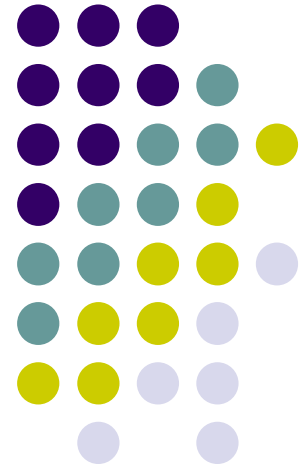
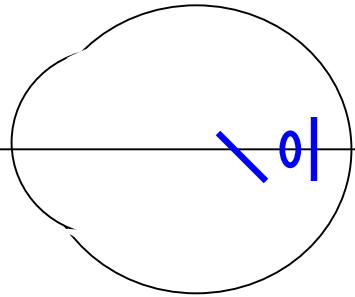


# Astigmatic Refractive Error: Types of Astigmatism

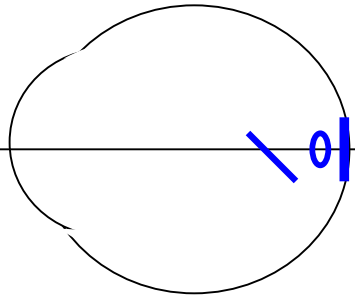
*Basic Optics*, Chapter 14



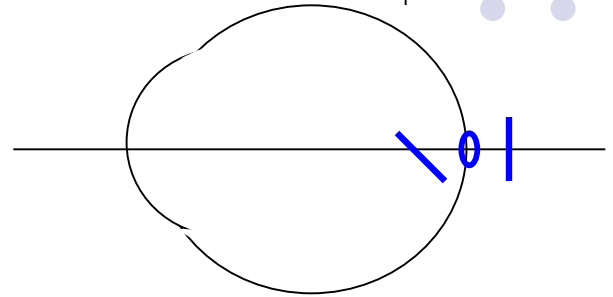
# Types of Astigmatism



Compound Myopic

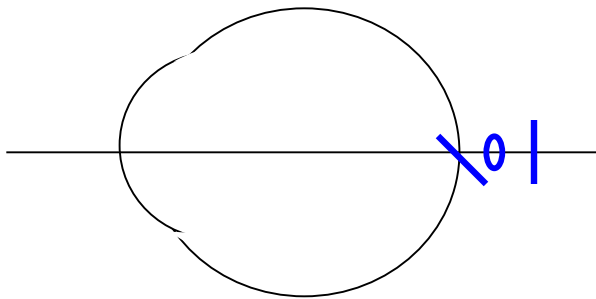


Simple Myopic

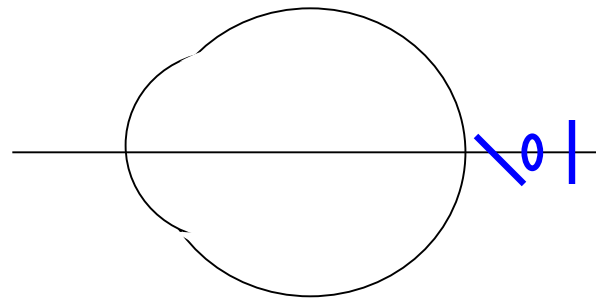


Mixed

*Can you determine which type of astigmatism a patient has, just by evaluating their refraction? **YES***



Simple Hyperopic



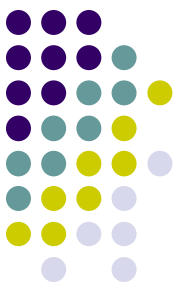
Compound Hyperopic

# Types of Astigmatism

- To determine astigmatism type:
  - 1) Express the refraction in both plus- and minus-cylinder formats

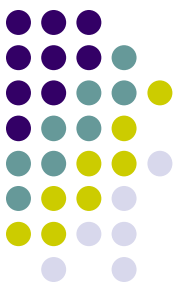


# Types of Astigmatism



- To determine astigmatism type:
  - 1) Express the refraction in both plus- and minus-cylinder formats
  - 2) Note the **sign of the sphere** component in each format--together, they indicate the type

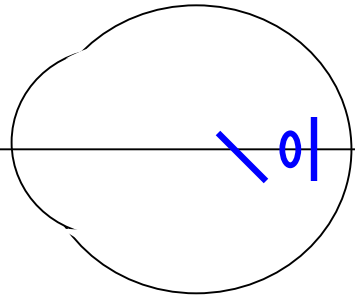
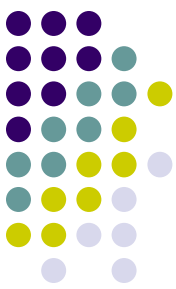
# Types of Astigmatism



