



ASSESSMENT OF IMPLANTABLE PHAKIC CONTACT LENS OUTCOMES IN PATIENTS WITH HIGH MYOPIA: RELATIONSHIP BETWEEN CENTRAL VAULT AND INTRAOCULAR PRESSURE

Dr. Biju Gopal¹, Dr. J. Niranjana Prabha^{2*}, Dr. Hannah Shiny³, Dr. Sodesetti Venkata Anjanikumar⁴

¹Head of Department, Professor, Department of Ophthalmology, Sree Mookambika Institute of Medical Sciences, Kanyakumari, Tamil Nadu, India.

^{2*,4}Junior Resident, Department of Ophthalmology, Sree Mookambika Institute of Medical Sciences, Kanyakumari, Tamil Nadu, India.

³Assistant Professor, Department of Ophthalmology, Sree Mookambika Institute of Medical Sciences, Kanyakumari, Tamil Nadu, India.

Corresponding Author: Dr. J. Niranjana Prabha

Junior Resident, Department of Ophthalmology, Sree Mookambika Institute of Medical Sciences, Kanyakumari, Tamil Nadu, India.

ABSTRACT

Background: High Myopia Is A Significant Refractive Error Associated With Visual Impairment And Reduced Quality Of Life. Implantable Phakic Contact Lens (IpcL) Implantation Has Emerged As A Safe And Effective Alternative For The Correction Of High Myopia, Particularly In Patients Unsuitable For Corneal Refractive Procedures. This Study Aimed To Evaluate The Clinical Outcomes Of IpcL Implantation And Assess The Correlation Between Postoperative Central Vault And Intraocular Pressure (Iop).

Methodology: A Prospective Observational Study Was Conducted In The Department Of Ophthalmology, Sree Mookambika Institute Of Medical Sciences, Kulasekharam, From October 2025 To February 2026. Fifty Eyes Of Patients Aged 21–50 Years With High Myopia (> -6.00 D) Underwent IpcL Implantation. Preoperative And Postoperative Assessments Included Best Corrected Visual Acuity (Bcva), Spherical Equivalent (Mse), Intraocular Pressure, Anterior Chamber Parameters, And Vault Measurements Using Anterior Segment Optical Coherence Tomography. Follow-Up Examinations Were Performed On Postoperative Days 1, 7, And 30.

Results: Postoperative Visual Acuity Improved Significantly, With 52% Of Eyes Achieving Bcva Of 6/6 At One Month Compared To 16% Preoperatively. Mean Spherical Equivalent Improved From -13.27 ± 4.26 D Preoperatively To -0.83 D Postoperatively. Mean Preoperative Iop Was 13.62 ± 2.69 MmHg, Increasing To 16.08 ± 4.23 MmHg At One Month. The Mean Postoperative Vault Was 706.42 Mm. A Significant Positive Correlation Was Observed Between Vault And Spherical Equivalent ($P < 0.05$), Whereas No Significant Correlation Was Found Between Vault And Iop.

Conclusion: IpcL Implantation Is A Safe, Effective, And Predictable Procedure For The Correction Of High Myopia, Providing Excellent Visual And Refractive Outcomes. Postoperative Vault Showed A Significant Association With Refractive Error But Not With Intraocular Pressure, Supporting The Safety Of The Procedure When Appropriate Vaulting Is Achieved.

Keywords: High Myopia, Implantable Phakic Contact Lens, IpcL, Central Vault, Intraocular Pressure, Refractive Surgery, Visual Outcomes.

