Multifocal IOLs - PRO

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Presbyopia

Can we restore accommodation?

Not yet, but....

Surgical Correction

- Monovision
- Corneal implants
- Accommodating IOLs
- Multifocal IOLs

Key Question: What is required?

- Answer 1: Reduced spectacle dependence
  - Monovision / ("accommodating" IOL)
- Answer 2: Complete spectacle independence
  - Multifocal IOL

Multifocal vs Monovision vs Accommodating IOLs

- Multifocal IOLs provide better reading than accommodating IOLs or monovision
  but:
- Multifocal IOLs have more side-effects!
Success with MIOLs

- Proper patient selection
- Proper IOL selection
- Clear optics
- Correction of residual refractive error

Patient Selection

- Multifocal IOLS are a compromise for those who do not like glasses!
- Tell patients that they will have halos at night → halos are “the price to pay” to achieve spectacle independence
- Tell patients that IOL exchange is possible (and sometimes required)

The Ideal MIOL-Patient

- Presbyopic hyperopes
- Presbyopic high myopes (>6 D)
- Emmetropic presbyopes with cataract

Patients to Avoid...

- Low myopes
- Amblyopes
- Macula degeneration
- Pessimists
- Overly critical patients
Multifocal IOL are not all the same!
- Some are best at distance with weak reading
- Some favor near vision
- (German) Patients want to read:
  - Multifocal IOL must provide reading!
  - If reading is good, side effects are accepted!

Personal Technique
- ReSTOR 3 D Add multifocal IOL is implanted in both eyes in 60% of my patients
- Distance and near good, intermediate okay and improving over time

How to Achieve Perfect Results?
- Perfectly clear optics
  - Perform YAG-Laser early, use large opening
- Perfect optics
  - Correct minor astigmatism with LRI - or
  - Correct any residual ametropia by LASIK!

Summary
- Multifocal IOLs are the best choice if spectacle independence is the goal
- Patient selection is crucial
  - Presbyopic hyperopes are best candidates
  - Some side-effects (halos) must be acceptable
- Residual refractive errors must be corrected (e.g., laser vision correction)
THANK YOU!