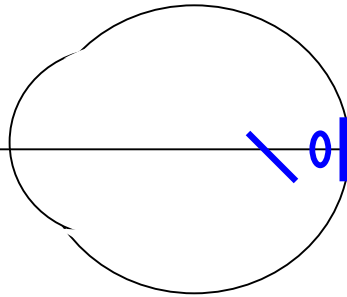
- To determine astigmatism type:
  - 1) Express the refraction in both plus- and minus-cylinder formats
  - 2) Note the **sign of the sphere** component in each format--together, they indicate the type

Sphere Signs	Type of Astigmatism
Minus/Minus	Compound Myopic
Minus/Plano	Simple Myopic
Plus/Minus	Mixed
Plus/Plano	Simple Hyperopic
Plus/Plus	Compound Hyperopic

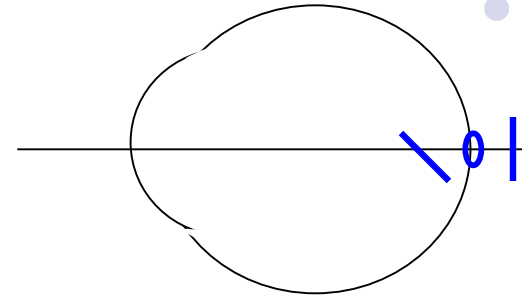
# Types of Astigmatism



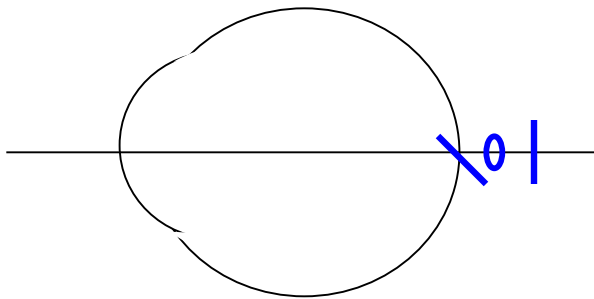
Compound Myopic  
*Minus/Minus*



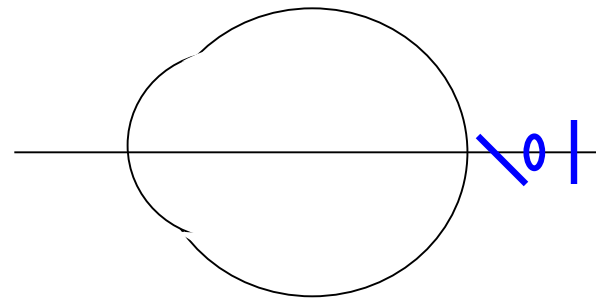
Simple Myopic  
*Minus/Plano*



Mixed  
*Minus/Plus*

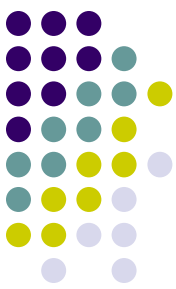


Simple Hyperopic  
*Plano/Plus*



Compound Hyperopic  
*Plus/Plus*

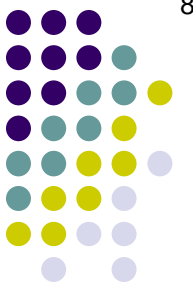
# Types of Astigmatism



- Examples: Determine the type of astigmatism present for each of the following refractions:

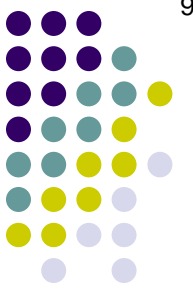
# Types of Astigmatism

- $+3.0 -2.0 \times 080$



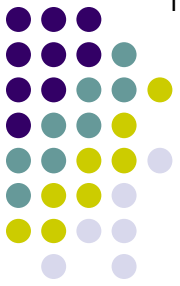


# Types of Astigmatism



- $+3.0 -2.0 \times 080$ 
  - In plus cylinder:  $+1.0 +2.0 \times 170$

# Types of Astigmatism

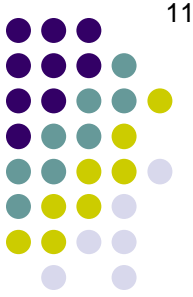


- $+3.0 -2.0 \times 080$ 
  - In plus cylinder:  $+1.0 +2.0 \times 170$
  - The spherical component is *plus* in both plus- and minus-cylinder format, therefore, it indicates

