Optics & Refraction

- electromagnetic spectrum: 390nm &760nm.
- focusing power is : 2/3 cornea & "air/tear" interface : fixed power 1/3 lens : power increases with accommodation
- Power of lens = 1/meters ... +ve in convex & -ve in concave
- **Emmetropia** —> parallel rays focus on the retina with the eye at rest "not accommodating"
- Ametropia —>parallel rays are not // // // ... It's simply "refractive error".

1) Hypermetropia:

- -short eyeball, less powerful eye's optical system, normal at birth
- accommodate with distant gaze, use **Convex lens**
- symptoms: Eye-strain, Redness, Headaches/ later, blurring of text
- Complication: Angle-closure glaucoma

2) Myopia:

- long in length, more powerful system
- 10s-30s, with keratoconus,
- Complications: retinal tear or detachment, macular hole, and open angle glaucoma.
- use *Concave lens*

3) Astigmatis

- non spherical shape of cornea or lens —> different points of focus —> difficult to see fine details
- Corrected with a *cylindrical lens* or refractive eye surgery.
- Accommodation —> Near focusing of the eye:
 - Ciliary muscle contraction —> zonules relax —> lens more spherical,thick and globular
 - Eyes converge, pupils constrict.
 - → Presbyopia : normal aging process—> reduced accommodative ability —> bifocal glass

\\\ Refractive error correction

1) Contact lenses

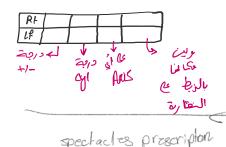
- Soft, hydrophilic: better tolerated, less permeable to oxygen—> Optical correction+ relief of pain like in epithelial defects or bullous keratopathy
- ➤ **Rigid gas permeable:** low risk of corneal damage from hypoxia + easier cleaning and offers less risk of infection + effective correction of astigmatism + Proteinaceous debris + for keratoconus

✓ Complications:

- & Superficial punctate keratitis
- & The tight lens syndrome(indentation and staining in the conjunctival epithelium in a ring around the cornea)
- & Acute hypoxia (necrosis and endothelial blebs)
- & Chronic Hypoxia (Vascularization and lipid deposition)

2) Spectacles / Refraction

- Objective Refraction:
 - i. Automated refractor: quick and easy to use and require no feedback from the patient.
 - ii. Retinoscopy: A series of lenses are flashed —> light reflex—> measure refractive state
- > Subjective refraction
 - requires responses from the patient, u can use phoropter



3) Refractive surgery

- ✓ PRK: PhotoRefractive Keratectomy —> on epithelium, healing; pain for days, for low thick cornea
- ✓ LASEK: laser assisted in sub epithelial keratomileusis—>corneal flap + reshape
- ✓ LASIK: laser assisted in situ keratomileusis —> same // but different layer
 - Complications Of PRK
 Overcorrection, Under correction, Corneal haze, Infection
 - Complications of LASIK

Operative Complications:

- Flap complications:
 - 1) Free flap
 - 2) Incomplete flap
 - 3) Button hole of the flap 4) Irregular cut
 - 5) Epithelial defects
 - 6) Corneal perforation
- Laser Complications:
 - 1) De-centered ablation

Post Operative Complications:

- 1) Overcorrection
- 2) Under correction
- 3) Infection
- 4) Epithelium in-growth under the flap