

# Negative dysphotopsia

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# Negative dysphotopsia

1. Younger age at the time of cataract surgery, shorter axial eye length, higher intraocular lens power and higher best corrected visual acuity increase the risk of negative dysphotopsia. *(This thesis)*
2. Goldman kinetic perimetry enables to determine the severity and extent of negative dysphotopsia. *(This thesis)*
3. Implanting a supplementary intraocular lens is an effective and safe treatment modality for negative dysphotopsia. *(This thesis)*
4. Optical modeling with patient-specific data opens the door for a personal-based management of negative dysphotopsia and leads to new insights in its mechanisms. *(This thesis)*
5. Preoperative counselling about the high prevalence of negative dysphotopsia is essential to increase awareness about its benign nature and to prevent unnecessary consultations. *(Impact)*
6. The psychological impact of eye diseases and its surgical complications should be considered when choosing the best management and counseling strategy.
7. A well-functioning ophthalmology practice is a team effort that requires increasing creativity under the pressure of staff shortages.
8. A major challenge in current medical practice is to find a balance between the growing expectations of patients with age-related pathology and increased life expectancy.
9. If you are honest, people may deceive you. Be honest anyway. If you are kind, people may accuse you of selfishness. Be kind anyway. All the good you do today will be forgotten by others tomorrow. Do good anyway. *(Fredrik Backman)*
10. A smart-looking face is not a sign of intellect. All the dumb things in the world are done with that facial expression. Smile, gentlemen, smile! *(Baron von Münchhausen, TV series, 1980)*

**Natalia Makhotkina**

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