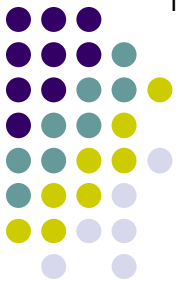
***Compound Hyperopia***

# Types of Astigmatism

- $+1.0 -4.0 \times 080$

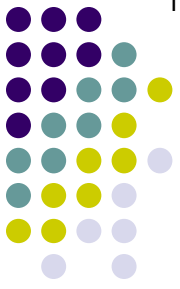


# Types of Astigmatism



- $+1.0 -4.0 \times 080$ 
  - In plus cylinder:  $-3.0 +4.0 \times 170$

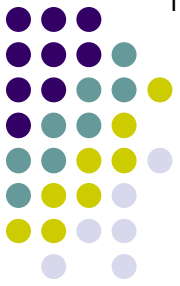
# Types of Astigmatism



- $+1.0 -4.0 \times 080$ 
  - In plus cylinder:  $-3.0 +4.0 \times 170$
  - The spherical component is *plus* in minus-cylinder format but *minus* in plus-cylinder format, therefore, it indicates

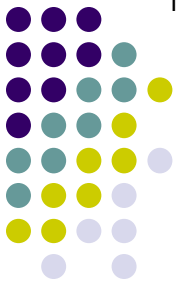
***Mixed Astigmatism***

# Types of Astigmatism



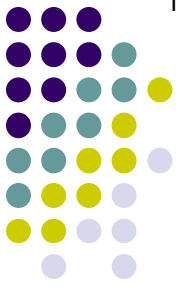
- $-5.0 +9.0 \times 090$

# Types of Astigmatism



- $-5.0 +9.0 \times 090$ 
  - In minus cylinder:  $+4.0 -9.0 \times 180$

# Types of Astigmatism



- $-5.0 +9.0 \times 090$ 
  - In minus cylinder:  $+4.0 -9.0 \times 180$
  - The spherical component is *plus* in minus-cylinder format but *minus* in plus-cylinder format, therefore, it indicates

***Mixed Astigmatism***

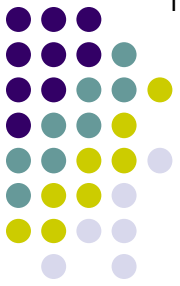


# Types of Astigmatism

- $-2.5 + 1.5 \times 128$

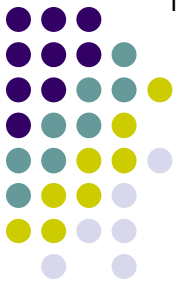


# Types of Astigmatism



- $-2.5 +1.5 \times 128$ 
  - In minus cylinder:  $-1.0 -1.5 \times 038$

# Types of Astigmatism



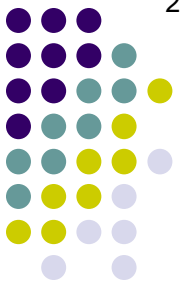
- $-2.5 +1.5 \times 128$ 
  - In minus cylinder:  $-1.0 -1.5 \times 038$
  - The spherical component is *minus* in both minus- and plus-cylinder formats, therefore, it indicates

***Compound Myopia***

# Classification of Astigmatism

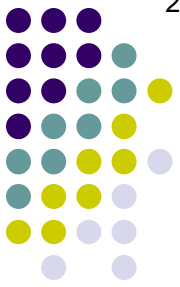


# Classification of Astigmatism



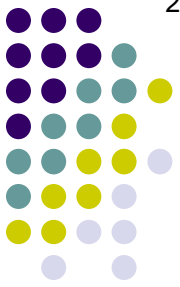
- *With-the-Rule* and *Against-the-Rule*
  - Old terms, still in use
  - Useful because they facilitate communication between ophthalmologists and other ophthalmic professionals (optometrists, opticians)

# Classification of Astigmatism



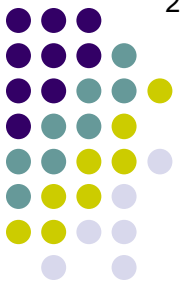
- *With-the-Rule* and *Against-the-Rule* cont
  - Why might our 'communications' need facilitating?

# Classification of Astigmatism



- *With-the-Rule* and *Against-the-Rule* cont
  - Why might our ‘communications’ need facilitating?
    - The way we work is a potential source of confusion
      - Ophthalmologists usually refract in **plus** cylinder
        - Easier (for the refractionist)
      - Optometrists often refract in **minus** cylinder
      - Opticians ‘think’ in **minus** cylinder
        - Glasses are ground in minus cylinder

# Classification of Astigmatism

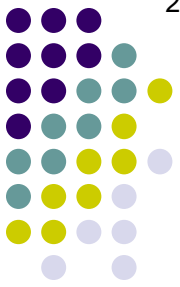


- *With-the-Rule* and *Against-the-Rule* cont
  - Why might our ‘communications’ need facilitating?
    - The way we work is a potential source of confusion
      - Ophthalmologists usually refract in **plus** cylinder
        - Easier (for the refractionist)
      - Optometrists often refract in **minus** cylinder
      - Opticians ‘think’ in **minus** cylinder
        - Glasses are ground in minus cylinder

Consider: If an ophthalmologist says to an optom ‘this patient has a lot of cyl at 180°,’ the MD is thinking in plus cyl, but the OD is thinking in minus--each has the *opposite* impression from her counterpart! But if the MD says ‘this patient has a lot of with-the-rule astigmatism,’ both will be on the same page.

