2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Sc ientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Cristina Carossa
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Me thods, Results, Conclusions.
Example: ARVO (1.10 x 1.70)
Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Carossa Cristina Ferreira
Last Name First Middle

_____Cataract_____ ___17663/07_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Title:
Evaluation of Clinical Security and visual acuity outcome of the foldable acrylic miniflex intraocular lens

Authors:
Luis Felipe Brenner, Wanessa C arneiro, Bruno Kuono, Fabio Casanova, Lincoln Freitas

Purpose:
To evaluate the efficacy, predictability and safety of implanting a new foldable acrylic posterior chamber intraocular (PCIOL) lens (Miniflex ®, Mediphacos, Brazil) under 2.0-mm corneal incisi on.

Methods:
This prospective noncomparative study included 50 patients who underwent phacoemulsification with a PCIOL implanted in the capsular bag. All surgeries were performed by the same surgeon. Intraoperative data were colected.
Uncorrected visual a cuity (UCVA), best corrected visual acuity (BCVA), slitlamp biomicroscopy, tonometry, fundus exam, topography and endothelial specular microscopy were performed preoperatively and 1, 3, and 6 months after surgery.
The achieved refractive error one month af ter surgery was compared to the predicted postoperative refractive error by SRK/T formula. Surgically induced astigmatism (SIA) was evaluated using vector analysis based on corneal topography. Mean preoperative corneal central power was 43.63 diopter (D) +/- 1.34 (SD).

Results: The results are still in progress. So far t he mean UCVA and BCVA is -0.020 +/- 0.036 logMAR and -0.016 +/ - 0.037 logMAR, respectively. There were no statistically significant differences between UCVA and BCVA after the IOL implantation. The mean predicted refraction is – 0.431 ± 0.181 D and the mean achieved postoperative spherical equivalent was – 0.220 ± 0.732 D.

Conclusions: Our topographic analysis clearly demonstrated that a smaller wound in phacoemulsification surgery produced almost no surgically induced alteration of the cornea and stabilized rapidly.