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Studies on curvature changes of the cornea related to cataract surgery are numerous. However there are widely disparate views on the causes and correction of postoperative astigmatism. They are related mainly to the methods of incision and closure and their effect on corneal curvature. The site of incision is still the most important factor in determining the degree of post-operative astigmatism (GIRARD et al., 1984). The further the wound is directed towards the cornea or is itself corneal the higher is the induced corneal astigmatism and on the other hand, the further the wound is directed to the sclera, the less astigmatism will occur (JACOBI and STROBEL, 1985).

Types of sutures and extent of incisions have great effect on corneal curvature. The larger the extent of incision the greater the potential for alteration of corneal curvature. Corneal incision should be made larger than scleral one to provide the equivalent work-ing space in anterior chamber (JAFFE, 1984).

In this work we studied the effect of two common cataract incisions (Scleral and midlimbal) on anterior corneal curvature. Our aim was to achieve the minimum astigmatic error possible with both.