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Business of Refractive Cataract Surgery

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Choosing the Right Candidates

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Financial Disclosures

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- Alcon: Speaker, Consultant, Research Grant
- J&J: Speaker, Consultant, Research Grant
- B&L: Consultant
- CorneaGen: Consultant, MAB, S
- Aurion: Consultant, MAB
- Zeiss: Speaker, Consultant, Research Grant
- Orasis: Consultant, MAB, S
- RxSight: Speaker, Consultant
- Ocular Therapeutix: Research Grant
- OSRX, Consultant, MAB, S
- Glaukos: Consultant

So many choices....

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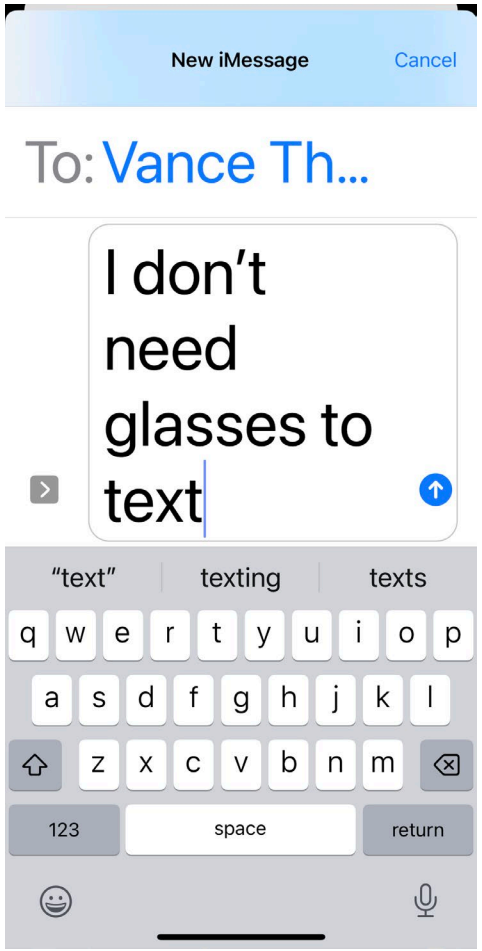
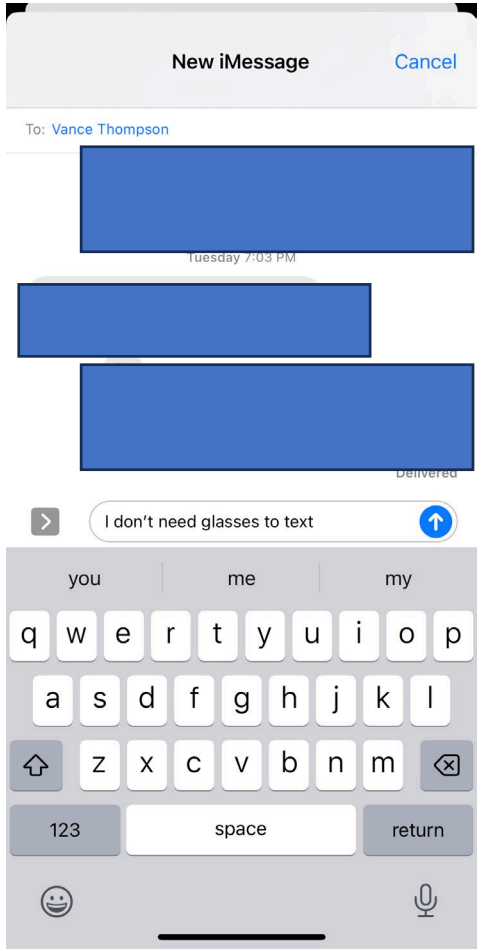
- Diffractive IOLs
  - Multifocal
  - Trifocal
  - EDOF
- Non-Diffractive strategy
  - Blended Vision
    - Monovision
    - Mini-monovision
  - Pseudo-accommodative
  - Monovision plus
  - Pseudo-accommodative

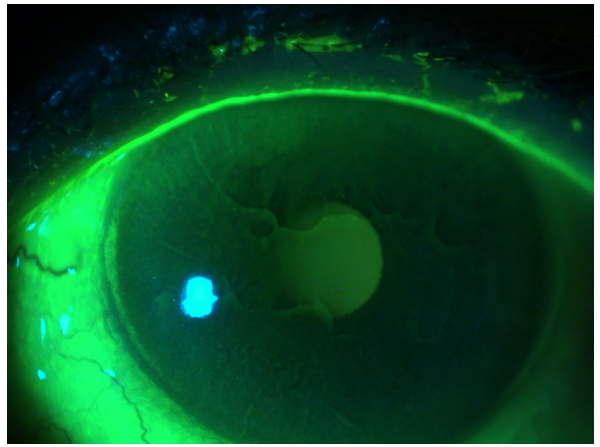
How do you use your eyes?

