

New Technology in Cataract Surgery and Intraocular Lenses

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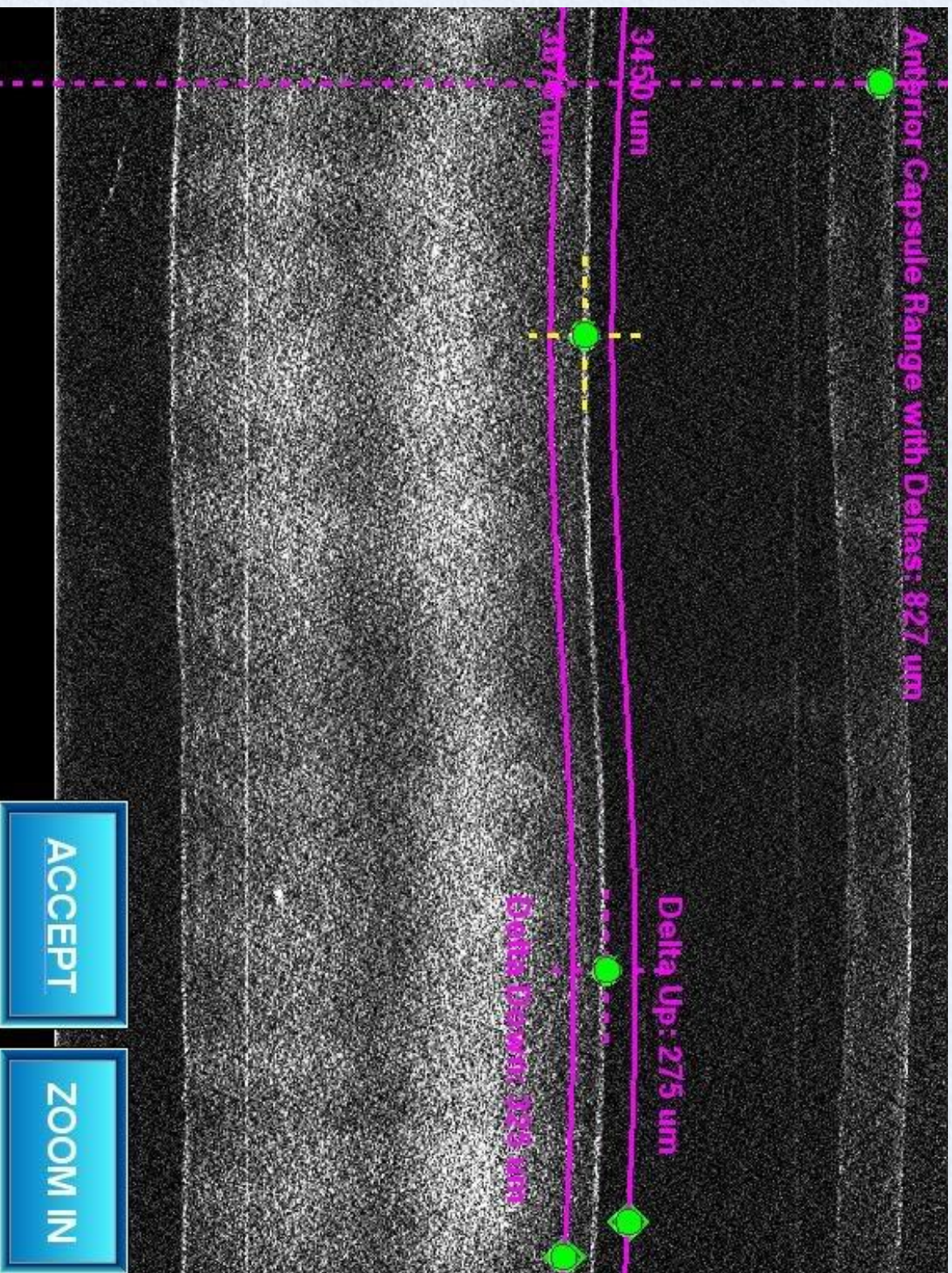




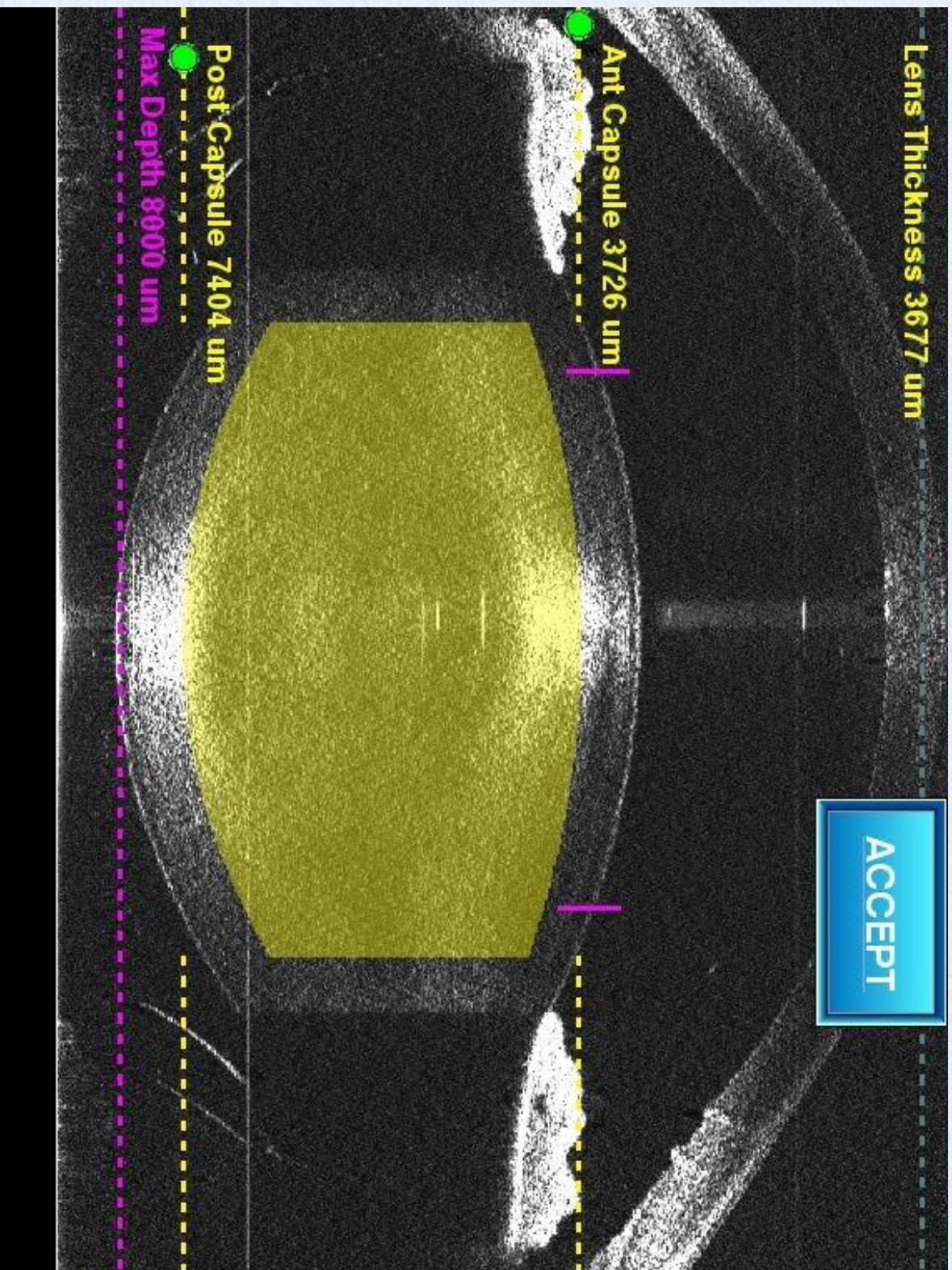
New Cataract Surgery Technology

- FLACS - Femtosecond laser assisted cataract surgery
- Femto discovered by Dr. Kurtz at the University of Michigan in the early 1990s
- Used in several types of corneal surgery - LASIK/PRK/IEK/PTK/etc
- Emit light pulses at 1053 nm wavelength that cause photodisruption of the tissue
- Minimal collateral damage - enables bladeless incisions to be made within the tissue at various patterns and depth with high precision.
- Multiple platforms - Catalys, LENSX, Zeimer and LensAR are the most common in the US
- Pros and Cons...
- will continue to evolve...