INTRODUCTION

Uncorrected Refractive Errors Remain One Of The Leading Causes Of Visual Impairment And Low



www.ajmrhs.com
eISSN: 2583-7761

Date of Received: 20-05-2026
Date Acceptance: 28-05-2026
Date of Publication: 27-06-2026

Vision Worldwide, Significantly Affecting Quality Of Life, Educational Achievement, And Work Productivity. Myopia And Hyperopia Are Among The Most Common Refractive Disorders Encountered In Ophthalmic Practice, And Spectacle Correction Remains The Most Widely Used Method Of Management. However, Increasing Patient Expectations For Spectacle Independence And Advances In Refractive Surgery Have Led To The Development Of Several Surgical Options For The Correction Of Refractive Errors.[1]

Corneal Refractive Procedures Such As Photorefractive Keratectomy (Prk), Laser-Assisted In Situ Keratomileusis (Lasik), And Small Incision Lenticule Extraction (Smile) Have Gained

Widespread Acceptance Over The Past Two Decades. These Procedures Have Demonstrated Excellent Efficacy, Safety, And Predictability In The Correction Of Low To Moderate Refractive Errors.[2,3] Nevertheless, Their Applicability May Be Limited In Patients With High Myopia, Thin Corneas, Irregular Corneal Topography, Or Those At Increased Risk Of Postoperative Ectasia. In Such Situations, Lens-Based Refractive Procedures Offer An Effective Alternative.[4]

Lens-Based Refractive Surgical Options Include Refractive Lens Exchange (Rle) And Phakic Intraocular Lens (Piol) Implantation. Among These, Piol Implantation Has Emerged As A Safe, Effective, And Predictable Method For The Correction Of High Myopia While Preserving The Natural Crystalline Lens And Accommodation.[5] The Concept Of Phakic Intraocular Lenses Was First Introduced By Strampelli And Barraquer In The 1950s As An Alternative Means Of Correcting Refractive Errors In Patients Unsuitable For Corneal Refractive Surgery.[6–8] Since Then, Significant Improvements In Lens Design, Material, And Surgical Techniques Have Resulted In Enhanced Visual Outcomes And Reduced Complication Rates. Implantable Collamer Lens (Icl), A Type Of Posterior Chamber Phakic Intraocular Lens, Has Become Increasingly Popular For The Correction Of Moderate To High Myopia. The Procedure Offers Several Advantages, Including Preservation Of Accommodation, Superior Optical Quality, Reversibility, Stability Of Refractive Correction, And Excellent Predictability.[9,10] Numerous Studies Have Demonstrated High Levels Of Patient Satisfaction And Favorable Long-Term Visual Outcomes Following Icl Implantation.[11]

An Important Parameter Influencing The Safety And Success Of Icl Surgery Is The Postoperative Central Vault, Defined As The Distance Between The Posterior Surface Of The Implanted Lens And The Anterior Capsule Of The Crystalline Lens. Adequate Vaulting Is Essential To Minimize Complications Such As Cataract Formation, Angle Crowding, Pigment Dispersion, And Elevated Intraocular Pressure (Iop).[12] Both Excessively Low And Excessively High Vault Values Have Been Associated With Adverse Outcomes, Highlighting The Importance Of Understanding The Relationship Between Vault And Postoperative Iop Changes.[13] The Present Study Was Undertaken To Evaluate The Clinical Outcomes Of Implantable Phakic Contact Lens Implantation In Patients With High Myopia At A Tertiary Healthcare Center In Western India And To Assess The Correlation Between Central Vault And Intraocular Pressure Following Surgery.

Aim

To Evaluate The Clinical Outcomes Of Implantable Phakic Contact Lens (Ipcl) Implantation In Patients

With High Myopia And To Assess The Correlation Between Postoperative Central Vault And Intraocular Pressure At A Tertiary Healthcare Center In Western India.

Objectives

1. To Assess The Visual Outcomes Following Ipcl Implantation In Patients With High Myopia.
2. To Evaluate The Refractive Outcomes And Predictability Of Ipcl Surgery.
3. To Measure Postoperative Central Vault Following Ipcl Implantation.

