

Perbandingan automated keratometry terhadap corneal topography wavelight oculus sebagai panduan prosedur limbal relaxing incision saat operasi katarak fakoemulsifikasi = Comparison of automated keratometry and corneal topography wavelight oculus in guiding limbal relaxing incision during phacoemulsification

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Abstrak

ABSTRAK
Tujuan penelitian ini adalah untuk mengetahui apakah automated keratometry dapat digunakan sebagai alternatif dari topografi kornea sebagai panduan Limbal relaxing incision yang dinilai dengan analisis vektor. Design penelitian adalah uji klinis acak tersamar tunggal, noninferiority trial. Tiga puluh empat pasien katarak dengan astigmatisme kornea 1.00-3.00 D dibagi menjadi dua kelompok, LRI dengan panduan automated keratometry dan topografi kornea. LRI dilakukan bersama dengan operasi katarak. Perbandingan efektifitas LRI dinilai dengan parameter analisis vektor antara lain Surgical induced astigmatisme (SIA), Index of Success (IoS), Magnitude of error (ME), Flattening Effect (FE), Correction Index (CI) and Absolute angle of error (AE). Hasil menunjukkan Surgical Induced Astigmatism, ME, FE, CI and AE tidak berbeda bermakna antar dua kelompok ($p > 0.05$) meskipun IoS LRI kelompok topografi kornea lebih baik. Tidak ada komplikasi LRI langsung dari penelitian ini. Dapat disimpulkan bahwa autokeratometri dapat digunakan sebagai alternatif dari topografi kornea sebagai panduan LRI.

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ABSTRACT
The purpose of this study is to determine effectiveness of automated keratometry as LRI guidance compare with corneal topography as golden standart. The effectiveness was evaluated using vector analysis. The study design was randomized controlled clinical trials with a single blind, noninferiority trial. Thirty-four patients with cataract and corneal astigmatism 1.00-3.00 D divided into 2 groups, LRI based on automated keratometry and LRI based on corneal topography. LRI was done on phacoemulsification. Comparison of LRI effectivity determined with vector analysis parameters such as Surgical induced astigmatisme (SIA), Index of Success (IoS), Magnitude of error (ME), Flattening Effect (FE), Correction Index (CI) and Absolute angle of error (AE). Results showed Surgical Induced Astigmatism, ME, FE, CI and AE were not significantly different ($p > 0.05$) between two groups however IoS LRI corneal topography group was better. There was no complication with LRI in this study. As conclusion Autokeratometry can be used to guide LRI as an alternative of corneal topography