 118	A Const: 118	A Const: 118	A Const: 118
IOL (D)      REF (D)	IOL (D)      REF (D)	IOL (D)      REF (D)	IOL (D)      REF (D)
34.0      -1.1	37.0      -1.14	34.5      -1.1	37.5      -1.21
33.5      -0.7	36.5      -0.75	34.0      -0.7	37.0      -0.82
33.0      -0.3	36.0      -0.36	33.5      -0.3	36.5      -0.42
<b>32.5      0.1</b>	<b>35.5      0.02</b>	<b>33.0      0.1</b>	<b>36.0      -0.04</b>
32.0      0.5	35.0      0.40	32.5      0.5	35.5      0.35
31.5      0.9	34.5      0.78	32.0      0.9	35.0      0.73
31.0      1.3	34.0      1.15	31.5      1.3	34.5      1.10
Emme. IOL: 32.66	Emme. IOL: 35.53	Emme. IOL: 33.13	Emme. IOL: 35.95
<b>Holladay</b>	<b>HofferQ</b>	<b>Holladay</b>	<b>HofferQ</b>
SF: 1.22	pACD Const: 4.96	SF: 1.22	pACD Const: 4.96
IOL (D)      REF (D)	IOL (D)      REF (D)	IOL (D)      REF (D)	IOL (D)      REF (D)
38.0      -1.31	39.5      -1.0	38.5      -1.30	40.0      -1.1
37.5      -0.92	39.0      -0.6	38.0      -0.91	39.5      -0.7
37.0      -0.53	38.5      -0.3	37.5      -0.52	39.0      -0.3
<b>36.5      -0.15</b>	<b>38.0      0.1</b>	<b>37.0      -0.13</b>	<b>38.5      0.1</b>
36.0      0.23	37.5      0.5	36.5      0.25	38.0      0.4
35.5      0.60	37.0      0.8	36.0      0.63	37.5      0.8
35.0      0.97	36.5      1.2	35.5      1.00	37.0      1.2
Emme. IOL: 36.30	Emme. IOL: 38.13	Emme. IOL: 36.83	Emme. IOL: 38.59

# Biometry (IOL Master)

- Axl      **16.81**      **16.6**
- ACD      **3.18**      **3.21**
- Ker
  - **k<sup>1</sup> 50.15**      **k<sup>1</sup> 49.56**
  - **k<sup>2</sup> 50.30**      **k<sup>2</sup> 50.75**

# Results of IOL Master

Lt		Rt		
Aqua Sense	Corneal	Aqua Sense	Corneal	
+47	+56.5	+45.5	+54	<b>Haigis</b>
+60	+60	+48	+57.5	<b>Hoffer Q</b>
+31	+37.5	+34	+37	<b>SRK II</b>

# What type of IOL would you use in such a case ?



# Polypseudophakia Piggyback IOLs

The implantation of 2 or more posterior chamber IOLs  
was introduced by Gayton and Sanders in 1993

# Piggyback IOLs

What material for the IOL



# IOL material

- One acrylic in the bag + silicone in the sulcus
  - Avoid the acrylic – acrylic surface interaction
  - Keeping the most biocompatible against the capsule
  - The three piece IOL anteriorly in the sulcus

# Piggyback IOLs

Preferred site for implantation?

