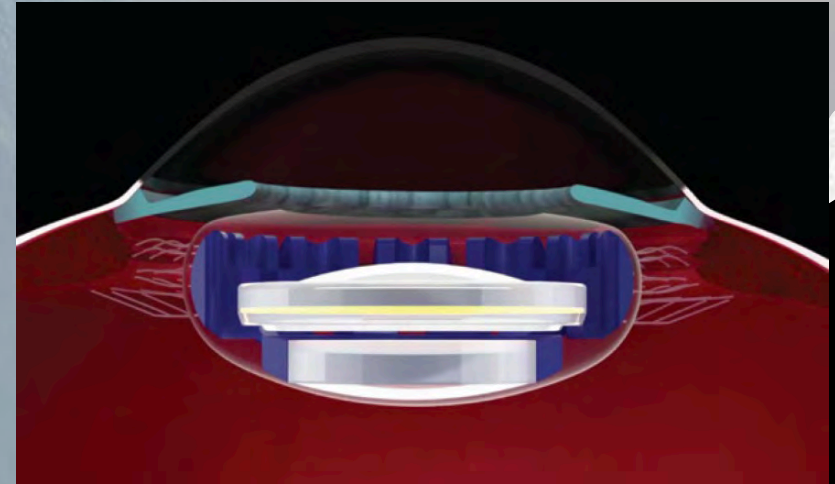


# New Presbyopia IOLs

Advantages, disadvantages, patient selection,  
counseling, and expectations

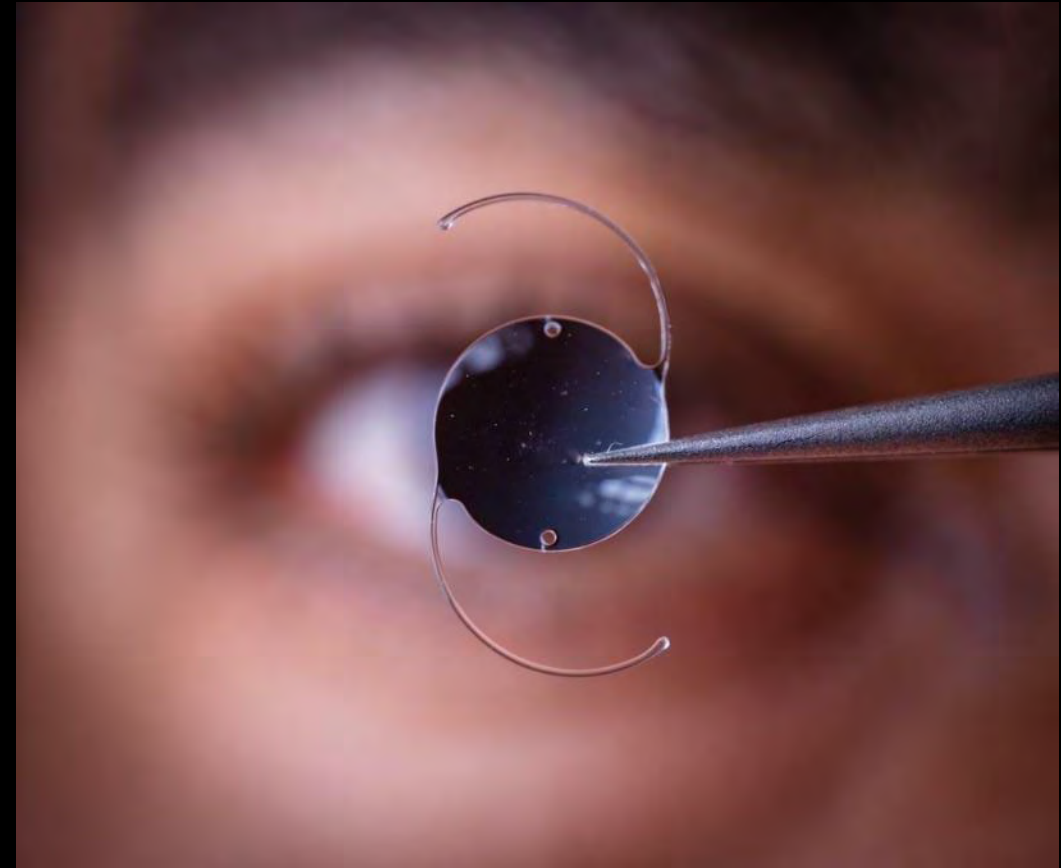


Gregory D. Searcy, M.D.  
Erdey Searcy Eye Group  
Columbus, Ohio



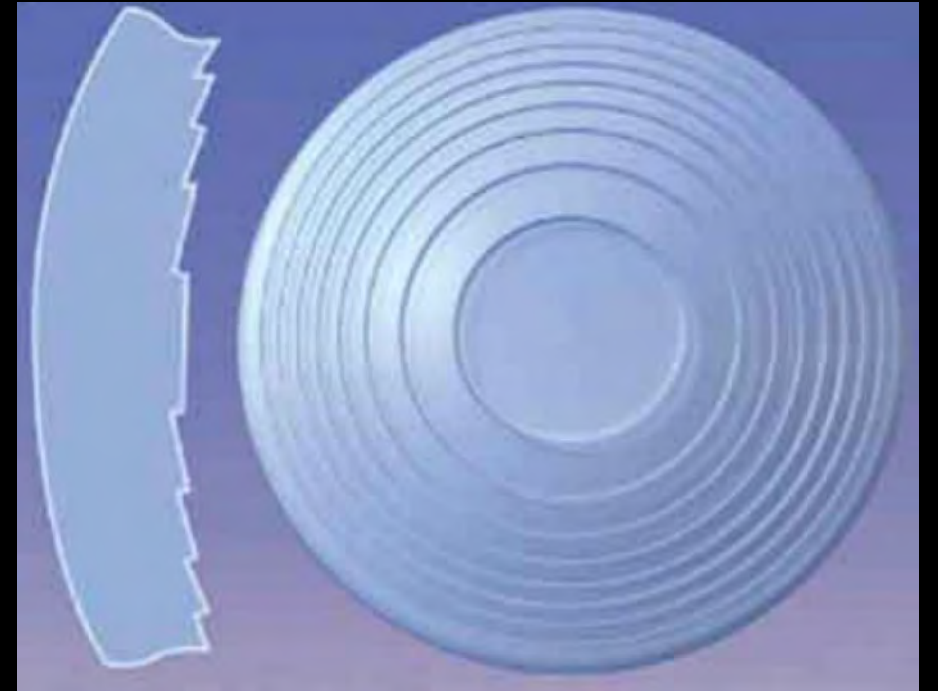
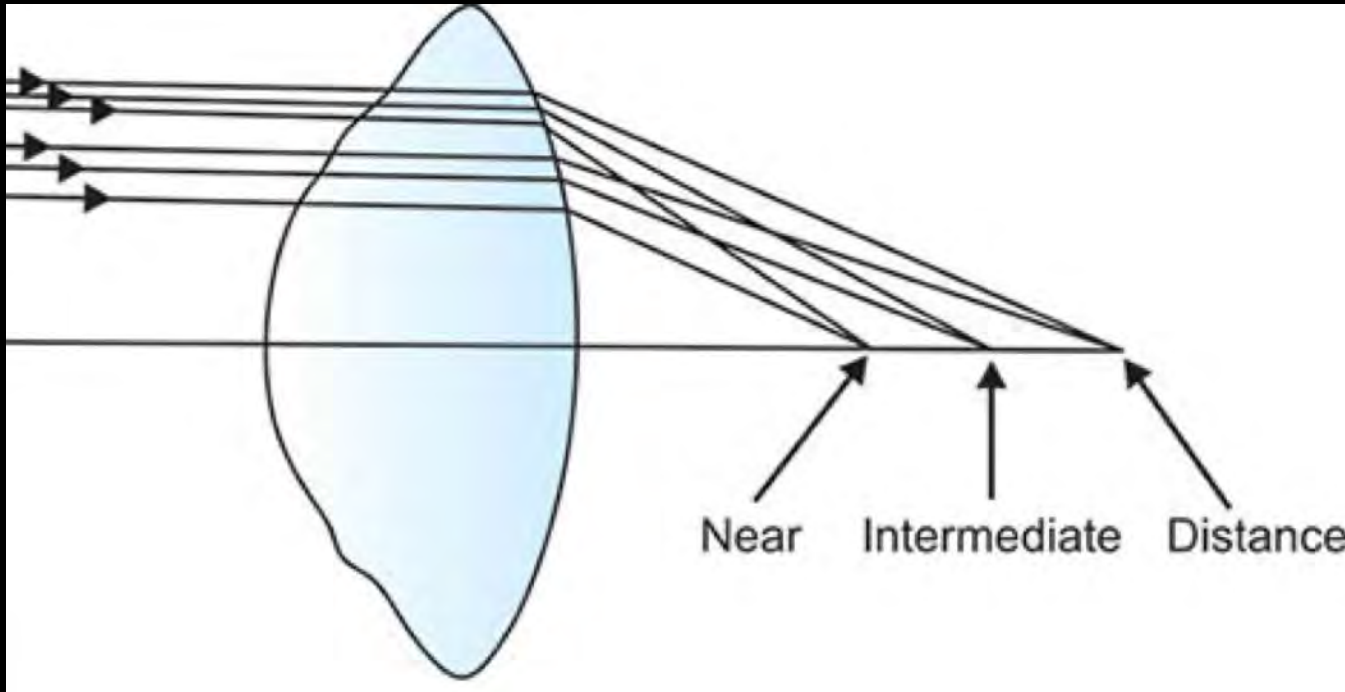
# Presbyopia IOL Designs

