CSI: Dysphotopsia

Handout
Dr. Rocha
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

**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

**PATIENT FACTORS:**
- Anterior retina
- Iris-IOL distance
- Angle kappa
- Higher power IOL
- Dysphotopsia in 1st eye