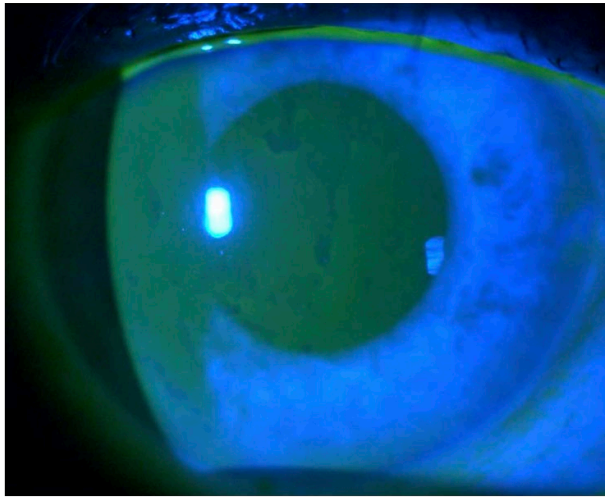




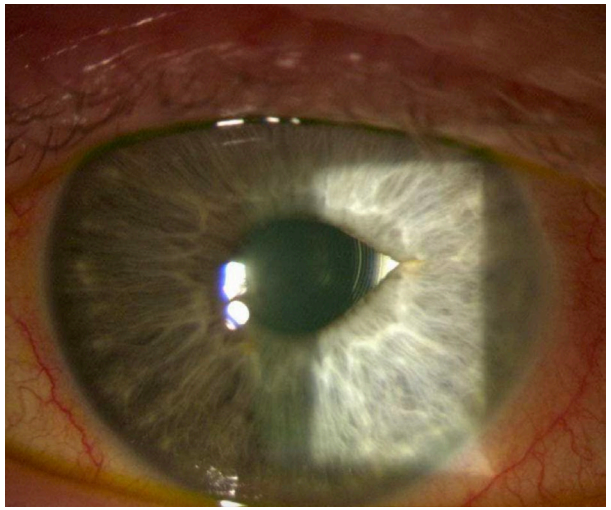
- What are they wearing in their glasses?
  - Progressives
  - Bifocal
  - Single vision
- Do you wear glasses to see texts on your phone?
  - "show me your font size"
- Do you take your glasses off to read?

