

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

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**BAD  
CHOICES**  
— — —  
**MAKE GOOD  
STORIES**

EVERYTHING HAPPENS  
FOR A REASON  
SOMETIMES THAT REASON  
IS YOU'RE STUPID AND  
MAKE BAD CHOICES

*You're not  
a bad person  
you just made  
bad decisions*



## 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!

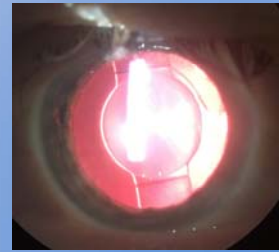
- Do they have money?
- Do they want intermediate or near vision?
- Do they mind halos that will improve over time?
  
- This is the sweet spot for the premium IOL
- Accommodative and Diffractive all good
  
- You should not push the patient to one premium style, you do need to guide!

## 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

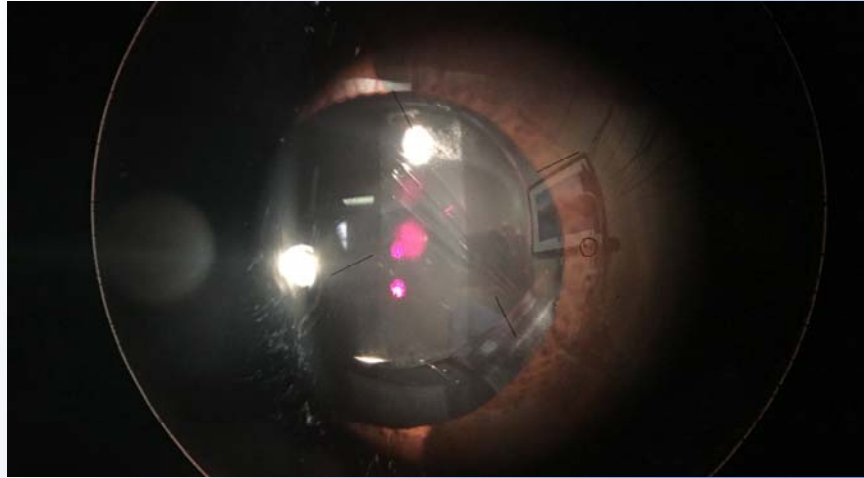
- Great lenses if done for Right reason
- Correct astigmatism well
- Can work well post refractive
- MUST do a few things to make sure they work
- Concern is people that do premium lenses that have not do any accommodative IOLs and visa versa??



## 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

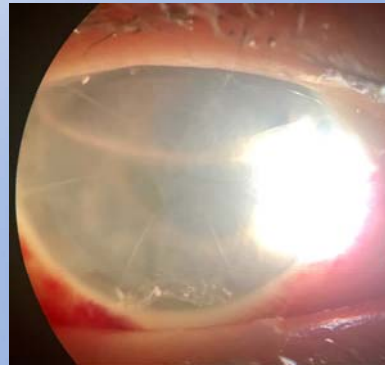


## Previous LASIK with Slight Irregular Astigmatism

- 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 Symphony vs. Trulign?

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



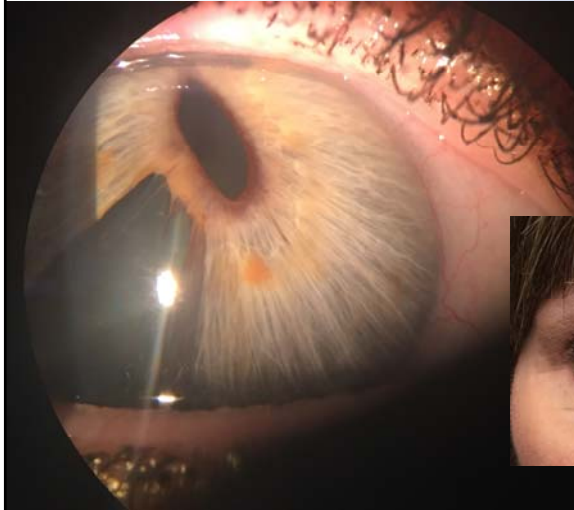
## ERM

- 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<sup>nd</sup> Eye Choice

- Happy with first , Same on 2<sup>nd</sup>
- Unhappy with glare switch to Accommodative
- Unhappy with Reading change to TMF/Restore
- Happy with reading but worried about distance Symphony or Crystalens
- Unhappy with Halos switch to accommodative

## TMF with Complaints of Glare Symphony 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 viscoelastic
- Not good if tell wrong operating axis



## We Have Great Products

- TMF and Restore more choices on adds/toric
- Symphony 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)