METHODOLOGY

This Prospective Observational Study Was Conducted In The Department Of Ophthalmology At Sree Mookambika Institute Of Medical Sciences, Kulasekharam, Over A Period Of Five Months From October 2025 To February 2026. The Study Included Patients With High Myopia Undergoing Implantable Phakic Contact Lens (Ipcl) Implantation. High Myopia Was Defined As A Refractive Error Greater Than -6.00 Diopters, In Accordance With Established Literature. Patients Aged Between 21 And 50 Years With Stable Refraction For At Least One Year (Change Of Less Than 0.50 Diopters) Were Eligible For Inclusion. Additional Inclusion Criteria Included An Anterior Chamber Depth (Acd) Greater Than 3.2 Mm Measured From The Corneal Epithelium To The Anterior Lens Capsule And Greater Than 2.8 Mm Measured From The Corneal Endothelium To The Anterior Lens Capsule, Along With Minimum Age-Adjusted Endothelial Cell Density Ranging From 2000 To 2800 Cells/Mm².

Patients With Pathological Myopia, Myopic Macular Degeneration, Systemic Autoimmune Disorders, Debilitating Systemic Illnesses, Corneal Pathologies Such As Keratoconus, Keratoglobus, Or Corneal Opacities, Previous Refractive Procedures Including Lasik And Prk, Prior Cataract Surgery, And Lenticular Opacities Were Excluded From The Study.

All Enrolled Patients Underwent A Comprehensive Ophthalmic Examination Before Surgery. Unaided Visual Acuity (Uva) And Best Corrected Visual Acuity (Bcva) Were Assessed Using Snellen's Chart. Refractive Status Was Evaluated Using An Auto Kerato-Refractometer (Topcon Kr-800), Followed By Confirmation With Cycloplegic Retinoscopy And Cycloplegic Autorefraction. Corneal Topography, Keratometry, And Pachymetry Measurements Were Obtained Using A Scheimpflug Topographer (Tomey Tms-5). Intraocular Pressure (Iop) Was Measured Using Non-Contact Air-Puff Tonometry (Topcon Ct-1). Anterior Chamber Angle Width, Anterior Chamber Depth, Lens Thickness, White-To-White (Wtw), And Sulcus-To-Sulcus (Sts) Measurements Were Obtained Using

Ultrasound Biomicroscopy (Ubm Plus, Keeler, Usa) And Iol Master 700 (Zeiss).

Following IpcI Implantation, Patients Were Evaluated On Postoperative Days 1, 7, And 30. Parameters Assessed During Follow-Up Included Bcva, Refractive Status, Intraocular Pressure, Postoperative Complications, And Vault Measurements. The Postoperative IpcI Vault Was Measured Using Anterior Segment Optical Coherence Tomography (As-Oct) (Zeiss Cirrus Hd-Oct 5000/500). The IpcI V2.0 Vault Was Also Clinically Estimated Relative To Central Corneal Thickness. All Observations Were Systematically Recorded And Analyzed.

Statistical Analysis

Data Were Entered Into Microsoft Excel And Analyzed Using Statistical Package For The Social Sciences (Spss) Software Version 25.0. Continuous Variables Were Expressed As Mean ± Standard Deviation, While Categorical Variables Were Presented As Frequencies And Percentages. Comparison Of Preoperative And Postoperative Parameters Such As Bcva, Refractive Error, Intraocular Pressure, And Vault Measurements Was Performed Using Paired T-Test Or Repeated Measures Analysis, As Appropriate. Correlation between Postoperative Central Vault and Intraocular Pressure Was Assessed Using Pearson’s Correlation Coefficient. A P-Value Of Less Than 0.05 Was Considered Statistically Significant.