- Refractive
  - Array, ReZoom
- Bifocal diffractive
  - ReSTOR, Tecnis Multifocal
- Trifocal diffractive
  - PanOptix
- “Extended depth of field”
  - Odyssey, Vivity, Apthera, Eyhance
- Light Adjustable Lens



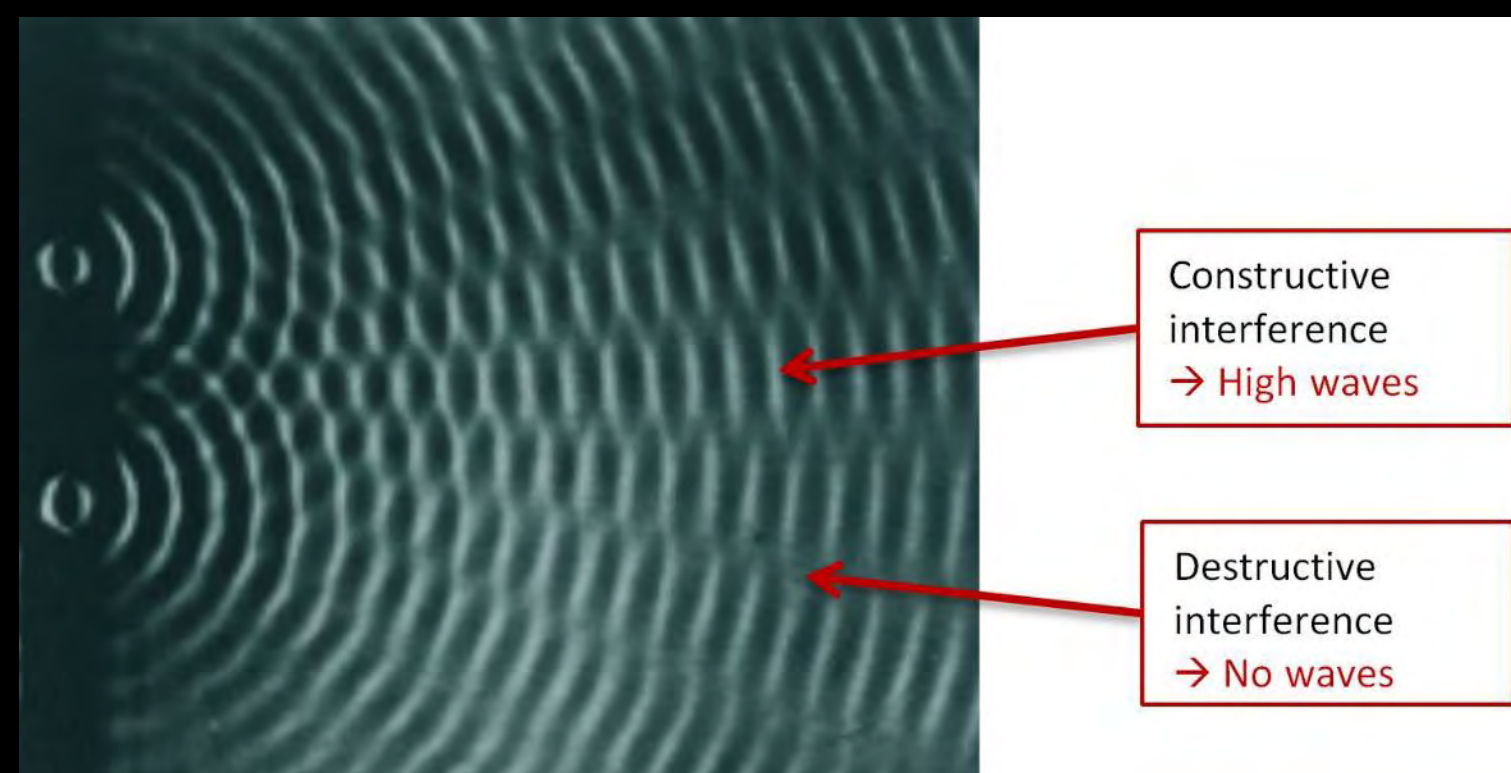
# Refractive Multifocal IOLs

- Concentric zones with different powers
- Disadvantages: Pupil size and lens centration are critical



# Diffractive Multifocal IOLs

- Constructive and destructive light interference
- Each zone (eschelette) creates a wavefront of light



