



Multifocal (MF) IOL “issues”

Why are MFs great?

- They really work!
- Other than Mono-vision this is the only way to be truly spectacle independent. (If the Crystallens is working it is probably *because* of mono-vision...)
- The vast a majority of over 200 patients in whom we have implanted MF lenses are very happy and spectacle free.

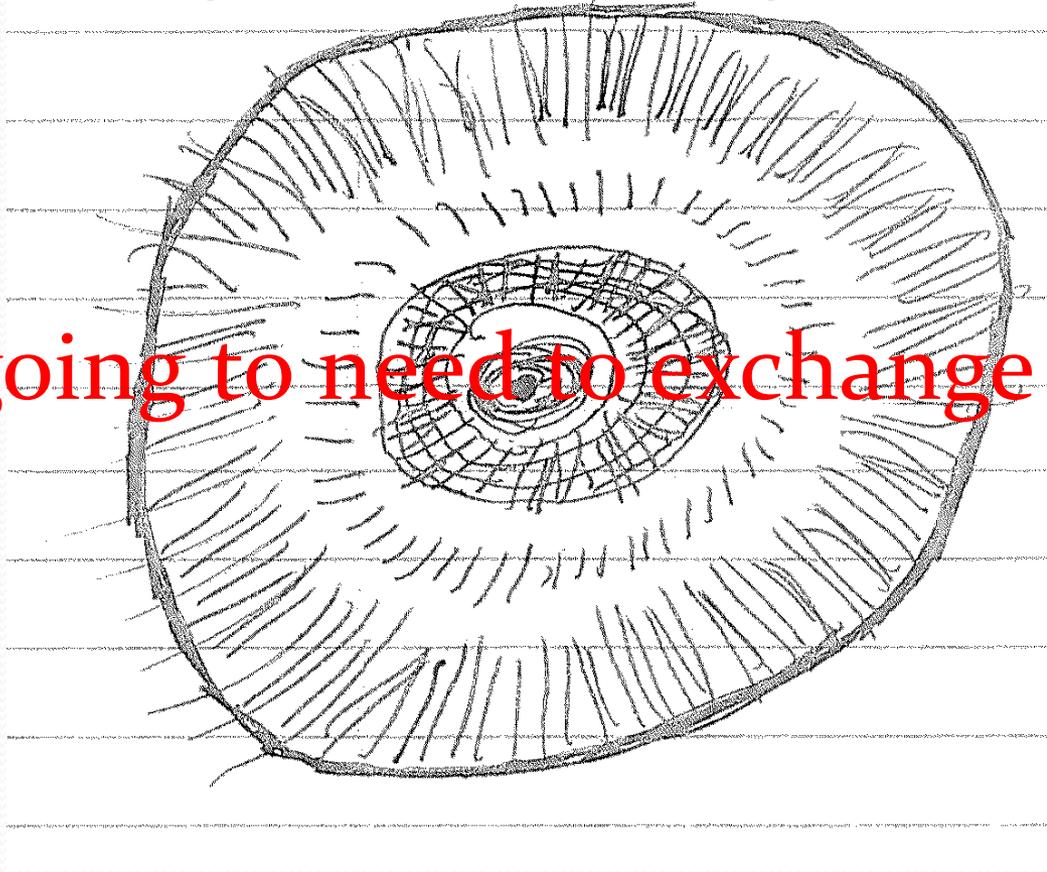
Why are MFs not perfect?

- They can cause:
 - Rings and Halos around lights
 - Vision that is “not sharp” or “waxy”
 - Near point/reading issues
 - To close
 - To far
 - Constricted range
- They don't work well in:
 - Patients with vision degrading ocular pathology
 - Patients with residual cylinder or sphere $>.50-.75D$

Patient Selection based on:

- Desire to be spectacle independent
- Personality
- -1.50 - -3.50D myopia is a relative contraindication...
- Ocular pathology that affects vision
 - Corneal distortion/disease
 - Irreg astig, Severe dryness, Endothelial dystrophy
 - All patients: Galilei Tomography Corneal Imaging
 - Macular pathology
 - ERM, holes, AMD and DR
 - All patients: OCT macular imaging
- Higher order aberrations? Large pupils?

If patient is fixated on vision issues,
“neuro-adaptation” likely won’t occur...



We are going to need to exchange this one...

Multifocal Issues: “take home points”

- Timing of vision complaint is key
 - Early
 - Late
- If complaint is prior to second lens implant, must push forward as binocular vision often helps.
- Posterior capsular opacification may be more visually bothersome in multifocal lens patient – Look for it, especially if patient “was happy” then became blurred.

Multifocal Issues: “take home points”

- Reading difficulty – listen to complaint
 - Near point location complaint
 - Have to hold reading material close
 - Loss of mid-range vision
 - Difficulty in certain lighting
 - Use of -2.50 lens to demonstrate true loss of near vision
 - Discuss use of increased lighting
 - Coach patient on getting used to near point location. Encourage patient that will take some time adapt.
 - Explain that occasionally using “computer or reading” glasses is not a “failure”

Multifocal Issues: “take home points”

- If vision not satisfactory distance and near
- Refract looking for refractive error (specifically residual astigmatism)
 - Place patient in trial frames to be certain symptoms resolve
 - LASIK or PRK “touch up”

Multifocal Issues: “take home points”

- Glare and Halos
 - Determine if constant or in certain lighting
 - Encourage patient that “This will improve”
 - If patient can tolerate wait 3-6 months
- “Waxy” vision complaints
 - If significant, this is a concerning symptom...
 - Rule out residual refractive error
 - If patient can tolerate wait 3-6 months
 - May require IOL exchange

Patient selection is key

- We are very conservative placing MF lenses in only 2% of patients
- We feel that outcomes are excellent when patient selection is appropriate
- Patient should be motivated to be spectacle independent
- We do tend to “under promise”
- It is imperative to rule out pathology
 - Dry eyes, corneal irregularities
 - Retinal pathology (ERM, Mac holes, AMD etc.)
- IOL exchange in properly selected cases without residual refractive error is approximately 2-4%