



Wide diameter DALK in the management of conventional diameter DALK associated high astigmatism

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Interface



Operation note Manual/ Big bubble

POOR VISION IN DALK



Astigmatism





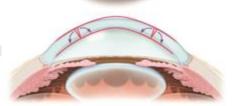


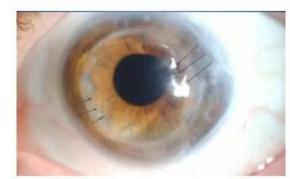
How can we control astigmatism post DALK?

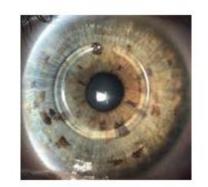


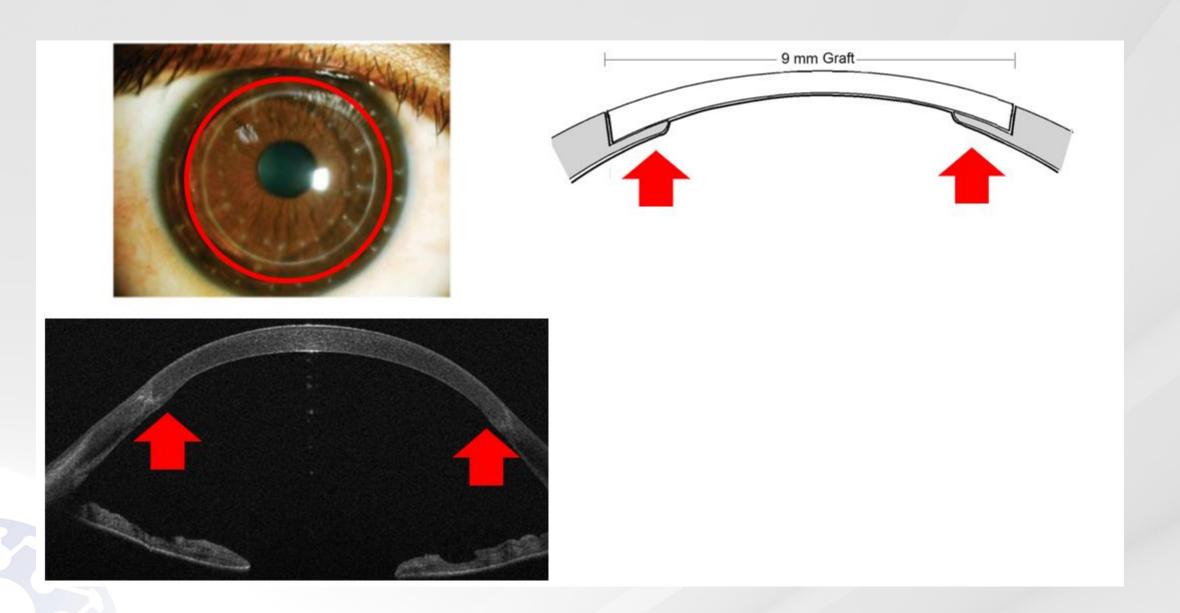












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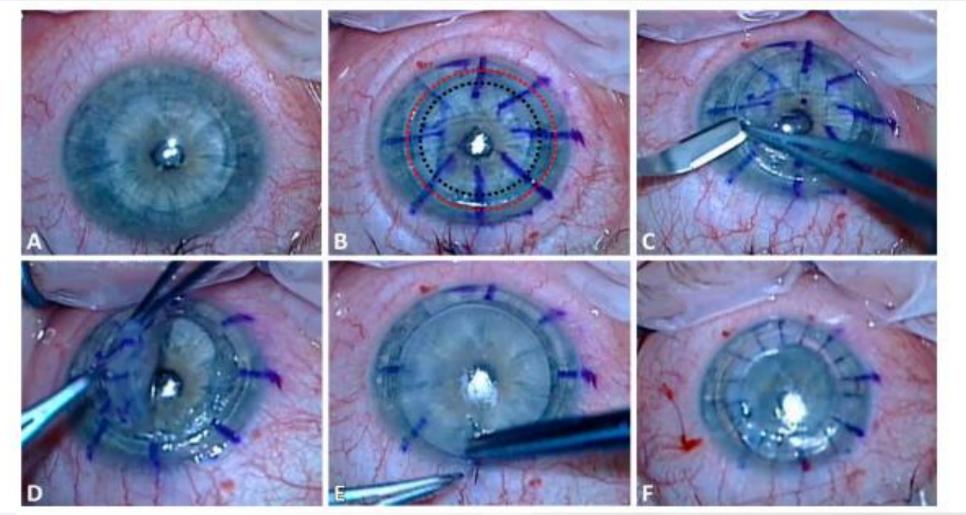
Case 1

