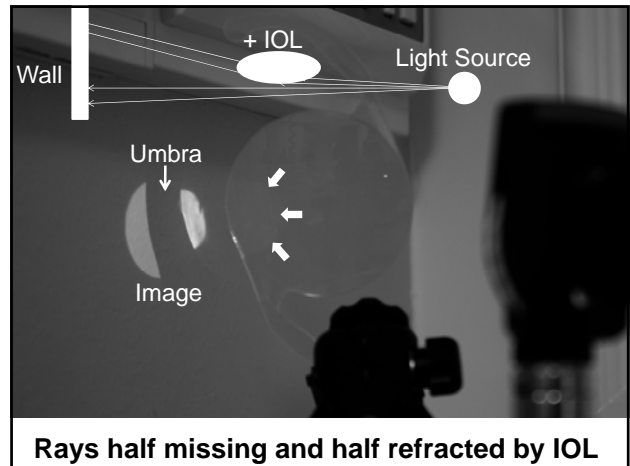
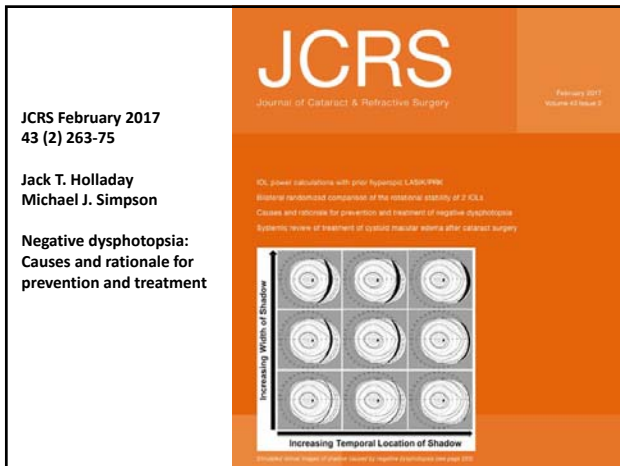


