

Response to comments on: Visual outcome and refractive status with monofocal toric intraocular lens implantation to correct astigmatism during cataract surgery

Dear Editor,

We thank the readers for their feedback on our manuscript.^[1] In recent times cataract surgery and correction of corneal astigmatism can be corrected in a single procedure by using toric intraocular lens (IOL) implantation.^[2]

Selection of patient, accurate calculations of various parameters affect the postoperative outcome of toric IOL implantation.^[3] We used Lenstar Optical Biometer (Haag-Streit, USA) for recording corneal curvatures, axial length, posterior corneal curvature, white to white diameter, and IOL power.

Rotational stability of toric IOL depends on the capsulorhexis size,^[4] IOL material and design,^[5] Visco Wash, and early postoperative intraocular pressure fluctuations.^[4] Rotation

of 1° results in a loss of cylindrical power by 3.3%,^[6] whereas rotation of more than 10° from the target axis needs IOL realignment.^[7]

In our study, eight (20%) patients had IOL rotation between 6° and 10°, whereas three had rotations of more than 10°. Repositioning was done in these three patients with satisfactory results. Rotation was more in our study probably due to the material, design, and quality of IOL.

We didn't use any particular questionnaire for patient satisfaction instead a good best-corrected visual acuity was the major criterion of assessment.

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Conflicts of interest

There are no conflicts of interest.

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