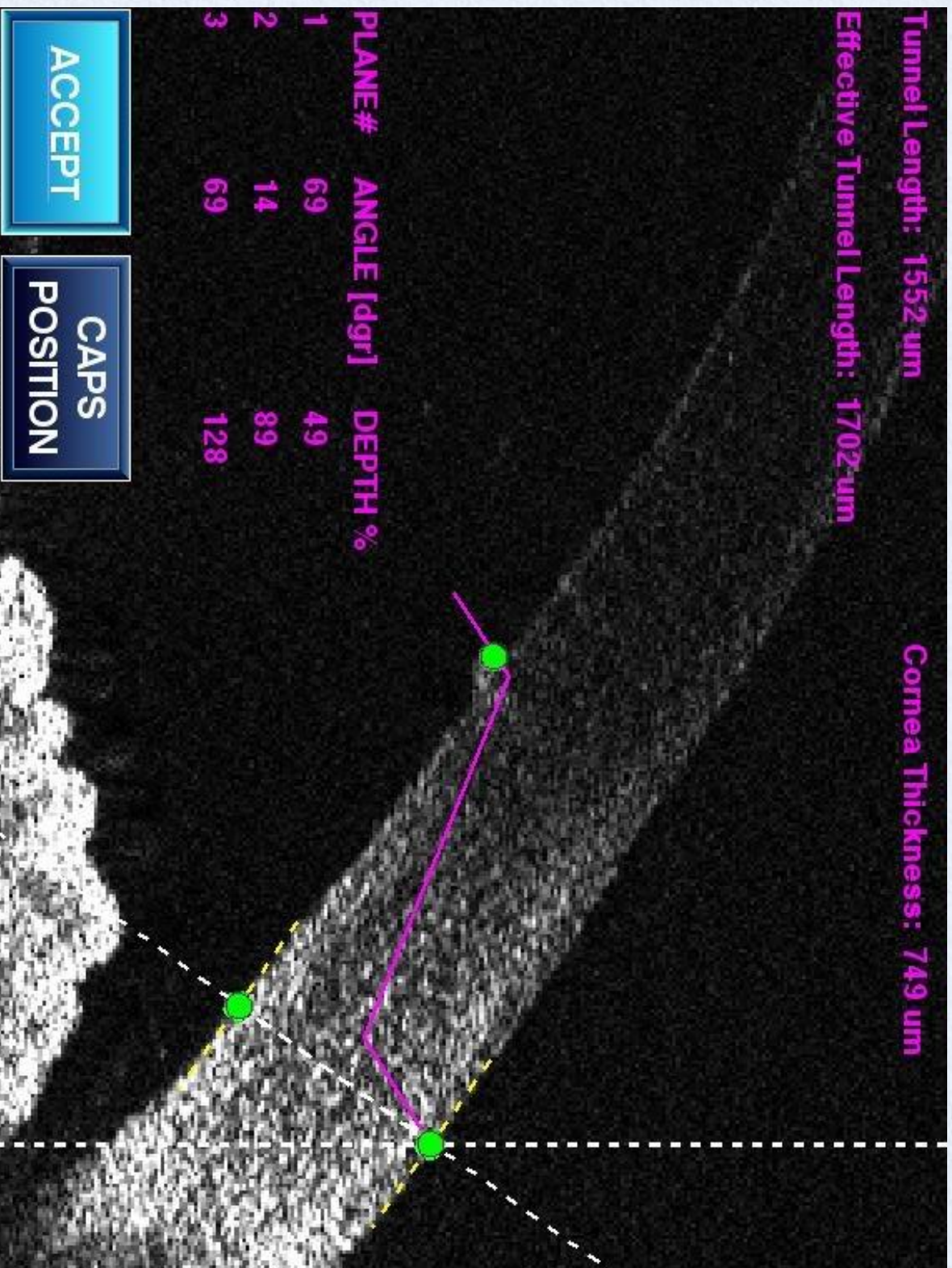
FLACS



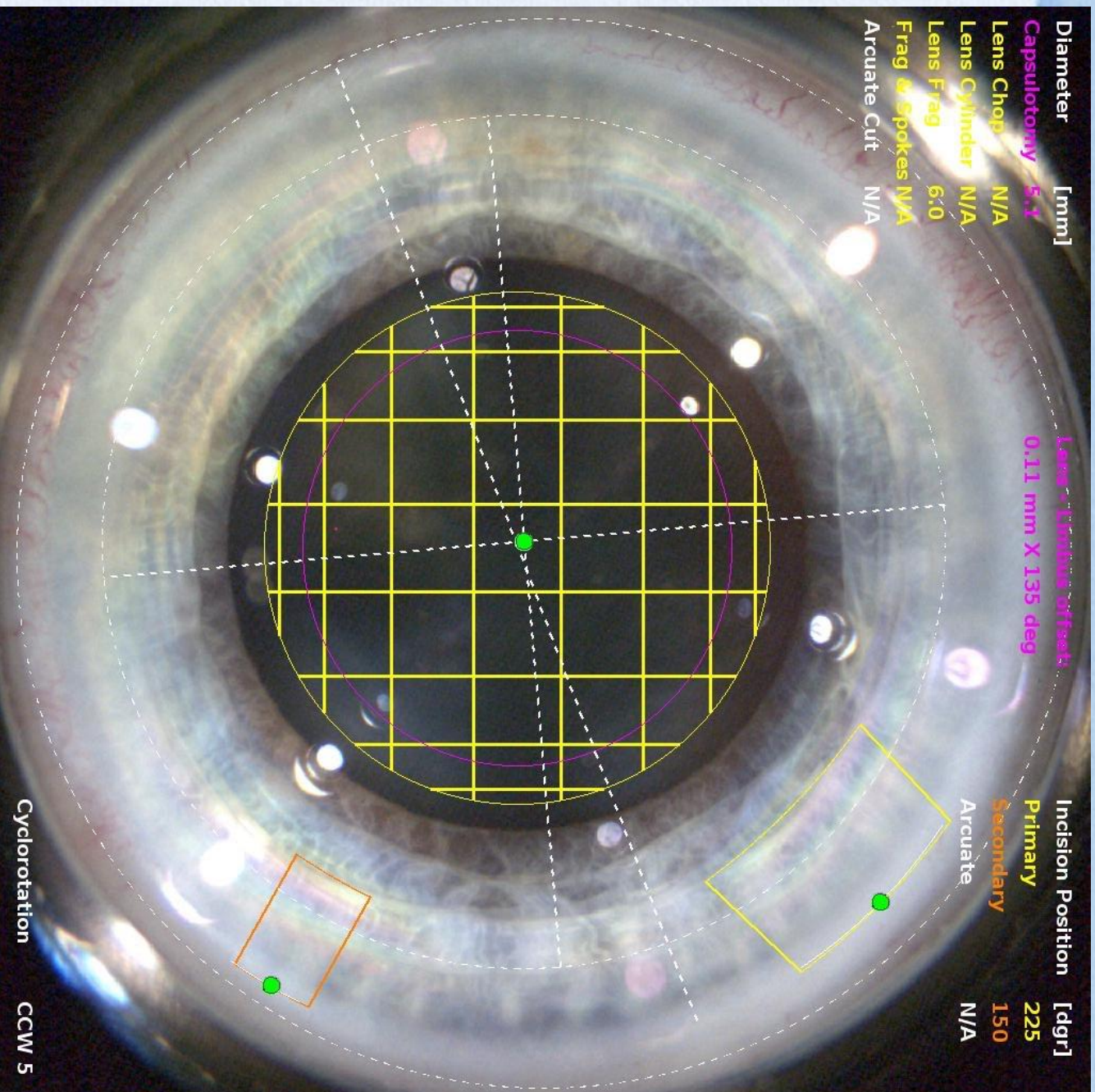
FLACS



FLACS



FLACS



Verion

- **Verion image guided system** - advanced diagnostics, planning, intra-operative aid and postoperative tracking



ORA

- ORA - intra-operative aberrometry
- can predict lens power on the fly for sphere and cylinder
- can be especially helpful in post-LASIK eyes
- can sync with the Verion system for even more accuracy



ORA

Lens: AMO - Symfony

Power: 18

0.92D X 176°

Lens	Power	SE
PCB00 Tecnis1	17.00	0.08
ZCB00-TECNIS 1I	17.50	-0.23
Symfony	18.00	-0.55
	18.50	-0.86
	19.00	-1.18

Add Lens

View as Toric

Notes

Images

End Surgery

12:39 PM IOL Power
+9.51 +0.94 X 5°
Aphakic
SE (9.98D)

12:40 PM IOL Power
+9.75 +0.93 X 2°
Aphakic
SE (10.21D)

12:41 PM IOL Power
+9.68 +0.92 X 176°
Aphakic
SE (10.14D)

Take Measurement

IOL Technology

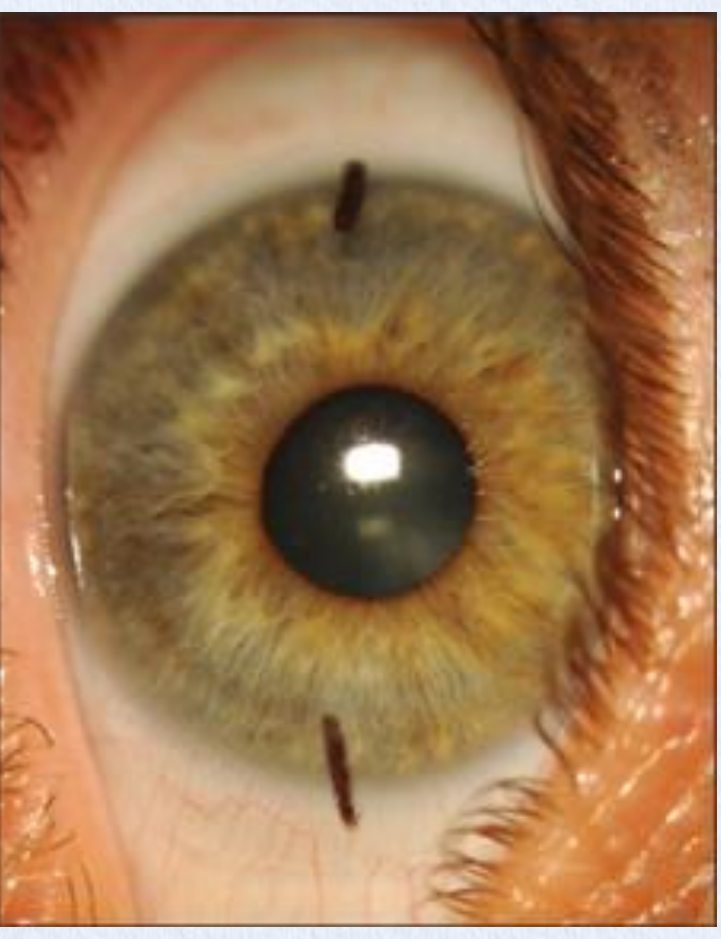
- **Current IOL technology**
 - Monofocal
 - Presbyopia correcting
 - (MF/EDF/Accom.)
 - Toric (+/- presbyopia correction)
 - Intraocular miniature telescope
- **Up and coming IOL technology**
 - NuLens
 - Tetraflex
 - ELENZA
 - Calhoun's light adjustable lens
 - Trifocal lens
 - Harmoni Modular
 - And many more...

Current IOL

- **Presbyopia-correcting lenses**
 - Multifocal
 - Restor +3/2.5/Toric
 - Tecnis Multifocal +4.0/3.25/2.75
 - Accommodating - Crystalens/Trulign (toric)
 - EDF - SymFony/SymFony Toric

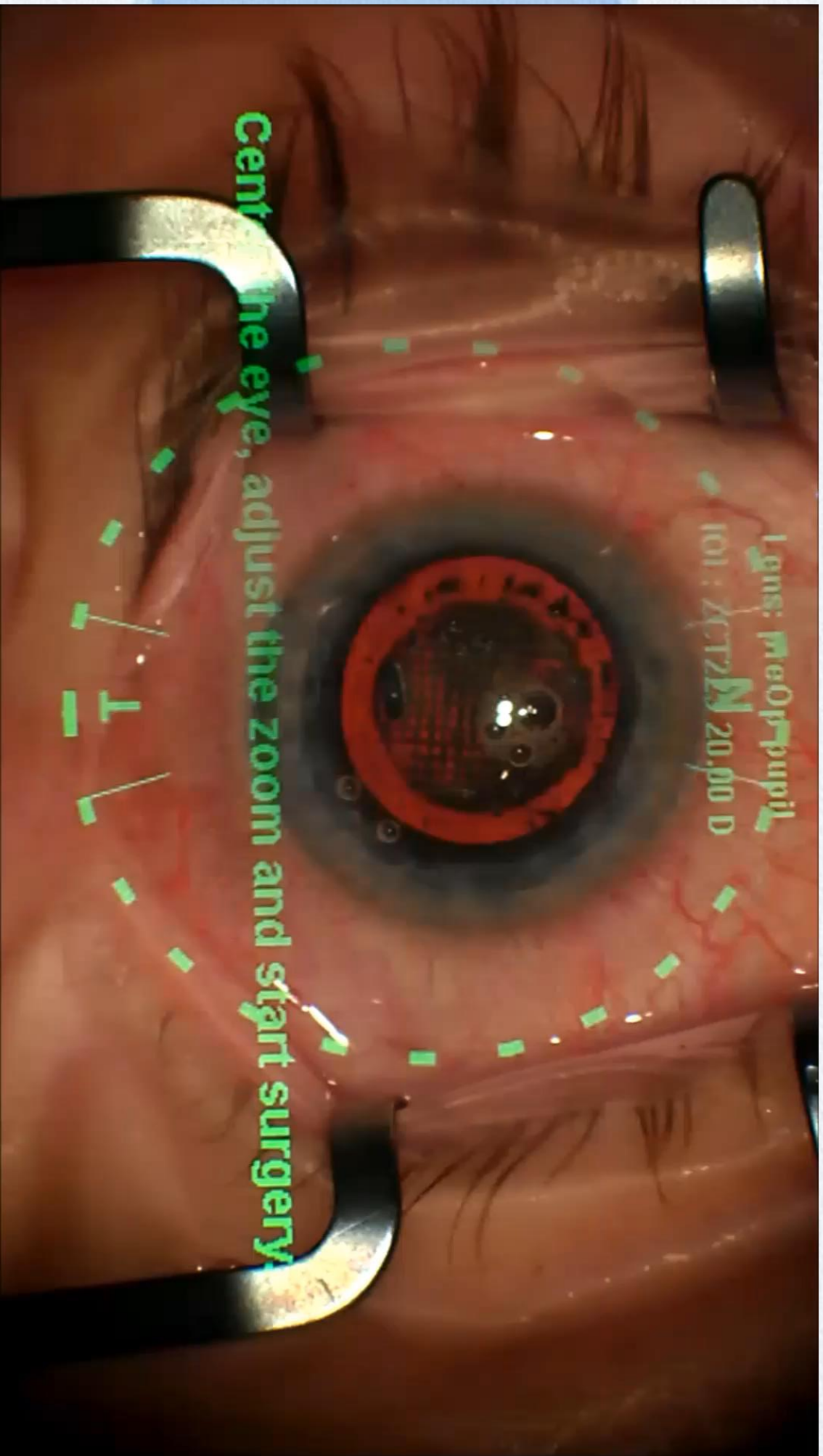
Current IOL

- **Toric**
- Can be more accurate now!
- Tecnis or Alcon most common monofocal used
- monofocal, multifocal, EDF or accommodative
- single piece acrylic



