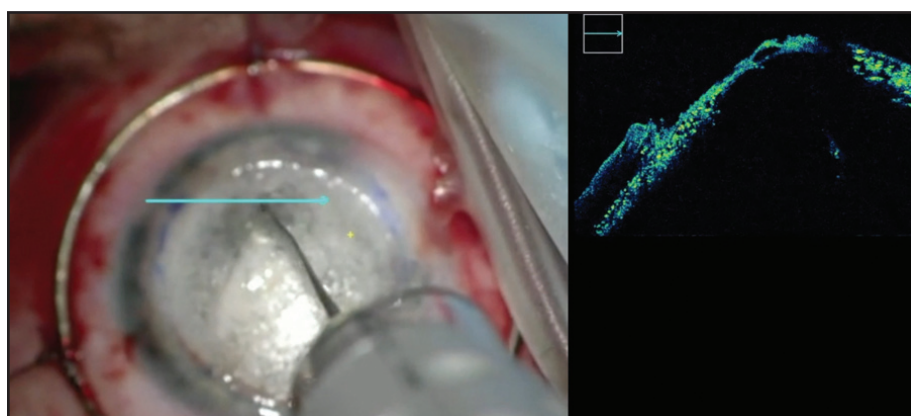


**Figure 8-2.** At the trephine edge (red arrow), the iOCT image shows that the anterior one-third of the stroma has been removed.



**Figure 8-3.** The view through the operating microscope on the left shows severe stromal emphysema that makes assessing the thickness of the residual stroma challenging. The OCT image shows residual posterior stroma of varying thickness with intrastromal bubbles.

Following removal of the anterior stroma, OCT images can be used to assess thickness of the residual stromal bed, a task that is more difficult to ascertain with the usual en face microscope perspective (Figure 8-2). This can be particularly useful in cases with decreased visualization (Video 8-2), such as a stromal scar or stromal emphysema (Figure 8-3), as well as in severely ectatic keratoconic eyes with significant apical thinning and a higher perforation risk. It may also be useful in the Jacob modified technique of primary management of acute hydrops with pre-Descemetic DALK (described in detail elsewhere in this book) to determine depth of dissection through the edematous hydrops tissue.<sup>14,15</sup>

A critical step in DALK surgery is attaining a deep stromal tunnel prior to attempting a big bubble air injection. Regardless of whether the big bubble is