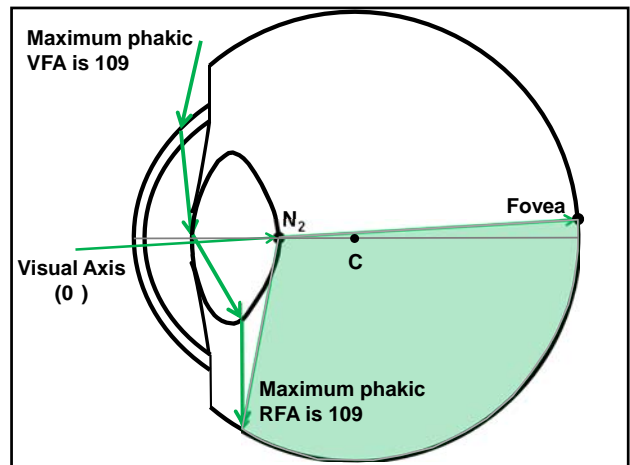
Financial Disclosure

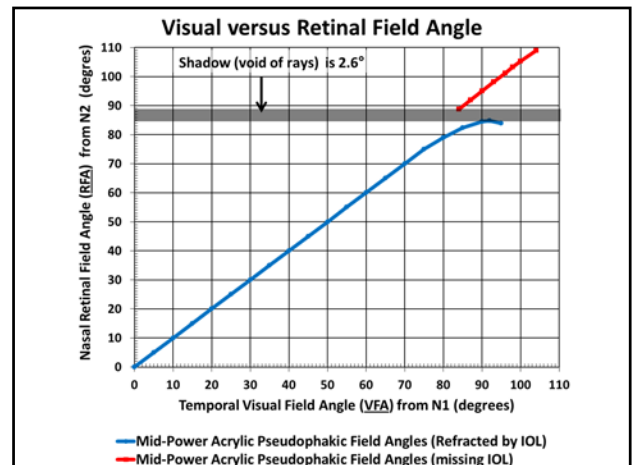
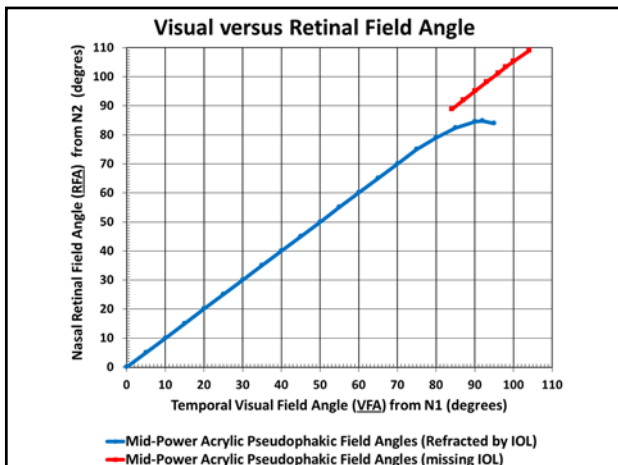
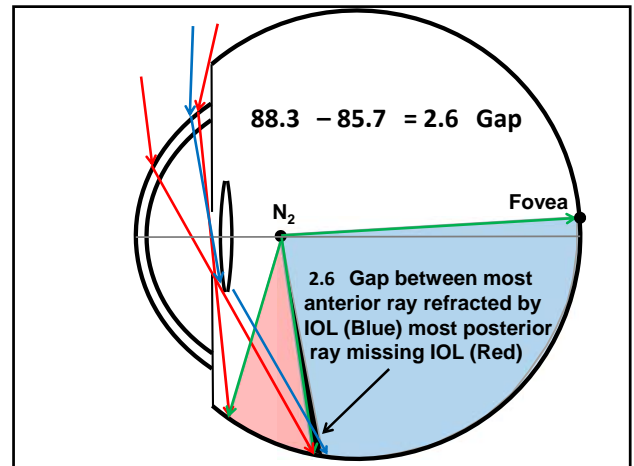
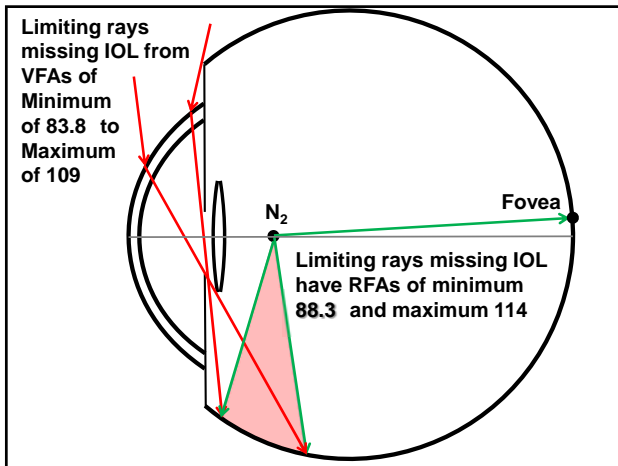
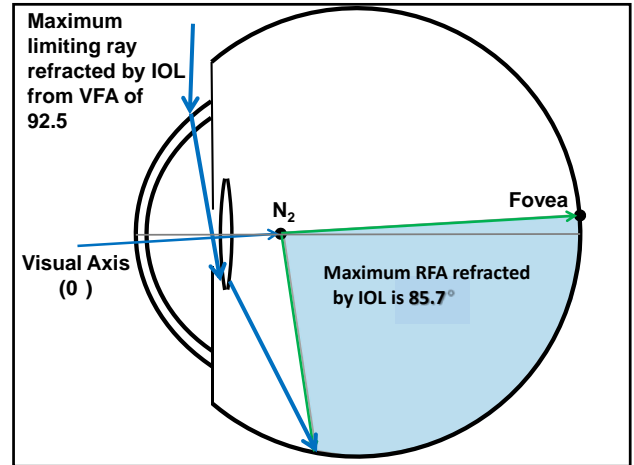
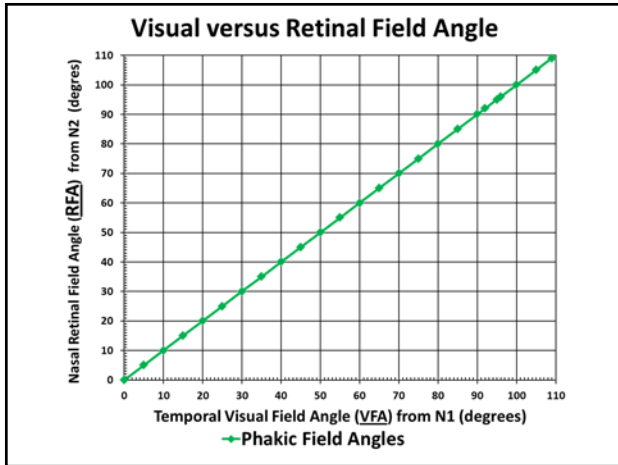
- I have the following financial interests or relationships to disclose:
 - Abbott Medical Optics: C;
 - Acufocus, Inc.: C,O;
 - Alcon Laboratories, Inc.: C;
 - ArcScan: C,O;
 - Carl Zeiss Inc: C;
 - Elenza: C,O;
 - Oculus, Inc.: C;
 - Visiometrics: C,O;