RESULT

Table 1: Pre-Op & Post-Op Visual Acuity Table with Percentage

Bcva	Pre Op	Percentage (%)	Post Op	Percentage (%)
6/6	8	16	26	52
6/9 To 6/12	18	36	19	38
6/18 To 6/24	17	34	5	10
6/36 To 6/60	7	14	0	0
Less Than 6/60	0	0	0	0
Total	50	100	50	100

The Pre Op Mean Spherical Equivalent (Mse) Was -13.268 + 4.2606 And Post-Op Mean Mse Was -0.825 At 1 Month Follow Up. The Pre-Operative Mse

Values Differ Significantly From All Post-Operative Mse Values. There Is No Statistical Difference among Post-Operative Mse Values. (Table 2)

Table 2: Post Hoc Analysis for Anova- Mse

Mse				
	Day	N	Subset For Alpha = 0.05	
			1	2
Tukey B	0	50	-13.268	
	1	50		-0.444
	7	50		-0.560
	30	50		-0.825
Means For Groups In Homogeneous Subsets Are Displayed.				

The Mean Keratometry (Kf) Was 44.1094 with Sd 1.58 (Range 41.50 To 47.50), Mean Keratometry (Ks) Was 44.41 With Sd 1.566 (Range 41.47 To 48.97). The Mean Pachymetry Was 512.98 + Sd 36.56 M (Range 426 To 601m). The Mean S To S Was 12.03 And Mean W To W Was 12.06. The Mean Anterior Chamber Depth (Acd) Was 3.40 + 0.314

(Range 2.86 To 3.97). The Mean Pre- Operative Iop Was 13.62 + 2.687 And Mean Post- Op Iop At 1 Month Was 16.08 + 4.232. The Post Hoc Analysis For Anova Iop Displayed Comparable Mean Values For Pre Op And Post Op Iop At Day 1, Whereas The Mean Values Differed Significantly At Day 7 And 1 Month. (Table 3) {Figure 1}

Table 3: Post Hoc Analysis for Anova-Iop

Iop				
	Day	N	Subset For Alpha = 0.05	
			1	2
Tukey Ba	0	50	13.62	
	1	50	13.52	
	7	50		16.80

	30	50		16.08
Means For Groups In Homogeneous Subsets Are Displayed.				

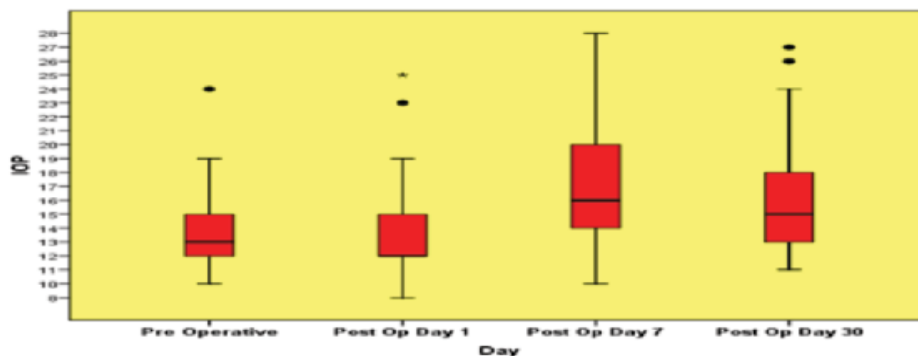


Figure 1: Boxplot Showing Mean Iopin Pre & Post-Operative Period

The Mean Post-Operative Vault Size Was 706.42 M (Range 401-900 M). There Was Significant Positive Correlation Between Vault Size And Mse Whereas

There Was No Significant Correlation Between Vault And Iop As Seen By Applying Pearson's Correlation Formula. (Table 4)

Table 4: Correlation of Vault with Mse & Iop Values

	Pearson's Correlation Coefficient (R)	P Value
Mse Preoperative	0.318	0.025
Mse Pod1	0.122	0.397
Mse Pod7	0.369	0.008
Mse Pod 30	0.316	0.025
Iop Preoperative	0.125	0.387
Iop Pod1	0.029	0.841
Iop Pod7	0.063	0.662
Iop Pod30	0.079	0.584

DISCUSSION

The Present Study Evaluated The Visual And Refractive Outcomes Of Implantable Phakic Contact Lens (Ipcl) Implantation In Patients With High Myopia And Analyzed The Relationship Between Postoperative Central Vault And Intraocular Pressure (Iop). The Findings Demonstrate That Ipcl Implantation Is An Effective And Predictable Procedure For The Correction Of High Myopia, Resulting In Significant Improvement In Visual Acuity And Refractive Status With Acceptable Safety Outcomes.