1 gns: preOp pupil
101 : ZCT22N 20,00 D

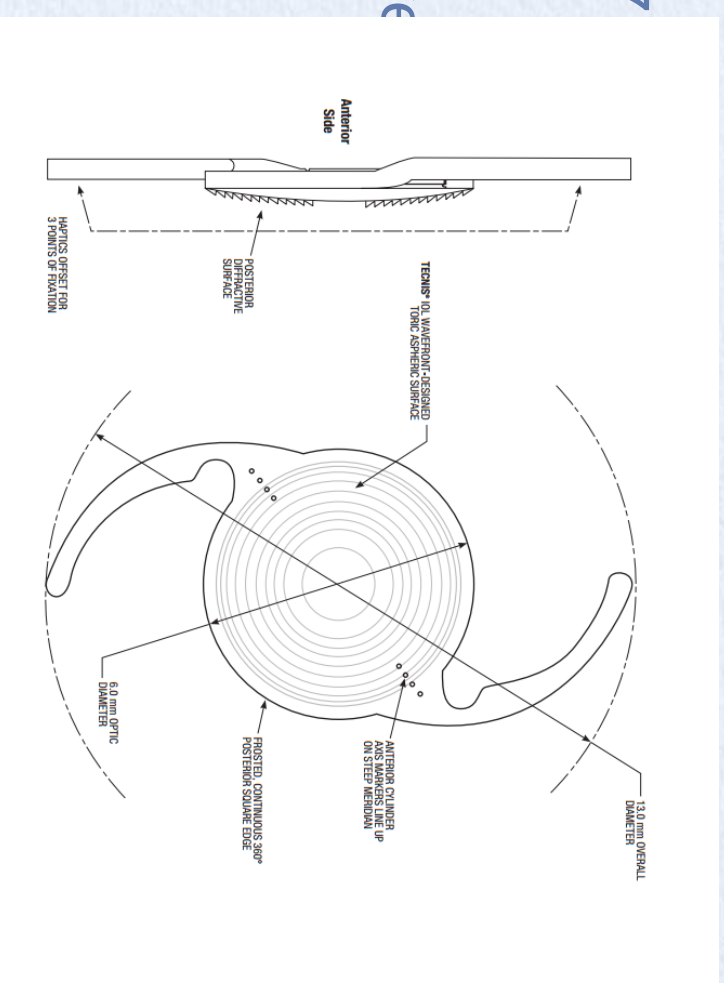
Center the eye, adjust the zoom and start surgery.



Multifocal - Tecnis

Tecnis MF

- Spherical aberration correction to essentially zero - corrects for the natural SA of +.27
- Better chromatic aberration reduction
- A pupil-independent, full-diffractive posterior surface
- High-quality vision in all light conditions
- Clear hydrophobic acrylic
- Not associated with “glisterings”
- Full transmission of blue light (a controversy still exists...)

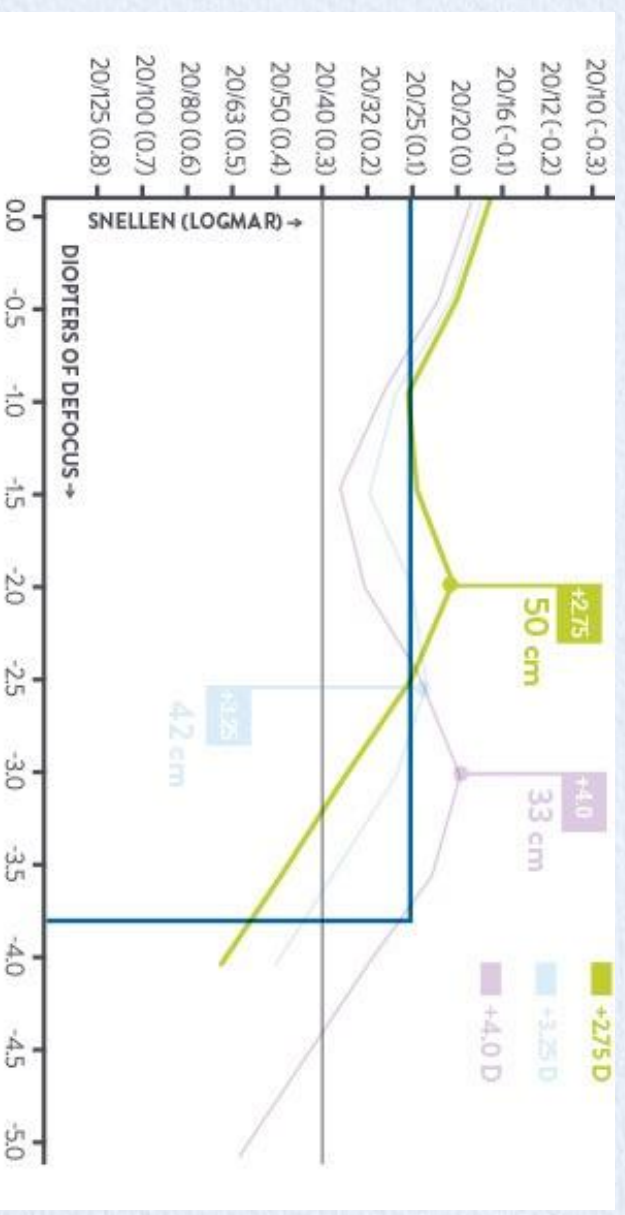


Multifocal - Tecnis

- Tecnis +4.00
- Great distance
- Great Near at ~12 inches



- OK intermediate
- purple bar on graph

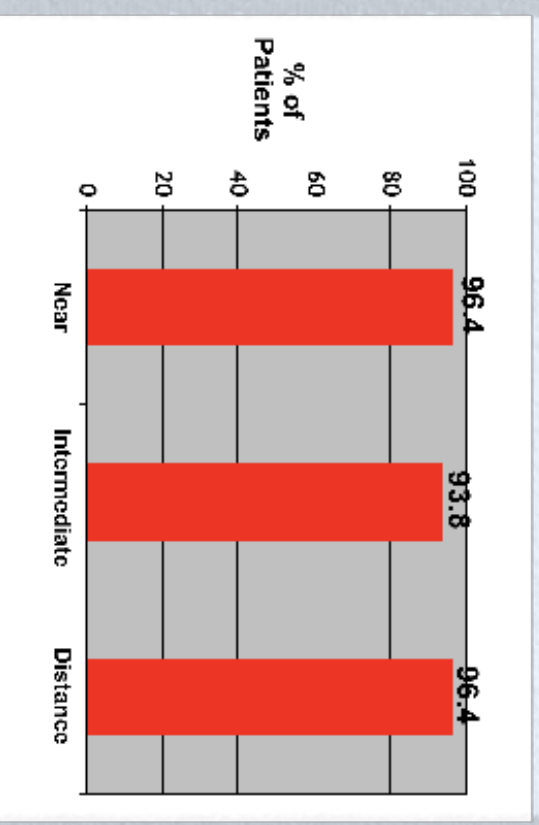


Multifocal - Tecnis

US Clinical Results - TMF +4

- Over 93% of patients are able to function comfortably without glasses at ALL distances
- Nearly 9 out of 10 patients NEVER wear glasses
- 94.6% patient satisfaction at 1 year
- 94.2% simultaneous 20/25 or better distance AND 20/32 or better near

Ability to function comfortably without glasses (1 year)



Multifocal - Tecnis

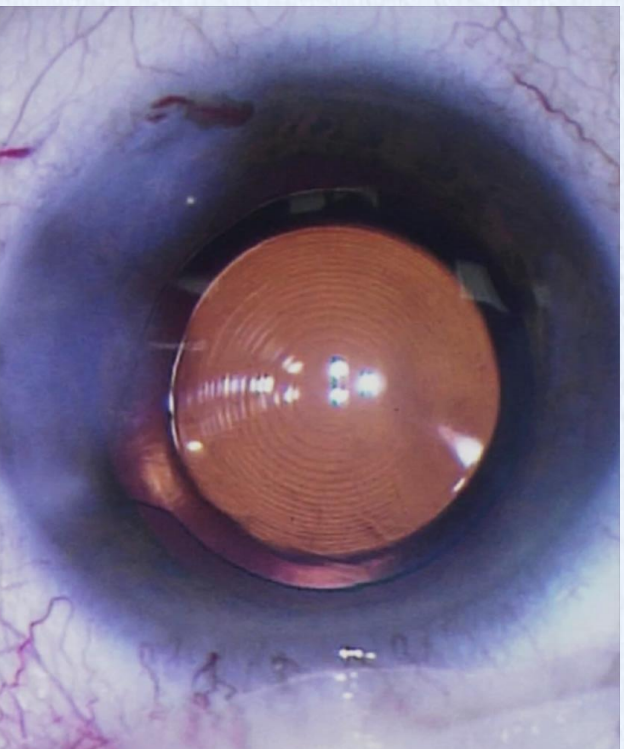
- Tecnis +3.25
- Great distance
- Great near at ~ 17 inches
- Better intermediate, but still OK



