INTRODUCTION

With the increasing number of keratorefractive surgical procedures an increasing number of cataract surgeries in eyes after keratorefractive surgery is anticipated within a few decades. Although cataract extraction seems to be feasible without major technical obstacles, intraocular lens power calculation turned out to be a problem. ***(Seitz B. et al., 2000)***

It has been observed that residual refractive errors and hyperopic shift was found after cataract surgery in patients undergoing previous LASIK. ***(Krone et al., 2004)***

LASIK changes the architecture of the central cornea and flatten the front surface. Therefore it may not be correct to apply conventional variables assumed for normal corneas to surgically modified corneas. ***(Hoffer, 2002)***

Accurate IOL power calculation is highly dependent on accurate k-reading especially in eyes with post-refractive surgery. Thus keratometric power measurement is an essential step for the requirements of these patients. Several methods are recommended to determine the effective corneal power as accurately as possible. ***(Jarade et al., 2002)***

The accuracy of several techniques for calculating IOL power after LASIK were compared. Corneal Power was measured by manual keratometry (ML), refractive history (RH), contact lens overrefraction

(C.L.), videotopography (V.K) and an average of the refractive history and contact lens methods (AVG2). There is significant refractive errors occurred with each of the methods investigated for determining IOL power after LASIK. RH, CL or AVG2 provided the least errors. ***(Randleman et al., 2002)***

It is a great hope that an instrument will be developed that will easily and accurately measure the true effective power of the cornea in these eyes. Until that day, it is important for all cataract surgeons to be aware of this problem. ***(Hoffer, 2002)***