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Multifocal IOL selection differs among surgeons.



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OCULAR SURGERY NEWS

Multifocal IOL selection differs among surgeons

Two doctors share their preferred methods and emphasize the importance of knowing patient expectations.

by Daniele Cruz
OSN CORRESPONDENT

Surgeons may have differing opinions on mixing or matching multifocal IOLs for cataract patients, but they agree that understanding the patients' expectations is paramount.

Whether a surgeon prefers to implant matching or mixed IOLs, it is crucial to manage each patient's expectations before proceeding, according to Leonardo Akaishi, MD.

"We have to make sure that the patients understand the expecta-

tions with these lenses," said Dr. Akaishi, who mixes, or "custom matches," IOLs for patients.

"My first choice is not to mix and match. I prefer to implant the same kind of IOL in both eyes, but if, after the first eye, the patient is not so happy, I prefer to mix," he said.

Mixing IOLs

Mixing, or custom matching, IOLs for patients is something Dr. Akaishi has been doing for about 3 years. Last year, Dr. Akaishi implanted more than 1,000 multifocal IOLs, he said.

"I started combining two different IOLs because we did not have the perfect IOL yet," he said. "Custom matching is important."

Dr. Akaishi mixes IOLs to personalize each patient's vision.

profile of their profession, as well as their hobbies and daily activities.

Once he has a detailed profile of the patient's needs, Dr. Akaishi recommends the first IOL.

Creating a custom match

If a patient needs to have good distance vision, he often will suggest an AcrySof ReSTOR IOL (Alcon) in one eye.

"With ReSTOR, my patients do not have good intermediate vision," Dr. Akaishi said.

If this is the case at a 15-day follow-up, Dr. Akaishi will recommend implantation of a Tecnis IOL (Advanced Medical Optics) in the other eye.

"It is important to know the limitations of the IOL," he said. "I know the ReSTOR has good vision for

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— Leonardo Akaishi, MD

"Sometimes we are not able to find the perfect outcome, so we mix two different kinds of IOLs," he said.

More chair time

To determine the best choice for each patient, Dr. Akaishi said he spends more time with the patients now than ever before.

"I spend much more time with the patients in the office because multifocal lenses are changing cataract surgery," he said. "It is important to know the patients' expectations."

When Dr. Akaishi consults with these patients, he develops a detailed

far, but for near it needs too much light, and the intermediate vision is not so good."

The ReZoom (AMO) lens, however, has good far and intermediate vision, but not near vision, he added.

"The ReZoom is pupil size dependent and doesn't work if the pupil size is less than 3.5 mm," he said. "Tecnis has good vision for far, moderate vision for intermediate, but the best vision for near."

Dr. Akaishi said he has never had to explant a multifocal IOL and would never explant a lens before a 6-month period because it takes that long for patients to experience neuroadaptation to the mixed lenses.

"I have had more than 2,500 multifocal IOL patients and have never explanted their lenses," he said. "The patients want to compare the visual acuity of both eyes separately, but I ask the patients to see with both eyes and not compare the two."

Matching IOLs

That is one of the reasons why **Robert Kaufer, MD**, prefers to match IOLs.

"When you mix lenses, the patients have two different optical systems, and they will always be comparing both sides. When you match lenses, they have the same quality of vision and work together," he said.

(Multifocal IOL, continued on page 18)

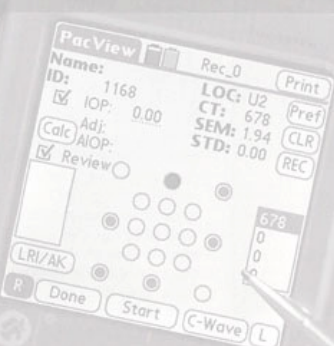
OSN New York 2007

Richard J. Mackool, MD, and J. Trevor Williams, MD, will debate the pros and cons of mixing vs. matching presbyopia-correcting IOLs at the OSN New York Symposium, which will take place Oct. 13 and 14, 2007 at the Waldorf Astoria Hotel in New York City.

■ For more information, or to register for the meeting, visit: OSNSuperSite.com/ny.

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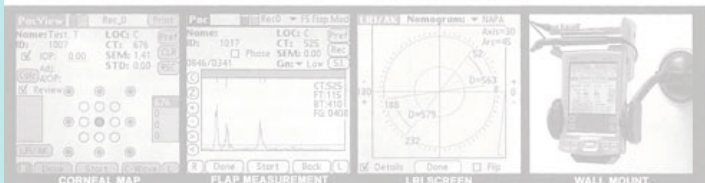
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Multifocal IOL

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vision and work together," he said.

Dr. Kaufer tried mixing IOLs before, but prefers to match.

"Since a lot of people had talked about it, I felt the need to experience it, but the patients I mixed had not given me the satisfaction that matching has," he said.

Dr. Kaufer has been implanting the ReSTOR lens since October 2003 and has more than 600 implants so far.

"The main reason I don't like to mix IOLs is because the results I have with matching are so good," Dr.

"When you mix lenses, the patients have two different optical systems, and they will always be comparing both sides. When you match lenses, they have the same quality of vision and work together."

— Robert Kaufer, MD

Kaufer said. "I do not have to think about mixing and matching because the results I have so far, putting two ReSTORs in the same patient, are so good that I don't need to mix."

Dr. Kaufer said he implants both

with the ReSTOR, in the beginning, it is not optimal, but if you coach the patient and explain to them that the intermediate vision does get better with time, the patients do get better over time," he said.

As long as the patients are aware of the limitations with these lenses in the beginning, surgeons are going to have happy patients, **Dr. Kaufer** said.

"As long as their expectations are set and clear, everything should be fine," he said.

For more information:

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Robert Kaufer, MD, can be reached at C. Pellegrini 2266, Martinez Pcia, 1640 Buenos Aires, Argentina; 54-11-4733-0560; e-mail: rob@kaufer.com.

■ Alcon, maker of the **AcrySof ReSTOR IOL**, can be reached at 6201 South Freeway, Fort Worth, TX 76134; 817-293-0450; fax: 817-568-6142; Web site: www.alconlabs.com. Advanced Medical Optics, maker of the **ReZoom** and **Tecnis IOLs**, can be reached at 1700 E. St. Andrew Place, Santa Ana, CA 92705-4933; 714-247-8200; fax: 714-247-8672; Web site: www.amo-inc.com.

■ **Daniele Cruz** is an OSN Correspondent based in Collingswood, N.J.

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