Evaluate the “Opathies”…

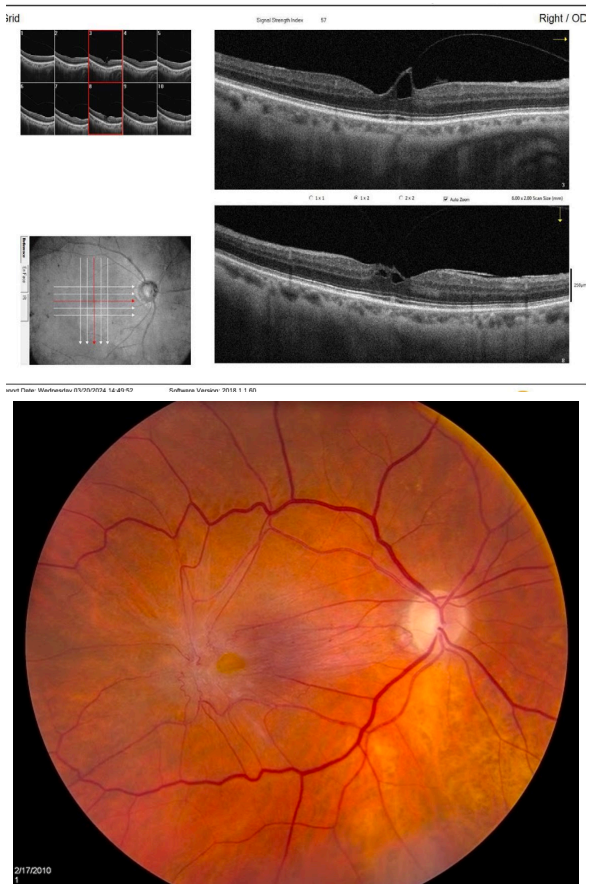




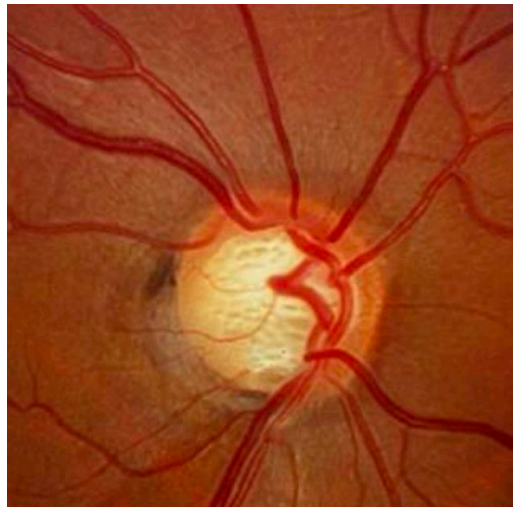
Keratopathy



Pupillopathy



Maculopathy



Optic Neuropathy

Evaluate the “Tear Lens”- Vance Thompson

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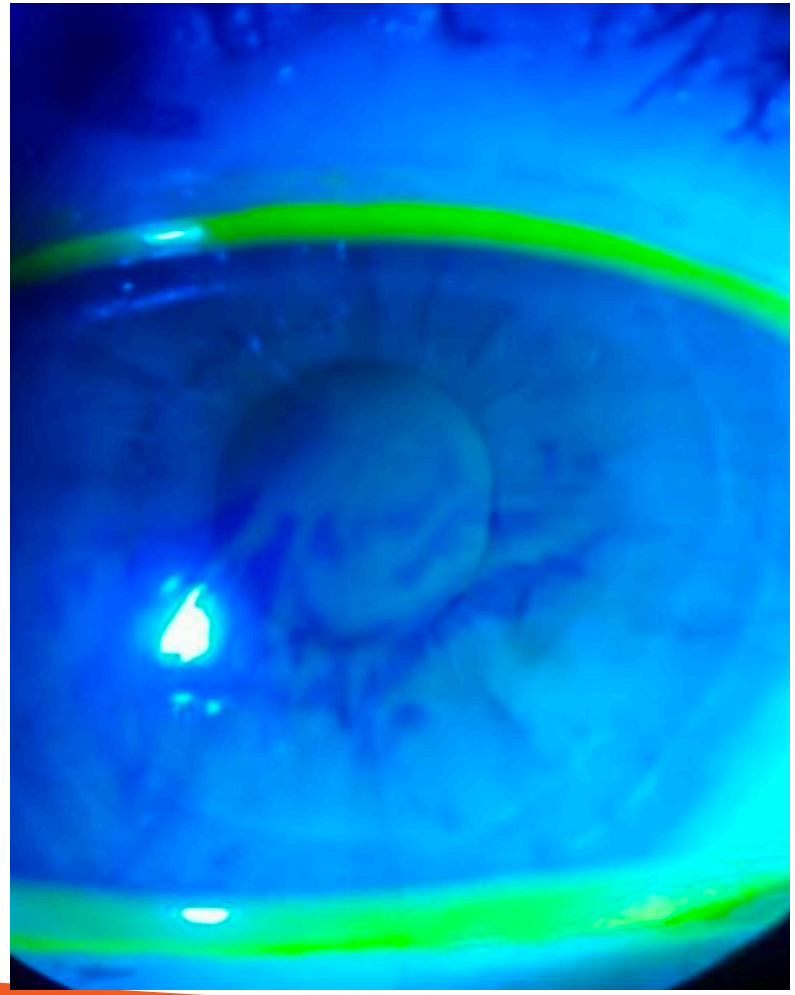

