



Steps for Toric IOL implantation

Cataract surgery is perceived as a quick and relatively simple procedure. However, in case of astigmatism, the work of a multidisciplinary team and a specific surgical approach of its pre-, per- and postoperative phases is necessary for best outcomes.

- 1. Select patients with healthy corneas and symmetrical astigmatism. Irregular astigmatism is a 'relative' contraindication.**
- 2. ATR astigmatism \geq than 0.75D should be corrected with Toric IOLs. WTR astigmatism \geq 1.25 D should be corrected by Toric IOLs.**
- 3. It is vital to understand the devices you work with. Think about maintenance and calibration and how to best operate them.**
- 4. The effect of the posterior cornea on the total corneal astigmatism should not be disregarded. In case it cannot be measured directly with a device, it is best to implement the Barrett Formula.**
- 5. In case the main incision is always placed on the same place on the cornea (superior / temporal), it is best to use a SIA value of 0.10 D.***
- 6. For the toric calculation, it is best to use corneal topography for the axis of the corneal astigmatism.**
- 7. Optimize IOL calculation constants based on your own personal data.**
- 8. Use Toric IOLs that are aspheric in both sphere and cylindrical powers.**
- 9. Be a perfectionist in the marking of the cornea.**
- 10. It is recommended to use a Capsular Tension Ring that stabilizes the IOL and ensures its effective position.**

Courtesy:
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* <https://crstoday.com/articles/2016-oct/better-results-and-happier-patients>



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