

BSCRS
2004

ABERROMETRY

Bernard Mathys, MD

BSCRS Meeting

Liège

January 31, 2004

Bernard Mathys, MD

Our goals :

- **We want to improve our results**
- **Not only in terms of VA, but also in terms of quality of vision**
- **How can we do this?**
- **Better microkeratomes, new lasers, well-trained surgeons, improvement of post-op treatments,... and new algorithms ?**

Algorithm factor

- **Improve the treatment itself: -3 of X is not necessarily -3 of Y**
- **Personalize treatment**
- **Improve VA without inducing new higher order aberrations over all physiologic pupil sizes**
- **Improve quality of vision**
- **Possibility to help people with thin corneas, large pupils, high ametropia**
- **Redo on previous unhappy patients**

Pitfalls of Aberrometry

- **Understanding aberrometry**
- **New terminology**
- **Getting used to the new devices**
- **Have someone dedicated to the exams**
- **Perfect position of the patient**
- **Tracker + iris recognition**

Understanding & Terminology

- **Topography** measures the cornea (surface of the eye)
- **Aberrometry** measures surface of the eye + « inside the eye »
- **HOW ?**

BSCRS

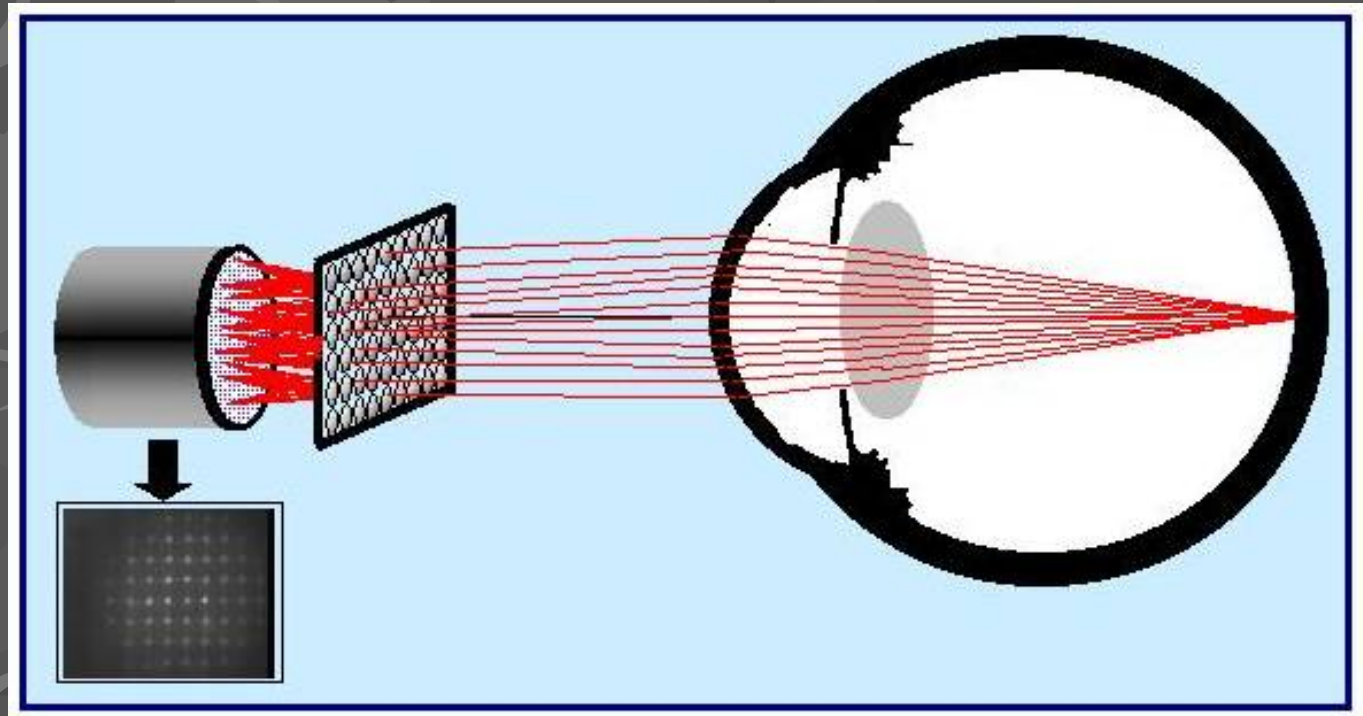
2004



Bernard Mathys, MD

BSCRS

2004



Bernard Mathys, MD

BSCRS

2004

Wavefront analyse

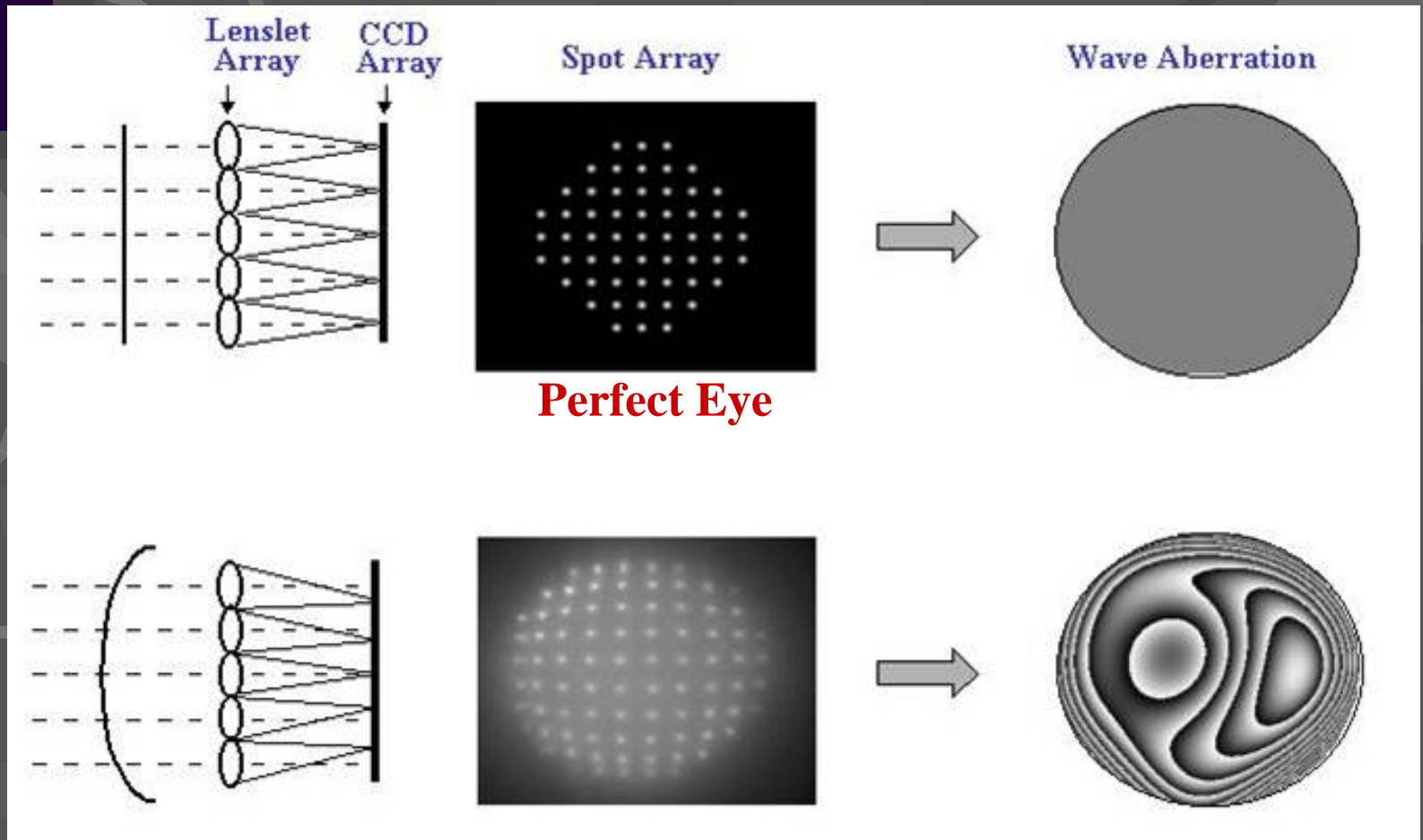
Reconstruction of wavefront by CCD-image → Zernike coefficient