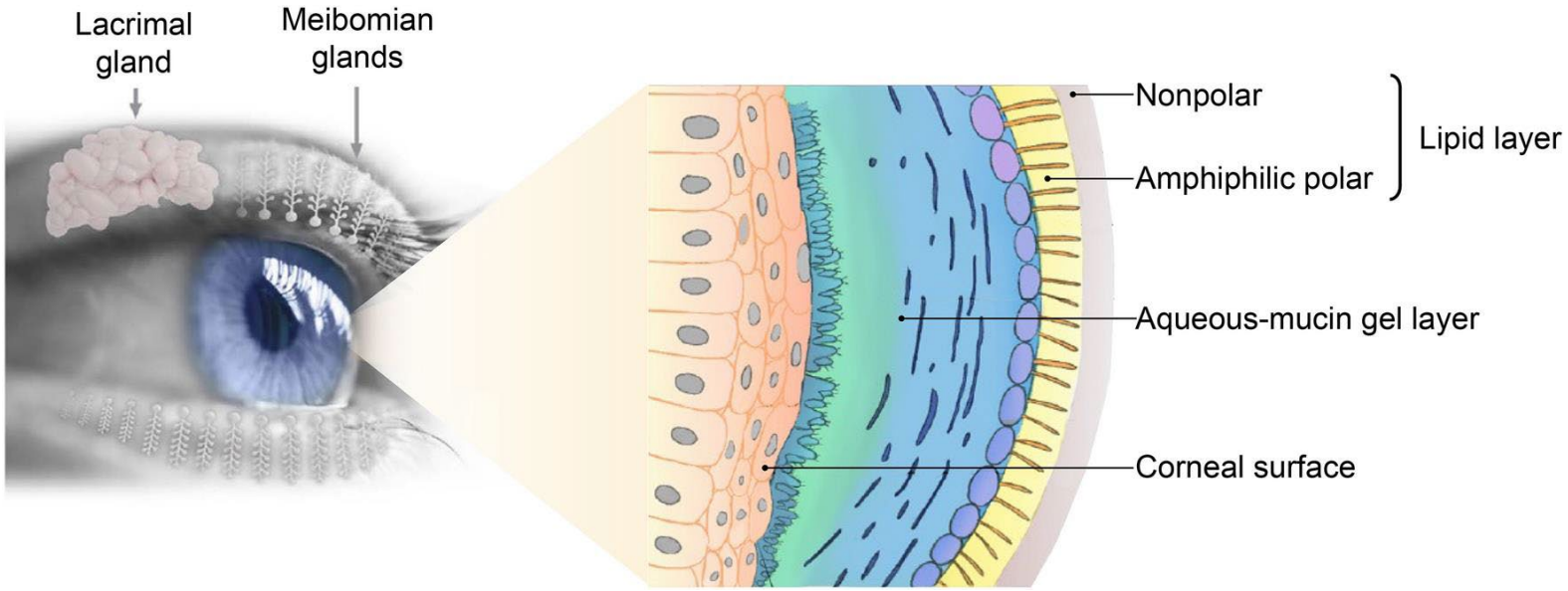

Special Considerations for Post Corneal Refractive Surgery?

