Rayner Centreflex Toric IOL shows stability in astigmatic eyes

Stefanie Petrou Binder MD
in London

HIGH patient satisfaction and no re-operations for axis change marked the initial experiences of a recent clinical evaluation of the Centreflex toric IOls (Rayner), reported Clive Peckar MD at the XXIV Congress of the ESCRS.

“The initial results showed the Centreflex Toric and T-flex IOls to be very stable with no major axis shifts after implantation. These toric IOls are proven to be extremely useful for patients with astigmatism who are undergoing lens surgery,” said Dr. Peckar, Warrington and North Cheshire Hospitals, UK.

The Rayner Centreflex toric IOls have optic diameters of 5.75 and 6.25mm. They have a square edge optic design with stable compressible haptics measuring 12-9.5mm, to fit myopes and hyperopes alike. The lens has a 9.5mm diameter when compressing maximally in the capsular bag. The lens power ranges from -7.00 D to +34.0 D.

Dr. Peckar said that with over six years of experience with this lens, he had noted excellent centration and stability and had observed no noticeable IOL rotation, including cases of implantation in eyes with incomplete capsulorhexis rim or posterior capsule dehiscence.

In fact, in a prospective photographic study in which Dr. Peckar investigated the rotational stability of Centreflex IOls, he found it to be rotationally stable.

Dr. Peckar implanted the hydrophilic acrylic toric Centreflex IOls with toric cylinders from 2.00 – 6.00 D in 17 eyes, of 12 patients, requiring cataract surgery with pre-existing corneal astigmatism of 2.25 – 4.5 D. The patients underwent routine phacoemulsification surgery with implantation of Centreflex and T-flex IOls through 3mm incisions. All the patients had pre-operative marking of their 6 and 9 o’clock corneal axes at the “slit-lamp”. The mean patient age was 64 years, ranging from 52 to 86 years.

The picture above shows a slit-lamp photograph of a patient one month after surgery showing the 80 degree axis marks on the Toric IOL.

Best-corrected visual acuity was 6/9 in two eyes that had amblyopia, 6/6 in 10 eyes, and 6/5 in five eyes. Uncorrected VA was 6/9 (or N6) or better in 15/17 eyes.

Ten out of the 12 patients, 15 out of 17 eyes, achieved uncorrected visual acuity of 6/9 or better (or N5) in their monovision eye.

These Centreflex toric IOls are available standard or custom made. Custom manufacture for any size cylinder takes about eight weeks, he said. The toric IOls are ordered direct from Rayner who carry out the IOL calculation and provide a list of options together with a diagram illustrating the IOL orientation in the eye (pictured above).

All of the patients achieved UCVA of 6/6 (N5), with 10/12 patients achieving UCVA of 6/9 (N6) or better. All of the patients expressed satisfaction with their results and none required re-operation for IOL or kerometric axis change.

clivepeckar@yahoo.co.uk

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