



Wavefront A Chance for a Better Vision

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Optical aberrations

Deviations from a perfect, mathematical model of a light wave passage in an optical medium.

It can be caused by:

- Physical, optical, or mechanical flaws in the optical system.
- Shape and characteristics (e.g. asphericity)
- The wave nature of light
- Change of refraction
- Decentration of



Optical Aberrations

Monochromatic

(Can be corrected by refractive surgery)

Chromatic

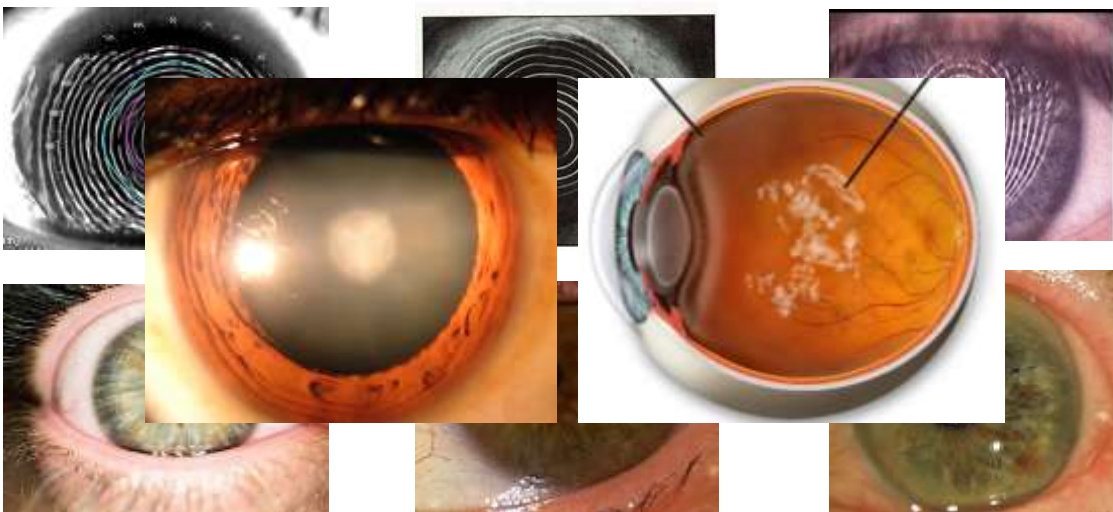
(Can't be corrected by refractive surgery)

Low Order

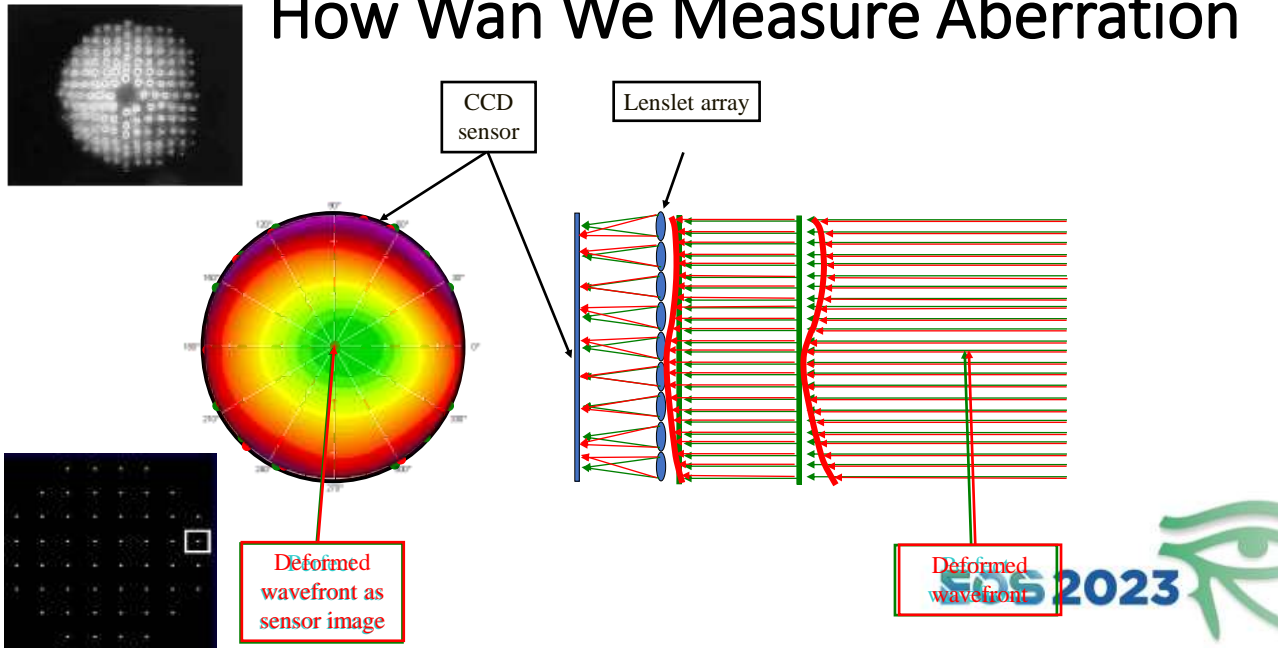
High Order



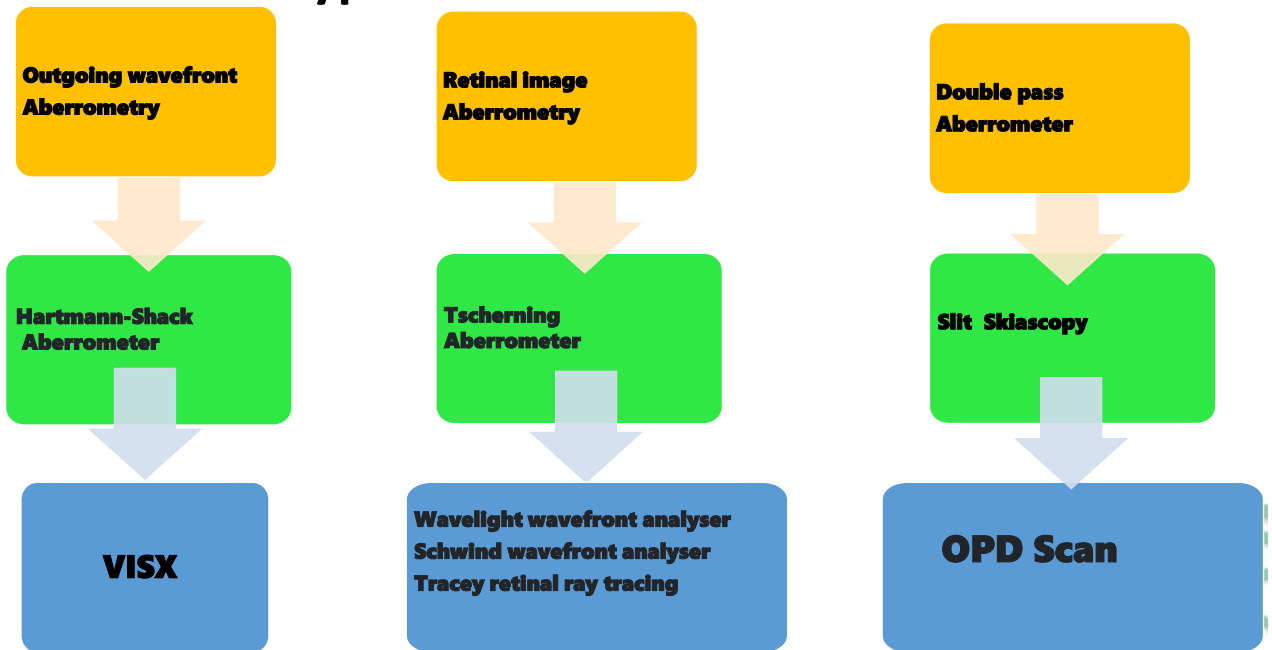
Sources of optical aberrations in the eye