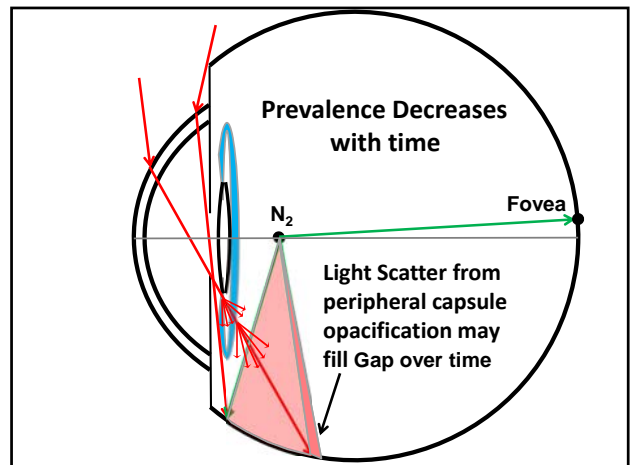
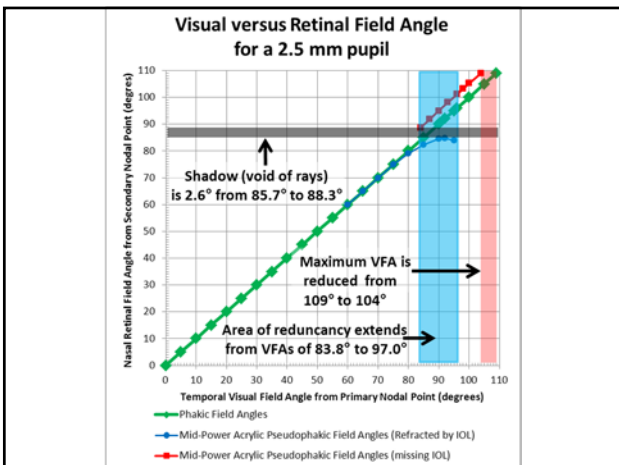
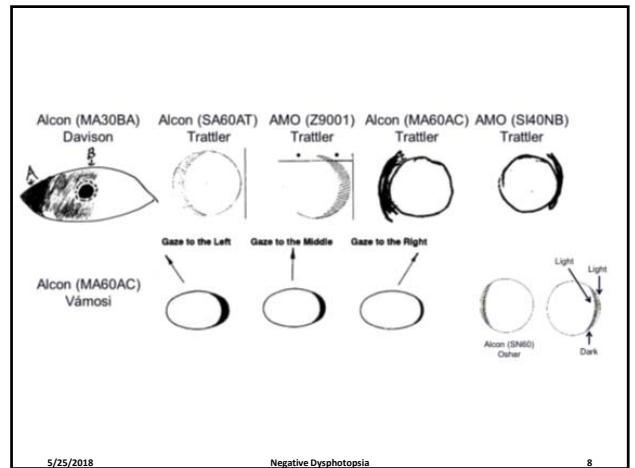
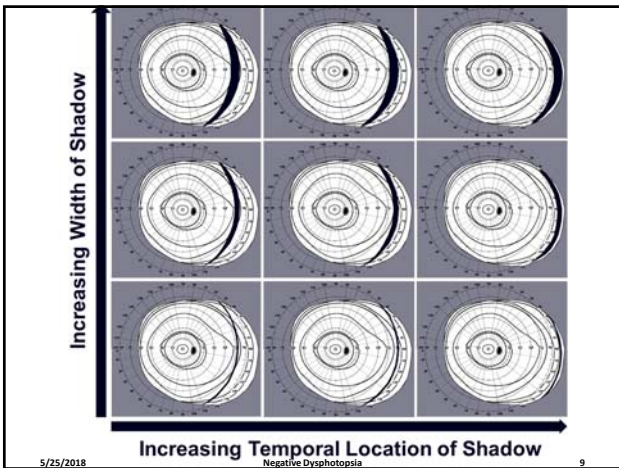
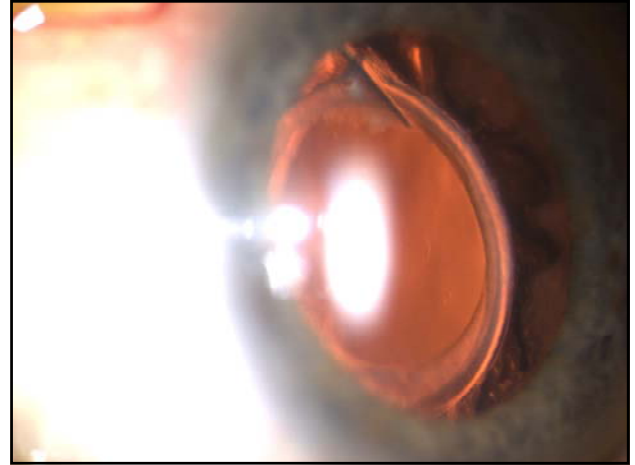
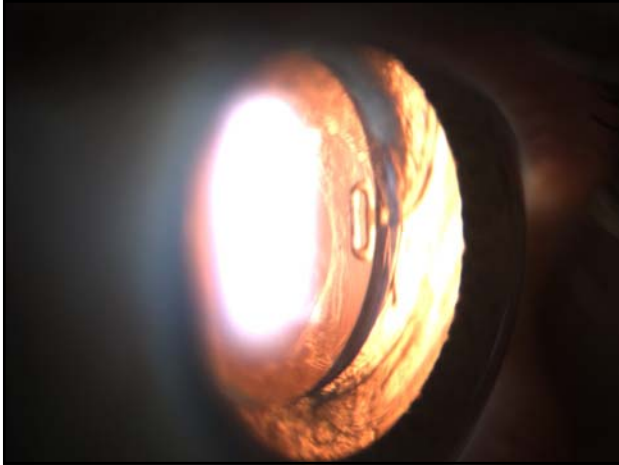