CCD-Image

A rectangular area with a yellow border containing a grid of approximately 10x10 bright, out-of-focus spots on a dark background. The spots are arranged in a regular pattern, representing a CCD image used for wavefront analysis.

Hartmann-Shack Wavefront Measurement

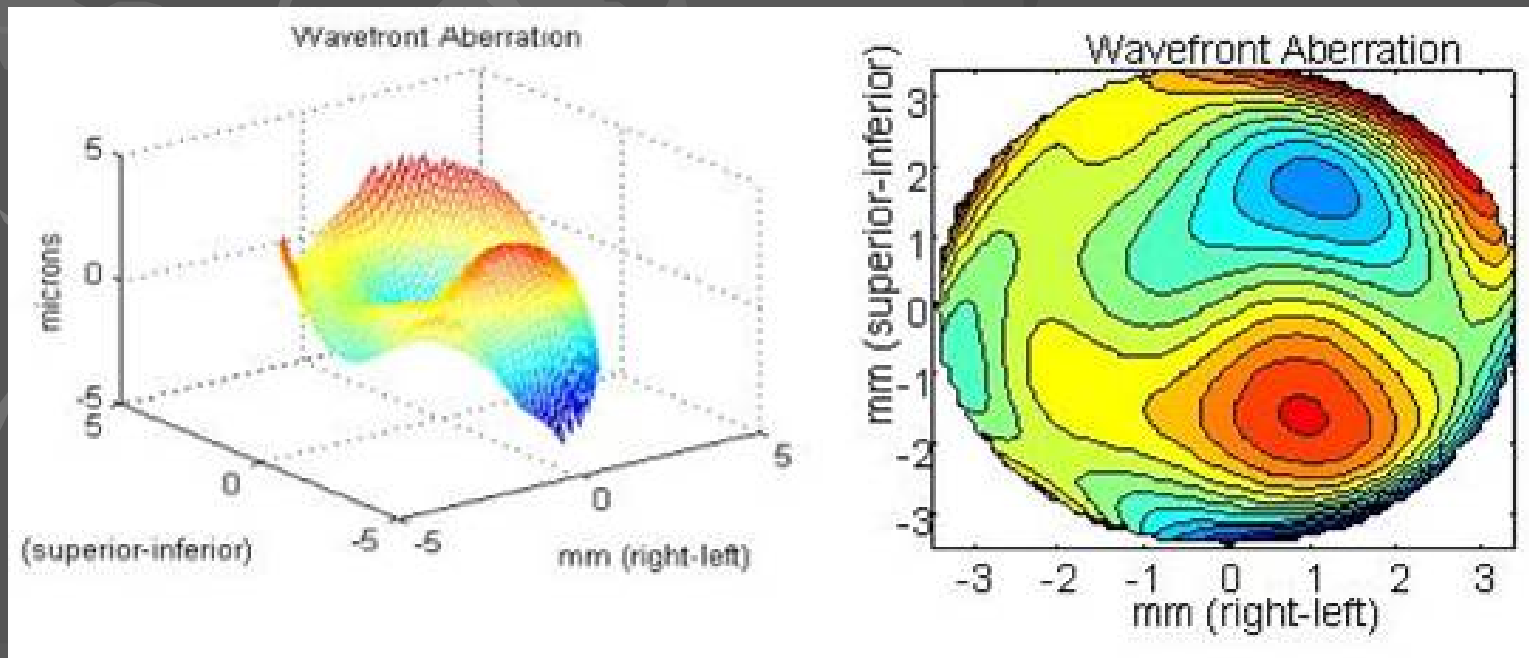
BSCRS
2004