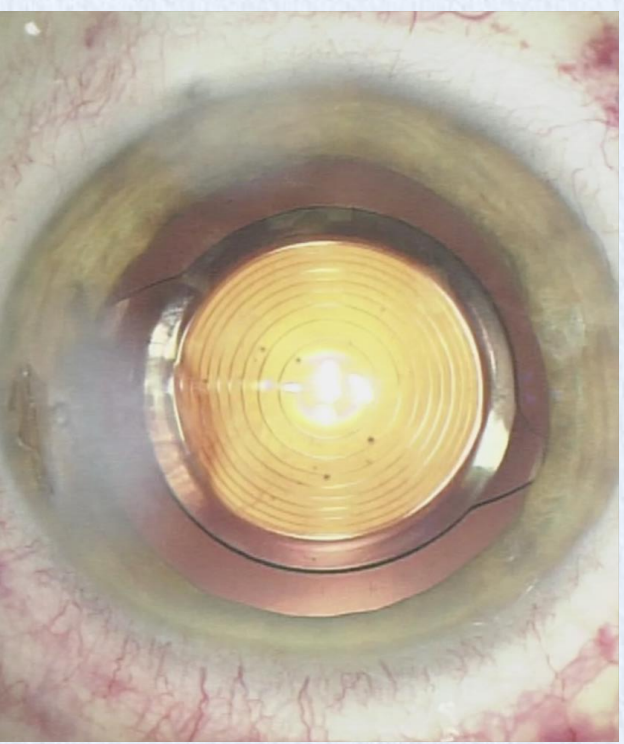
- blue bar on graph

TMF vs SymFony

ZLBOO



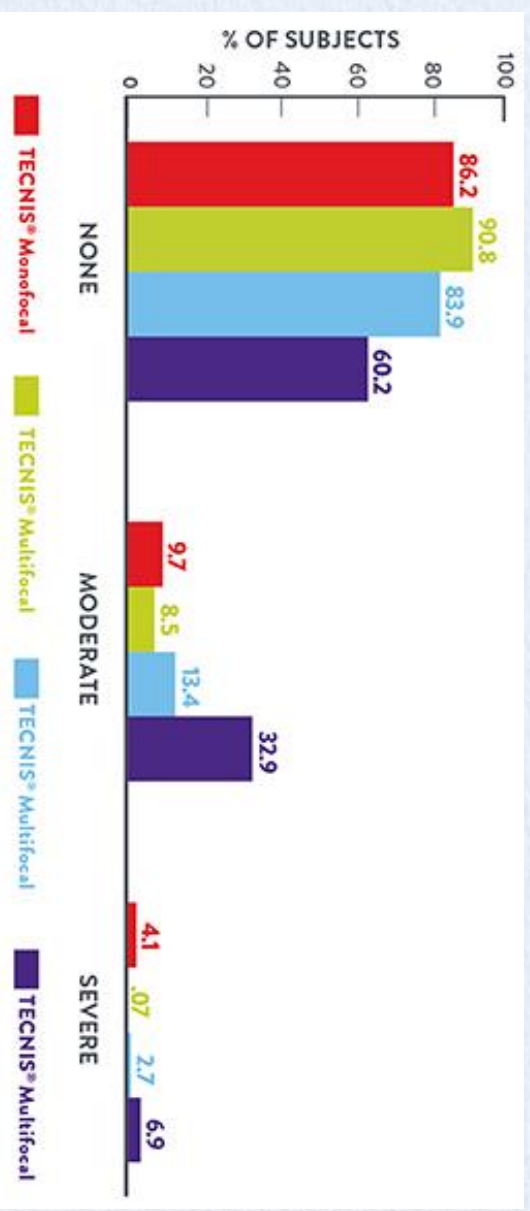
SymFony



Multifocal - Tecnis

- Tecnis +2.75
- Great Distance
- Great Intermediate
- OK near

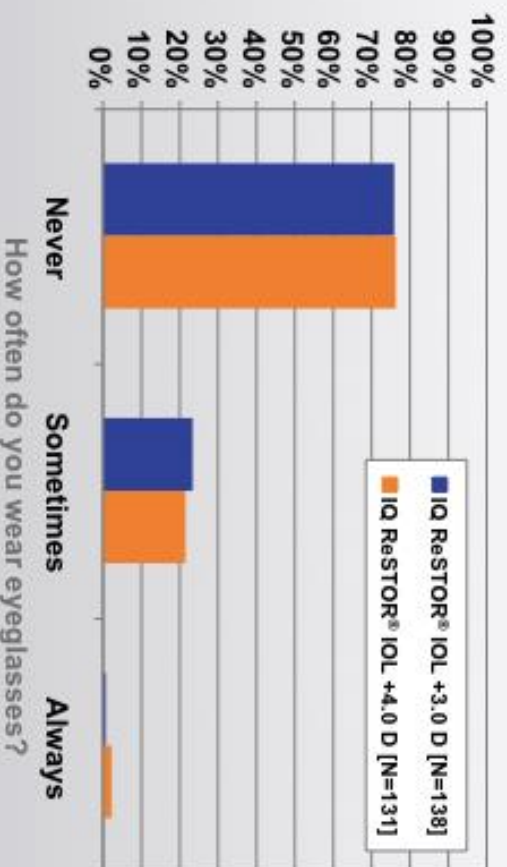
- *Multifocal*
Monovision



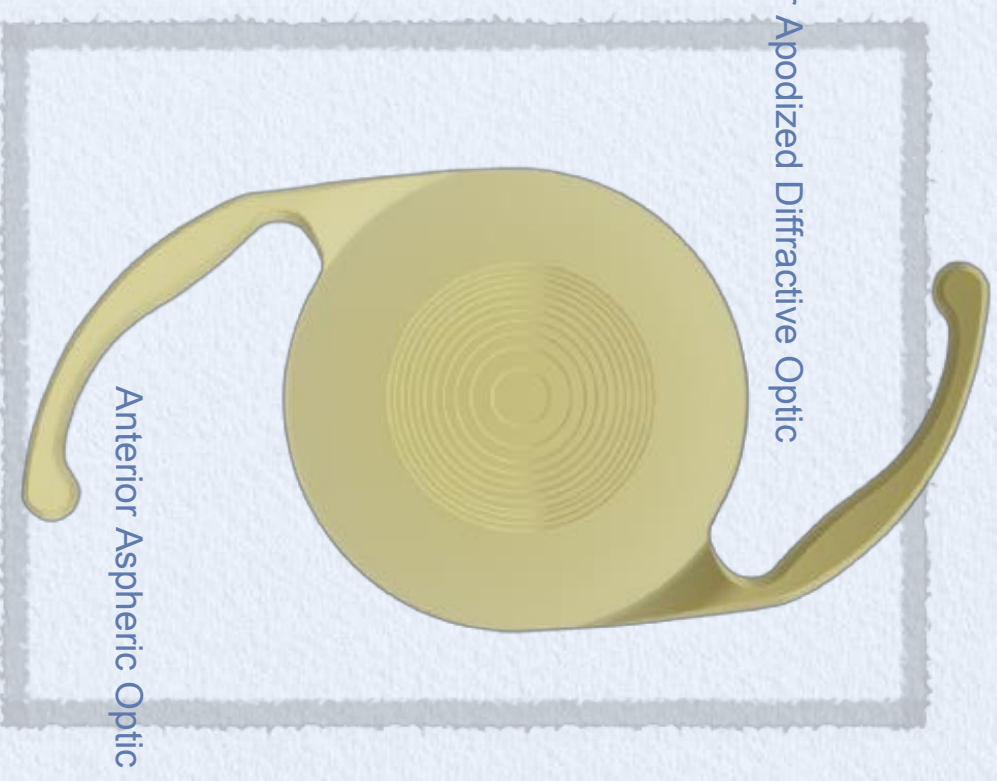
Multifocal

ReSTOR +3

Overall Frequency of Spectacle Wear (Bilateral comparison)



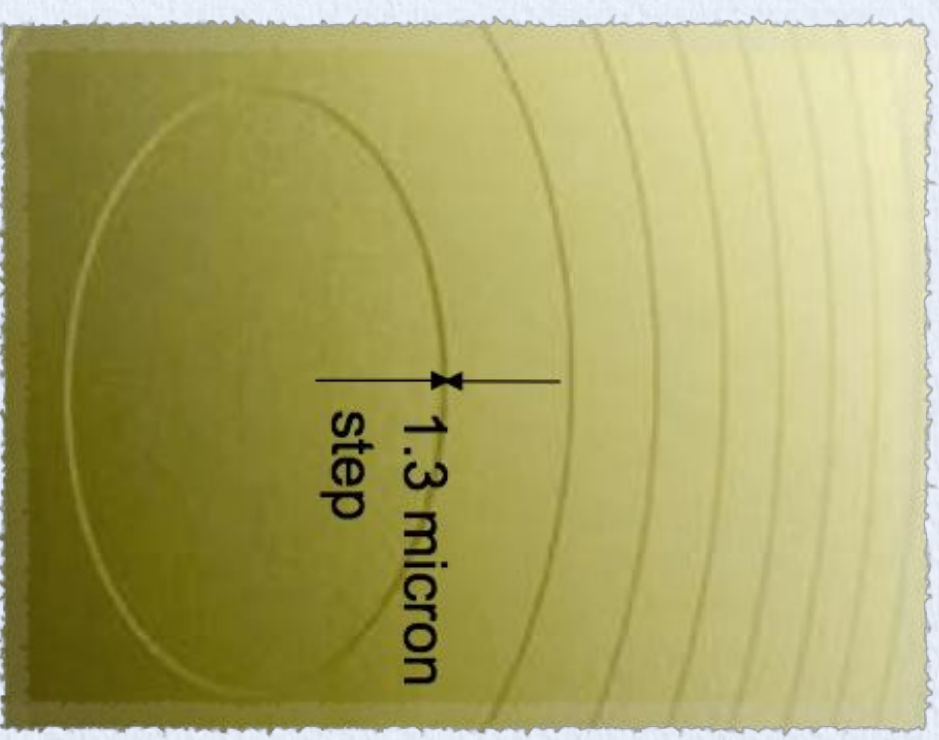
Anterior Apodized Diffractive Optic



Multifocal

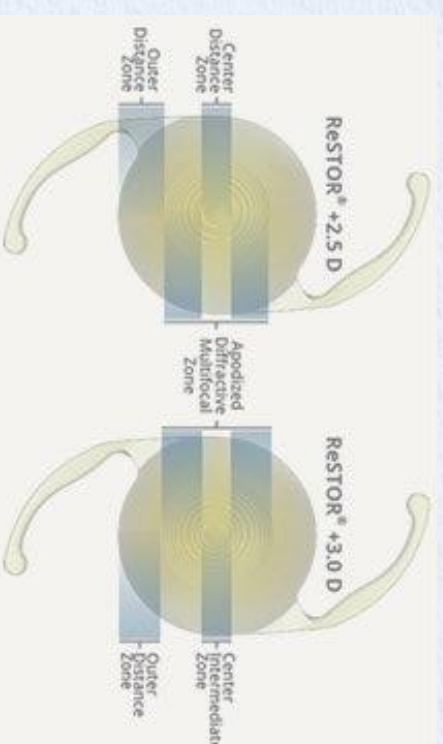
Apodization

- Gradual reduction or blending of the diffractive step heights.
- Optimally manages light energy delivered to the retina as it distributes the appropriate amount of light to near and distant focal points, regardless of the lighting situation.
- Designed to improve image quality



Multifocal - ReStor

- Restor +2.5
 - Similar to the Tecnis +2.75
 - better night driving
 - don't get as much near
- *Multifocal monovision with +3.0*

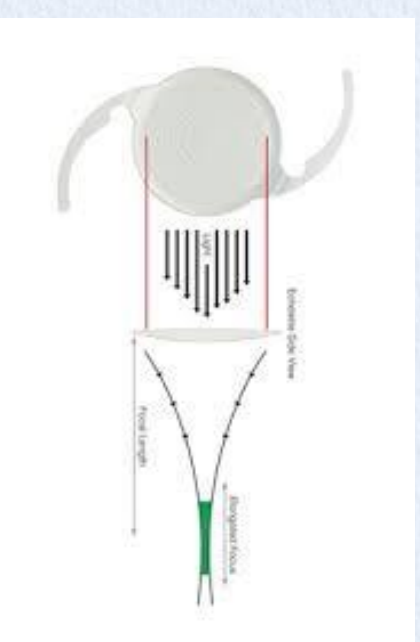


restor topic

- Acrysof IQ ReSTOR Multifocal Toric was released during 2010 ESCRS in Paris
- FDA approved early 2017
- Combines technology of ReSTOR +3 or +2.5 and Toric IOLs on Alcon's AcrySof platform
- Data shows that it gives similar quality of vision compared to the ReSTOR +3 and +2.5
- Can correct more cyl than SymFony Toric