Factors Increasing Risk of ND	
Uncontrollable (Risk Factors can be identified <u>preoperatively</u>)	
	Smaller Photopic Pupil
	Larger Positive Angle Kappa
	Smaller Axial Distance of IOL behind iris
	Higher IOL dioptric power
Controllable	
	Nasal anterior capsule overlying anterior nasal IOL
	Material of IOL (higher versus lower index)
	Edge Design (truncated versus <u>rounded</u> and thickness)
	Optic-haptic junction of IOL not nasal (or superonasal by 30°)
	Shape of IOL (with steeper posterior surface)
	Negative Aspheric Surface(s)

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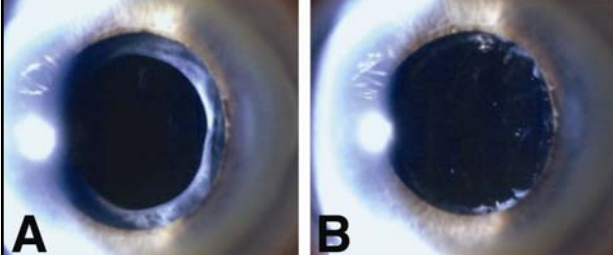






Nasal Overlying Capsule

Presence: ↓ PD and ↑ ND
 Absence: ↑ PD and ↓ ND



A **B**

Michelson MA, Holladay JT. The Intersection of Optics and Neuro-Ophthalmology: The Enigma of Pseudophakic Dysphotopsia. Journal of Neuro-Ophthalmology. June 2015; 35 (2):109-111
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Summary

- **ND** occurs when there is a “**gap**” on the retina between rays **refracted by** and **missing** the IOL
- Pt **risk factors for ND** can be identified before cataract surgery
- Placing **haptic junctions horizontally** and **removing nasal capsule overlying anterior IOL** are simple and may be effective
- Light Scatter may fill the gap from the **peripheral capsule opacification significantly reducing the prevalence over time**
- **2° piggy-back in sulcus** or **exchange with silicone IOL with rounded edge** is effective