Perfect Eye

Aberrated Eye

Wave Aberration of a Surface

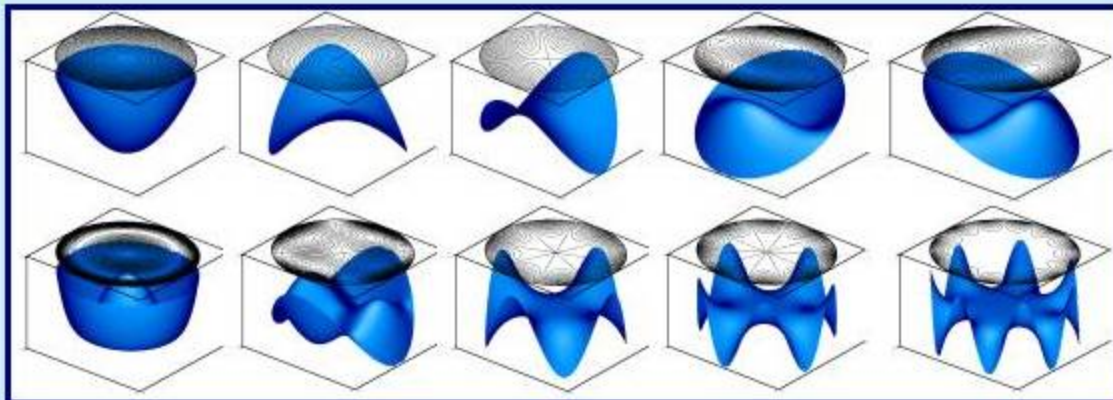


3 D

2 D

The shape of the wavefront is depicted in Zernike coefficient, each shape describes a deformation

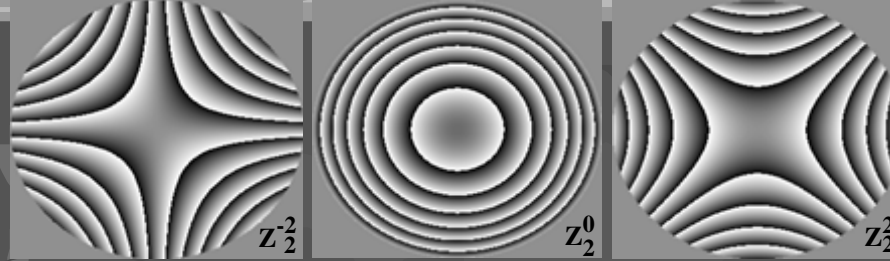
$$W(x, y) = \sum_{n, m, \pi} A_{n, m}^{\pi} \times Z_{n, m}^{\pi}(x, y)$$