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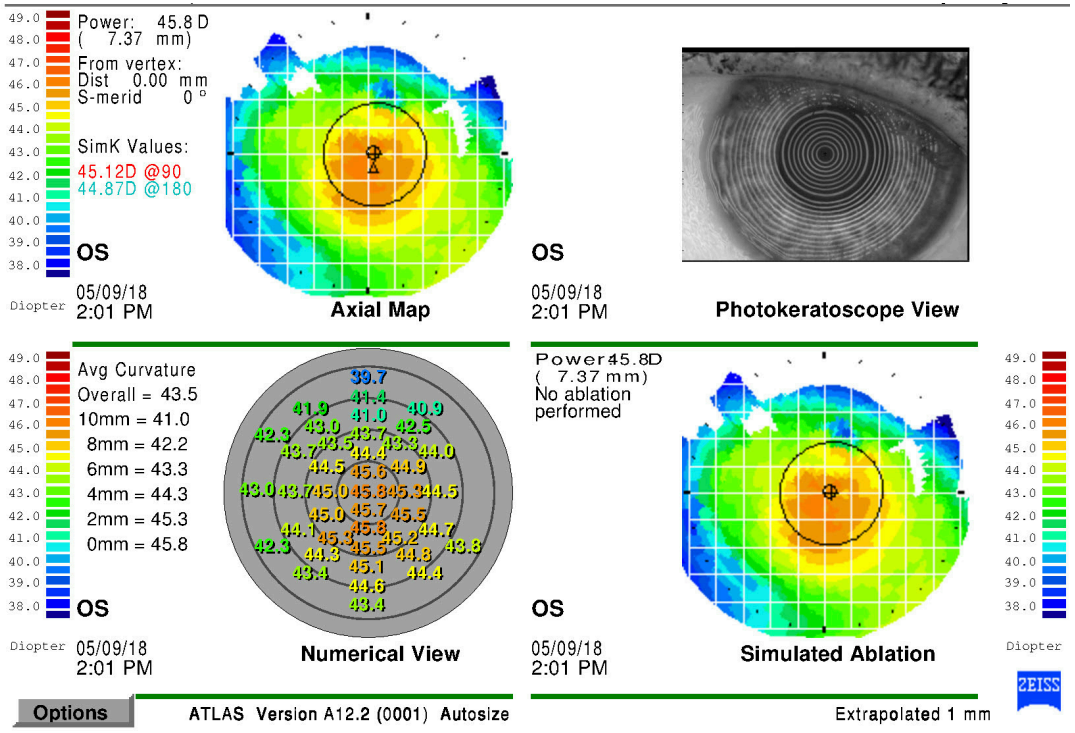
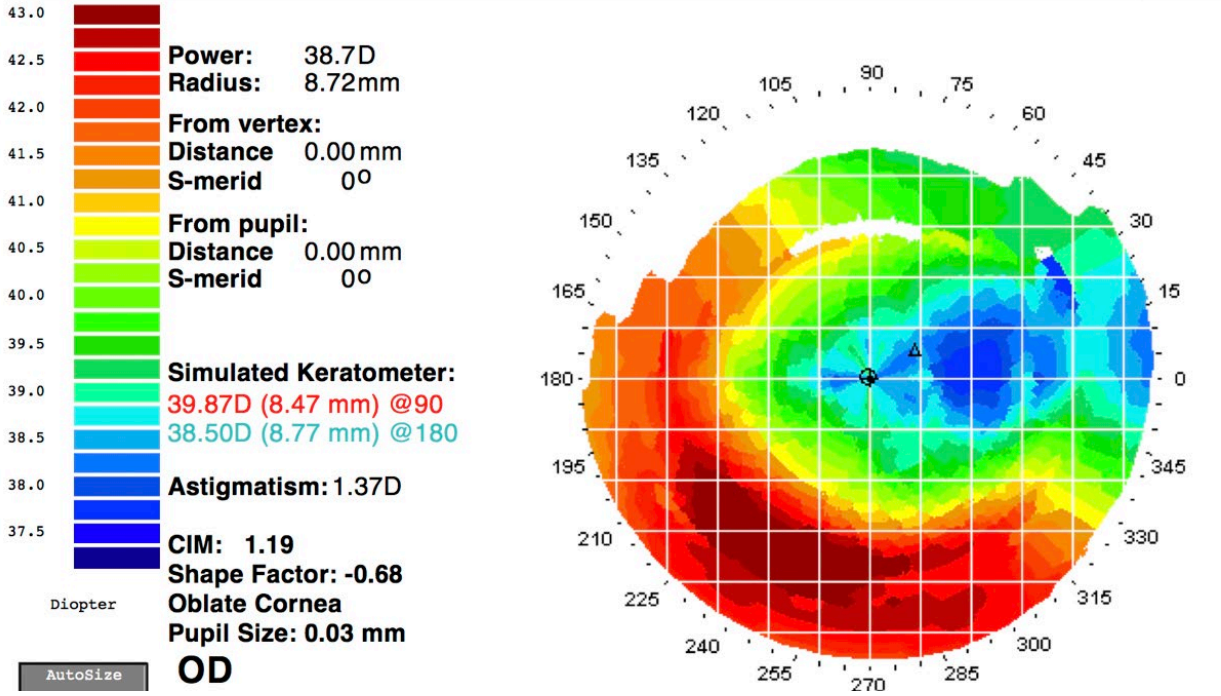
Centered Ablation



De-Centered Ablation



Avoid Dissatisfaction When Possible…

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ARTICLE

Diffractive optic intraocular lens exchange: indications and outcomes

Hasan Alsetri, BS, Don Pham, BS, Samuel Masket, MD, Nicole R. Fram, MD, Steven Naids, MD, Aron Lee, BS

Purpose: To assess indications and outcomes of surgical exchange of diffractive optic multifocal and extended depth-of-focus intraocular lenses (IOLs) in favor of monofocal IOLs.