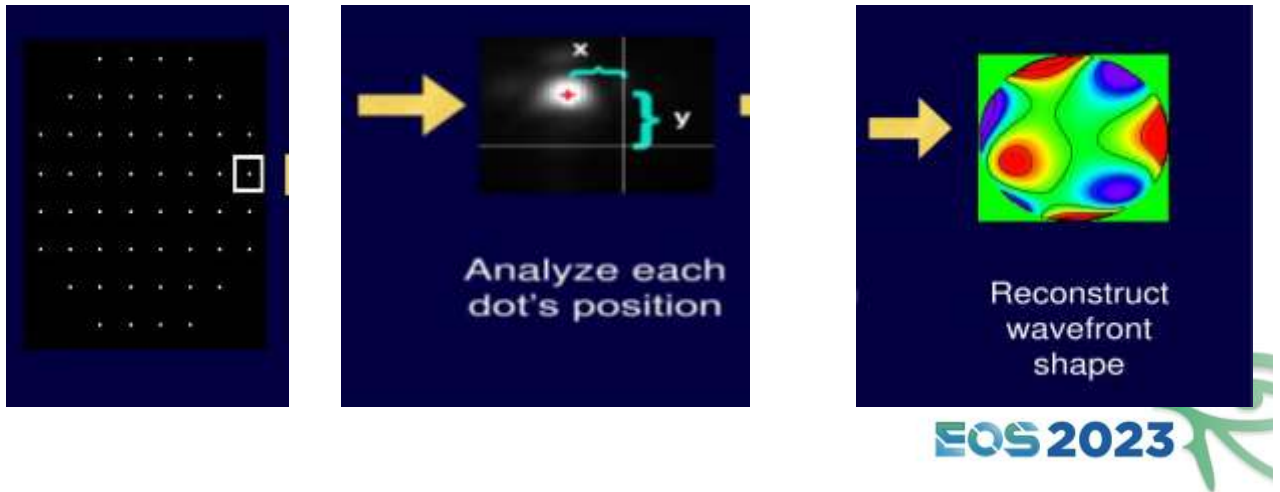


How Wan We Measure Aberration

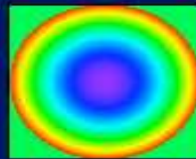


Types of Wavefront Aberrometers





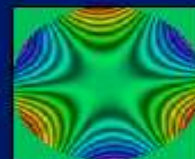
Zernike analysis example



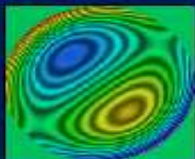
sphere



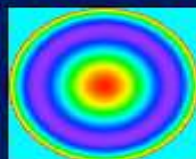
astigmatism



trefoil



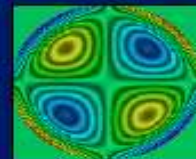
coma



spherical
aberration

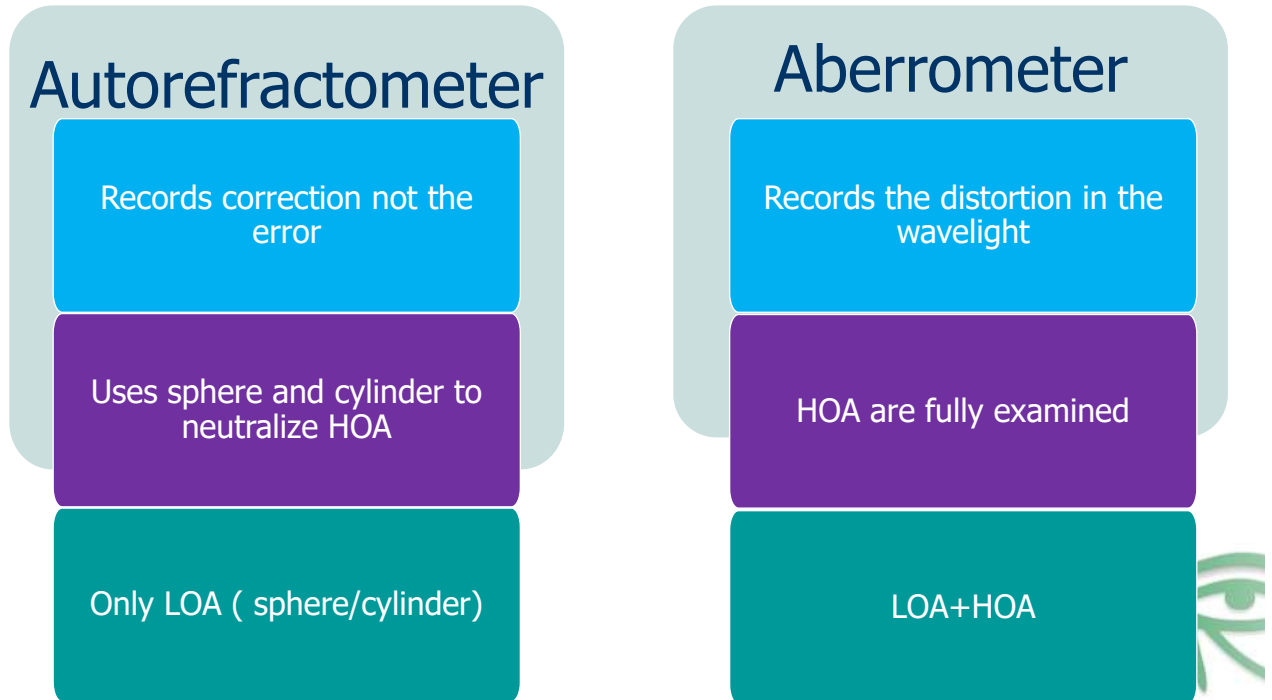


Z44



Z42

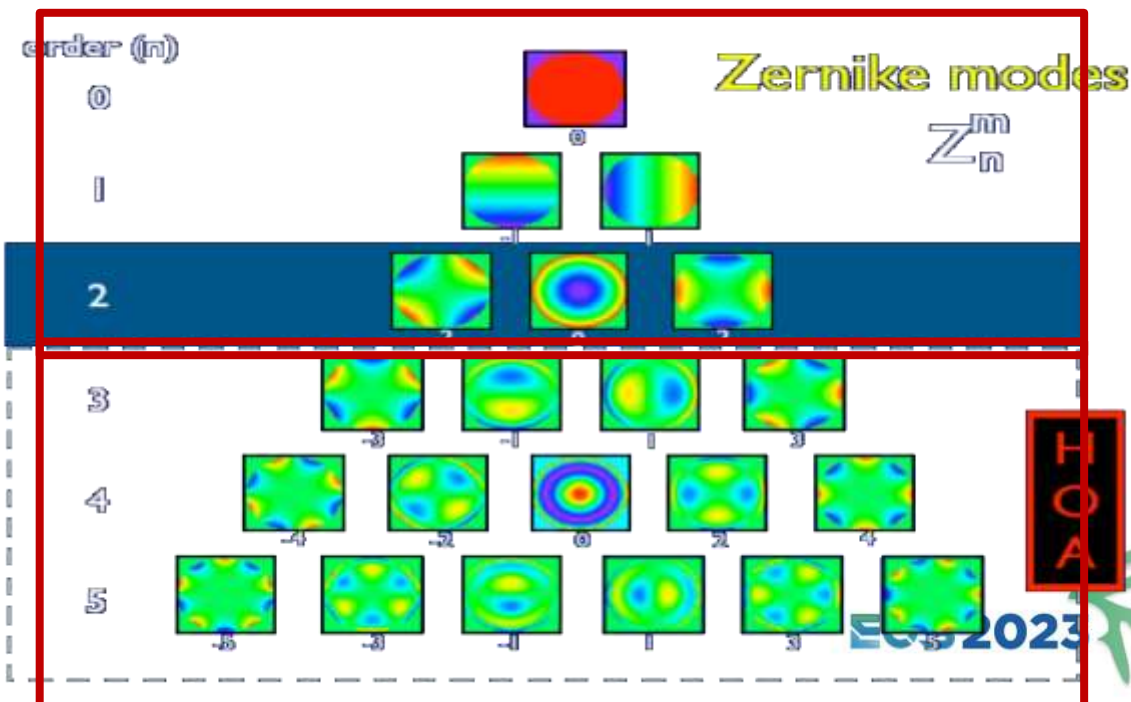
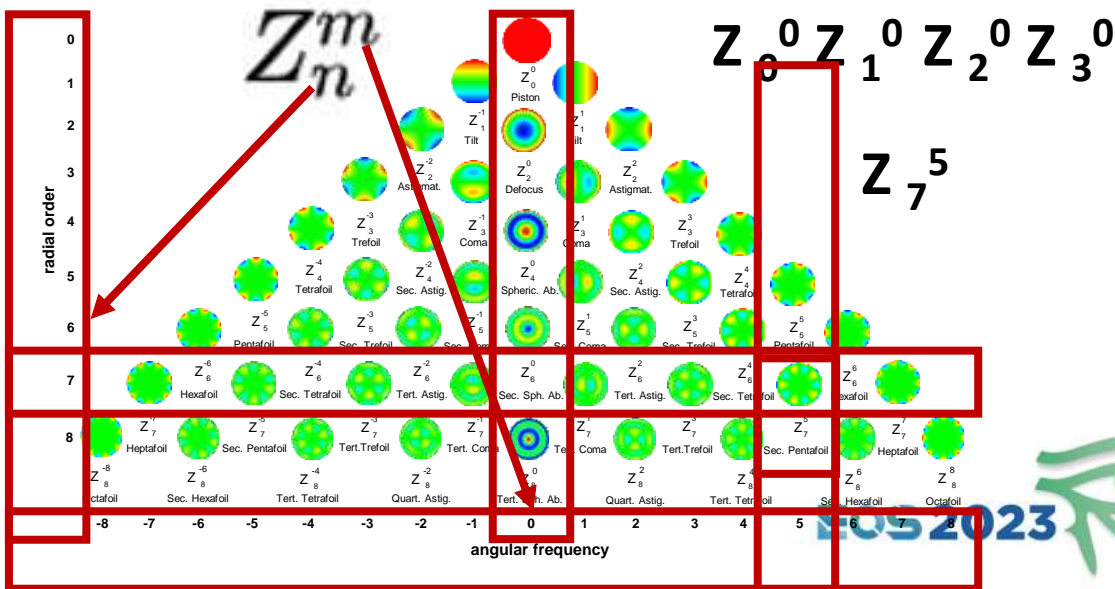
+ ...

