

## Comment on: Improving toric intraocular lens alignment skills of ophthalmology residents

Dear Editor,

We read with interest the recent article "Improving toric intraocular alignment skills of ophthalmology residents" which was achieved by aligning the optic haptic junction of a non-toric Intra-ocular lens (IOL) on a premarked axis on the cornea. We appreciate this innovative idea of training residents who are new to the surgical steps in toric IOL implantation. However, Fig. 1a of the article shows Mendez ring with its handle ( $0^{\circ}/180^{\circ}$ ) corresponding to superior limbus, and thereby  $90^{\circ}$  axis on Mendez ring at temporal/nasal limbus, just before marking the axis of IOL ( $30^{\circ}$  in this article) on to the cornea. Fig. 1b shows the axis of IOL marking on the cornea, which was actually marked at  $120^{\circ}$ , but was supposed to be  $30^{\circ}$  as described in the article. So, the axis marked is incorrect in Fig. 1b. We would like to inform you that holding the Mendez ring in an incorrect way will lead to inaccurate axis marking, hence affecting the final IOL alignment.<sup>[1]</sup> The ideal way is to hold the handle of Mendez ring in the nasal limbus for better visualization and to mark the IOL axis on the cornea.<sup>[2]</sup> In such a case,  $0^{\circ}$  or  $180^{\circ}$  marking of Mendez ring will correspond to nasal or temporal limbus at  $0^{\circ}$  and  $180^{\circ}$  marked on the cornea in a standing position

and  $90^{\circ}$  of corneal reference mark will correspond to  $90^{\circ}$  mark in Mendez ring.<sup>[3]</sup> To conclude, we wish to bring to your notice that the incorrectly held Mendez ring intraoperatively in Fig. 1a of this article resulted in an incorrect axis marking in Fig. 1b, and hence IOL placement in wrong axis in Fig. 1f.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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