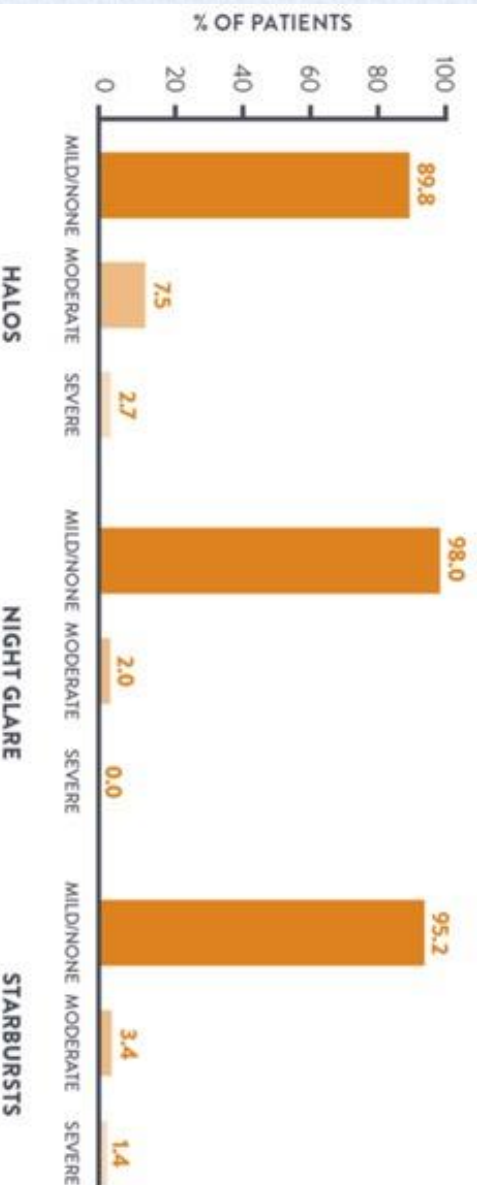
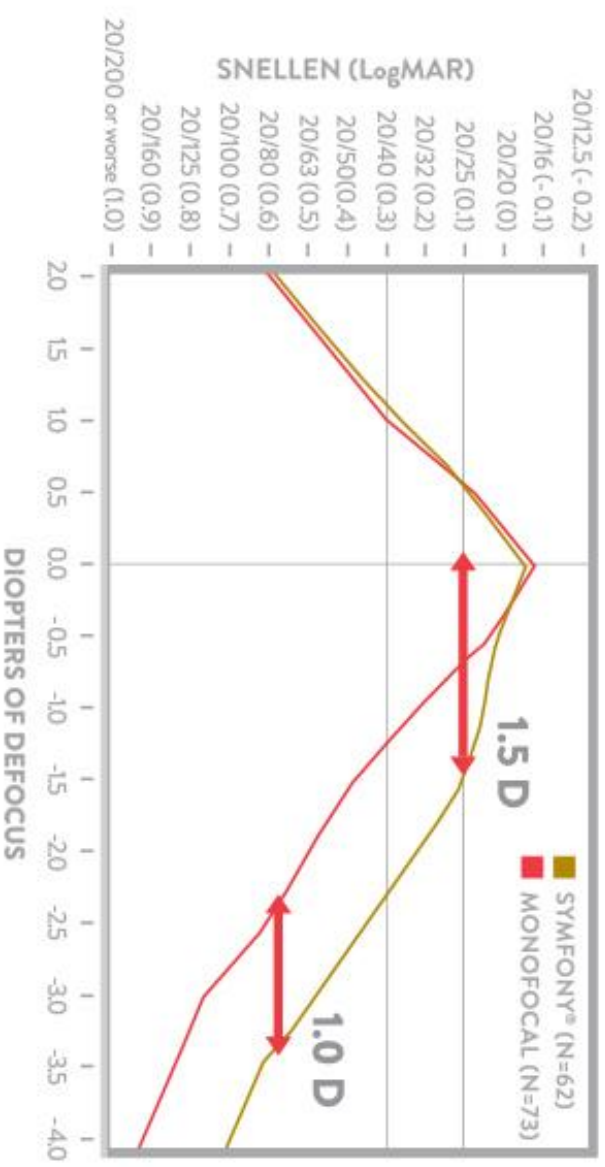
Extended Depth of Focus

- **SymFony and SymFony Toric**
- Single piece acrylic
- EDOF-IOL - one elongated focal point as opposed to splitting light into two or three
- uses significant decrease in chromatic aberration and spherical aberration to offset this
- high image quality and contrast sensitivity - similar to a monofocal
- similar range to a low power add MF



Extended Depth of Focus

- maintains clear vision to a defocus of 1.5 D and 1 D better throughout
- great distance and intermediate with “OK” near
- improved glare and halo over traditional MF
- high satisfaction rate with 95-97% stating they would choose same lens again
- 85% use spectacles “a little” or “none”
- more “forgiving” overall - good vision anywhere up to 1.5 D residual cyl

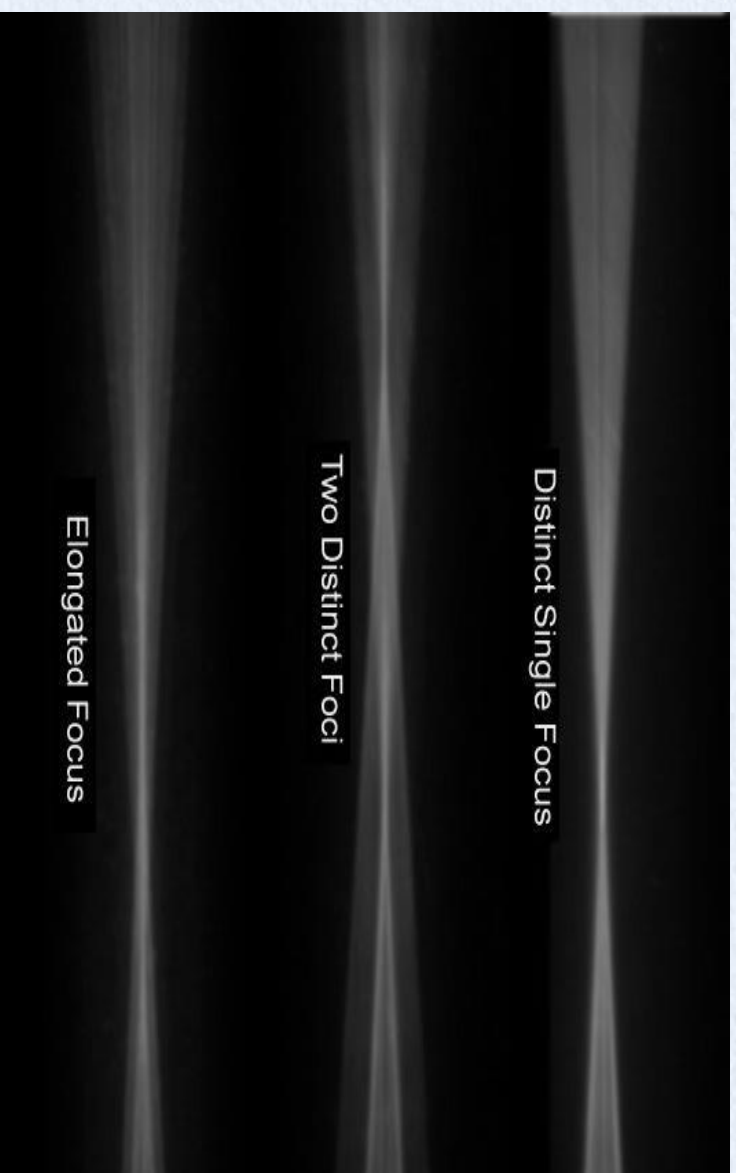


extended depth of focus

Monofocal lens

Multifocal lens

EDOF lens

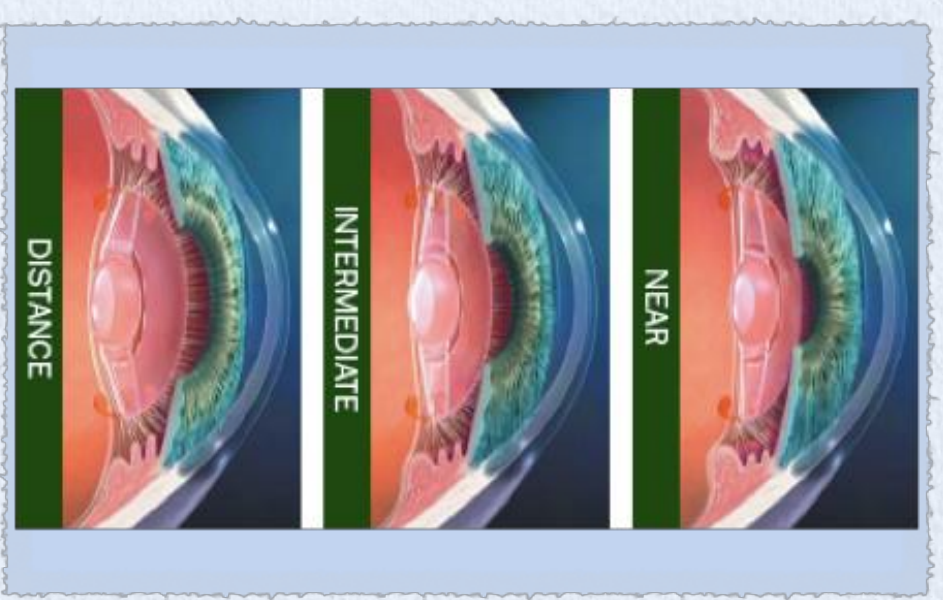




I love Lamp!

