



Understanding the standard algorithm for corneal refractive surgery using laser ablation of PMMA surfaces

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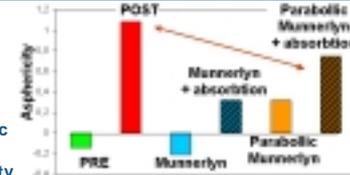
1 Background & Purpose

Goal: PMMA model

- To understand standard algorithms for corneal refractive surgery
- To validate different measurement techniques for ablated PMMA surfaces
- To study changes in asphericity (spherical aber.) and test predictions

Background

- Clinical results: Corneal refractive surgery for myopia (PRK and LASIK) induces positive spherical aberration
- The Munnerlyn algorithm should not induce spherical aberration. A parabolic approximation of this algorithm produces a slight increase in asphericity



- Radial changes in laser efficiency (due to the curved corneal shape) produce additional increase in asphericity
- A PMMA model can test the contributions of the algorithm and reflection to increased asphericity as opposed to biomechanical effects / epithelial healing

2 Methods

Standard LASIK Ablation of flat and spherical (7.5, 8 and 8.6 mm radius) PMMA surfaces

- Spherical correction: -3 thru -12 D
Optical zone: 6 mm
- Flying spot laser (B&L, Chiron Technolas 217)
Conventional software
- Post-ablation profilometry
Three different methods

Contact Profilometry

On flat surfaces: Dektak 3000
On spheres: Talsurf



Confocal imaging profiler

SENSOFAR PLμ
Scanning microscope



Videokeratoscopy

Atlas Humphrey, Zeiss

Control of all spherical surfaces prior to ablation

Post-ablation measurements of ablated spheres after slight polishing

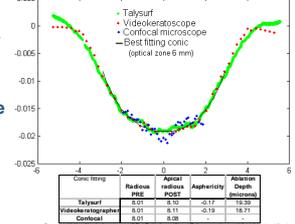
Data Processing

Custom software to obtain: 1. Ablation profiles on flat / spherical surfaces. 2. Post ablation curvature and asphericity



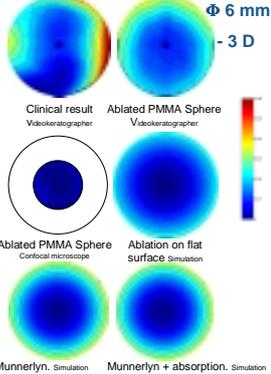
Comparison

- Same results for different methods
- Adequate fitting of ablation profiles

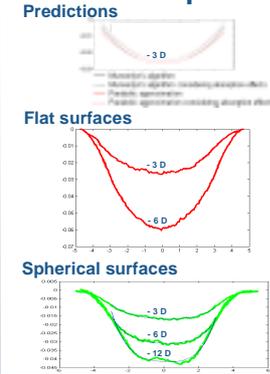


3 Results

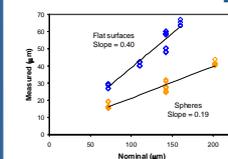
3.1 Elevation maps



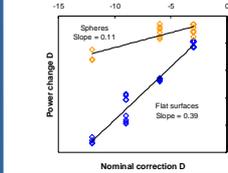
3.2 Ablation profiles



3.3 Ablation depth

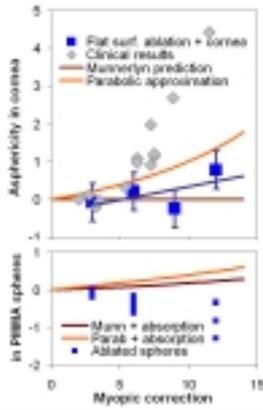


3.4 Correction



3.5 POST- ablation asphericity (Flat surfaces & spheres)

- Ablations found for flat surfaces match closely the predictions from a parabolic approximation of the Munnerlyn algorithm: applied on ideal corneas produced a slight increase in asphericity, but much less than for post-operative corneas
- Ablation profiles for PMMA spheres should incorporate additionally the effects of radial changes in laser efficiency. However, we found negative asphericity and undercorrection, probably due to central island effects



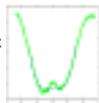
4 Discussion

4.1 What have we learnt?

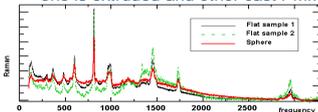
- We have tested a model for ablation on PMMA
- We have validated different methods of measurement for ablated surfaces, in particular, the use of corneal topography
- Results match predictions on flat surfaces but not on spheres. That may be due to the material used (extruded vs cast).

4.2 Cause for flat/spherical surfaces disagreement?

- We found central island effects in spheres. Ablation separates from a conic (R,K) causing smaller ablation depth, undercorrection, and negative asphericity
- Central islands were not found on flat surfaces of regular PMMA, but were found on PMMA LASIK calibration plates
- Same conditions: surgeon, laser, software, transition and optical zones. Careful alignment, focus, air flow and calibration
- Redeposition of material and laser shielding by plume may be different, if there are structural differences across different PMMA



- Raman Spectroscopy does not detect differences in chemical composition or crystallization state
- Different porosity or hardness may explain the ablation differences, if one is extruded and other cast PMMA



4.3 Higher order SA

- Virtual ray tracing on ablated surfaces provides accurate information about how ablation algorithm changes spherical aberration.



5 Conclusions

- It is possible to develop PMMA models for the study of refractive surgery
- Material has to be carefully selected
- We have explored different techniques to measure profile/topography of ablated spheres finding equivalent results. Videokeratoscopy after polishing is the preferred method
- Ablation profiles found on PMMA flat surfaces produce asphericity between Munnerlyn and parabolic approximation prediction
- Ablated PMMA spheres did not reproduce the predicted increase in asphericity due to peripheral changes of laser efficiency
- Increased post-op corneal asphericity must be the result of ablation effects and biomechanical factors

6 References

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