Zernike Modes

radial
order

~ Conventional
Refraction



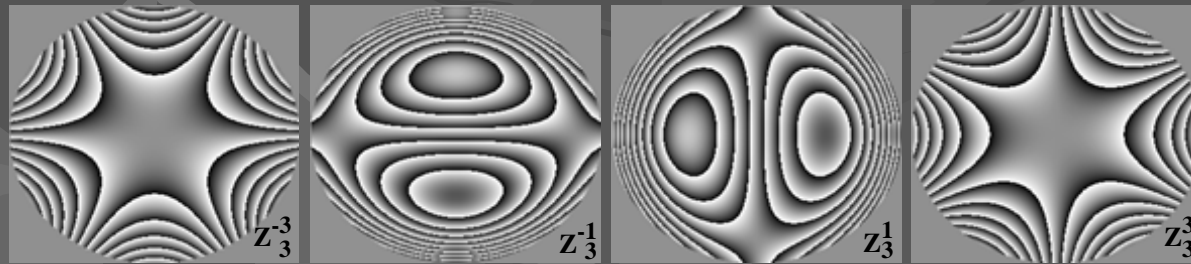
astigmatism

defocus

astigmatism

3rd

Higher Order
Aberrations



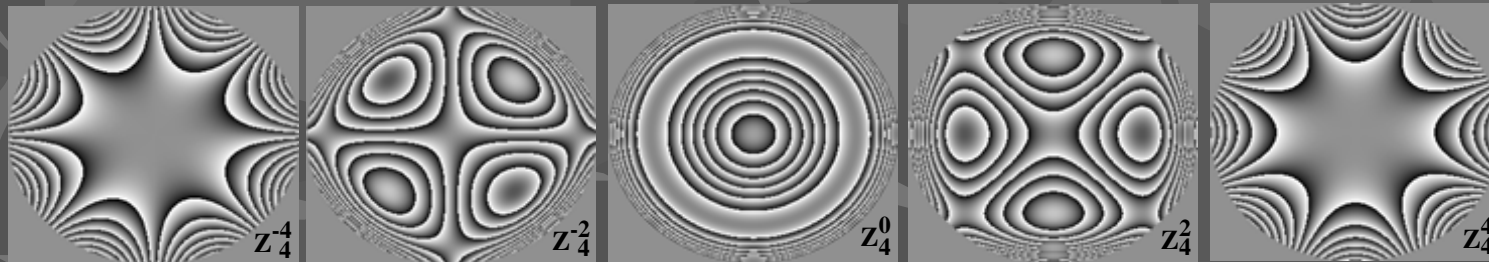
trefoil

coma

coma

trefoil

4th



quadrafoil

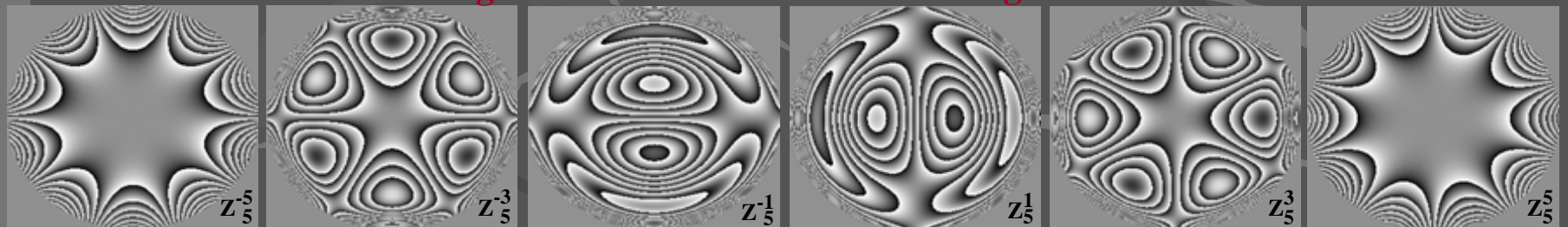
secondary
astigmatism

spherical

secondary
astigmatism

quadrafoil

5th



pentafoil

secondary
trefoil

secondary
coma

secondary
coma

secondary
trefoil

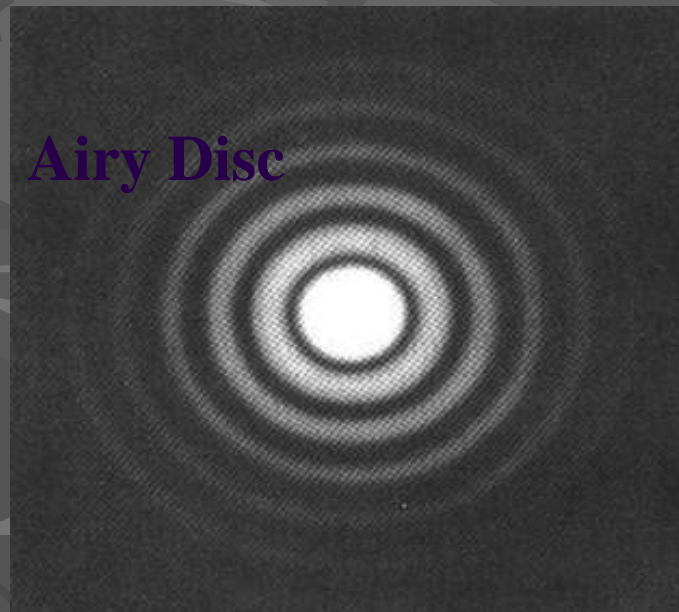
pentafoil

Bernard Mathys, MD

C. of Williams Lab - CVS

Point Spread Function (PSF)

