Premium Intraocular Lenses
Good Products, if you Avoid the Bad Choices

Doug Katsev MD
Santa Barbara CA
Disclosure
Consultant

- B&L
- AMO
- Omeros
- Sun
- Shire

What Would You Do

- Cataracts OU
- 20/70
- +3.00 hyperopic
- Normal cornea
- Normal OCT macula

- What lens do you choose
Patients Decides!

• Do they have money?
• Do they want intermediate or near vision?
• Do they mind halos that will improve over time?

• This is the sweet spot for the premium IOL
• Accommodative and Diffractive all good

• You should not push the patient to one premium style, you do need to guide!

The Perfect Patient is the Exception
Not the Rule

• Anatomical issues: ERM, SMD, Glaucoma, Coma, irregular pupil
• History issues: amblyopia and post refractive, strabismus
• Mental issues: critical personalities, professional concerns (artist, lawyers etc.)
• Individual issue: can’t afford, patient moving away
Choice: Accommodative IOL

- Great lenses if done for Right reason
- Correct astigmatism well
- Can work well post refractive
- MUST do a few things to make sure they work

- Concern is people that do premium lenses that have not do any accommodative IOLs and visa versa??

Don’t Promise reading

- Yes 30% can but 70% not J1
- You can achieve with slight monovision but patient needs to know
- Many patients don’t mind putting on readers for real close task but need to KNOW IN ADVANCE
- Under promise and over deliver
Bad Choice not to YAG

Previous LASIK with Slight Irregular Astigmatism

• Expectations high
• Multifocal IOL
  – Looking for trouble with halos and less than expected central issues
  – Reading vision is usually ok but sometime also difficult
• Accommodative more forgiving
  – Hyperopic LASIK helps with range of vision
Previous Refractive Surgery

• Bad choice is do your normal calculations
• Good choice
  – Inform the patient it is difficult
  – Spend time to get the best data you can
  – Be ready to fix when stable
• LASIK/PRK
  • good calculation
    – Refractive lens specialist
  • ORA
• RK
  • good calculations
  • beware of ORA

Trulign in a Minus 3.00 with great reading vision his whole life

• Bad Idea
• Will not get the vision he think he should have
• He expect distance but doesn’t expect loss of his “God” given reading vision
Symfony in a Minus 3.00 with great reading vision his whole life

• Poorer reading then when growing up
• Slight halo with distance compared to correction from glasses or CTL before
• Has not been the fountain of youth for me

TMF/Restore with 2.5 Diopter of against the rules astigmatism

• You cant get that much correction with LRI
• Will need to do a 2 step procedure LASIK

• It can be done but must be expected by the patient before procedure and cost absorbed
A Engineer in any premium without a careful explanation of the side effects

- It will cost you more with time in office
- They need to have all issues carefully explained and they need to accept this as a good idea
- If they make the decision with all issues known you are usually OK

Big eye (axial length> 26), with the rule astigmatism, Doesn’t care if reads Symfony vs. Trulign?

- 4 point fixation more stable
- Against rule astigmatism in large eye I fine stable in both Symfony and Trulign
- With the rule astigmatism, 4 pt fixation Trulign more stable
ERM

- TMF/Symfony may cause more issue
- Crystalens/Trulign can work but must undersell
- Must have other family members in room to hear the issues!!
- May cost you more than you get paid

The Poor Patient

- Those that borrow get a monthly reminder of the cost
- It is a bigger deal and expectation can be higher
- YELP is free
Pupil irregular

NO Reason to risk these patient with diffractive and accommodative can be done but some risk

Good Candidate but Moving Out of Town

• Diffractive fine (miss the early complaints)
• Accommodative (must arrange knowledgeable follow up)
  – Need watch for early contraction that you need to YAG
  – Early contraction needs small YAG
  – If patient is lost to follow up could develop capsular contraction
2\textsuperscript{nd} Eye Choice

- Happy with first, Same on 2\textsuperscript{nd}
- Unhappy with glare switch to Accommodative
- Unhappy with Reading change to TMF/Restore
- Happy with reading but worried about distance Symfony or Crystalens
- Unhappy with Halos switch to accommodative

TMF with Complaints of Glare
Symfony other Eye to help
ORA is Great, Mostly

- Not as Good with RK
- Not Good if bad Cornea
- Not Good if IOP low
- Not Good mixed viscoleastic
- Not good if tell wrong operating axis

We Have Great Products

- TMF and Restore more choices on adds/toric
- Symfony adds astigmatism correction
- Crystalens/Trulign continue to expand range

- Good products
  - But needs our guidance
  - We need to make good choices
  - Under promise and over deliver
My Gut Test

• When you walk out of the room and you think
  – Will that work?
  – Should I have let them talk me into that?
  – I think I would do it on my mother-in-law?
    • Walk back in and give them one more chance to say NO!
• You must do what you think is right
• The patient must be presented the negatives as well as the positives

• Happy patients is what Surgeon, Industry and even the Government wants (at least the first two)