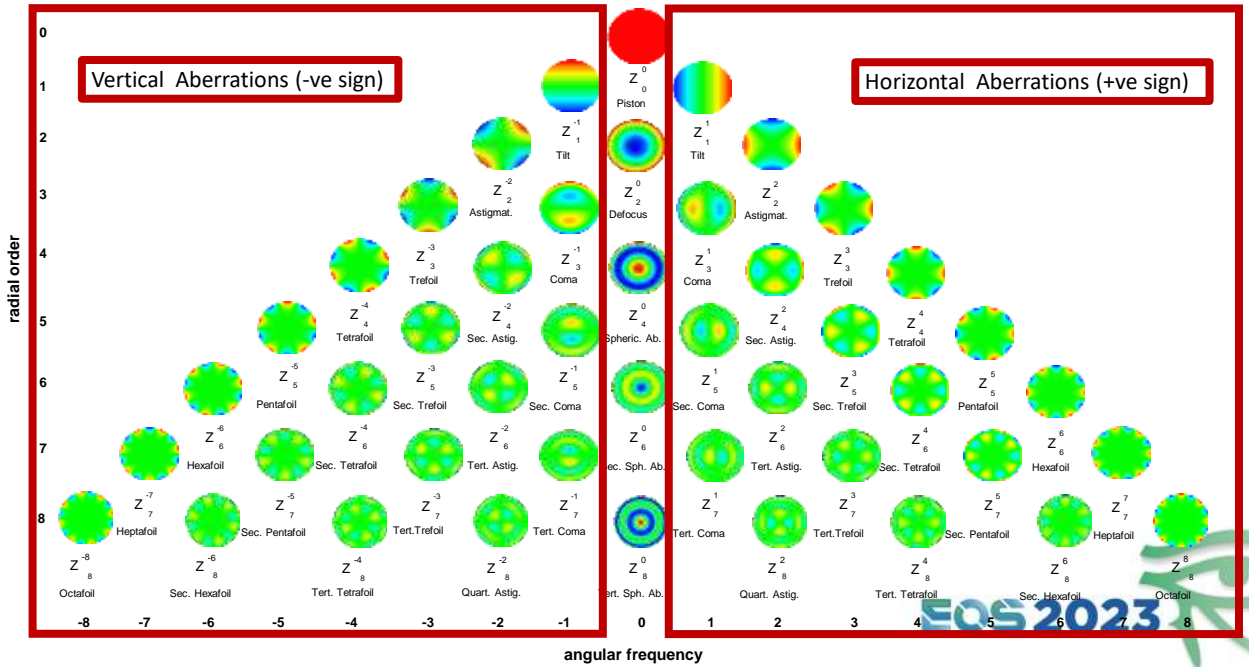


Zernike vs Fourier Terminology

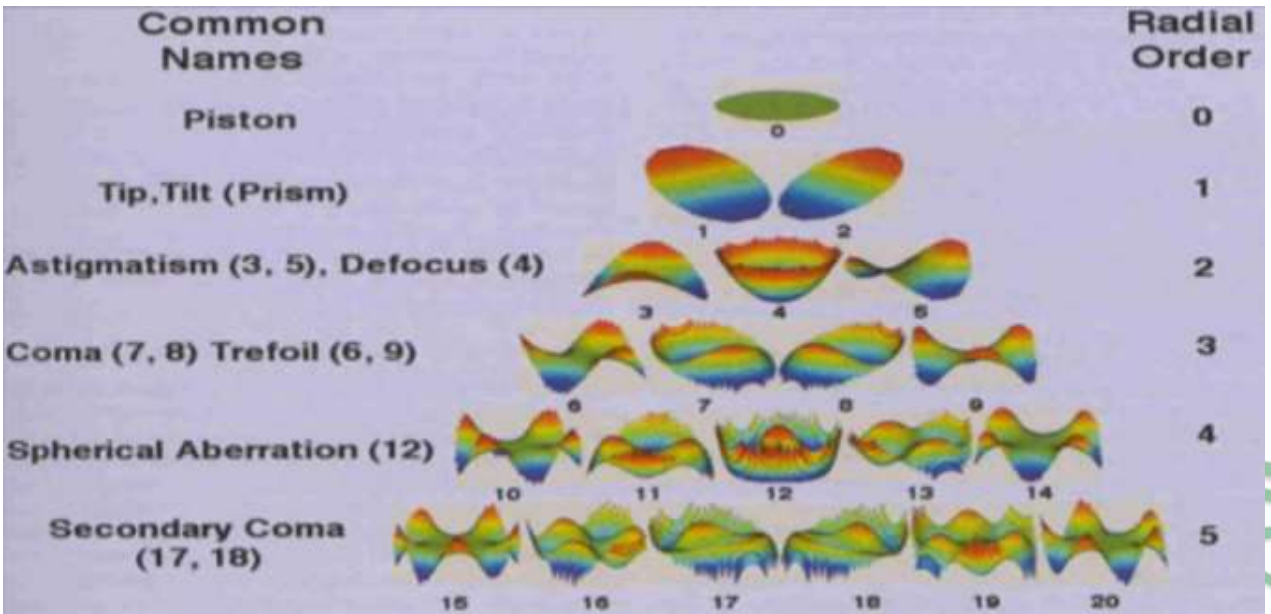
- These are mathematical formulas to convert the captured dots of an aberrated optical system into a reconstructed wavefront map.
- **Zernike** has **12 orders** of aberration description. It is **simpler , faster but less accurate in the periphery** of the analyzed areas.
- **Fourier** has **64 terms** of aberration description. It is **more complex , slower and more accurate in the periphery** of the analyzed area

Zernike Polynomials





Another nomenclature for Zernike wavefront aberrations



Low Order Aberrations



Zero Order = Piston

- Piston of an engine .
- Closer objects look bigger than farther objects

➤ Only the
Quality

➤ It is not



1st order = Tilt Aberration

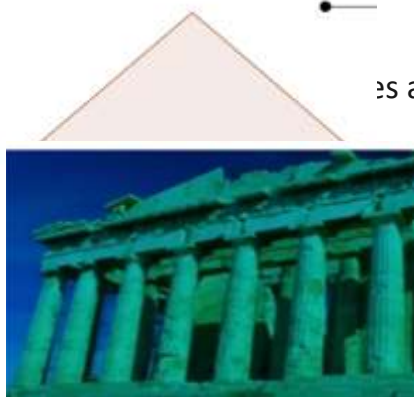
➤ It is a change in the image shape by changing the angle of view.

➤ It can be a vertical or a horizontal

➤ This is **not a true aberration** because it is aberration free with a change in position of the observer.