- **Point Spread Function: is the representation of an optical system of a punctual and distant light source (star in the sky)**



Point Spread Function vs. Pupil Size Perfect Eye

1 mm

2 mm

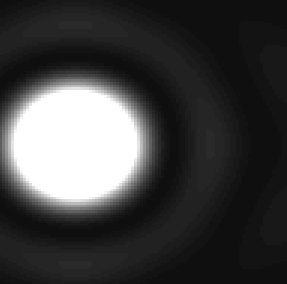
3 mm

4 mm

5 mm

6 mm

7 mm



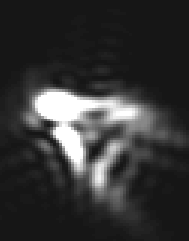
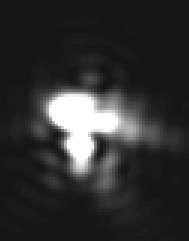
Point Spread Function vs. Pupil Size Typical Eye

1 mm

2 mm

3 mm

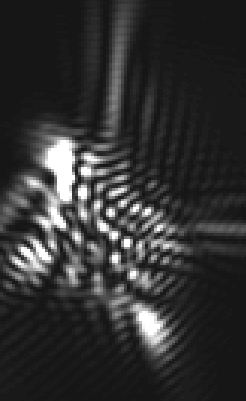
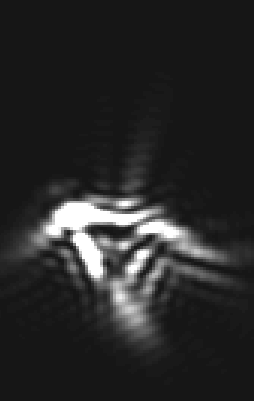
4 mm



5 mm

6 mm

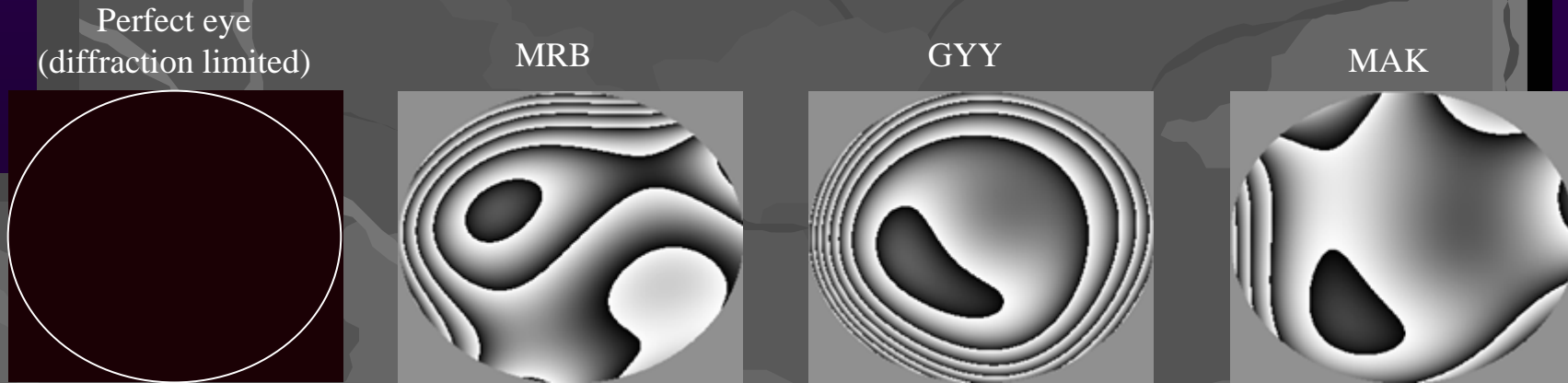
7 mm



BSCRS
2004

Each eye has different patterns of High Order Aberrations.