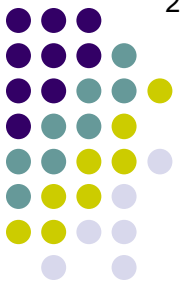


# Classification of Astigmatism



- *With-the-Rule* Astigmatism
  - So named because it is the more common type

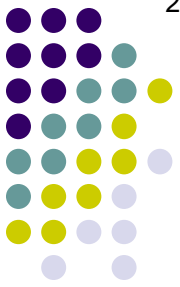
# Classification of Astigmatism



- *With-the-Rule* Astigmatism
  - So named because it is the more common type
  - Cornea is shaped like a **football lying on the ground** (assuming astigmatism is corneal)



# Classification of Astigmatism



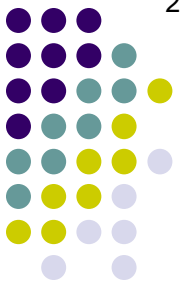
- *With-the-Rule* Astigmatism

- So named because it is the more common type
- Cornea is shaped like a **football lying on the ground** (assuming astigmatism is corneal)
  - More plus power at ~090 meridian (axis 180)
  - Corrected with:
    - plus cylinder power at the 180 meridian (axis 090), **or**
    - minus cylinder power at the 090 meridian (axis 180)

Doesn't have to be at **exactly** 090/axis 180; +/- up to 20° still counts

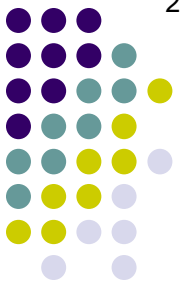


# Classification of Astigmatism



- *Against-the-Rule* Astigmatism
  - So named because it is the less common type

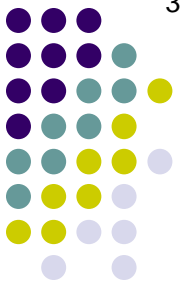
# Classification of Astigmatism



- *Against-the-Rule* Astigmatism
  - So named because it is the less common type
  - Cornea is shaped like a **football standing on a tee** (again, assuming astigmatism is corneal)



# Classification of Astigmatism

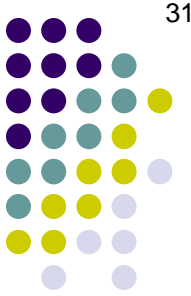


- *Against-the-Rule* Astigmatism
  - So named because it is the less common type
  - Cornea is shaped like a **football standing on a tee** (again, assuming astigmatism is corneal)
    - More plus power at ~180 meridian (axis 090)
    - Corrected with:
      - plus cylinder power at the 090 meridian (axis 180), **or**
      - minus cylinder power at the 180 meridian (axis 090)

Ditto

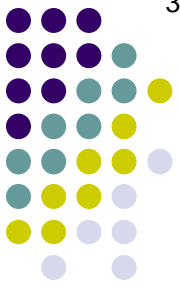


# Classification of Astigmatism



- Comparing astigmatism types
  - In **young people**, *with-the-rule* is far more common than *against-the-rule*

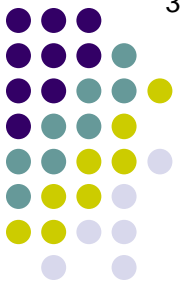
# Classification of Astigmatism



- Comparing astigmatism types
  - In **young people**, *with-the-rule* is far more common than *against-the-rule*
    - *Tight Eyelids* hypothesis
      - Young eyelids are tight → pressure on the upper and lower cornea → vertical meridia steepened → *with-the-rule* astigmatism
    - Some refractive surgeons will not operate on a young person with corneal *against-the-rule* astigmatism
      - Consider it to be *prima facie* evidence of corneal ectasia



# Classification of Astigmatism



- Comparing astigmatism types
  - In **young people**, *with-the-rule is far more common than against-the-rule*
    - *Tight Eyelids* hypothesis
      - Young eyelids are tight → pressure on the upper and lower cornea → vertical meridia steepened → with-the-rule astigmatism
    - Some refractive surgeons will not operate on a young person with corneal against-the-rule astigmatism
      - Consider it to be prima facie evidence of corneal ectasia
  - In **the elderly**, *against-the-rule is more common*