- 2 in the bag

- bag / sulcus

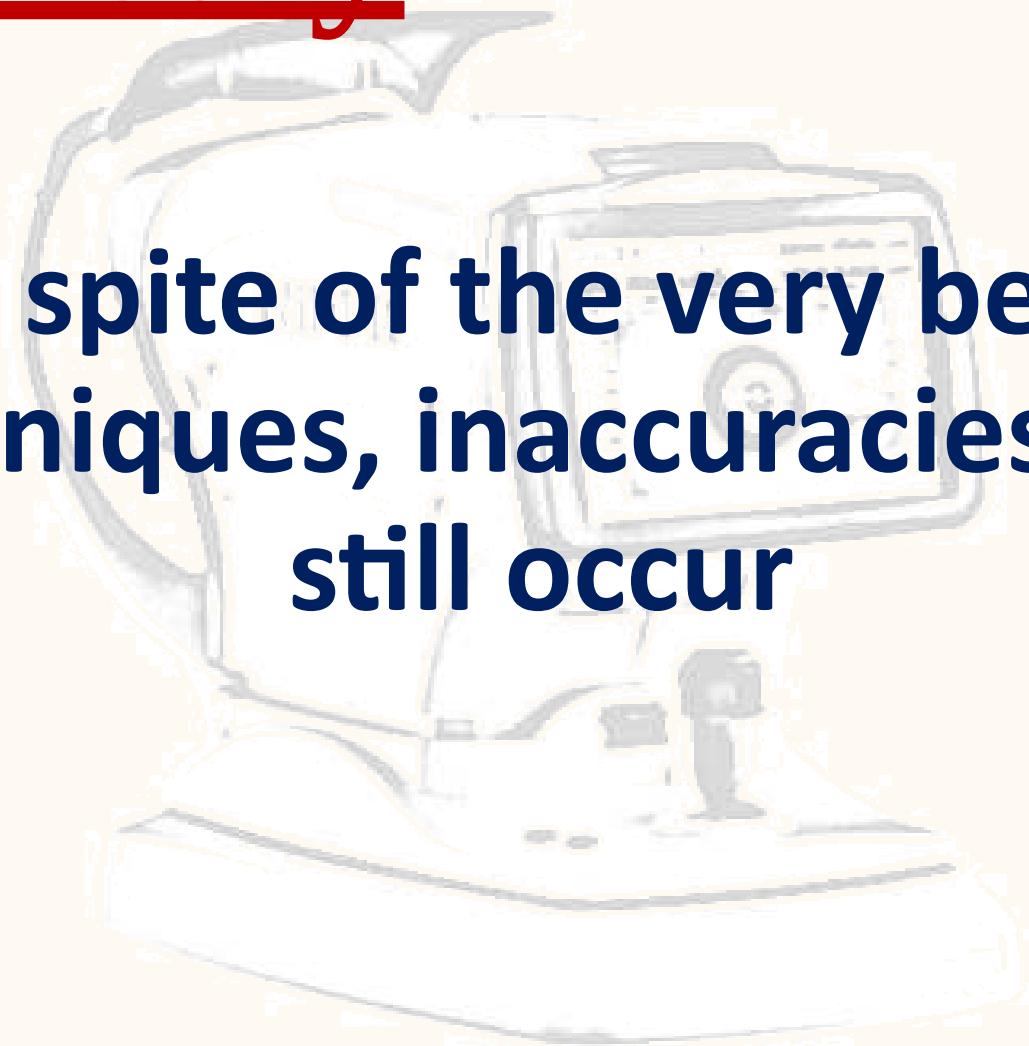
- 2 in the sulcus



# Prevention of ILO

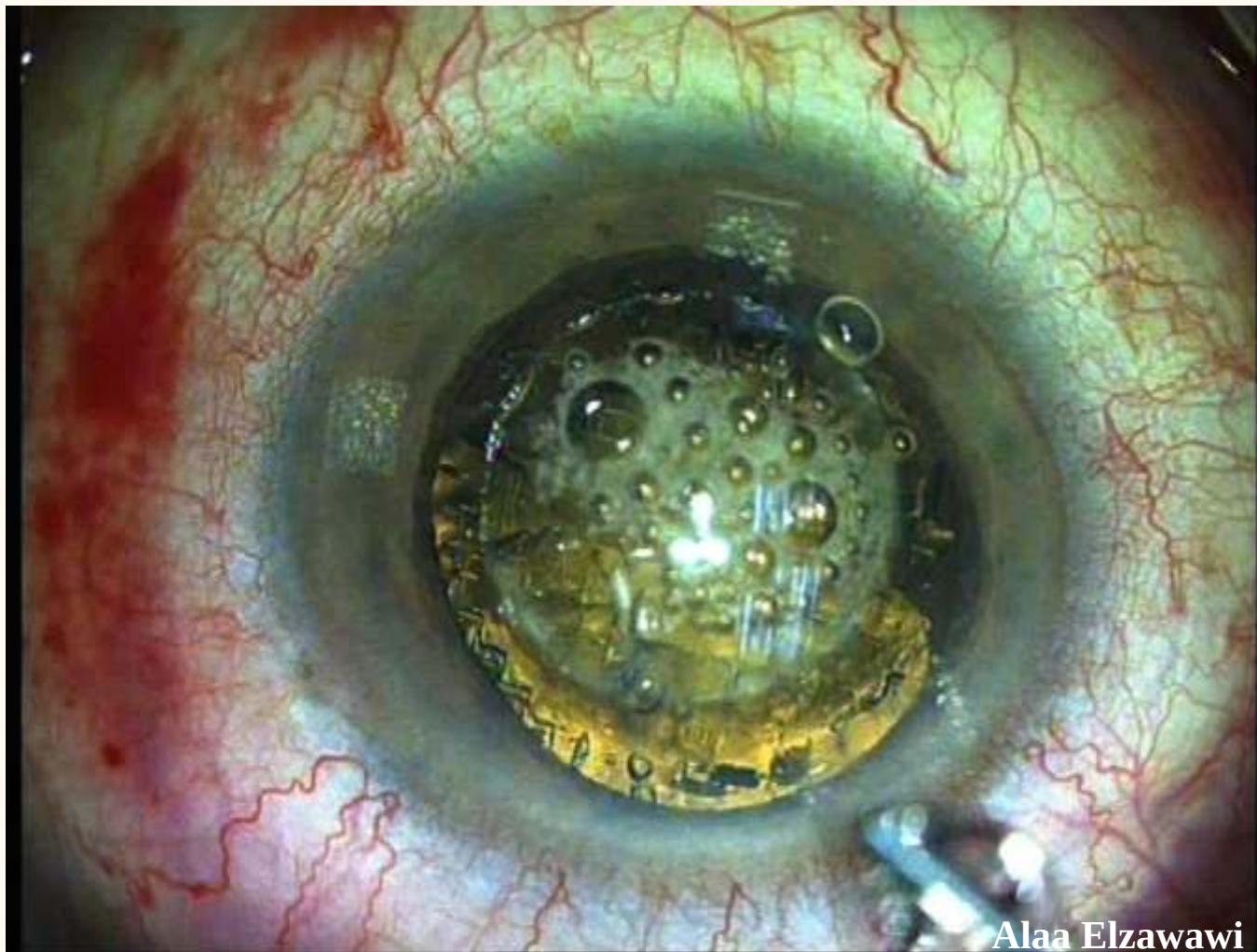
1. Careful cortical cleanup removing most equatorial cells.
2. Performing a CCC larger than the IOL optic.
3. One IOL in the bag and the other in the sulcus.

# Biometry



In spite of the very best  
techniques, inaccuracies may  
still occur

# Femto rhexis



**EOS 2025**

EGYPTIAN OPHTHALMOLOGICAL SOCIETY

Alaa Elzawawi

## Analyze

OS  
left

## Eye status

LS: Phakic

VS: Vitreous body

LVC: Untreated

Ref: ---

VA: ---

## Biometric values

AL: 21.97 mm	SD: 12 µm	WTW: 11.3 mm	Ix: -0.6 mm	Iy: +0.4 mm
CCT: 759 µm (!)	SD: 7 µm	P: 6.6 mm	CW-Chord: 0.4 mm	@ 312°
ACD: 1.75 mm	SD: 6 µm			
LT: 5.53 mm (!)	SD: 65 µm			