➤ It is **not a Qualitative aberration**

➤ This aberration is **of little clinical significance**



is aberration free with a change in

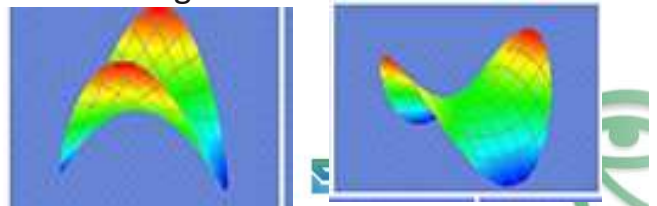
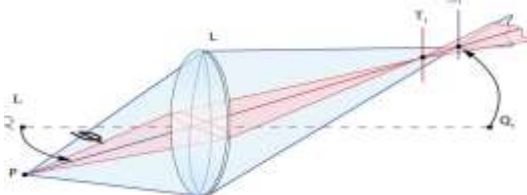


2nd Order Aberrations = Defocus (Myopia/Hypermétropia/ Astigmatism)

➤ This order of aberration is clinically significant. Can be used to correct other aberrations

➤ Myopia and hypermetropia focus images on an incorrect plane because of its focusing power.

➤ Astigmatism has two main principal planes of images as a result of two refractive meridional powers



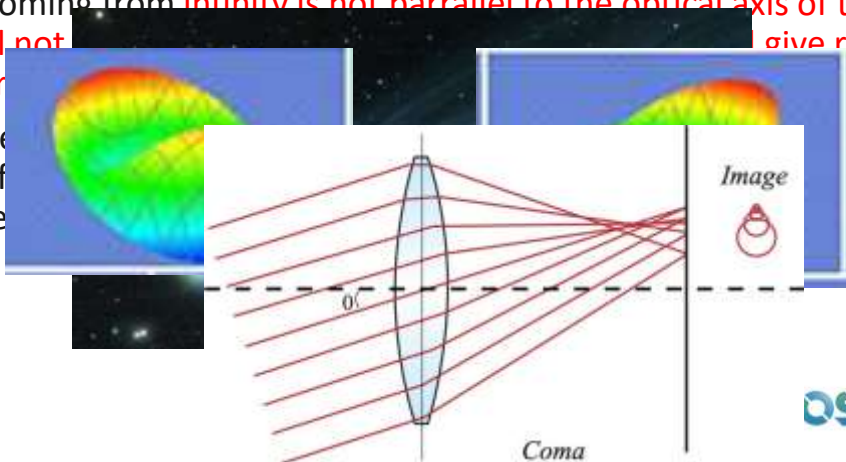
High Order Aberrations



3rd Order Aberrations= Coma

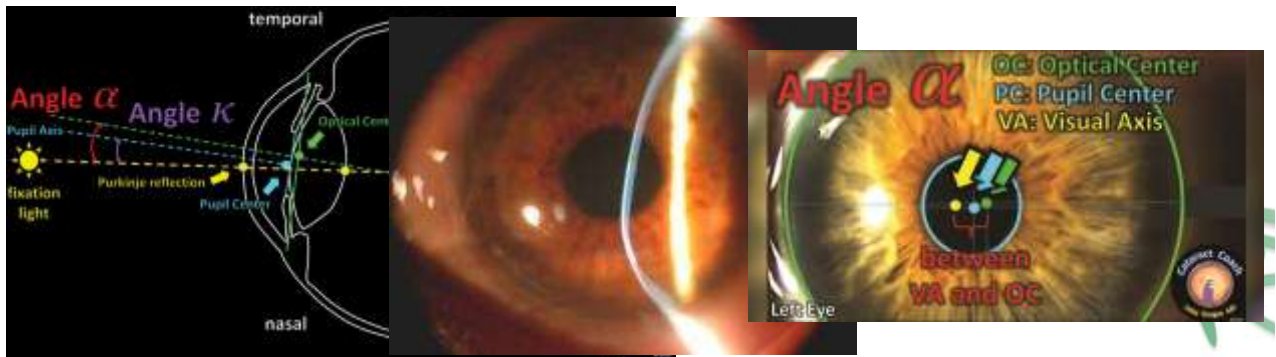
- Comes from the word comet, (Having a head and a tail).
- The Coma can be vertical and horizontal
- If light coming from infinity is not parallel to the optical axis of the lens, all the light will not focus at a single point, but give rise to a comet like aberration.