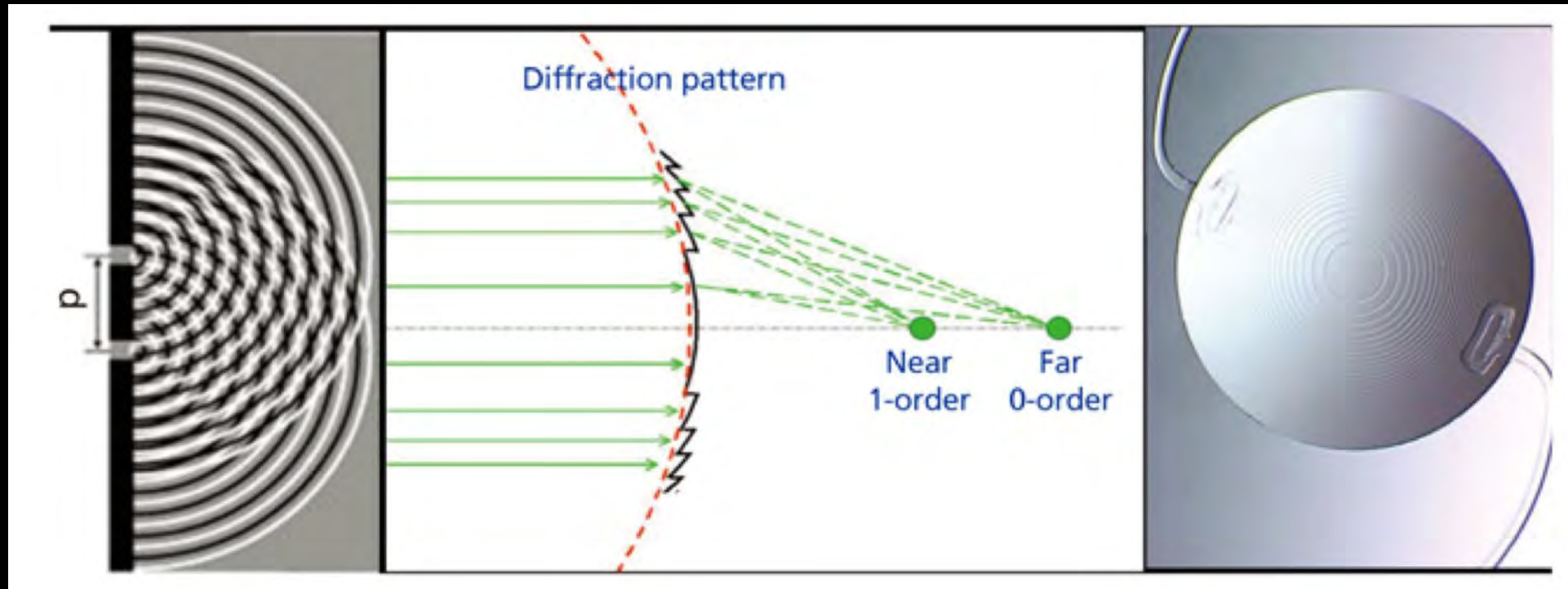
Multifocality  
**constructive interference**  
at **specific points** in space

↓  
**focal points** of the lens



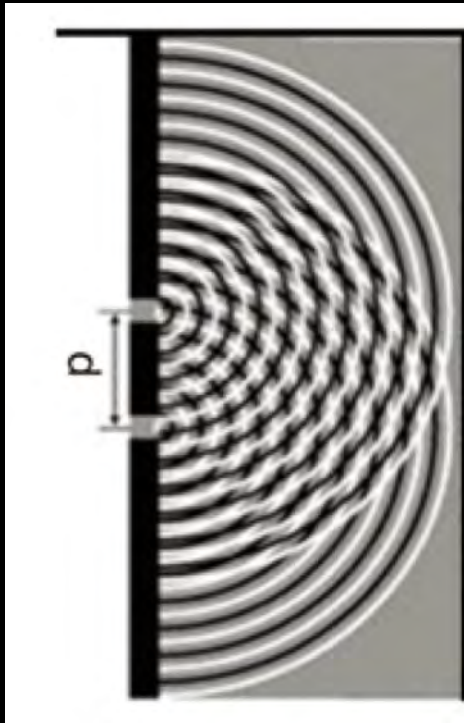
# Diffraction Multifocal IOLs

- Constructive and destructive light interference
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# Diffractive Multifocal IOLs

- Constructive and destructive light interference
- Each zone (eschelette) creates a wavefront of light



Disadvantage

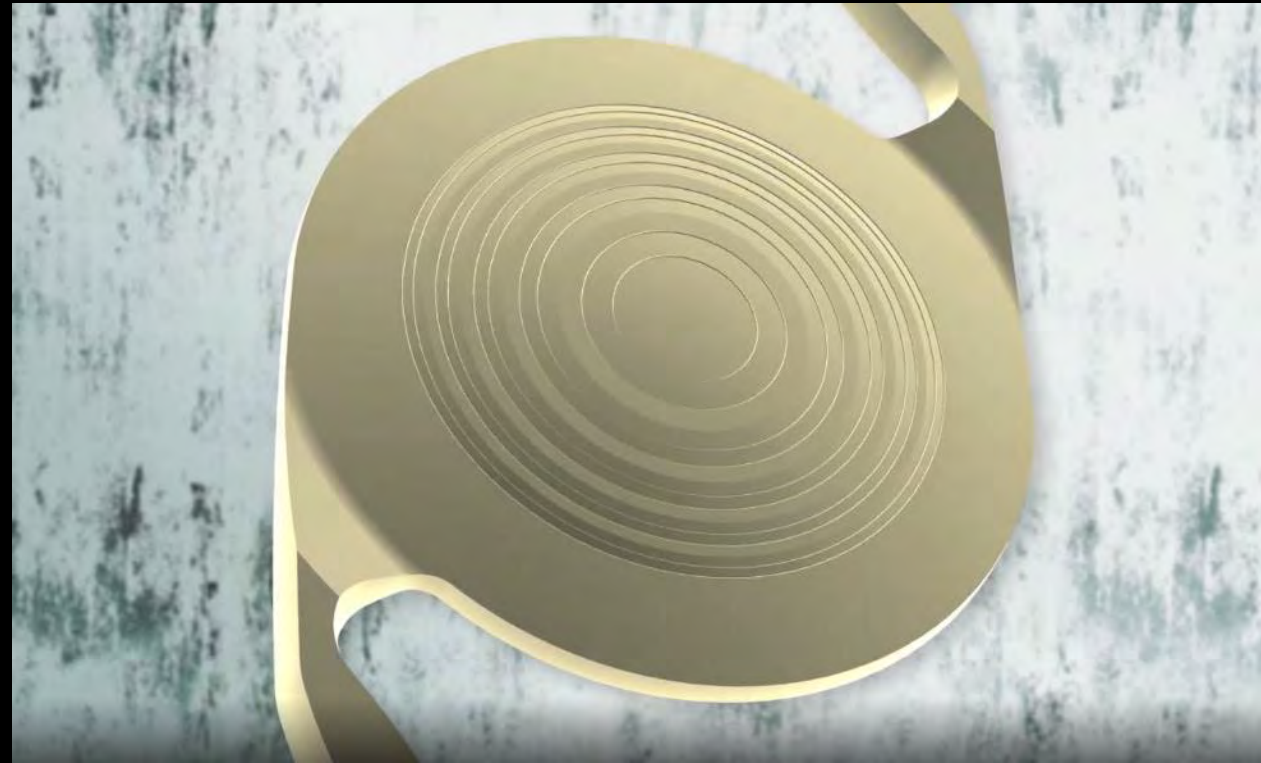
2 foci receive **majority** of light energy