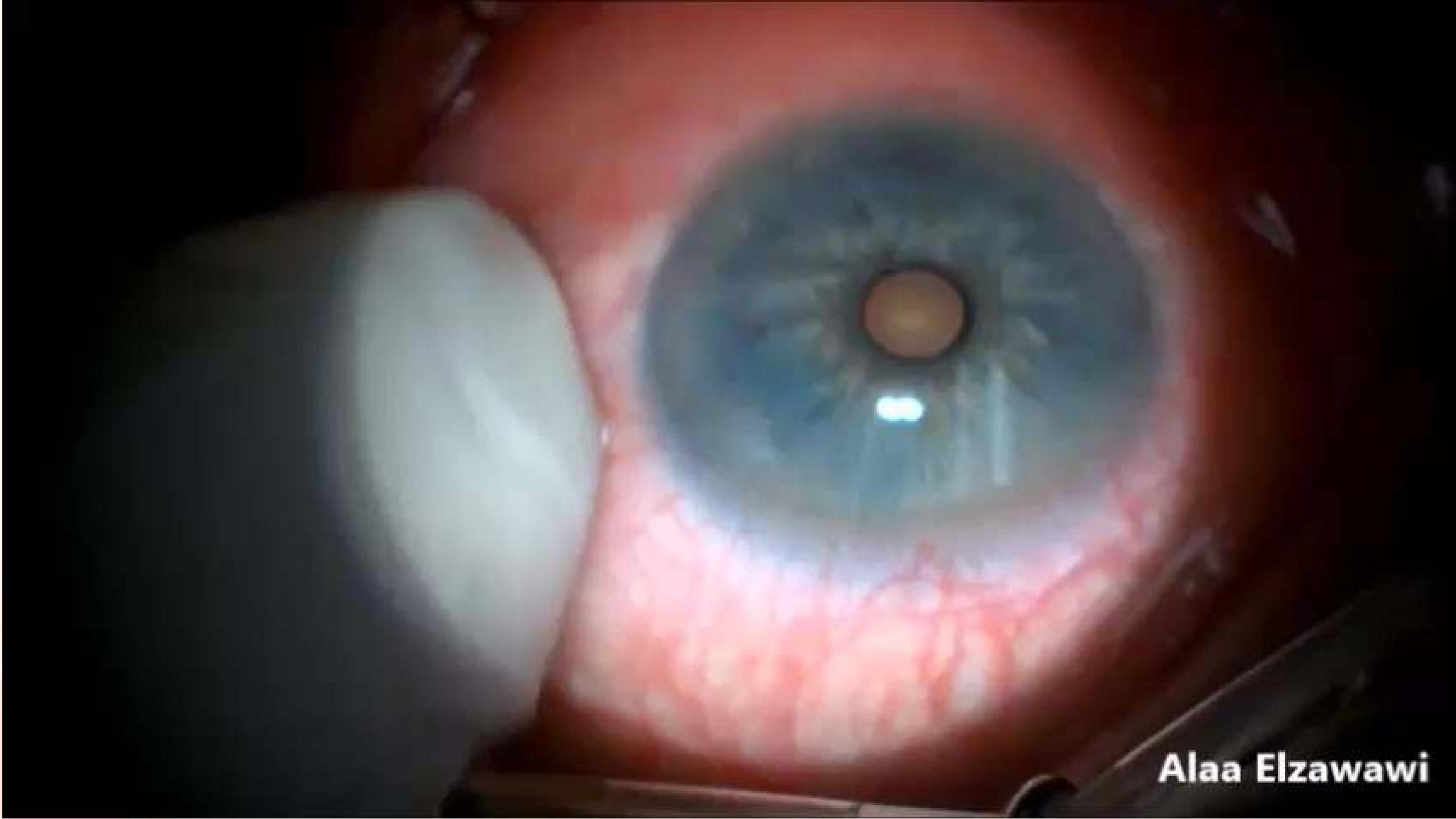
SE: 44.34 D (!)	SD: 0.02 D	TSE: 45.07 D (!)	SD: 0.02 D
K1: 43.63 D @ 174°	SD: 0.02 D	TK1: 44.26 D @ 178°	SD: 0.09 D
K2: 45.07 D @ 84°	SD: 0.03 D	TK2: 45.90 D @ 88°	SD: 0.04 D
ΔK: -1.45 D @ 174°		ΔTK: -1.64 D @ 178°	

71 years

OD

OS

AL	21.97 mm	SD: 7 $\mu$ m
SE	44.27 D	SD: 0.02 D
K1	43.52 D	172° SD: 0.01 D
K2	45.05 D	82° SD: 0.03 D
$\Delta K$	-1.53 D	172°
TSE	45.00 D	SD: 0.07 D
$\Delta TK$	-1.76 D	175°
ACD	1.74 mm	SD: 6 $\mu$ m
AQD	0.99 mm	SD: 8 $\mu$ m
LT	5.48 mm	SD: 53 $\mu$ m
CCT	753 $\mu$ m	SD: 6 $\mu$ m
WTW	11.2 mm	
P	6.6 mm	



Alaa Elzawawi

Thank You