- This is because the light rays are not parallel to the optical axis. When the lens is relatively sharply focused, the image is a comet-like shape, which is the coma of the lens, the



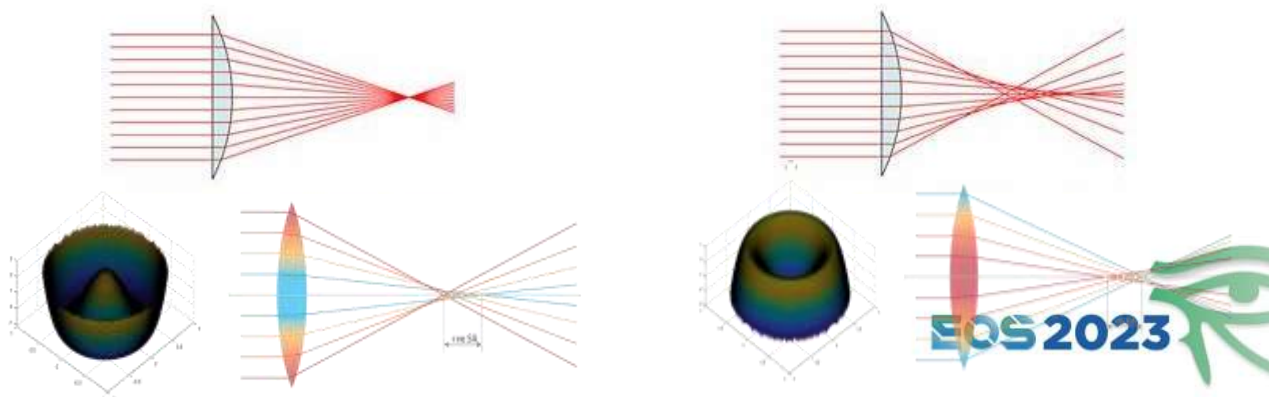
3rd Order Aberrations= Coma (cont.)

- Coma is typically less apparent than spherical aberration.
- Coma is more with larger angle alpha.
- Keratoconus has more pronounced and more displaced corneal apex leading to higher amounts of coma.

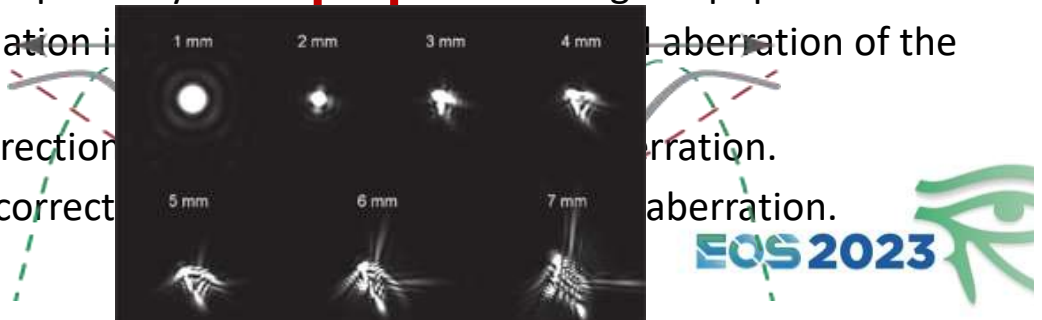


4th Order Aberration=Spherical Aberration

- Image Appears Blurred, Rays from Edge Focus at Different Point than Rays from Center



- In normal human eyes **SA is the greatest represented ocular aberration.**
- The sources of asphericity in the human eye are the cornea and the lens.
- In the normal eye, the cornea has positive spherical aberrations and the lens has negative spherical aberrations.
- The ocular asphericity increases with increasing the pupil size.
- Accommodation in the eye.
- Myopic correction of the eye.
- Hyperopic correction of the eye.



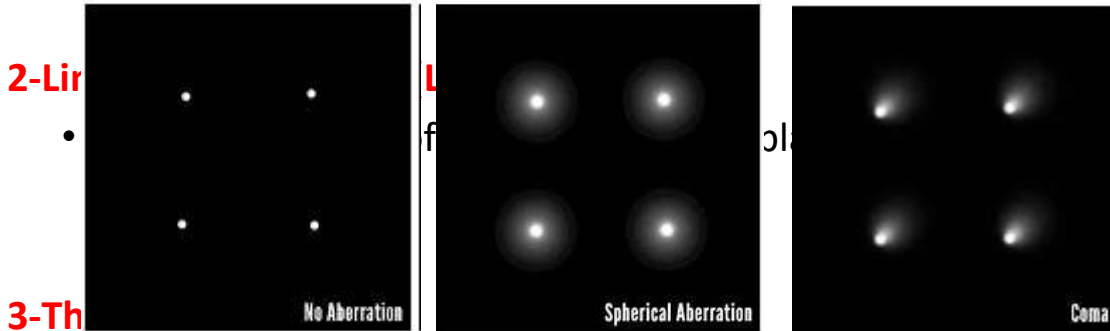
Optical Quality Metrics

- Refractive errors
- Point spread function (PSF)
- Line spread function
- Strehl ratio
- Modulation transfer function (MTF)
- Contrast Sensitivity
- Wavefront measurements
- Simulate the patients vision!



1-Point Spread Function(PSF):

- Is the distribution of light in the image plane for a point

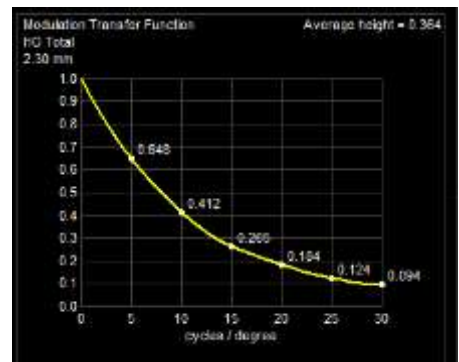
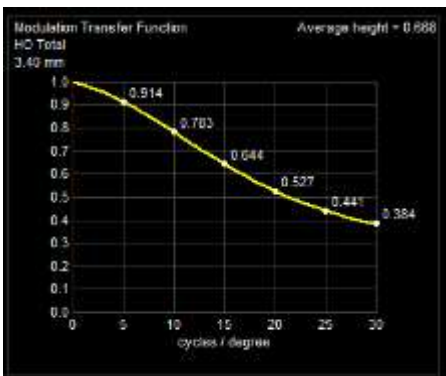


- A measure of the quality of optical image formation,
- Strehl ratio has a value between 0 and 1, with a hypothetical, perfectly unaberrated optical system having a Strehl ratio of 1

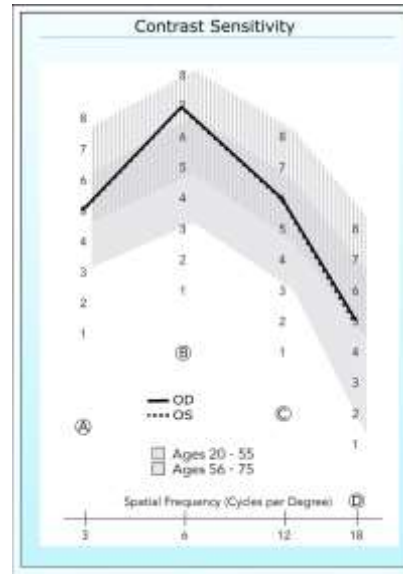
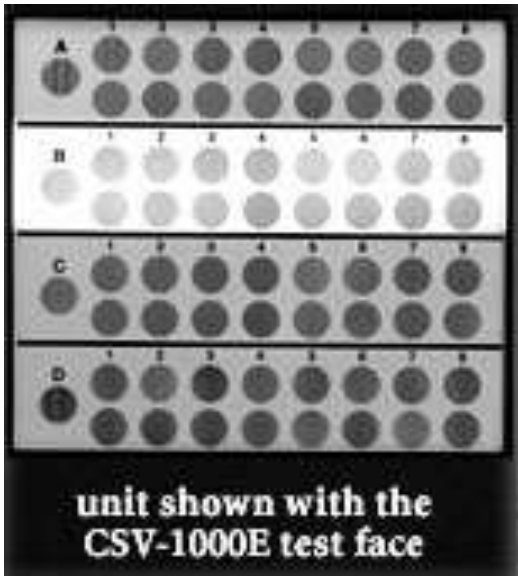