- 38yr male
- Atopic keratoconic
- 8mm conventional DALK 2017
 - Type 1 bubble
- Post suture removal and corneal-based astigmatic interventions \rightarrow 12D astigmatism
- BSCVA 6/60
- Intolerant to contact lenses
- 9mm wide diameter DALK 2021 with interrupted sutures
 - Sutures removed → 6.62D astigmatism
 - Blunt in the wound blunt manual relaxing incisions → 3.5D
 - Plano/-3.50x175 refraction
 - BSCVA 6/9

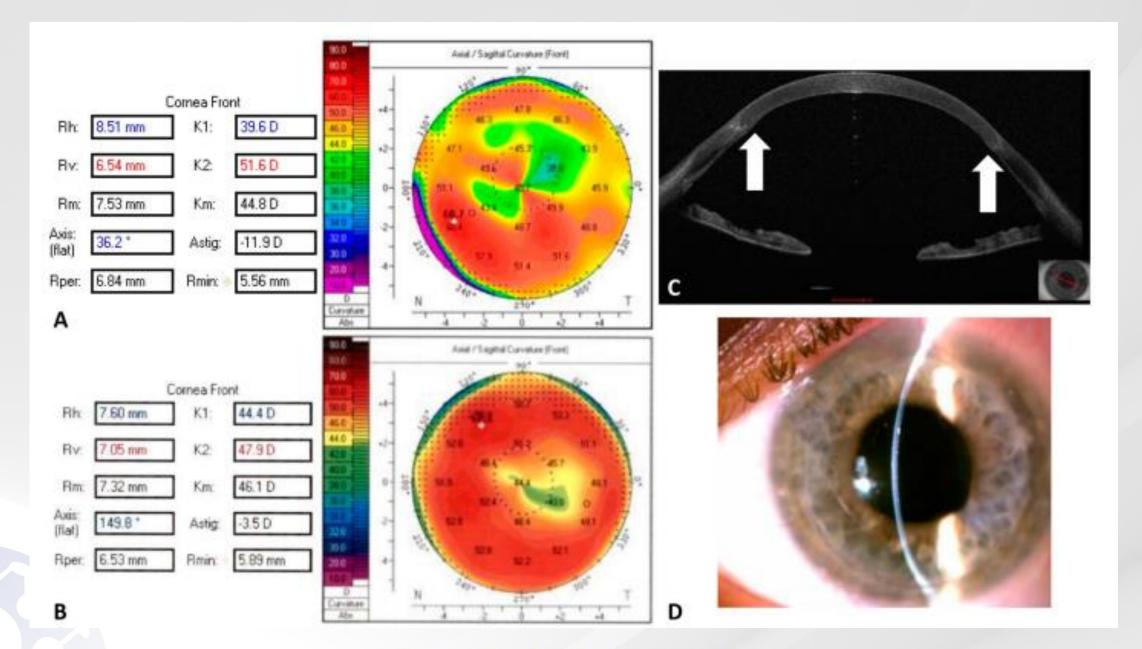
Case 2

- 42yr male keratoconus
- 7.75mm DALK 2012
 - Type 1 bubble
- Keratometric astigmatism of 10.5D and BSCVA CF
- Multiple corneal-based astigmatic interventions
- Intolerant to contact lenses
- 9mm repeated DALK 2021 with double continuous sutures
- Post suture removal at 13 months → 3.1D
- -1.00/-2.75x25 and BSCVA 6/9

Surgical technique



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Summary

- This technique limited to post DALK with reduced vision due to high keratometric astimagtism
 - Interface irregularity
 - High astigmatism
- Corneal-based astigmatic interventions
- Must review operative notes ?successful pneumatic dissection
- Avoids PK and associated rejection risks
- Atopic eyes close proximity to limbal vasculature → graft/interface vascularisation
- Creation of a peripheral stromal shoulder allows safe further titration of residual astigmatism

Thank You