



CASE REPORT

Correcting the Unilateral Aphake

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Introduction

Three procedures are available to correct the unilateral aphake: (i) a contact lens to minimize magnification, which could be said to be the procedure of first choice; (ii) spectacles for the eye with best acuity, or for the dominant eye, and a balance lens for the other eye, if the contact lens fails; (iii) spectacles providing best acuity in both eyes.

The following report concerns a patient in which the third procedure described above was used.

History

Patient V.V., a 56-year old male, complained of light sensitivity and poor acuity in his left eye. He had had an extracapsular cataract surgery eight months previously. Subsequently, he was fitted with an extended-wear contact lens which proved to be unsuccessful. He was then advised that glasses would not help him to see with the left eye.

Correction in use:

		F1	Visual Acuity
OD	+4.75	+8.00	6/7.5
OS	+7.25	+8.00	6/120
OU	+2.25 add	ST 28	
	Glass lenses		

Treatment and Discussion

Biomicroscopy and ophthalmoscopy indicated the beginning of a subcapsular spoke cataract in the right eye. Intraocular pressures were normal.

Refraction

OD	+4.50 / -0.75 X 110	6/7.5
OS	+15.75 / -0.50 X 090	6/12
Monocular adds +2.50		
Vertex 12mm		

Binocular vision was not assessed since the large anisometropia would induce aniseikonia in the

order of 29%. Such a difference would not be fusible.

V.V. was insistent that he wanted to use his two eyes together with his spectacles. The subjective results were inserted in a trial frame and V.V. was shown the Snellen chart. He reported no diplopia. I asked him to get up and walk around. Again, he experienced no diplopia. He reported that both eyes were more comfortable than before. The Worth 4-dot test was then performed, indicating suppression of the aphakic eye. However, the suppression would be central, leaving an appreciation of the peripheral field. Suppression would be expected to be the same as that for a strabismic in order to prevent diplopia¹. For strabismus and amblyopes, we try to give the best correction, so why not for aphakes?

The following R_x was prescribed, in a polymil frame with resin lenses to reduce weight:

		F1
OD	+4.75 / 0.25 X 110	+8.00
OS	+15.50	+16.00
	+2.25 Add OU	ST22 Tonelite #1
	UV400 lenses	

Protection of the retina and reduction of the photophobia was accomplished with the tinted UV400 lens. Since peripheral vision in the left eye was important, a full field aspheric lens was used. A bifocal was placed in the left lens in anticipation of the need for surgery in the right eye.

Two weeks after dispensing, V.V. returned for evaluation. He was pleased with his spectacles and had no problems, especially when questioned for diplopia, headaches or nausea. He was then discharged.

Reference

1. Pratt-Johnson, JA, Suppression in Strabismus, *Arch. Ophthalmol.* 101: 218-224, 1983.

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