Modulation Transfer Function (MTF)

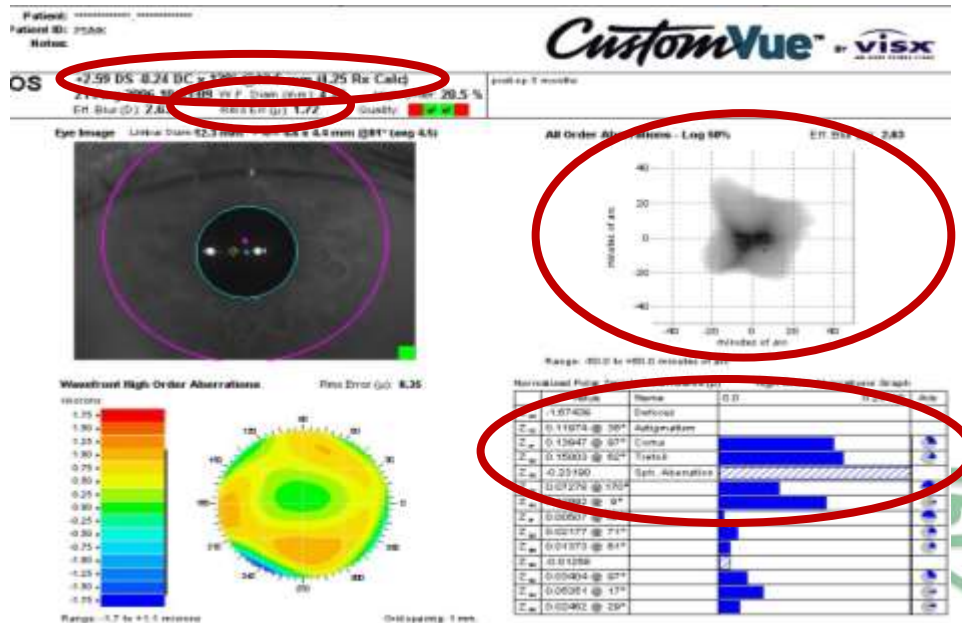
- It is a ratio of image contrast to object contrast.
- Ideally MTF of a lens should be 100 % or the value of the MTF ratio should be 1.



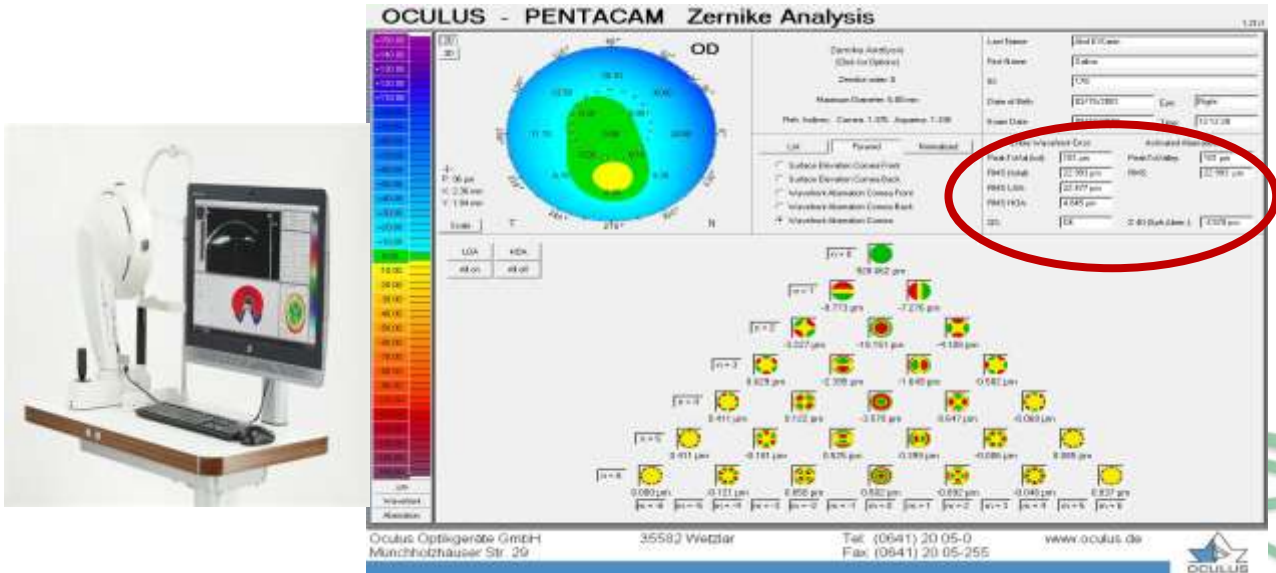
The Contrast Sensitivity



Ocular Wavefront Measurement



Corneal Wavefront



Root Mean Square (RMS)

- RMS wavefront error is a way to measure wavefront aberration.

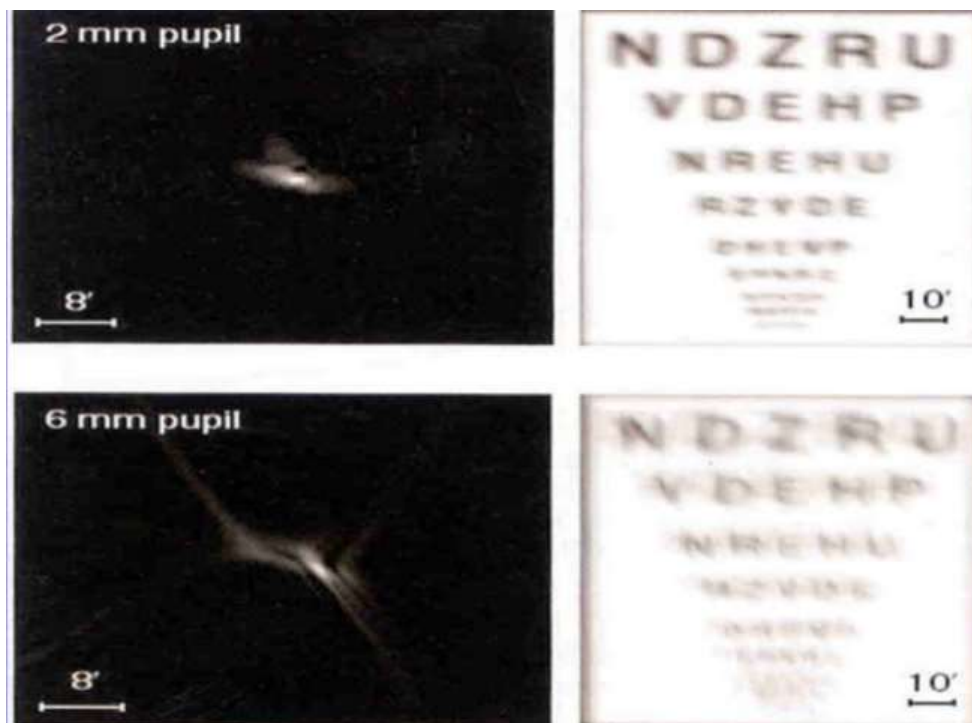
$$x_{rms} = \sqrt{\frac{(x_1^2 + x_2^2 \dots x_n^2)}{N}}$$