Visual Acuity Improved Substantially Following Surgery. Preoperatively, Only 16% Of Eyes Achieved A Bcva Of 6/6, Whereas Postoperatively 52% Of Eyes Attained 6/6 Vision At One Month Follow-Up. Additionally, No Patient Had Visual Acuity Worse Than 6/24 At The Final Follow-Up. These Findings Are Comparable To Previous Studies That Have Reported Excellent Visual Outcomes Following Posterior Chamber Phakic Intraocular Lens Implantation In Highly Myopic Eyes.[14,15] The Improvement In Visual Acuity

Observed In The Present Study Highlights The Efficacy Of Ipcl Implantation In Providing Superior Retinal Image Quality And Minimizing Optical Aberrations.

A Significant Reduction In Mean Spherical Equivalent (Mse) Was Observed From -13.268 ± 4.2606 D Preoperatively To -0.825 D At One Month Postoperatively. Statistical Analysis Revealed Significant Differences Between Preoperative And Postoperative Mse Values, While No Significant Differences Were Noted Among Postoperative Measurements, Indicating Early Refractive Stability. Similar Outcomes Have Been Reported By Alfonso Et Al. And Kamiya Et Al., Who Demonstrated Excellent Refractive Predictability And Long-Term Stability Following Phakic Intraocular Lens Implantation.[16,17]

The Mean Keratometric Values, Pachymetry, White-To-White Distance, Sulcus-To-Sulcus Distance, And Anterior Chamber Depth Observed In This Study Were Comparable To Those Reported In Previous Literature Evaluating Candidates For Phakic Intraocular Lens Implantation.[18]

Appropriate Preoperative Biometric Assessment Remains Essential For Optimal Lens Sizing And Postoperative Vault Prediction.

The Mean Preoperative Iop Was 13.62 ± 2.69 Mmhg, Which Increased To 16.08 ± 4.23 Mmhg At One Month Postoperatively. Although The Postoperative Iop Values Remained Within Clinically Acceptable Limits, A Statistically Significant Increase Was Observed During Follow-Up. Similar Transient Elevations In Iop Have Been Documented Following Phakic Lens Implantation And May Be Attributed To Postoperative Inflammation, Steroid Response, Or Alterations In Aqueous Humor Dynamics.[19,20] Careful Postoperative Monitoring Is Therefore Necessary To Detect And Manage Iop-Related Complications.

The Mean Postoperative Vault Size In The Present Study Was 706.42 Mm, Which Lies Within The Recommended Safe Range Reported In The Literature. Adequate Vaulting Is Critical To Avoid Complications Such As Anterior Subcapsular Cataract Formation Due To Low Vault And Angle Crowding Or Glaucoma Due To Excessive Vault.[21] Pearson Correlation Analysis Demonstrated A Significant Positive Correlation Between Vault Size And Mse, Suggesting That Eyes With Higher Myopic Correction Tended To Exhibit Greater Postoperative Vault Values. Similar Observations Have Been Reported By Previous Investigators Evaluating Factors Influencing Vault Characteristics After Phakic Lens Implantation.[22] Interestingly, No Significant Correlation Was Observed Between Postoperative Vault And Iop. This Finding Is Consistent With Several Studies That Reported Vault Alone May Not Be A Reliable Predictor Of Postoperative Iop Elevation When The Vault Remains Within The Physiological Range.[23,24] Other Anatomical Factors Such As Anterior Chamber Angle Configuration, Iris Behavior, And Aqueous Outflow Pathways May Play A More Significant Role In Determining Postoperative Iop Changes.