Accommodating

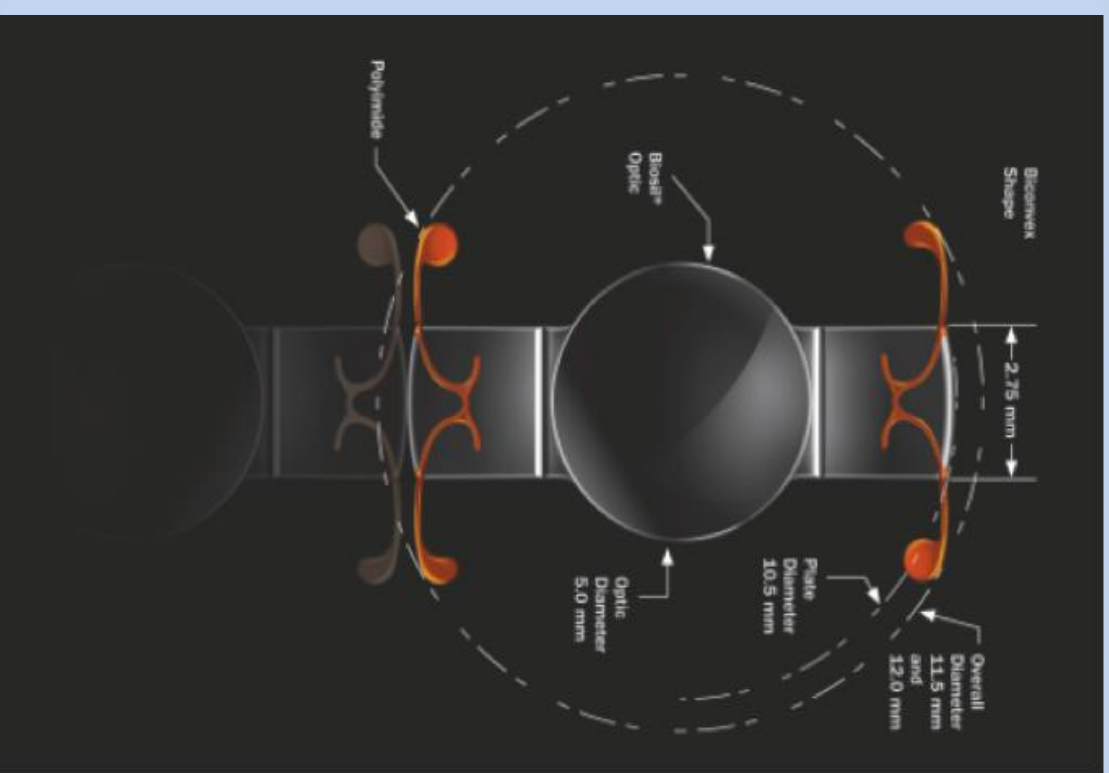
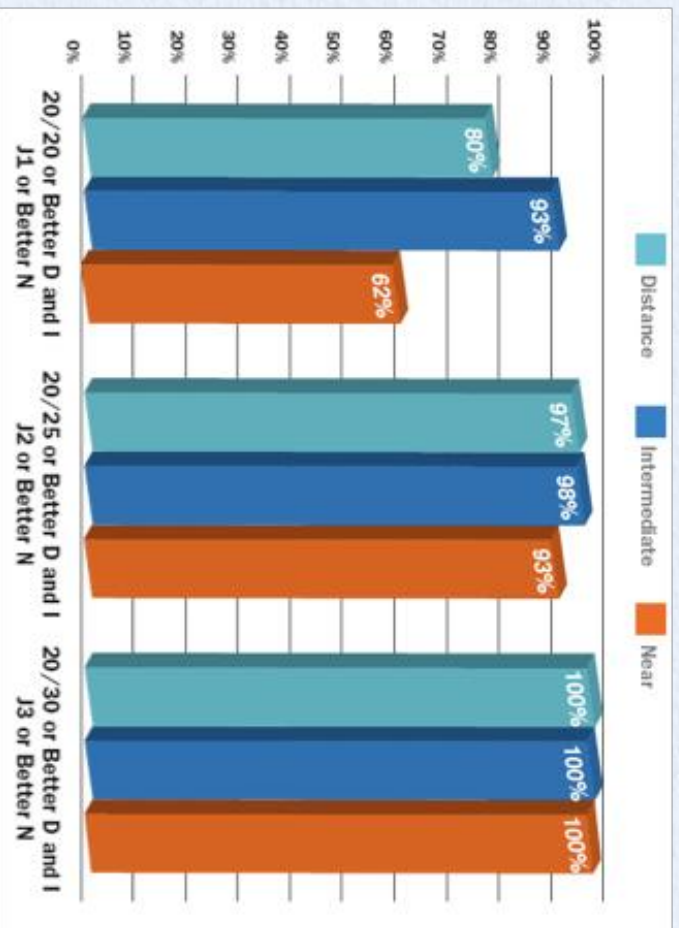
- Accommodating monofocal lens intends to deliver 100% of available light rays at all distances
- Patients should theoretically see near, intermediate and distance with equal clarity
- The IOL, like the natural crystalline lens, tries to provide accommodation from distance to near vision by moving along the visual axis
- Also arch, or change its radius of curvature, to increase accommodation
- Both move anteriorly and flex or arch to increase their focusing power in the intermediate and near ranges



Accommodating

Crystallens HD

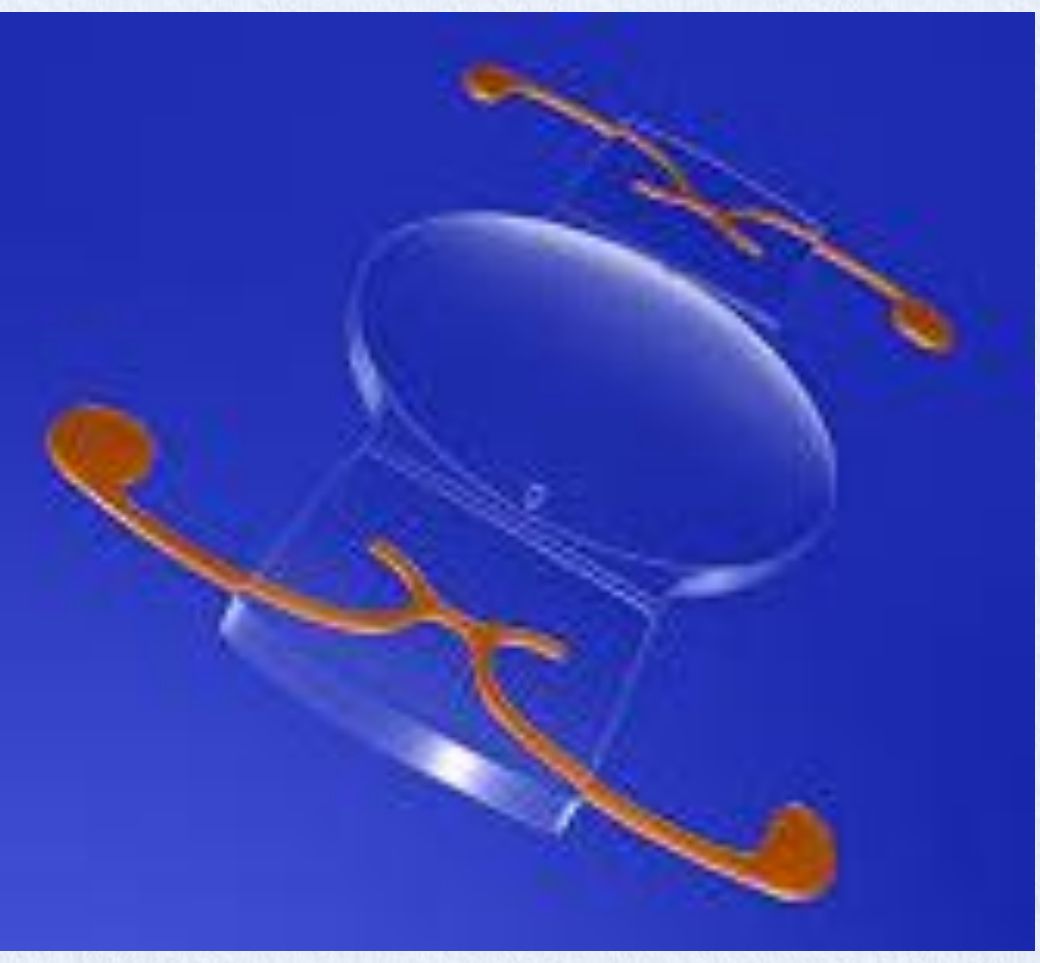
Binocular
Acuties
3 Months Post-op n=45



Accommodating/Toric

Trulign

- Approved in US for presbyopia and astigmatism
- Silicone with 5-mm optic and rectangular hinged haptics
- Approved for multiple powers of cylinder



Trulign

- FDA study of 210 patients
 - 85% reached the intended reduction of cyl
 - 97.8% had 20/40 or better at distance and intermediate
 - 70% had 20/40 near vision



IMT

- **Implantable Miniature Telescope**
- Visual prosthetic device developed by VisionCare Technologies
- No viable medical or surgical treatment is currently available for improving visual acuity and quality of life in those with end-stage AMD



IMT

- Includes the cornea to produce a telephoto effect that enlarges the objects in the patient's central visual field - a 20-24 degree field of view projects onto ~55 degrees of the retina
- Fixed focus telescopic system comprised of quartz glass wide-angle micro-optics



Normal Eye
Central vision is focused on diseased macula.



Implanted Eye
Central vision is rendered on central and peripheral retina.

IMT

- Consists of glass cylinder (4.4 mm in length and 3.6 mm in diameter) held in a PMMA carrier with rigid haptics
- Height of the cylinder is ~ that of 13 IOLs stacked and it protrudes 0.1-0.5 mm through the pupillary plane



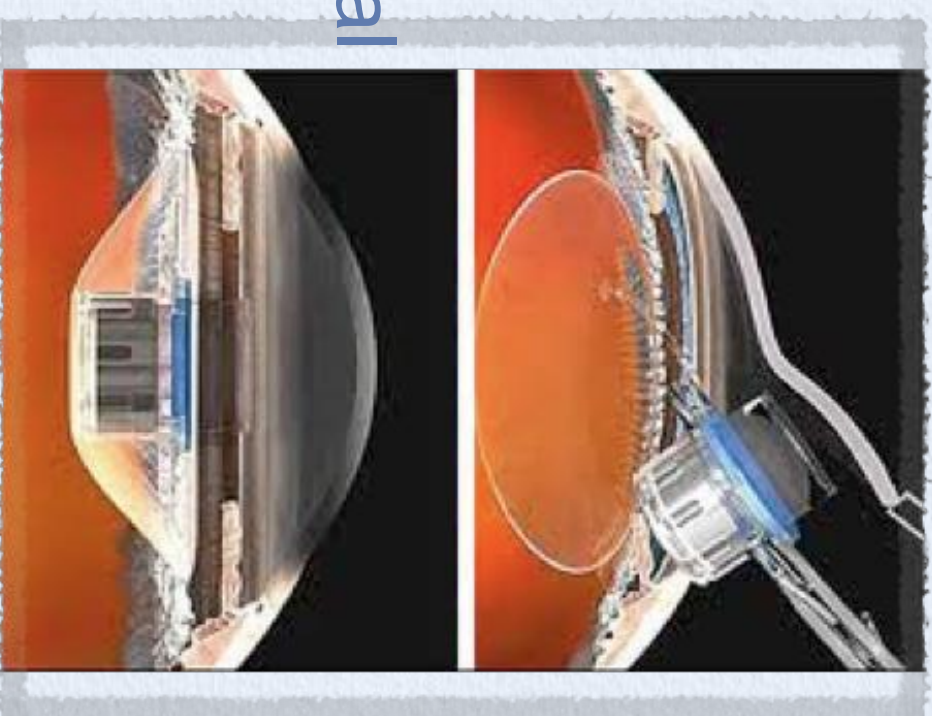
IMT

- 1 year study results of 206 patients showed 67% achieved 3-line or greater improvement in BCVA as well as significant improvement in quality of life measures.
- Challenging procedure and can have significant EC loss at time of surgery (best results were shown to be by those with cornea training)



IMT

- 2 models
 - 2.2 X and 24 degrees of forward field of view
 - 3.0 X and 20 degrees of forward field of view
- Very specific indications for surgical candidates and intensive post-op rehabilitation
- Currently being used in the USA