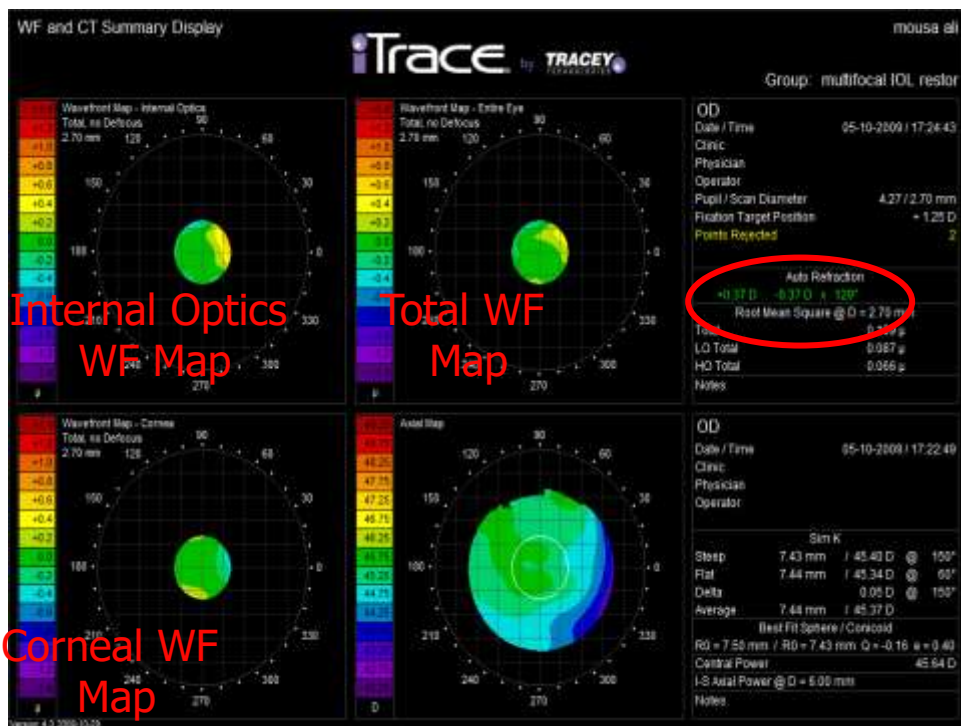
- 6.0mm pupil HOA RMS is about 0.33 µm
- 5.0mm pupil HOA RMS is about 0.19 µm
- 4.0 mm pupil HOA RMS is about 0.12 µm
- 90% of Normal eyes have less than twice these values
- Every 3 microns distortion on the cornea creates about one micron of Wavefront error



Total aberrations (Corneal+ Lenticular Aberrations)

- Total aberrations is simply achieved by summing the absolute values (any negative signs removed) of the individual Zernike polynomial weights
- Higher number indicating greater complexity in the overall shape of the wavefront.
- **Larger pupil diameters usually exhibit higher amounts of aberration.**





Simulation of Vision



NORMAL VISION



MYOPIC VISION



HYPEROPIC VISION



Normal Vision



Vision Due To Astigmatism



Coma



Spherical Aberration



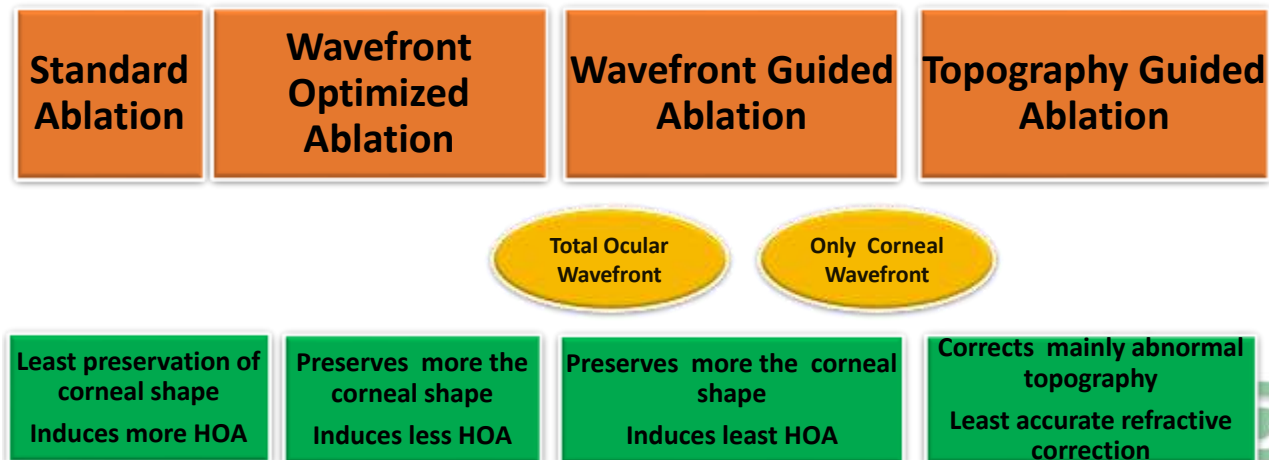
Post Refractive surgery

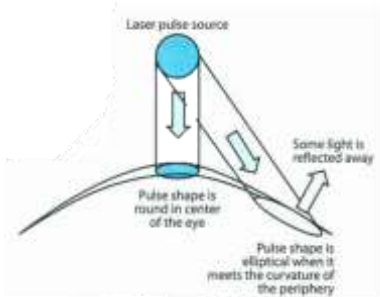


Practical Implications

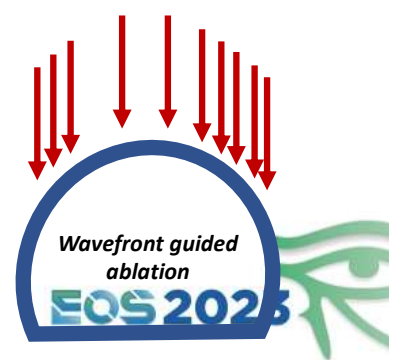
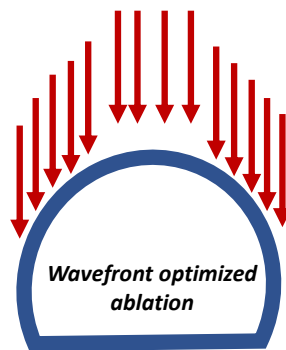
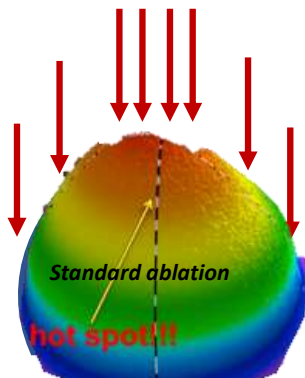


Ablation Profiles





Ablation Profiles



1-Advantages of Ocular Wavefront Guided Refractive Surgery

- Better Quality of vision
- Greater chance of achieving 20/20 vision
- Reduced chance of losing best-corrected vision
- Reduced chance of losing visual quality or contrast sensitivity
- Reduced chance of night-vision disturbances, halos and glare
- Better for large pupil

Fingerprint of your eye



Disadvantages of Ocular Wavefront-Guided Refractive Surgery

- More corneal tissue ablation so Not recommended for thin corneas.
- More expensive
- Also Ocular Wavefront is :
 - Pupil dependent
 - Accommodation dependent
 - Affected by aging changes
 - Not suitable in corneal pathologies(irregular astigmatism and KC , scars and dry eye)

