

# Temporal contrast sensitivity as predictor of visual acuity after cataract surgery

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<b>Ethical review</b>	Not approved
<b>Status</b>	Will not start
<b>Health condition type</b>	Vision disorders
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON38468

### Source

ToetsingOnline

### Brief title

TCS & VA after cataract surgery

### Condition

- Vision disorders

### Synonym

cataract and/or dry age-related macular degeneration

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Oogziekenhuis Rotterdam

**Source(s) of monetary or material Support:** Stichting Coolsingel;Stichting Achmea Gezondheidszorg;Het Oogziekenhuis Rotterdam

## Intervention

**Keyword:** cataract, dry AMD, post-op visual acuity, temporal contrast sensitivity

## Outcome measures

### Primary outcome

Temporal contrast sensitivity

Postoperative visual acuity

### Secondary outcome

Presence and extent of cataract (LOCS III score)

Presence and extent of AMD (AREDS score)

Preoperative visual acuity

Refractive error

Straylight

## Study description

### Background summary

When cataract leads to impairment of visual acuity (VA), one of the goals of cataract surgery is to restore VA. Co-morbid eye- or brain disease (e.g. glaucoma, age-related macular degeneration (AMD), retinitis pigmentosa or amblyopia) may preclude optimal VA after cataract surgery. Currently, no objective measurement exists to assess whether impaired VA is solely due to cataract, or at least partly attributable to pathology of retinal or neuronal processing. If such a measurement would exist, it might be possible to more accurately predict VA after cataract surgery.

Temporal contrast sensitivity (TCS) comprises the sensitivity of the visual system to contrast change in time (as opposed to contrast change in space). Studies have shown that TCS decreases when retinal pathology is present, whereas impairment of eye optics (e.g. cataract) have no influence on TCS. This suggests that TCS has high sensitivity and specificity for pathology of retinal or neuronal processing and that a correlation exists between preoperative TCS and optimal VA that is feasible after cataract surgery. If this is true, TCS could be applied to predict postoperative VA in surgically treated cataract

patients.

### **Study objective**

The primary study objective is to assess whether TCS in cataract patients is a predictor of postoperative VA and if so, whether it is a better predictor than currently routinely used measurements, as represented by preoperative VA measurement through multiple pinhole. Secondary objectives are (1) to investigate the influence of disturbed eye optics (cataract patients) and retinal pathology (AMD patients) on TCS, and (2) to assess (intraobserver) repeatability and reproducibility of the TCS measurement.

### **Study design**

Prospective non-interventional cohort study.

### **Study burden and risks**

There are no benefits for the participant. Risks are negligible. Burden comprises two non-invasive measurement sessions lasting approximately 30-60 minutes per session.

## **Contacts**

### **Public**

Oogziekenhuis Rotterdam

Schiedamse Vest 180  
Rotterdam 3011 BH  
NL

### **Scientific**

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## **Trial sites**

## Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

## Inclusion criteria

Age  $\geq 65$

Scheduled for cataract surgery

With or without dry AMD as ophthalmic co-morbidity

Informed consent

## Exclusion criteria

Amblyopia

Corneal haze

Guttata

Diabetic maculopathy / retinopathy

Epiretinal membrane

Glaucoma

Uveitis

Ophthalmic vessel occlusion

Retinal detachment / defect

Vitrectomy

Trauma

Corneal surgery

Refractive surgery

Cystoid macular edema in other eye

Wet AMD

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Diagnostic

## Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	180
Type:	Anticipated

## Ethics review

Not approved	
Date:	27-05-2013
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL44741.078.13