IOP does not vary systematically with central corneal thickness and closely experiments that unlike the Goldmann applanation tonometer, intraocular IOP, the same individuals showed no significant decrease in IOP measured with Goldmann applanation appeared to have a significant decrease in measures of the effects of the central corneal thickness.19, 23

and posterior chamber lens implantation.

measurements using the Goldmann applanation tonometer (GAT) and Pascal Dynamic Contour Tonometer (DCT).

Methods
Twenty-five patients, 10 eyes (12 females, 5 male) undergoing cataract surgery were recruited at the Middlesex Eye Hospital. The current study was a prospective study with a control group. The participants were recruited consecutively and the study sample has greater years post cataract extraction.

Discussion
This study shows that the decrease in IOP post phacoemulsification and intracocular lens implantation is observed in both the processes of IOP measurement that is the Goldmann Applanation Tonometer and the Pascal Dynamic Contour Tonometer. We also find that the difference in measured IOP is greater for the Goldmann Applanation Tonometer than that of the Dynamic Contour Tonometer. We now know that DCT measurements of IOP are better than that measured by the GAT1-24. It can be hypothesised that there are inconsistencies to the mechanism of decrease in IOP observed post phacoemulsification and intracocular lens implantation. There may be a true decrease in intraocular pressure and possibly decrease in intraocular pressure due to the change in corneal biomechanics. Due to the given procedure of phacoemulsification which has clear corneal incision made one could consider that the difference drop in intraocular pressure as observed different devices could be mainly due to the change in biomechanics of cornea. One hopes that the biomechanical properties of cornea should recover and become close to normal in a less year post cataract extraction.

The intraocular pressure was only measured once after corneal extraction and long term follow-up is not available for the present study. The study participants were recruited consecutively and the study sample has greater female to male ratio. The study should be considered as a preliminary study. Further studies should aim at measuring different biomechanical properties like corneal hysteresis and corneal tensile stress as measured by the Ocular Response Analyzer and quantify the IOP changes secondary to phacoemulsification. Further studies should also be done to measure different biomechanical properties of cornea with glaucoma.