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Advantages of Corneal Wavefront Ablations

- Not accommodation dependent
- Not Pupil dependent
- Larger area can be treated by wavefront
- Most HOA are mainly corneal so it is wiser to treat these HOA at the corneal plane

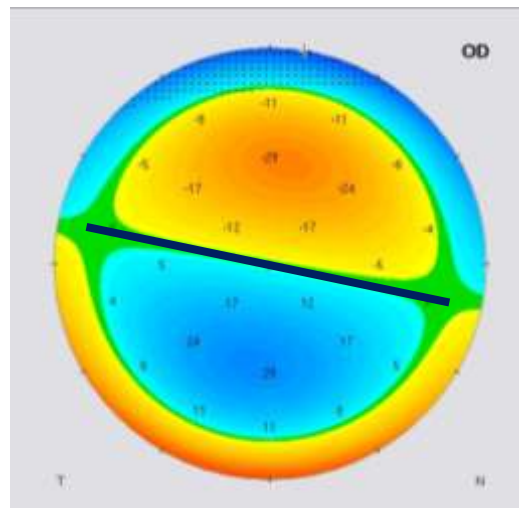


Disadvantages of Corneal Wavefront

- Sphere cannot be measured.
- The measured **cylinder represents the anterior surface corneal component**. The true refractive cylinder may differ because of other components (posterior corneal surface, lens, etc.)
- Internal aberrations are not measured.
- Measurements should be taken within 3 seconds to get a regular, stable tear film and to avoid the break-up of the tear film
- Medications influencing the tear film should not be used prior to the measurement
- Pupil should not be dilated and should be detected properly.
- Correct patient fixation and conus positioning is necessary

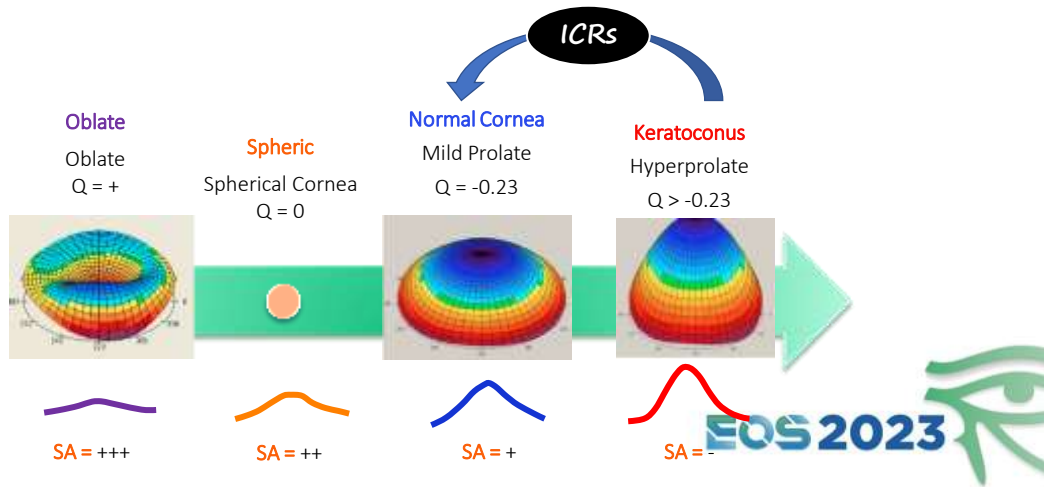


2-Comatic Meridian in ICRs planning

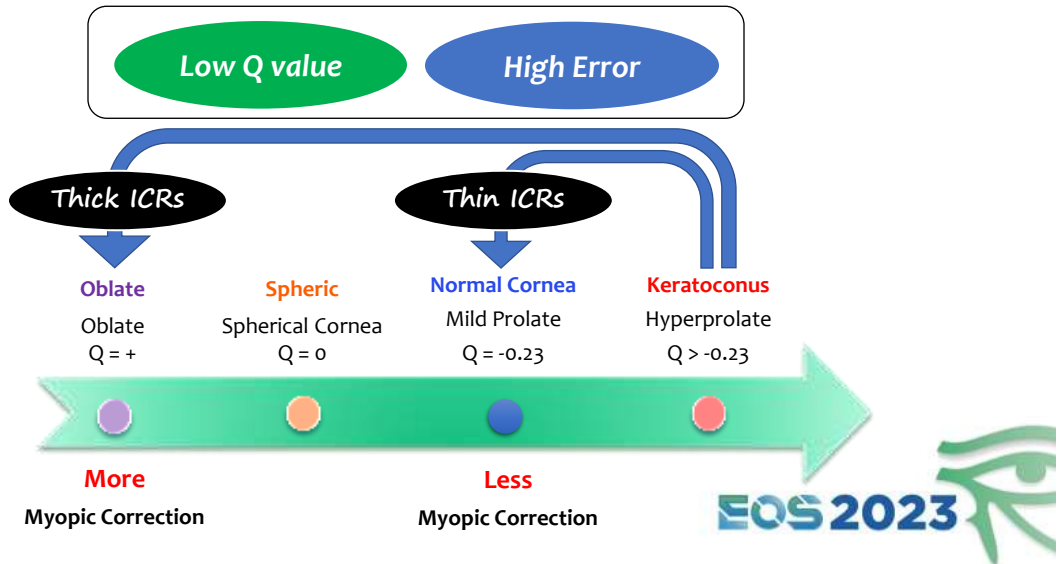


Q value Based Nomograms

Effect on Spherical aberration

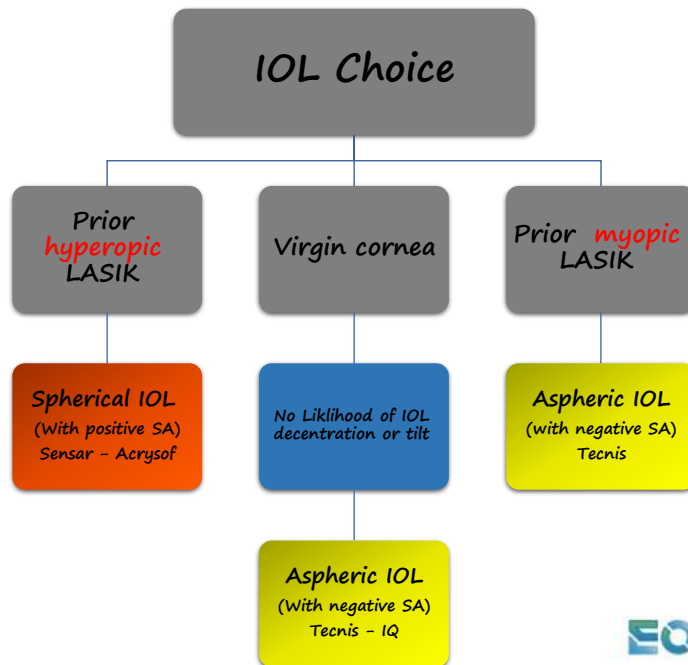


Conflicts



3- IOL Choice

Lens	TECNIS IOL	Acrysof IQ IOL	B&L IOL	Spherical IOL
Point spread function				
20/20				
Corneal SA	+0.27	+0.27	+0.27	+0.27
IOL SA	-0.27	-0.17	0.0	+0.15
Total Residual SA	0.0	+0.10	+0.27	+0.42



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