**Impossible to eliminate** the other  
**non-functional focal points** (~19%)

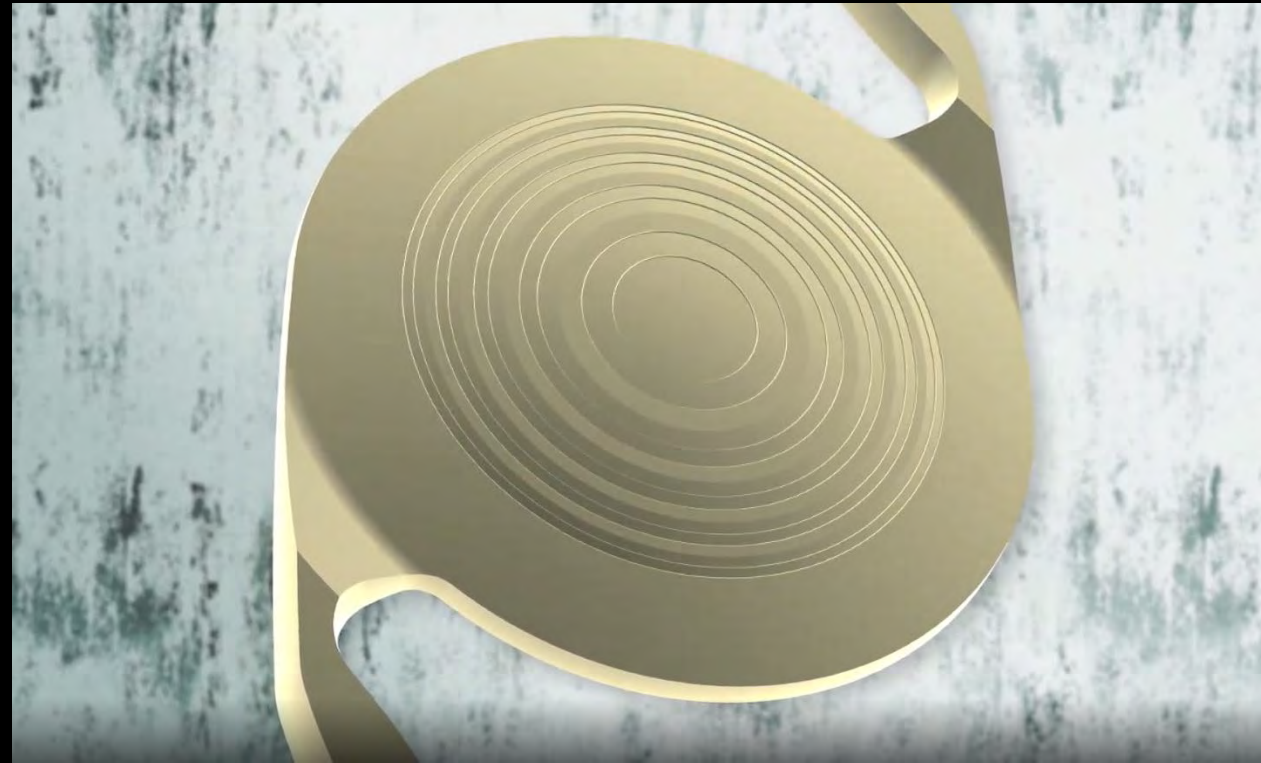
# PanOptix Diffractive Multifocal IOL

- Only **trifocal** IOL in the US
- Actually has 4 focal points
  - **Distance** (2 foci overlap)
  - **24 inches** (+1.67)
  - **16 inches** (+2.50)
- Diffractive steps molded onto **anterior surface**



# PanOptix Diffractive Multifocal IOL

- Only **trifocal** IOL in the US
- Actually has 4 focal points
  - **Distance** (2 foci overlap)
  - **24 inches** (+1.67)
  - **16 inches** (+2.50)
- 3 mm pupil  
= **88%** of light utilized





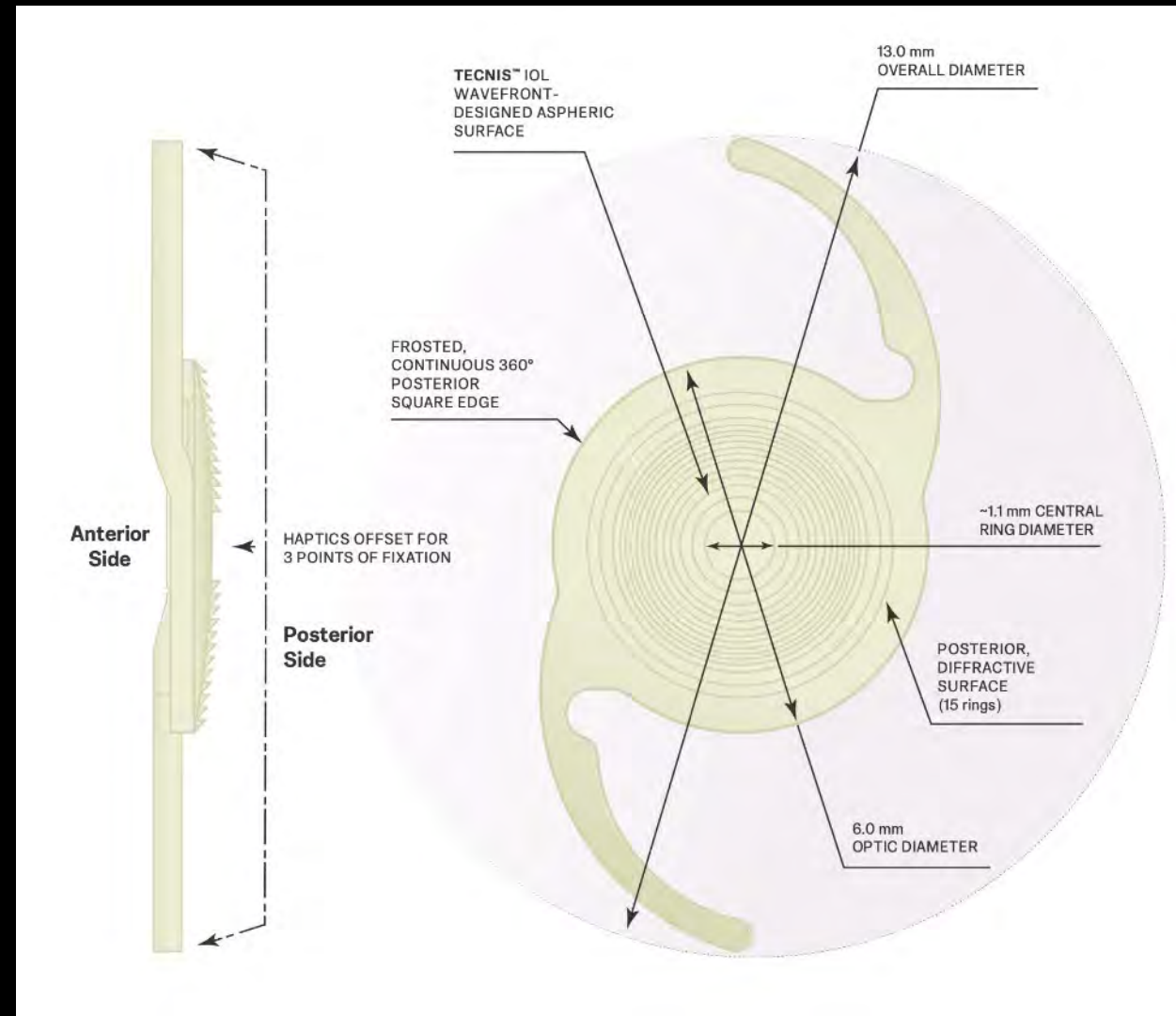
# Odyssey Diffractive Multifocal IOL

Aspheric anterior surface  
Posterior diffractive surface

"14% smaller print than PanOptix"

93% "no/mild" glare/halo/starbursts

2% "severe" halo



# Envy Diffractive Multifocal IOL

- 332 subjects in the US
  - 86% “little to no” glare, halo or starbursts  
(14% moderate or worse)
- 110 subjects in Canada
  - 94% “little to no” difficulty viewing close objects
  - 93% “completely to moderately satisfied”  
(7% not satisfied)