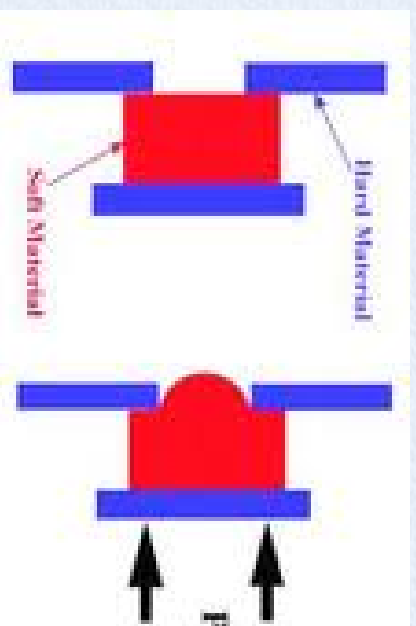
Up and Coming

- NuLens
- Tecnis MF Toric
- Trifocal lens
- Tetraflex
- Calhoun's light adjustable lens
- ELENZA
- Harmoni Modular
- A few further away from primetime



Nulens

- New concept in accommodating IOLs that uses basic physical principles of human eye
- Flexible gel contained in a small chamber
- “Piston” operated by capsular bag pushes contained gel through a round hole to form a bulge that acts as the lens



Nulens



- 1 year study with AMD (20/150 or worse) patients shows approximately a 3 line improvement in uncorrected near vision
- Showed approx 10-15 diopters of accommodation with this lens by UBM and near point
- Increased rate of PCO and approx 27% decrease in ECCC initially

Nulens

- Good candidates are over 50 with no other serious eye disease (i.e.. low ECC)
- Likely available in the United States soon
- Probably around \$3,000 per eye



Harmoni Modular

- **Harmoni Modular IOL**
- 2-piece lens system
- -Base component secures the lens in the capsular bag and captures the optic component
- -Optic component provides flexibility to adjust or exchange the optic *at any time*



Harmoni Modular



[Harmoni Modular IOL on
YouTube](#)

Trifocal

- **FineVision (Micro F)**
 - first diffractive trifocal optic
 - combines two diffractive structures that give +3.5D add for near vision and +1.75D add for intermediate vision.
- other similar lenses not in US are being compared (AT LISA)
- said to have greater spectacle independence than bifocal lenses used in US

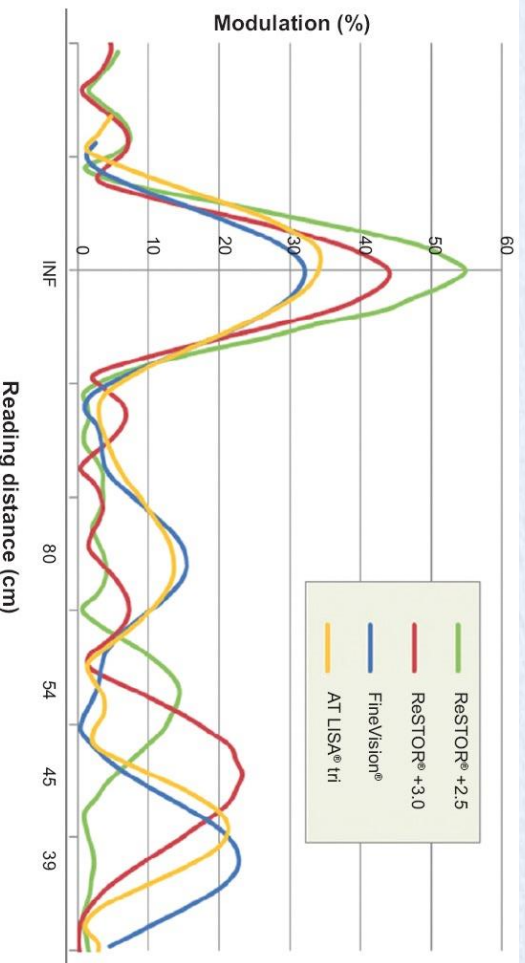
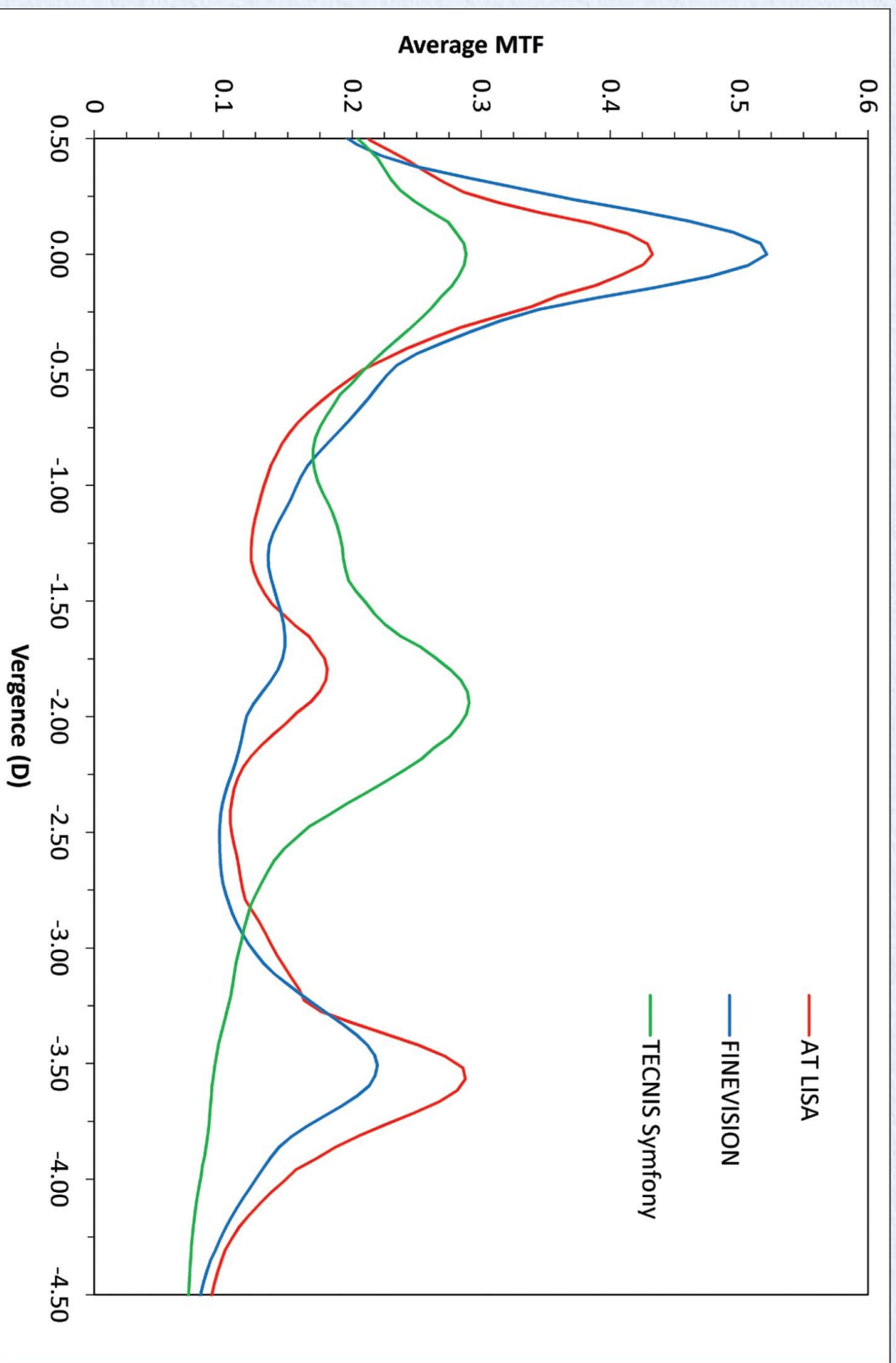


Figure 7 Through-focus MTF values of the AT LISA® tri, FineVision® ReSTOR® +2.5 D and ReSTOR® +3.0 D IOLs at 20/40 Snellen visual acuity equivalent (50 line pairs per mm).
Notes: AcrySof® IQ ReSTOR® IOLs, Alcon Laboratories, Fort Worth, TX, USA; AT LISA® tri 839MP IOLs, Carl Zeiss Meditec AG, Jena, Germany; FineVision® Micro F12 IOLs, PhysIOL SA, Liege, Belgium.
Abbreviations: INF, infinity; IOL, intraocular lens; MTF, modulation transfer function.

Trifocal vs EDF



Tetraflex HD



- “Near-enhancing” IOL
- Significantly increased HOA’s - thought to help some with near vision
- Fits through 3-mm or smaller incision
- Has been studied in Europe and United States

Tetraflex

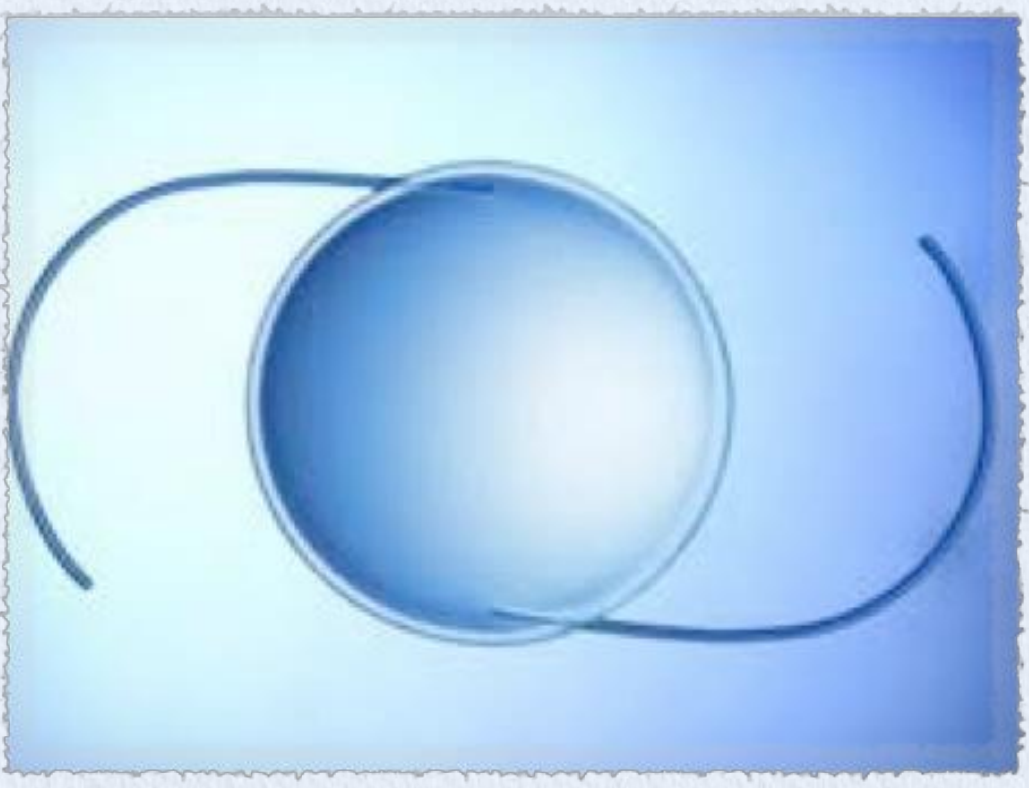
- US FDA Clinical Trial compared 255 Tetraflex to monofocal patients
- 75% reported spectacle independence



- This is lower than the newer multifocal lenses such as ReSTOR +3 and Tecnis
- More recent study shows improved reading ability when compared with Crystalens

Calhoun LAL

- Power can be adjusted post-op by UV light
- Now in clinical trials
- Looks and feels like a standard IOL and no difference in surgical technique
- Lens material is a flexible silicone polymer matrix that contains mobile, photosensitive silicone subunits called “macromers”

