



# CSI: Dysphotopsia

Handout  
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# DDx: dysphotopsia

**First step is to take a history and understand if patient is experiencing;**

NEGATIVE DYSPHOTOPSIA (typically a dark temporal shadow)

POSITIVE DYSPHOTOPSIA (haloes/glare/starburst)

**Dysphotopsia occurs in eyes that have seemingly uneventful surgery, so rule out:**

## **CORNEA:**

- Corneal edema (temporal wound) and higher water content of the epithelium resulting in halos (ie, high IOP)
- Dry eye
- EBMD
- Keratoconus
- Higher order aberrations

## **IRIS:**

- Small pupil case
- IFIS case
- Surgical iridectomy/ iris atrophy
- LPI

## **UVEA:**

- Uveitis

## **RETINA:**

- RD
- Retinoschisis
- RVO
- RAO
- Mass
- Large floater
- Glaucomatous defect
- Dense PRP

## **NEUROLOGICAL:**

- r/o bitemporal defect

## **PATIENT FACTORS:**

- Anterior retina
- Iris-IOL distance
- Angle kappa
- Higher power IOL
- Dysphotopsia in 1st eye

## **IOL FACTORS:**

- High index of refraction material and low radius of curvature IOLs
- Square edge
- Incomplete anterior capsulorhexis overlap
- Vertically oriented haptics
- In-the-bag placement
- Uncorrected refractive error
- High plus cylinder caused by proliferative lens fibers: streaks
- Decentered IOL: crescent