# Vivity EDOF Multifocal IOL

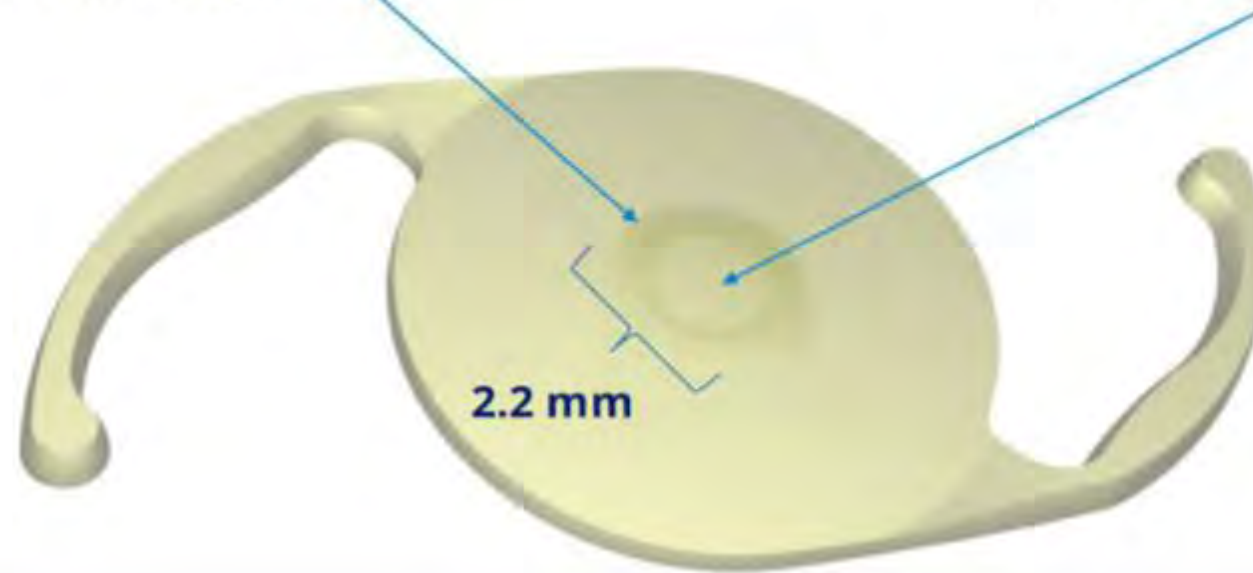
- Continuous vision from distance to 26 inches (+1.50)
- Low glare/halos since absence of rings

## Surface Transition #1:

Slightly Elevated Smooth Plateau (~1  $\mu\text{m}$  high) **stretches** the wavefront, creating a continuous extended focal range

## Surface Transition #2:

Small Curvature Change (across the ~2.2 mm region) **shifts** the wavefront to utilise all available light energy



# Vivity EDOF Multifocal IOL

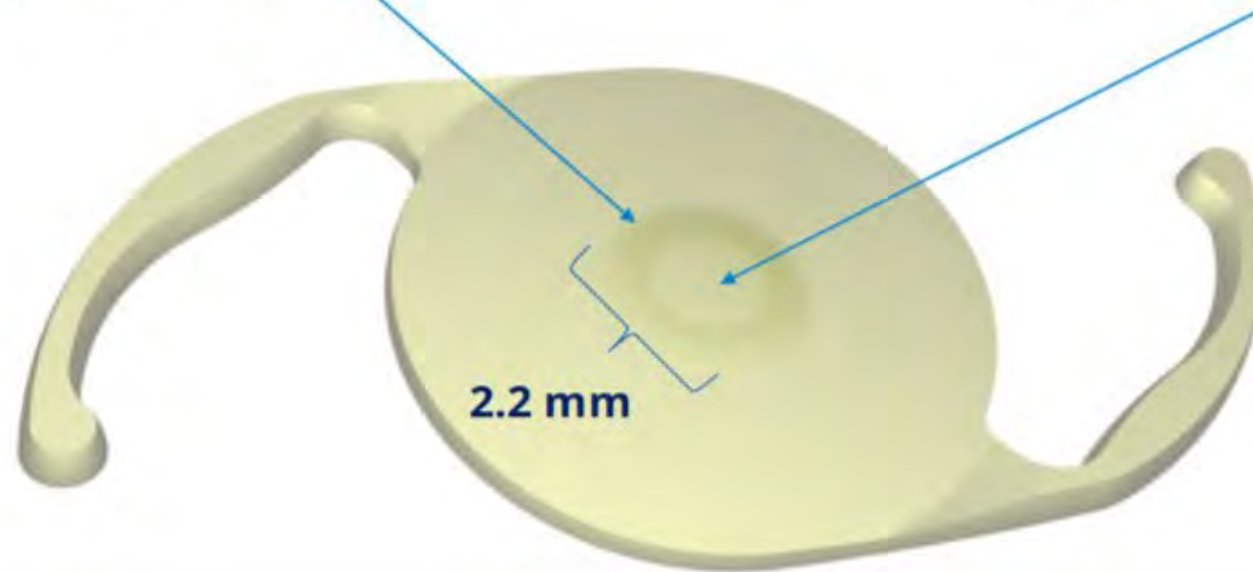
- Curb uncorrected near expectations
- Consider mini-monovision, avoid in low-moderate myopes

## Surface Transition #1:

Slightly Elevated Smooth Plateau (~1  $\mu\text{m}$  high) **stretches** the wavefront, creating a continuous extended focal range

## Surface Transition #2:

Small Curvature Change (across the ~2.2 mm region) **shifts** the wavefront to utilise all available light energy





