

CASE STUDY COMPETITION: Helping a Patient Dissatisfied with a Toric Lens

vision,¹ and then we'd see how she's doing. If she was happy with her vision, we would leave the right eye alone. If she still had a near demand in the right eye, we'd consider an IOL exchange with perhaps Vivivity™ (Alcon) or PanOptix®, depending on her vision at that point.



AND THE AUDIENCE CHOOSES... TEAM ALPHA!



Dr. Solomon: This patient has also had myopic LASIK, and she's an ER physician who can't function without her near vision. With this in mind, what are you going to do for this patient?

TEAM ALPHA



Neda Shemie, MD: We would ask if the patient enjoyed her vision for a prolonged period after LASIK, before developing cataracts. And if she's truly motivated and she understands the risk, we would stick with the same answer: PanOptix® trifocal in the cataract eye to give her a good range of vision¹ and help her read, and hopefully no further surgery on the pseudophakic eye.

TEAM CHARLIE



Caroline Watson, MD: We would do a contact lens trial. If she feels happy with it, I would consider doing monovision. I would also go back to the eye that she's not happy with and consider LASIK or PRK.

TEAM LIMA



Dr. Woodard: We would stick with our original plan. We don't want to move to surgery on the second eye until we address frustration with the first eye, via explantation and PanOptix®.



AND THE AUDIENCE CHOOSES... TEAM ALPHA!



Dr. Solomon: The audience chose Team Alpha, but my personal approach was closer to Team Lima. I didn't want to proceed to the second eye until we got the first eye right and she had the near vision she wanted. I explanted the lens from her right eye and placed a PanOptix® lens. One month out, she was 20/25 distance intermediate, J2 near, and very happy. She's not quite ready for surgery in the other eye, but I'm considering PanOptix®. She's doing great.

At the 2021 American Academy of Ophthalmology meeting in New Orleans, three two-person teams listened to a series of case studies presented by moderator Kerry Solomon, MD. Each team offered its recommendations, while an audience of their peers voted on the best choice. This article covers the second of three cases.



Dr. Solomon: A 49-year-old woman had a toric lens implanted in her right eye. About 1 year postop, she was miserable. She said, 'I was never told that my near vision would be terrible after cataract surgery.' She has not yet had surgery for a cataract in the other eye. Her uncorrected distance vision was 20/30 in both eyes, and her prescription was OD 20/20, -0.75 + 0.50 @55, J 10, Glare n/a; OS 20/25, -1.25 + 0.75 @5, J 5, Glare 20/400. Based on her complaints, prescription, and corneal topographies (Figure), how would you proceed with this case?

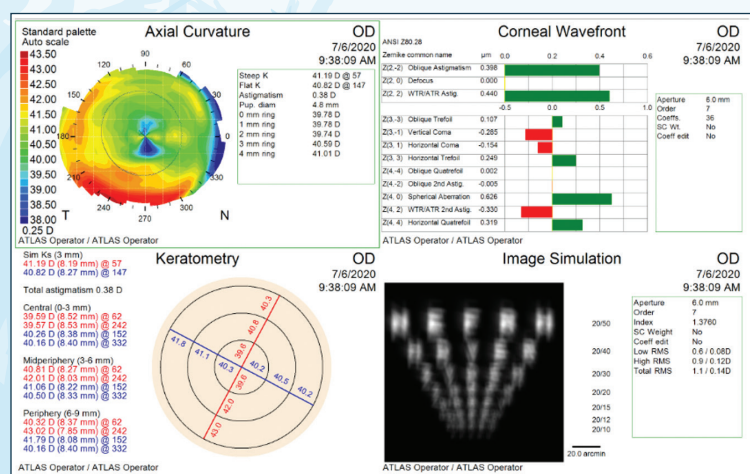


Figure. Corneal topography of pseudophakic eye in a patient dissatisfied with near vision after toric lens implant.



TEAM CHARLIE

Robert F. Melendez, MD, MBA: We're going to have a lengthy discussion with this patient about her dissatisfaction with the toric lens, which seems to have delivered good distance vision but lacks the near vision she wants. We'll suggest explanting that lens and replacing it with the PanOptix® trifocal lens (Alcon).



TEAM LIMA

Lawrence Woodard, MD: The patient is unhappy, and we're not going to proceed to surgery on the second eye until we feel confident that we've made her reasonably happy with the first eye. We would discuss performing an IOL exchange with PanOptix® on the right eye to improve the quality of the near vision, since that was the goal.



TEAM ALPHA

J. Morgan Micheletti, MD: We would start with cataract surgery on the left eye with PanOptix® to get that continuous range of

The safety and efficacy of the Vivivity™ IOL has not been established in patients with previous refractive surgery. Doctors should use sound medical judgment when implanting in these patients.

IN THE SPOTLIGHT: TEAM ALPHA



J. Morgan Micheletti, MD

- Director of Clinical Research and Technology, Berkeley Eye Center, Houston
- Financial disclosures: Consultant, Research Support (Alcon)



Neda Shemie, MD

- Partner, Maloney-Shemie Vision Institute, Los Angeles
- Clinical Professor of Ophthalmology, Keck School of Medicine, University of Southern California, Los Angeles
- Financial disclosures: Consultant (Alcon)

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1. PanOptix DFU.

IMPORTANT PRODUCT INFORMATION - AcrySof® IQ PanOptix® and Vivity Family of IOLs

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS

The AcrySof® IQ PanOptix® Trifocal IOL, AcrySof® IQ PanOptix® Toric, AcrySof® IQ Vivity™ Extended Vision IOL and AcrySof® IQ Vivity™ Toric IOLs are indicated for visual correction of aphakia in adult patients following cataract surgery. In addition, the AcrySof Toric IOLs are indicated to correct pre-existing corneal astigmatism at the time of cataract surgery. The AcrySof® IQ PanOptix® lens mitigates the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. The AcrySof® IQ Vivity™ lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. All of these IOLs are intended for placement in the capsular bag

WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Physicians should target emmetropia, and ensure that IOL centration is achieved.

For the PanOptix® Toric and Vivity™ IOLs, the lens should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation.

For the AcrySof® IQ PanOptix® IOL, some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions. Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning). As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO), may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs.

For the AcrySof® IQ Vivity™ IOL, most patients implanted with the Vivity™ IOL are likely to experience significant loss of contrast sensitivity as compared to a monofocal IOL. Therefore, it is essential that prospective patients be fully informed of this risk before giving their consent for implantation of the AcrySof® IQ Vivity™ IOL. In addition, patients should be warned that they will need to exercise caution when engaging in activities that require good vision in dimly lit environments, such as driving at night or in poor visibility conditions, especially in the presence of oncoming traffic. It is possible to experience very bothersome visual disturbances, significant enough that the patient could request explant of the IOL. In the AcrySof® IQ Vivity™ IOL clinical study, 1% to 2% of AcrySof® IQ Vivity™ IOL patients reported very bothersome starbursts, halos, blurred vision, or dark area visual disturbances; however, no explants were reported.

Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with these IOLs.

ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.