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BOOK OF ABSTRACTS

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differentiation between physiological response and postoperative complications and can guide decisions regarding the optimal timing of the second-eye surgery.

Keywords: cataract surgery; complete blood count; postoperative changes; leukocytosis; neutrophilia; inflammatory response; clinical monitoring

FIRST EXPERIENCE OF APPLYING SMALL INCISION LENTICULE EXTRACTION LASER CORRECTION IN UKRAINE

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Introduction. The emergence of the Small Incision Lenticule Extraction (ReLEx SMILE) technology has shifted priorities in refractive surgery worldwide. In Ukraine, over the past five years, this vision correction method has been gaining popularity due to its high safety profile, short recovery time thanks to its minimally invasive nature, and low complication rate.

Purpose. To analyze the results of ReLEx SMILE in patients with myopia and complex myopic astigmatism and to assess the level of patient satisfaction.

Methods. A total of 250 patients (498 eyes) with myopia and complex myopic astigmatism underwent the ReLEx SMILE procedure. Among them were 149 men (59.6%) and 101 women (40.4%). Mild myopia with complex astigmatism was observed in 290 eyes (58.2%), moderate myopia in 125 eyes (25.1%), and high myopia in 83 eyes (16.7%). All procedures were performed using the VisuMax femtosecond laser (Carl Zeiss, Germany) according to the standard technique. Visual acuity, autorefractive indices on days 1, 5, and 30 after surgery, and patient satisfaction were evaluated. The expected visual acuity was defined as the maximum corrected visual acuity prior to surgery, and the refractive target was emmetropia.

Results. On the first day after ReLEx SMILE, the expected visual acuity was achieved in 477 eyes (95.8%). By day five, maximum visual acuity was observed in the majority of eyes (492 eyes – 98.8%), and only in 7 eyes (1.4%) was visual acuity below the expected level. Autorefractive values ranged from +0.25 to -0.25 D. One month post-surgery, the expected visual acuity was achieved in 494



eyes (99.2%), with stable autorefractive measurements. A patient survey revealed that 97.6% were completely satisfied with the results of ReLEx SMILE laser correction. The remaining 2.4% had higher expectations, highlighting the need for clear preoperative discussions regarding surgical outcomes.

Conclusion. Thus, correction of myopia and myopic astigmatism using ReLEx SMILE laser technology offers significant advantages: minimal invasiveness, quick recovery period, and high precision. Maximum corrected visual acuity was achieved in 99.2% of cases, making this method a recommended option for patients with myopic refractive errors. Patient satisfaction following ReLEx SMILE reached 97.6%.

METHODS AND RECENT TRENDS IN TECHNOLOGY OF REFRACTIVE LENS SURGERY FOR MYOPIA AND MYOPIC ASTIGMATISM

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Background. Throughout the world, refractive errors are the most common and treatable visual function disorders. Myopia is the most common refractive error and its prevalence is higher in younger age groups, demonstrating a trend toward an increase in the number of patients with myopia in the coming years. Refractive errors were the most common reason for consulting an ophthalmologist, accounting for 21.1% of all outpatient visits. Advances in ophthalmic surgery have contributed to the development of an important branch—refractive surgery. Refractive surgery refers to any procedure that corrects refractive errors. It is now recognized that refractive interventions have a significant impact on quality of life and daily activities. Traditionally, refractive surgery can be divided into two major sub-disciplines, which can be applied together in some cases to correct complex refractive errors: keratorefractive surgery or intraocular lens (IOL) surgery. Intraocular lenses (IOLs) are used in both refractive lens exchange and cataract surgery to replace the natural human lens and/or correct refractive errors. In recent years, a wide range of multifocal intraocular lenses (MF) has been developed; these IOLs have surpassed traditional monofocal intraocular lenses. With increased life expectancy and changes in lifestyle, more and more patients are requesting near and intermediate vision without the need for glasses for their daily activities, in addition to excellent distance vision. In addition, IOLs that correct presbyopia