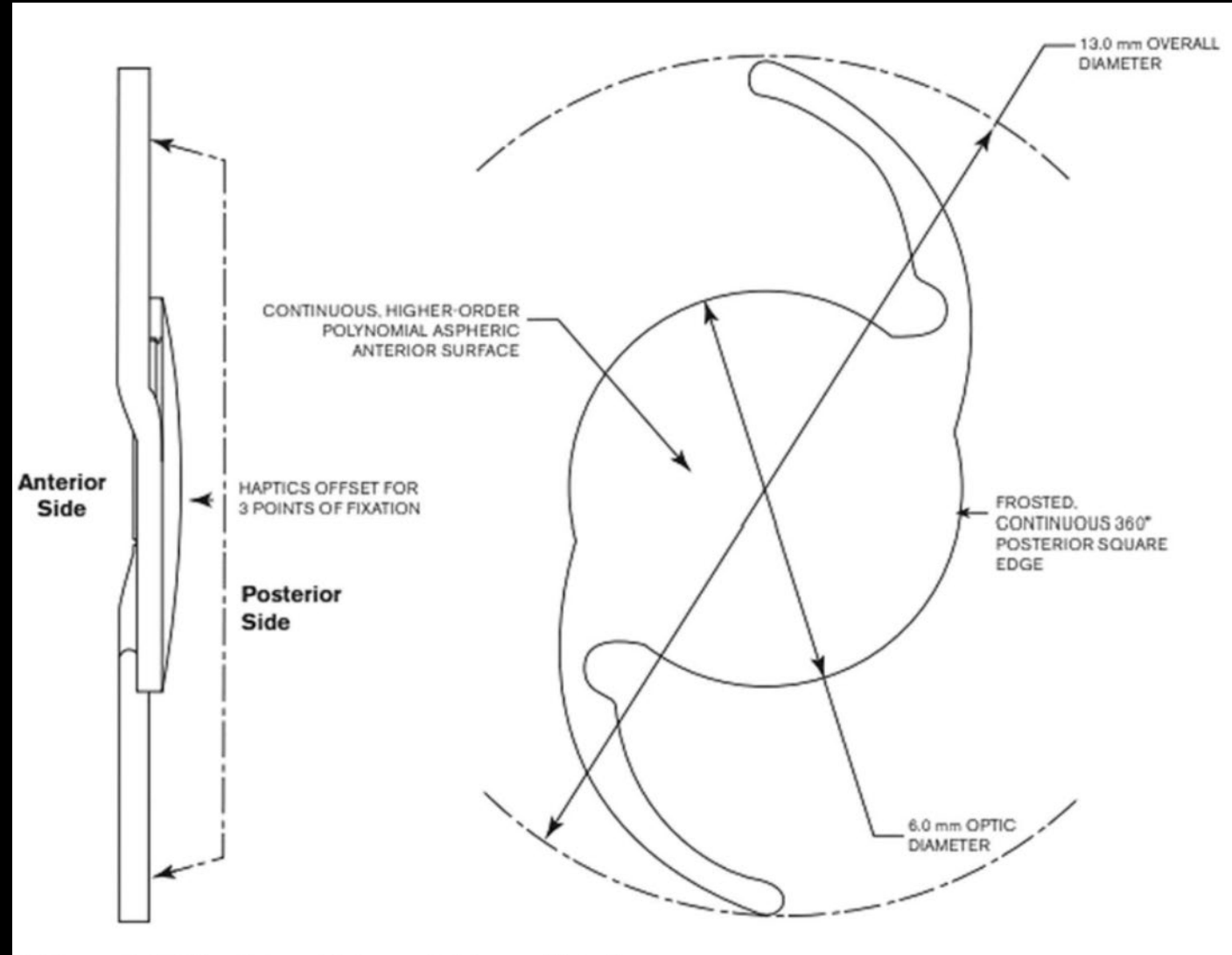
# Aphera EDOF Monofocal IOL

- 1<sup>st</sup> small aperture presbyopia-correcting IOL (1.36 mm central aperture)
- Implanted monocularly (-0.75 target)
- “Your preferred monofocal or toric monofocal in the other eye” (distance target)

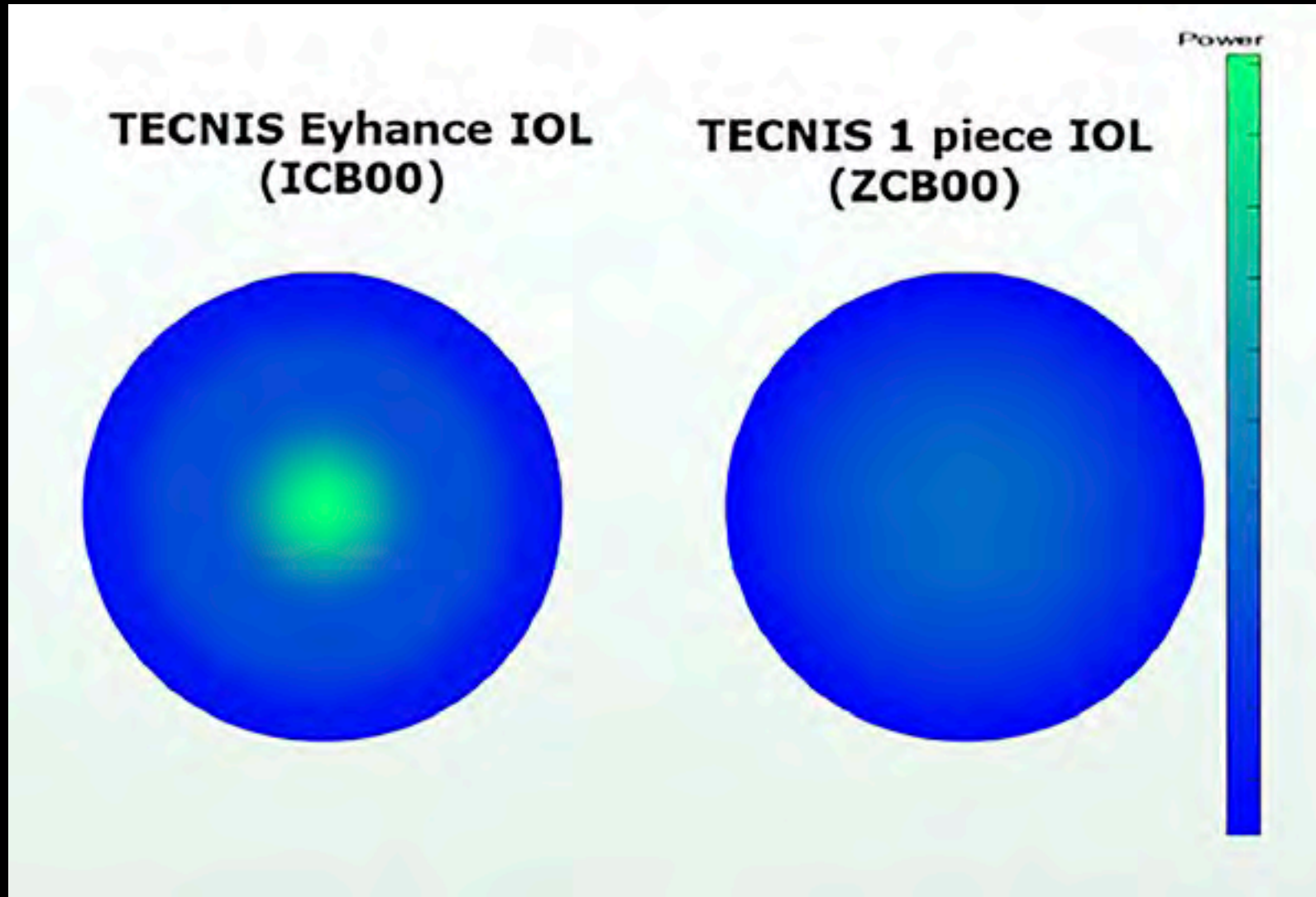


# Eyhance EDOF Monofocal IOL

- Modified anterior aspheric surface
- “Up to 1 D of focus”