**Wave
Aberration**

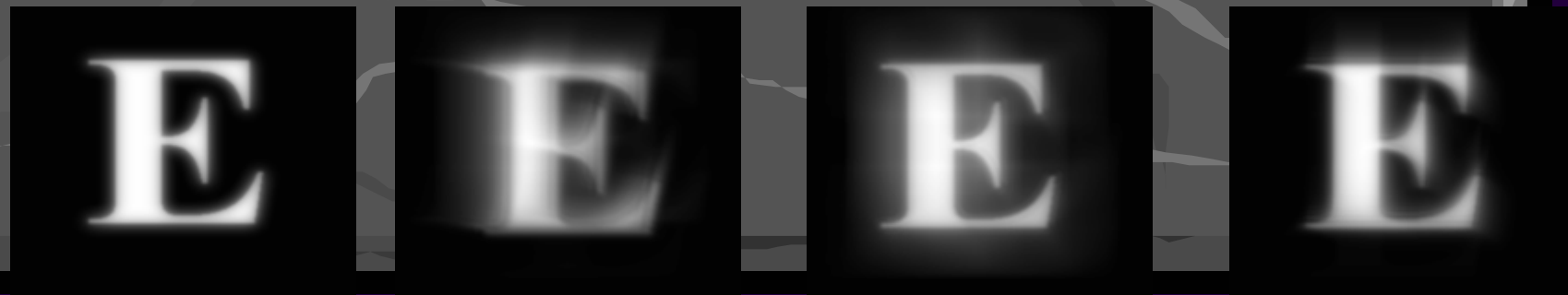


5.7 mm pupil

**Pointspread
Function**



**Retinal
Image**



← 0.5 deg →

Bernara Mainys, MD

C. of Williams Lab - CVS

RMS (Root Mean Square)

RMS is similar to a Standard Variation against ideal situation.

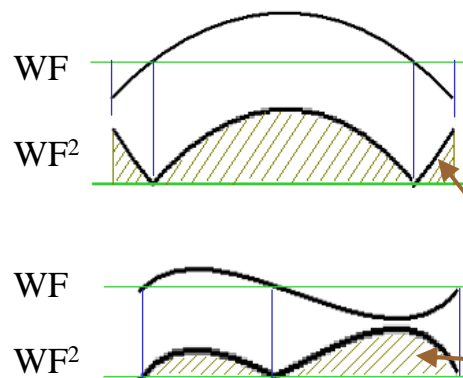
Ideally 1) all Zernikes are zero or 2) WF is zero / a plane.

RMS is used instead of an average value, because 1) Zernike coefficients and 2) WF both have positive and negative portions.