Setting: Private practice, Los Angeles, California.

Design: Retrospective chart review.

Methods: All cases of diffractive optic IOL exchange between June 2007 and October 2020 for diffractive optic dysphotopsia (DOD) (ie, light-induced concentric circles and spider web patterns), poor visual quality, or night vision symptoms were evaluated retrospectively regarding surgical indications, comorbidities, surgical methods, surgical complications, and visual outcomes. Ocular surface disease and ametropia were managed prior to consideration of IOL exchange.

Results: The charts of 64 eyes of 46 patients were included. 53/64 (83%) had DOD, 50/64 (78%) experienced reduced quality of vision, and 12/64 (19%) complained of night vision difficulties. 27/64 (42%) of eyes had no ocular comorbidities; 15/64 (23%) of eyes had more than 1 comorbid condition, and 12/64 (19%) were post–laser refractive surgery. Laser posterior capsulotomy had been performed in 15/64 (23%) of eyes. There were a variety of inciting diffractive optic IOLs and various monofocal exchange lenses and fixation techniques were used based on symptoms, comorbidities, and status of the posterior capsule. After IOL exchange, all eyes were relieved of DOD, and all eyes had improved or unchanged corrected distance visual acuity.

Conclusions: Diffractive optic IOLs may induce unsatisfactory visual outcomes. However, in this large series of IOL exchanges, DOD and reduced visual function can be overcome with exchange for a monofocal IOL, despite comorbidities or an open posterior capsule.

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- 64 eyes of 46 patients
  - 27/64 **(42%)** of eyes had no ocular comorbidities
  - 19/64 **(30%)** of eyes had corneal pathology
  - 12/64 **(19%)** of eyes had maculopathy
  - 10/64 **(15.6%)** of eyes had optic neuropathy
  - 12/64 **(19%)** were post laser refractive surgery.
  - Laser posterior capsulotomy had been performed in 15/64 (23%) of eyes.
  - Following IOL exchange all eyes were relieved of DOD and all eyes had improved or unchanged CDVA.

Special Considerations for Post Corneal Refractive Surgery?

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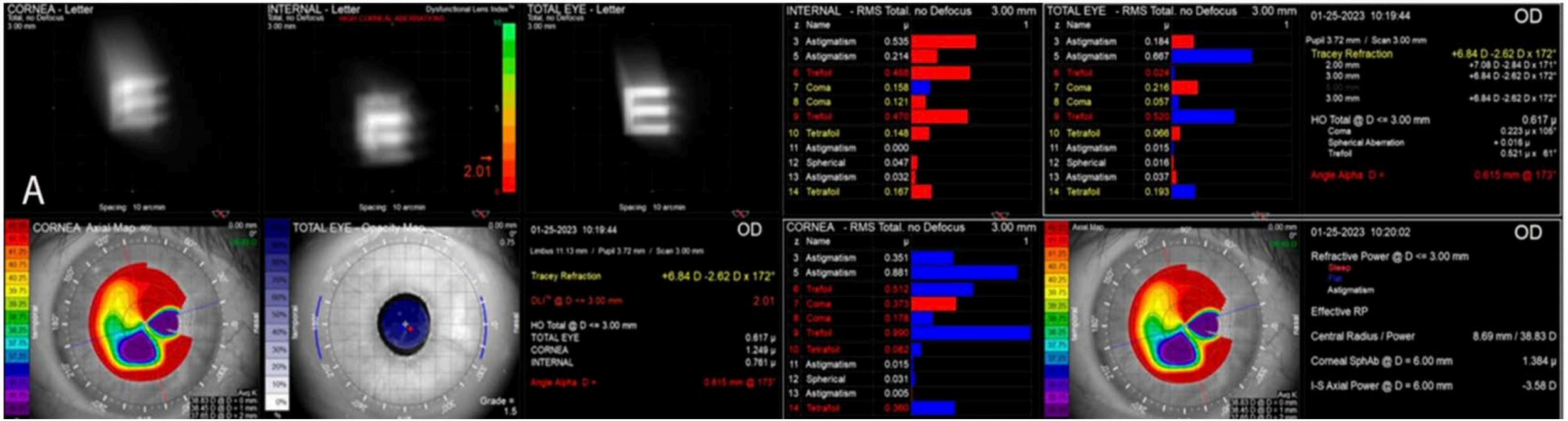