# Eyhance EDOF Monofocal IOL



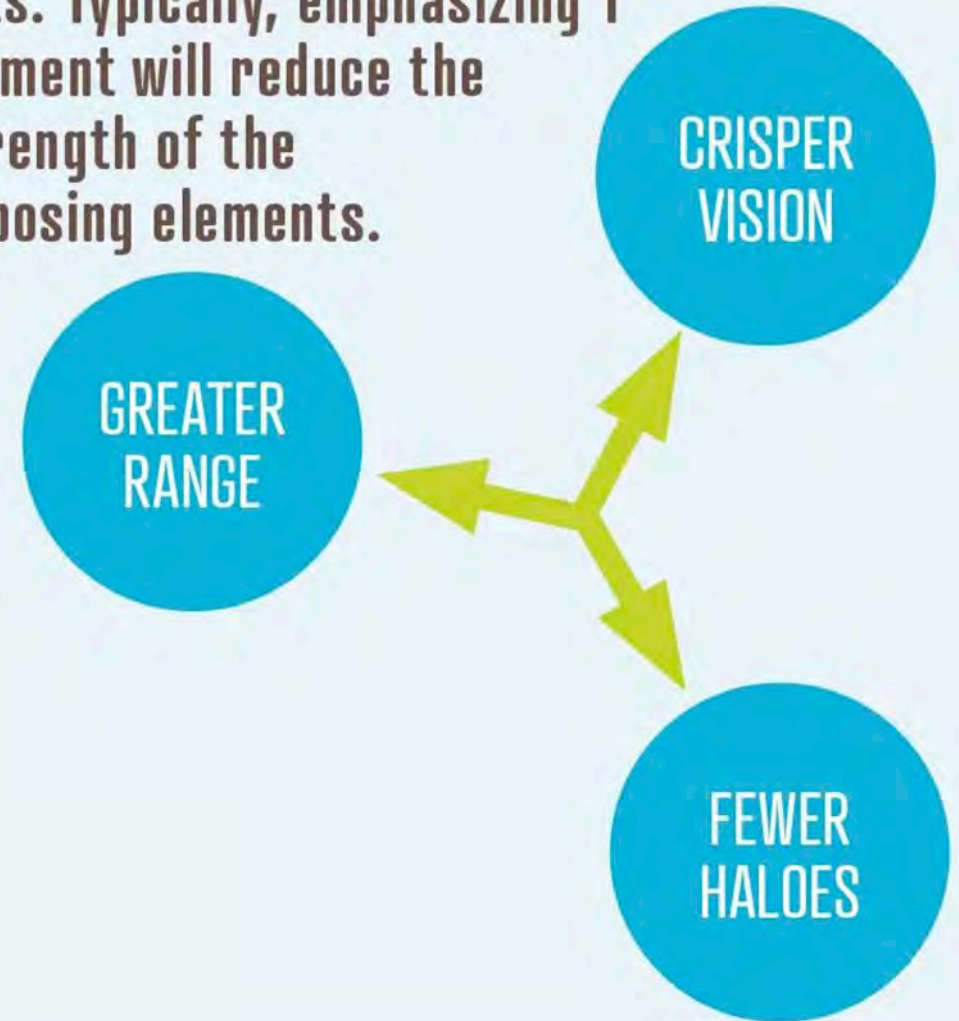
# No free lunch in optics

Laws of physics prevent perfect multifocal

Always loss of light to pay with creating different foci

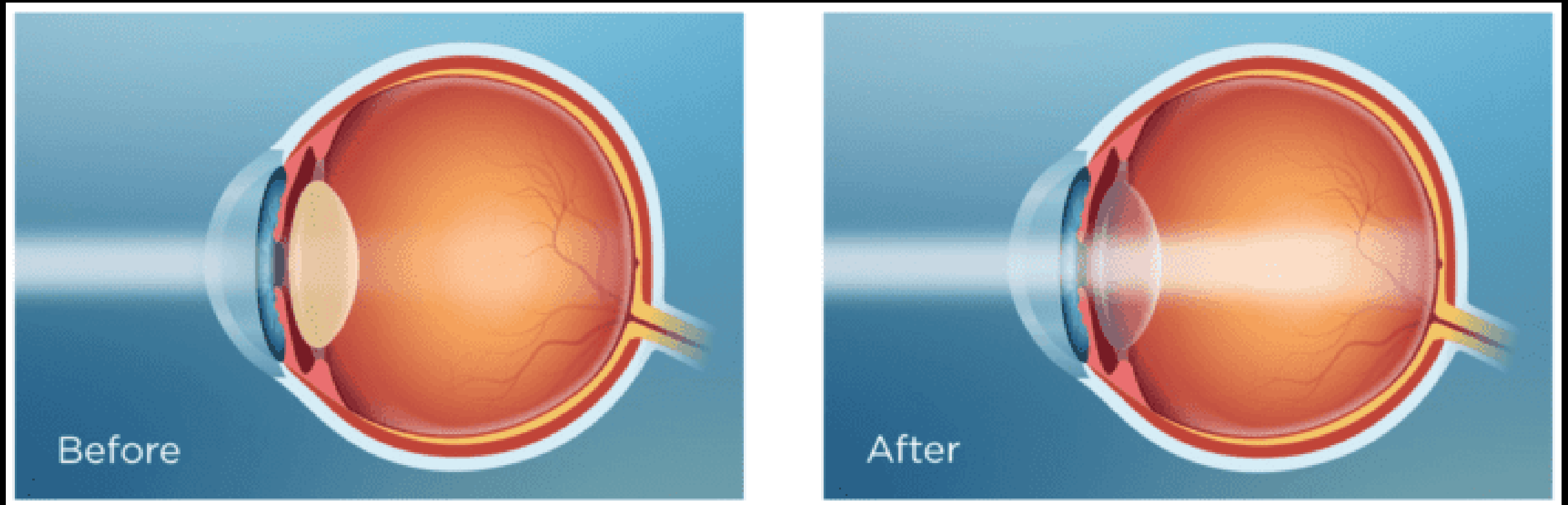
Listen and discuss which IOL strengths are most desirable to each patient personally

The more common visual advantages prioritized by current multifocal IOLs. Typically, emphasizing 1 element will reduce the strength of the opposing elements.