Overall, The Present Study Demonstrates That Ipcl Implantation Provides Excellent Visual Rehabilitation And Refractive Correction In Highly Myopic Patients. The Procedure Showed Favorable Safety And Efficacy Profiles With Predictable Vault Characteristics And No Clinically Significant Vault-Related Increase In Intraocular Pressure During The Study Period.

CONCLUSION

Implantable Phakic Contact Lens (Ipcl) Implantation Is A Safe, Effective, And Predictable Surgical Option For The Correction Of High Myopia. The Procedure Resulted In Significant Improvement In Visual

Acuity And Substantial Reduction In Refractive Error, With Most Patients Achieving Satisfactory Postoperative Visual Outcomes. Refractive Stability Was Achieved Early During The Postoperative Period, Indicating Excellent Predictability Of The Procedure.

The Mean Postoperative Vault Was Within The Recommended Safe Range, Suggesting Appropriate Lens Sizing And Positioning. Although A Mild Increase In Intraocular Pressure Was Observed During Follow-Up, The Values Remained Within Clinically Acceptable Limits. A Significant Positive Correlation Was Noted Between Postoperative Vault And Spherical Equivalent, Whereas No Significant Correlation Was Found Between Vault And Intraocular Pressure. These Findings Indicate That Postoperative Vault Alone May Not Be A Reliable Predictor Of Intraocular Pressure Changes When Maintained Within Physiological Limits.

REFERENCES

1. World Health Organization. World Report On Vision. Geneva: Who; 2019.
2. Pallikaris Ig, Papatzanaki Me, Stathi Ez, Frenschok O, Georgiadis A. Laser In Situ Keratomileusis. *Lasers Surg Med.* 1990;10(5):463-8
3. Sekundo W, Kunert Ks, Blum M. Small Incision Corneal Refractive Surgery Using The Small-Incision Lenticule Extraction Technique. *J Cataract Refract Surg.* 2011;37(1):154-7.
4. Alió JI, Muftuoglu O. Phakic Intraocular Lenses For High Myopia. *J Cataract Refract Surg.* 2008;34(5):706-20.
5. Sanders Dr, Vukich Ja. Comparison Of Implantable Contact Lens And Laser Assisted In Situ Keratomileusis For Moderate To High Myopia. *Cornea.* 2003;22(4):324-31.
6. Strampelli B. Sopra Una Nuova Tecnica Chirurgica Per La Correzione Della Miopia Elevata. *Ann Ottalmol Clin Ocul.* 1954;80:75-82.
7. Barraquer Ji. Anterior Chamber Plastic Lenses. Results Of And Conclusions From Five Years' Experience. *Trans Ophthalmol Soc Uk.* 1959;79:393-424.
8. Worst Jg. Iris Clip Lens. *Ophthalmologica.* 1972;164(5):387-400.
9. Packer M. The Implantable Collamer Lens With A Central Port: Review Of The Literature. *Clin Ophthalmol.* 2018;12:2427-38.
10. Kamiya K, Shimizu K, Igarashi A, Kobashi H. Visual And Refractive Outcomes Of Implantable Collamer Lens Implantation For High Myopia. *Am J Ophthalmol.* 2011;152(4):601-8