HOA Cancelling Effect in RK eyes

Can Simulation Help? Dysphotopsia Tolerance

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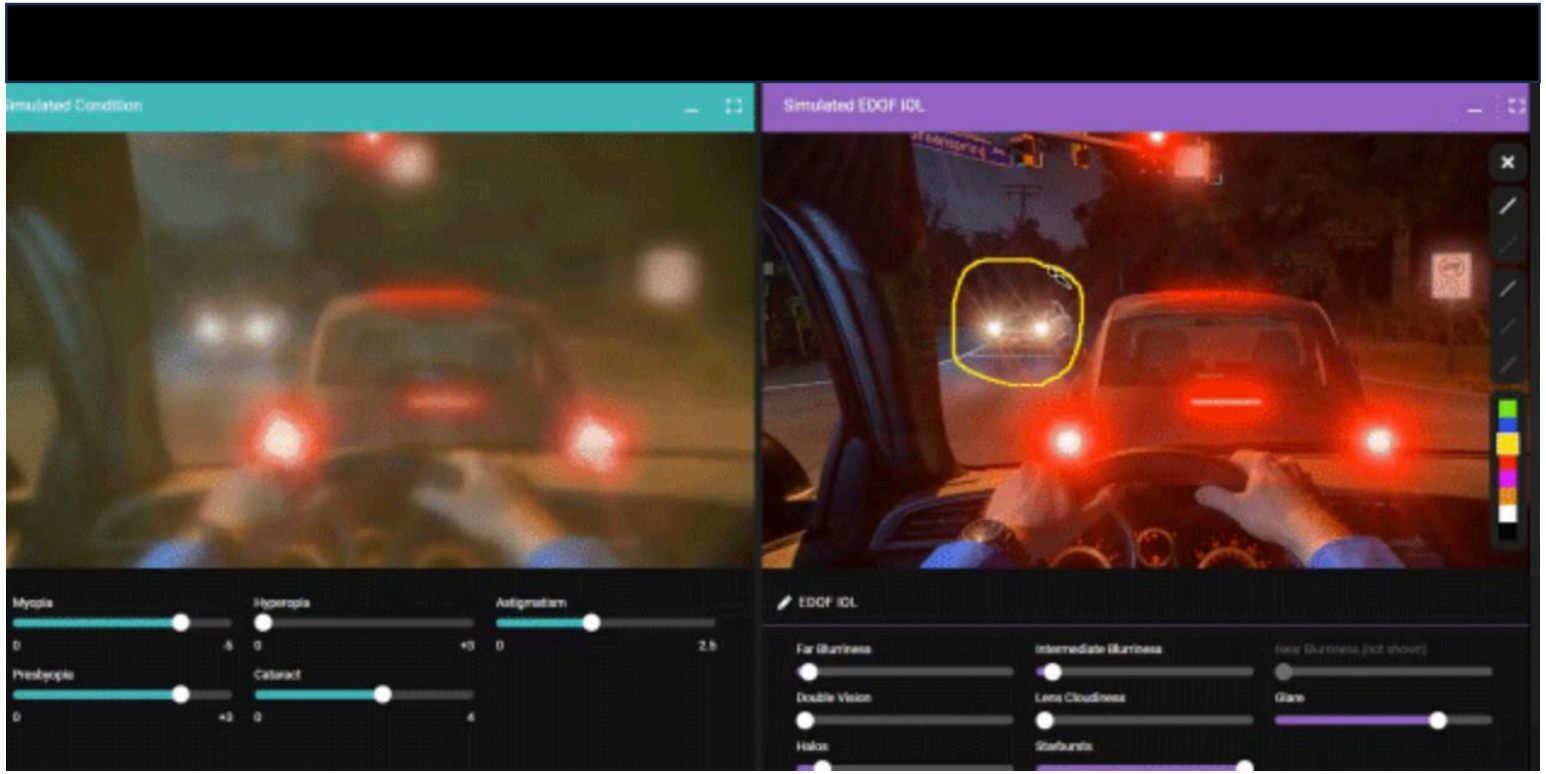
- Assess nighttime driving tasks
- Does the simulation evoke a visceral response?
  - “That’s what I see now”
  - “That’s not bad”
  - ”No way!”