- 1) Zernike-RMS
- 2) WF-RMS

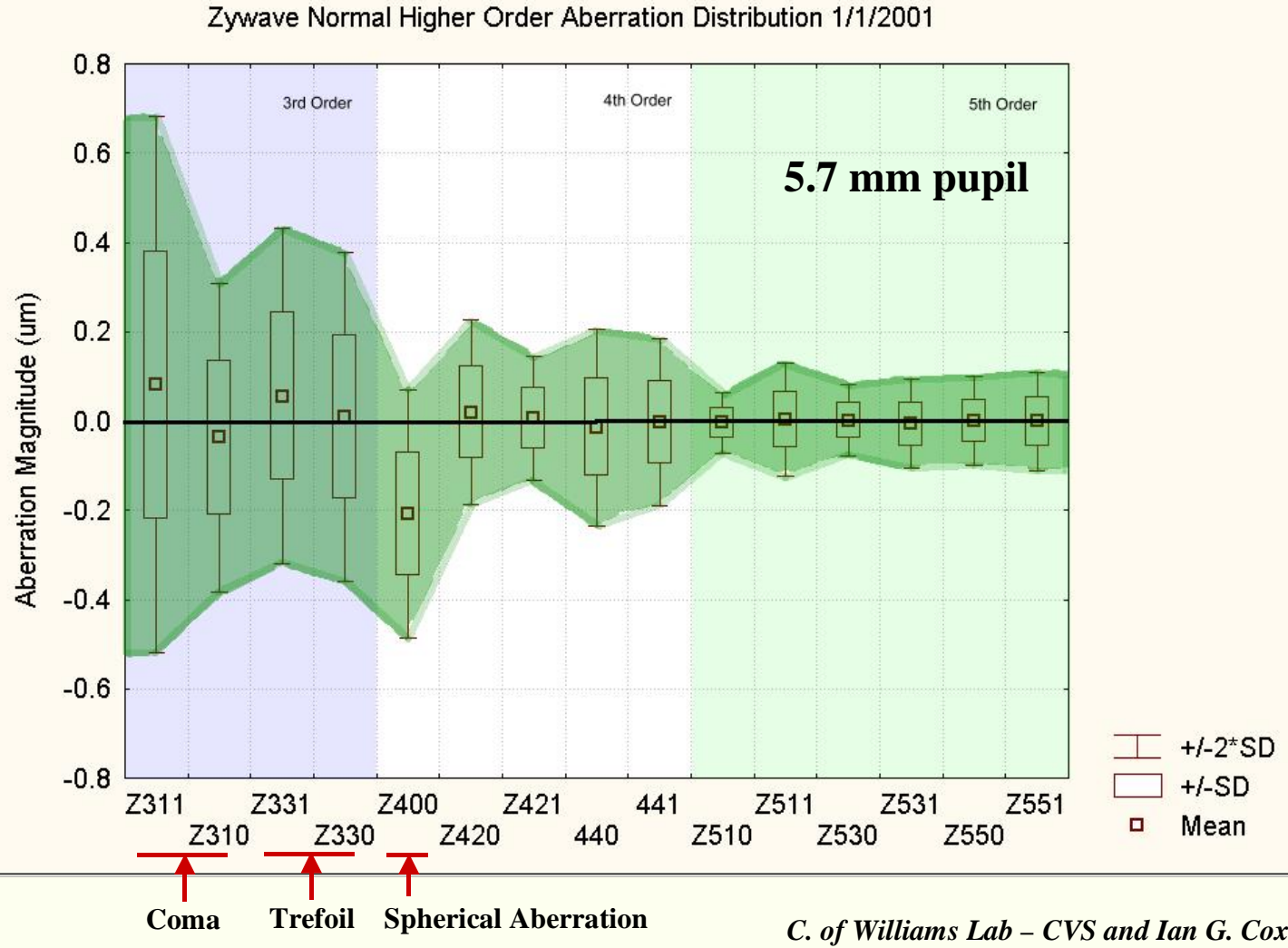
$$1) \text{ Zernike-RMS} = \sqrt{1/n * \sum(a_i)^2}$$

where a_i = Zernike-coefficients



- 2) WF-RMS :
per definition the average height of WF over full size is zero.
WF-RMS: Square the WF-function.
The average height of WF² over full size is the WF-RMS.

Area ∝ WF-RMS



Wavefront Analysis & Customized Ablations

- **Ordinary refraction = correction over the entrance of the pupil**
- **Wavefront analysis = correction at each point measured over the pupil**
- **Tscherning aberrometer measures ingoing optics**
- **Hartmann-Shack measures outgoing optics**

Wavefront maps

- **Interpreting is difficult**
- **Modified by lubrication, cataract, pupil dilation,...**
- **2 important factors related to pupil size:**
 - **Size of the pupil: the more dilated, the more we analyze**
 - **Cycloplegia: the higher order aberrations may change the sphero-cylinder readings after pupillary dilation; eyes with higher values of higher-order aberrations would have lower values of sphere and cylinder readings**