

# CORNEAL RELAXING INCISION SIMPLE GRAM

Richard Lindstrom, MD & J.E. McDonald, II, MD

Numerous approaches to Corneal Relaxing Incisions to correct myopia and astigmatism are found throughout literature. The basic tenants are founded in all good nomograms. Most incisional surgeons began with one of the published nomograms and then evolved their own based on their preferred techniques and experiences.

Corneal Relaxing Incisional Surgery used around the cataract patient is unique in that only small amounts of correction are needed. In addition surgeons are dealing with less elastic collagen in the 50 to 75 year old age group. They get more effect with less work. This also leads to more stable and predictable results.

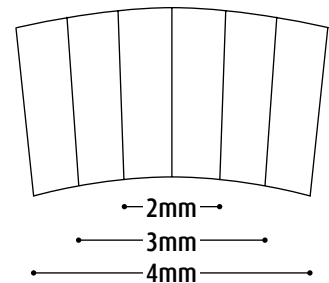
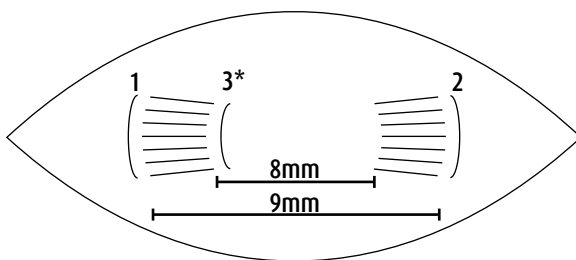
Surgeons are able to avoid the area where they tend to get into trouble - deeper and more central incisions. With this in mind, Dr. Lindstrom and Dr. McDonald reviewed their respective nomograms and thousands of cases and devised the following "simple gram."

Any surgeon using clear corneal incisions should be able to implement this into their cataract surgery with a minimum of time and resource investment.

## Astigmatism Correction

E9008

McDonald Relaxing Incision Marker (Bausch + Lomb Storz® Ophthalmics)



Desired Correction	Incision Length	Incision Location
0.5 Diopters	2mm	Position 1
1.0 Diopters	3mm	Position 1
1.5 Diopters	4mm	Position 1
2.0 Diopters		Position 1 + 2
3.0 Diopters		Position 1 + 2 + 3*

\*Place 3rd incision on steepest side of the axis of astigmatism.

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## Myopic Corrections

E9001

McDonald Two Line Marker (Bausch + Lomb Storz® Ophthalmics)



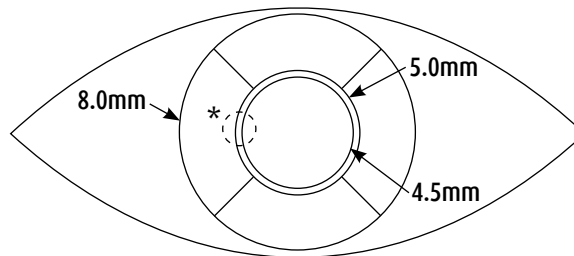
E9003

McDonald Four Line Marker (Bausch + Lomb Storz® Ophthalmics)



1. For a 2 cut, align marker axis with axis of astigmatism.
2. For a 4 cut, keep incisions under lid.

## Temporal:



2 cut at 5.0mm = -0.50 to -0.75 with +0.50 cylinder

-0.75 to -1.00 spherical

2 cut at 4.5mm = -1.00 to -1.25 with

+0.50 to +0.75 cylinder

4 cut at 5.0mm = 2.00

4 cut at 4.5mm = 2.50

\*Set blade depth to temporal 5.0mm OZ pachymetry reading. Radial incisions should only extend to 8mm OZ per Lindstrom mm RK.

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