11. Alfonso Jf, Baamonde B, Fernández-Vega L, Fernandes P, González-Méijome Jm. Posterior Chamber Collagen Copolymer Phakic Intraocular Lenses To Correct Myopia. *J Cataract Refract Surg.* 2010;36(8):1336-43.
12. González-López F, Mompeán B, Luezas J, Ortega-Usobiaga J, Villoria A. Vault, Age, And Ocular Dimensions In Eyes With Posterior Chamber Phakic Intraocular Lenses. *J Refract Surg.* 2016;32(9):580-5.
13. Nakamura T, Isogai N, Kojima T, Yoshida Y, Sugiyama Y, Hara S. Correlation Between Vault And Intraocular Pressure After Implantable Collamer Lens Implantation. *Eye Vis (Lond).* 2020;7:31.
14. Sanders Dr, Vukich Ja. Comparison Of Implantable Contact Lens And Laser In Situ Keratomileusis For Moderate To High Myopia. *Cornea.* 2003;22(4):324-31.
15. Packer M. The Implantable Collamer Lens With A Central Port: Review Of The Literature. *Clin Ophthalmol.* 2018;12:2427-38.
16. Alfonso Jf, Baamonde B, Fernández-Vega L, Fernandes P, González-Méijome Jm. Posterior Chamber Phakic Intraocular Lenses For Myopia Correction. *J Cataract Refract Surg.* 2010;36(8):1336-43.
17. Kamiya K, Shimizu K, Igarashi A, Kobashi H. Visual And Refractive Outcomes Of Implantable Collamer Lens Implantation For High Myopia. *Am J Ophthalmol.* 2011;152(4):601-8.
18. Dougherty Pj, Rivera Rp, Schneider D. Biometric Considerations In Phakic Intraocular Lens Implantation. *J Refract Surg.* 2011;27(3):197-204.
19. Fernandes P, González-Méijome Jm, Madrid-Costa D, Ferrer-Blasco T, Jorge J, Montés-Micó R. Implantable Collamer Posterior Chamber Intraocular Lenses: A Review Of Potential Complications. *J Refract Surg.* 2011;27(10):765-76.
20. Lisa C, Naveiras M, Alfonso-Bartolozzi B, Belda-Salmerón L, Montés-Micó R, Alfonso Jf. Posterior Chamber Phakic Intraocular Lens Implantation And Intraocular Pressure Changes. *Eye Vis.* 2017;4:18
21. González-López F, Mompeán B, Luezas J, Ortega-Usobiaga J, Villoria A. Vault, Age And Ocular Dimensions In Eyes With Posterior Chamber Phakic Intraocular Lenses. *J Refract Surg.* 2016;32(9):580-5.
22. Nakamura T, Isogai N, Kojima T, Yoshida Y, Sugiyama Y, Hara S. Factors Influencing Vault After Implantable Collamer Lens Implantation. *Eye Vis (Lond).* 2020;7:31.
23. Lee Dh, Choi Sh, Chung Es, Chung Ty. Correlation Between Vaulting And Intraocular Pressure After Implantable Collamer Lens Implantation. *J Cataract Refract Surg.* 2012;38(5):898-903.
24. Fernández-Vega-Cueto L, Alfonso Jf, Lisa C, Fernandes P, González-Méijome Jm, Montés-Micó R. Long-Term Assessment Of Vault And Intraocular Pressure After Phakic Intraocular Lens Implantation. *Eye Contact Lens.* 2018;44(Suppl 2):S202-S207.

Overall, Ipcl Implantation Offers An Effective Alternative For Patients With High Myopia Who Are Unsuitable For Corneal Refractive Procedures, Providing Excellent Visual Rehabilitation, Refractive Correction, And A Favorable Safety Profile. Long-Term Follow-Up Studies With Larger Sample Sizes Are Recommended To Further Evaluate Vault Dynamics, Intraocular Pressure Changes, And Long-Term Postoperative Outcomes.

How to cite this article: Dr. Biju Gopal, Dr. J. Niranjanaprabha, Dr. Hannah Shiny, Dr. Sodesetti Venkata Anjanikumar, ASSESSMENT OF IMPLANTABLE PHAKIC CONTACT LENS OUTCOMES IN PATIENTS WITH HIGH MYOPIA: RELATIONSHIP BETWEEN CENTRAL VAULT AND INTRAOCULAR PRESSURE, *Asian J. Med. Res. Health Sci.*, 2026; 4 (2):1223-1228.

Source of Support: Nil, Conflicts of Interest: None declared.