Take Home Message

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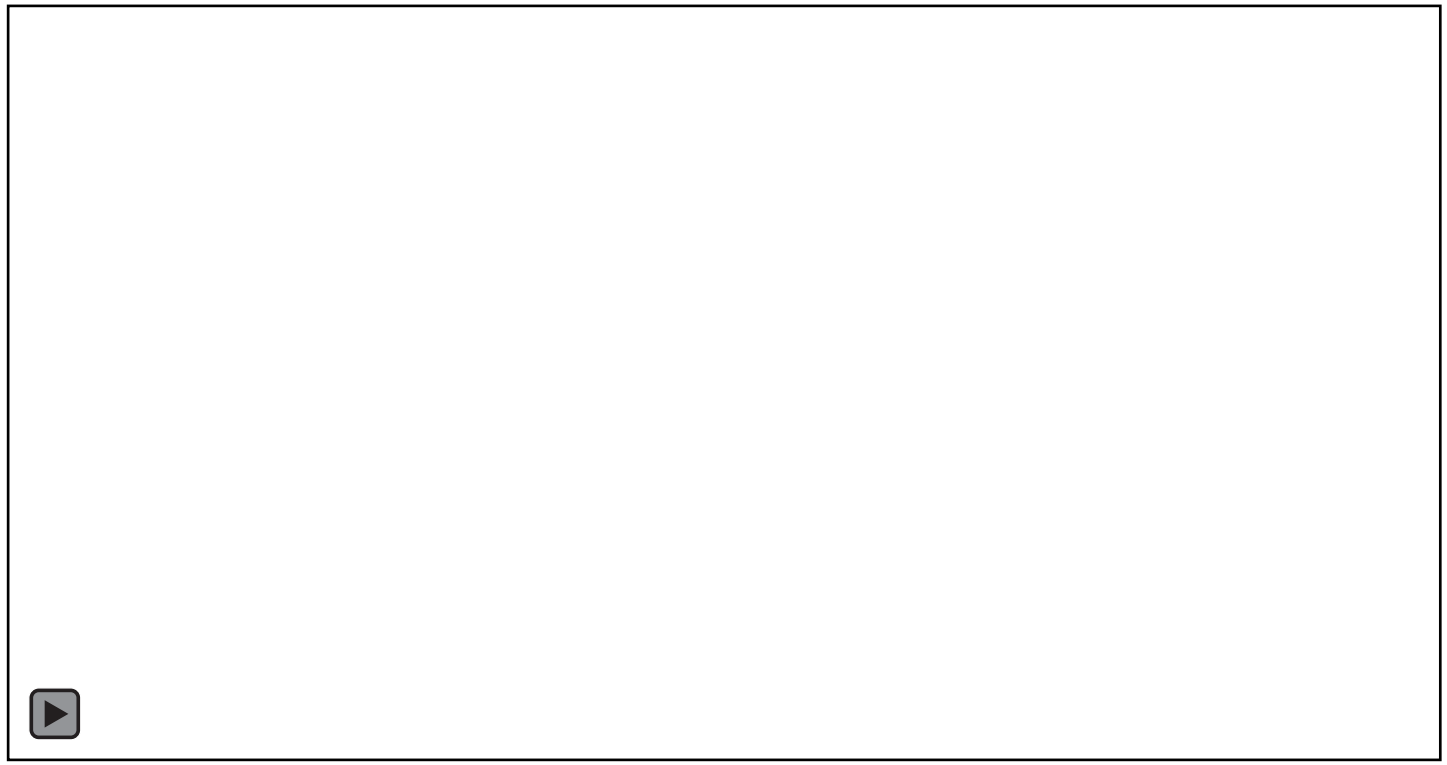
- Spend the time to understand how your patient uses their eyes
- Careful pre-operative and post-operative assessment
- Make the commitment to be there for the patient over the journey