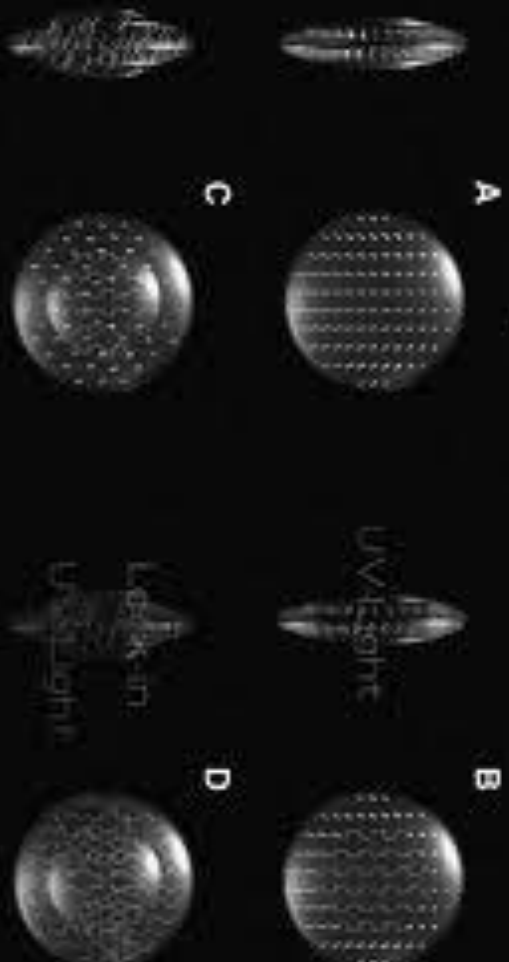


Calhoun LAL

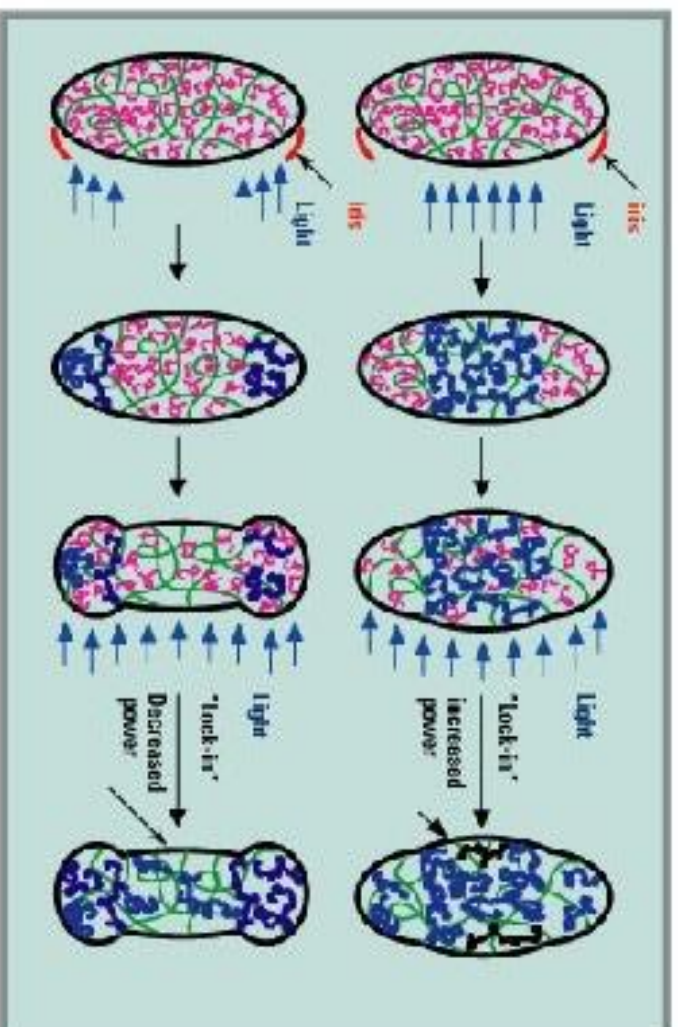
- A new digital light delivery device (DLDD) was developed to adjust the lens power
- Delivers a cool, low-intensity beam of near-UV light that is customized for each patient
- The portion of the lens that is irradiated causes polymerization of the macromers in that area
- This forms a diffusion gradient that moves the macromers toward the irradiated area



Adding Power to the LAL



=> change in radii of curvature => change in power



Calhoun LAL

- So...the treated area will swell and correct hyperopia, myopia, or astigmatism. They are also looking at ways to treat presbyopia
- Do the adjustment at the time that you would normally give Rx for glasses
- Can adjust 2 D at a time, and can adjust more the next day if needed.
- Lock in the final treatment with a dose of light that treats the whole optic

Calhoun LAL

- Studies have shown post-op refractions within 0.5 D of emmetropia in over 85% and over 95% had less than 0.5 D of cyl
- The adjustment and lock-in procedures were well tolerated with all patients requiring at least an initial adjustment and 70% needing a second adjustment

ELenza

- Electronic IOL
- “Autofocal”
accommodating IOL

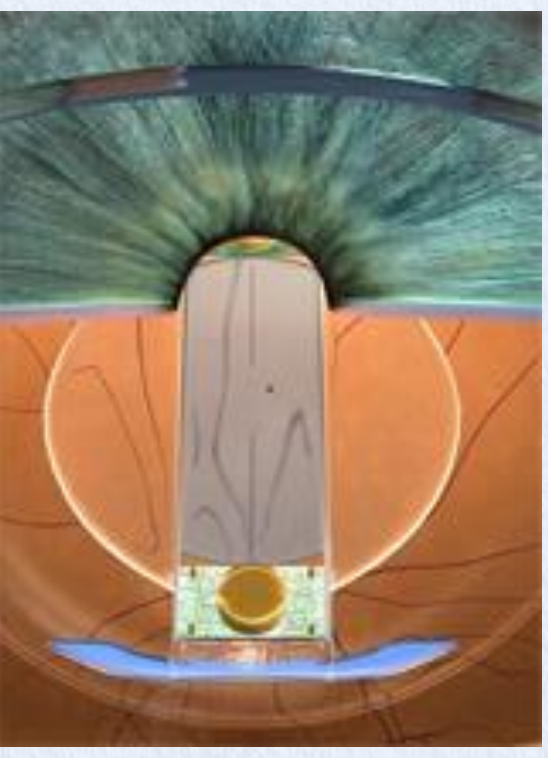
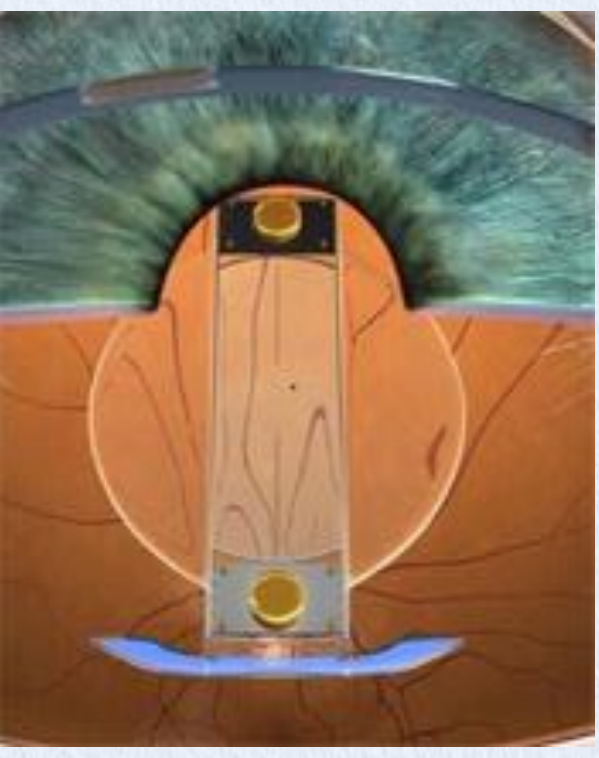
EIenza

- Liquid crystal lens allow lens to change shape
- Electric pulse changes the shape of the lens
- Microscopic rechargeable battery
 - Needs recharging every 3-4 days
 - Recharge with pillow or eyemask



Elenza

- Uses individual pupillary response to trigger accommodation
- Pupil gets smaller with accommodation
- Lens is programmable for each patient
- Within 300 seconds, lens learns specific pupil dynamics of that patient and customizes



Elenza

- Still a long time until safety issues addressed
- What happens with Yag laser?
- Are any of the substances toxic?
- Initially thought US release around 2018...but now stalled...



Some Lenses that are
further away from
primetime...

The End
Thank you!

Bibliography

- The evolution of corneal and refractive surgery with the femtosecond laser. Antonis Aristeidou, Elise V. Taniguchi, Michael Tsatsos, Rodrigo Muller, Colm McAllinden, Roberto Pineda and Eleftherios I. PaschalisEmail author. Eye and Vision20152:12. DOI: 10.1186/s40662-015-0022-6@ Aristeidou et al. 2015. Received: 11 March 2015Accepted: 20 June 2015Published: 14 July 2015
- Comparison of stability between a modular intraocular lens system and a single-piece hydrophobic acrylic intraocular lens. Sothoo JR1, Lane SS1, Cionni RJ1, Berdahl JP1, Sussman GR1, Kahook MY2.
- "My Early Experience with SymFony" - Sumit (Sam) Garg - UC - Irvine Dept of Ophthalmology
- <http://www.physiol.eu/en/multifocal-iol/finevision/>
- <https://www.vision.abbott/us/iols/multifocal.html>
- Tecnis SymFony US Clinical Trials
- Nulens IOL is No Optical Illusion. www.about-eyes.com/2p=683
- Alio J., Ben-nun J., Rodriguez-Prats J. Visual and accommodative outcomes 1 year after implantation of an accommodating intraocular lens based on a new concept. J Cataract Refract Surg 2009; 35: 1671-1678.
- Alcon's AcrySof IQ ReSTOR multifocal toric IOL now in Europe. www.oteurope.com/ophthalmology/timeseurope
- An Accommodative IOL With a New Approach. Cataract and Refractive Surgery Today. Feb 2004.
- Sanders D, Sanders M. US FDA Clinical Trial of the Tetraflex Potentially Accommodating IOL: Comparison to Concurrent Age-matched Monofocal Controls.
- Alfonso JF, Fernández-Vega L, Amhaz H, Montés-Micó R, Valcárcel B, Ferrer-Blasco T. Visual function after implantation of an aspheric bifocal intraocular lens. J Cataract Refract Surg. 2009 May;35(5):885-92
- Santiago M, Netto M, Espindola R. Comparison of reading performance after bilateral implantation of multifocal intraocular lenses with +3.00 or +4.00 diopter addition. J Cataract Refract Surg 2010; 36: 1874-1879.
- Inside the Calhoun Light-Adjustable Lens. www.aao.org/aal/publications/eyenet
- Hengerer F, Conrad-Hengerer I, Buchner S. Evaluation of the Calhoun Vision UV Light Adjustable Lens Implanted Following Cataract Removal. J Refract Surg. 2010;26(10):716-721.
- Colby K, Chang D, Stulting D. Surgical Placement of an Optical Prosthetic Device for End-Stage Macular Degeneration. The Implantable Miniature Telescope. Arch Ophthalmol. 2007;125(8):1118-1121.
- Brown D et al. Functional reading acuity and performance: Comparison of 2 accommodating intraocular lenses. J Cataract Refract Surg. 2009 Oct;35(10):1711-4.