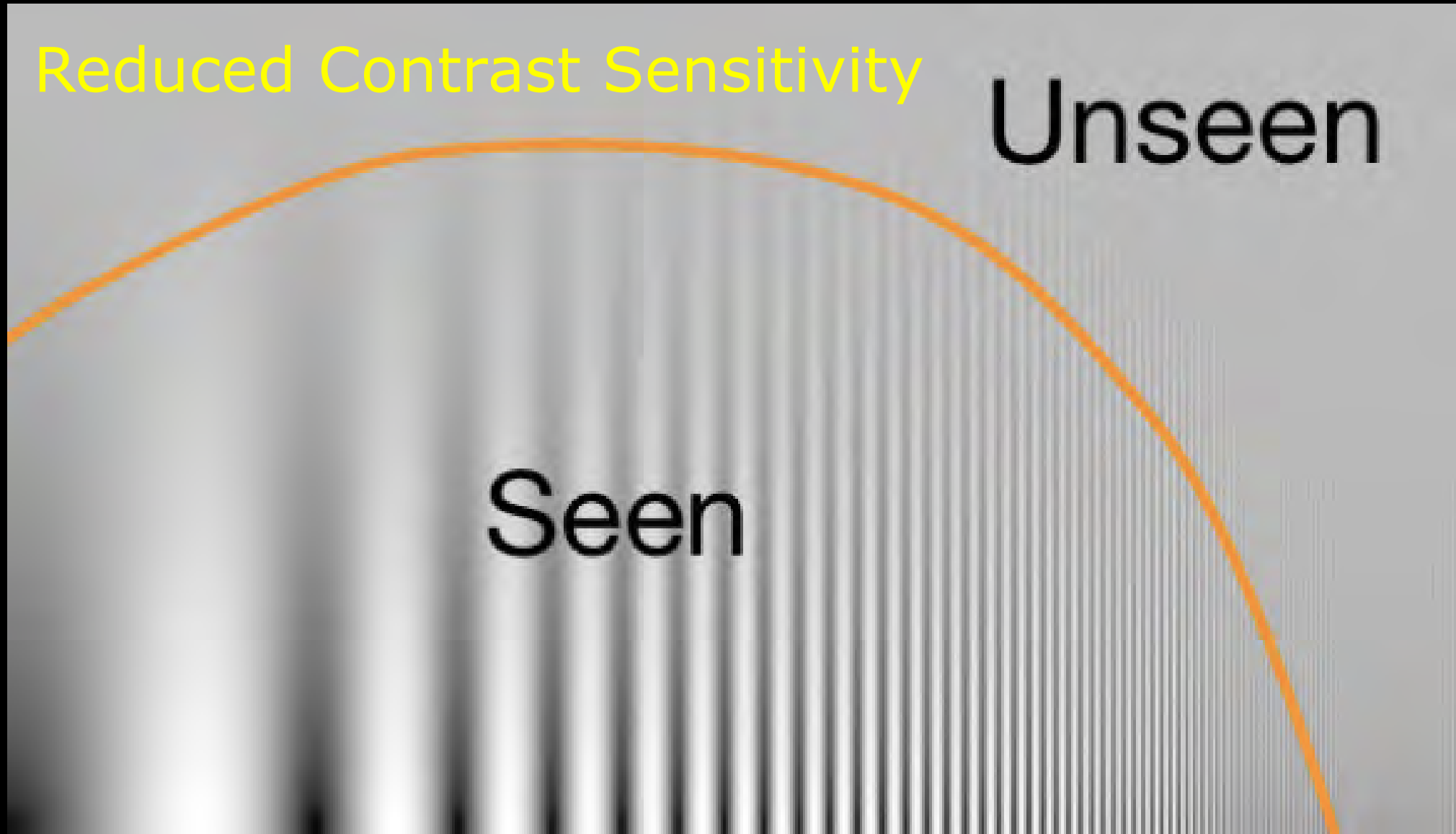




# All Multifocal IOLs

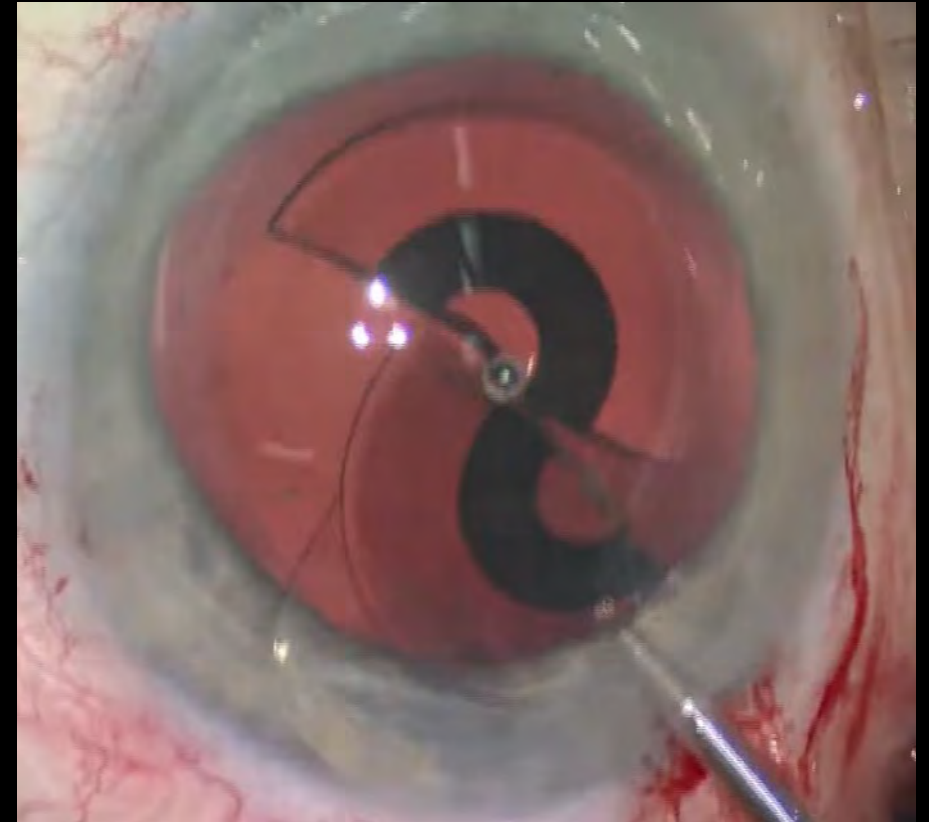


# All Multifocal IOLs



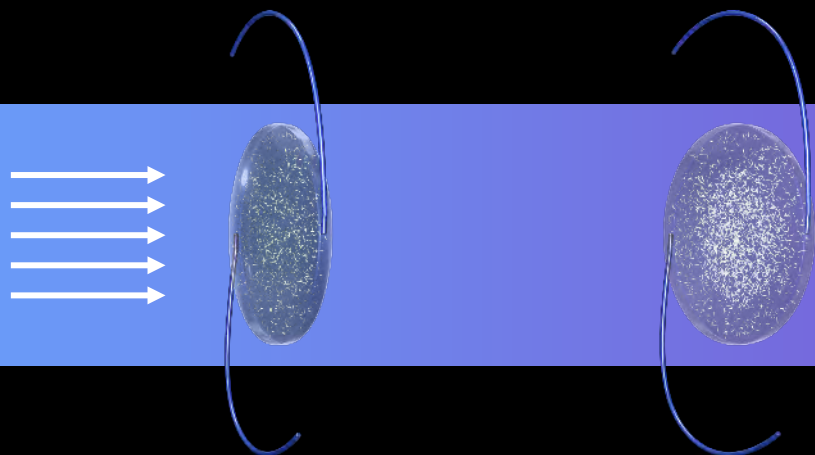
# All Multifocal IOLs

Dysphotopsia (glare, halos, starbursts)



LASIK-LIKE RESULTS

# Light Treatment After LAL Implantation



## Adjustment Beam

Light from LDD  
directed to LAL

**(365 nm)**

## Photopolymerization

Macromers in light path are  
photopolymerized

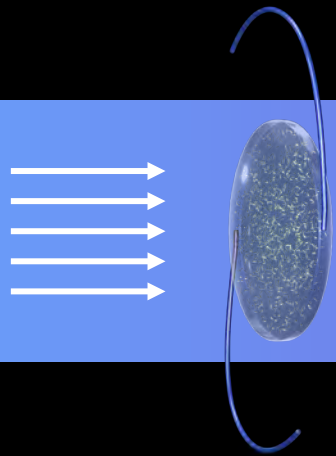
## Macromer

Relatively high molecular weight molecule  
with one end which permits linking together



LASIK-LIKE RESULTS

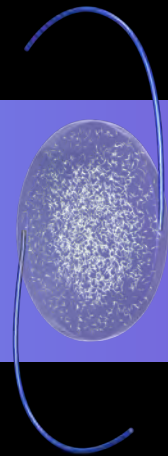
# Light Treatment After LAL Implantation



## Adjustment Beam

Light from LDD directed to LAL

**(365 nm)**



## Photopolymerization

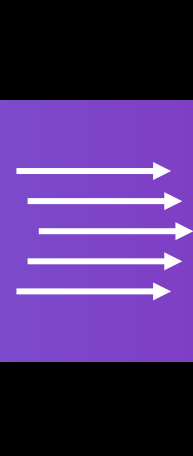
Macromers in light path are photopolymerized



## Power Change

Unpolymerized macromers move into exposed area

**precise shape and power change**



## Lock-In Beam

Entire lens exposed to light

↓  
polymerizing all remaining macromers



## Final Result

Precise change in LAL power

↓  
**match individual's desired Rx**

LASIK-LIKE RESULTS

# Light Treatment After LAL Implantation



# Truly Accommodating IOLs

- “Holy Grail” of IOLs = truly accommodating IOL
- Change refractive power by ciliary body contraction (prepresbyopia)
- Current leaders (started human trials)
  - FluidVision (Alcon)
  - Juvane (LensGen, Inc)
  - JelliSee (JelliSee Ophthalmics, Inc)

# Truly Accommodating IOLs

- FluidVision (Alcon)
- Fluid inside the lens is moved by ciliary muscle contraction
- Implanted into lens capsule
- 36-month follow-up
  - Excellent visual acuity
  - 3-4 D of accommodative power





# Truly Accommodating IOLs

- FluidVision (Alcon)
- Hydrophobic acrylic shell
- Filled with index-matched silicone oil

Near focus = ciliary muscles constrict



Fluid inside the haptics is pushed into the optic



Increased central curvature / power



# Truly Accommodating IOLs

- FluidVision (Alcon)
- Hydrophobic acrylic shell
- Filled with index-matched silicone oil

Distance focus = ciliary muscles relax



Fluid moves back from optic into the haptics



Decreased central curvature / power



# Truly Accommodating IOLs

- Juvene (LensGen, Inc)
- Curvature-changing liquid filled silicone optic
- Posterior fixed lens which fills the bag

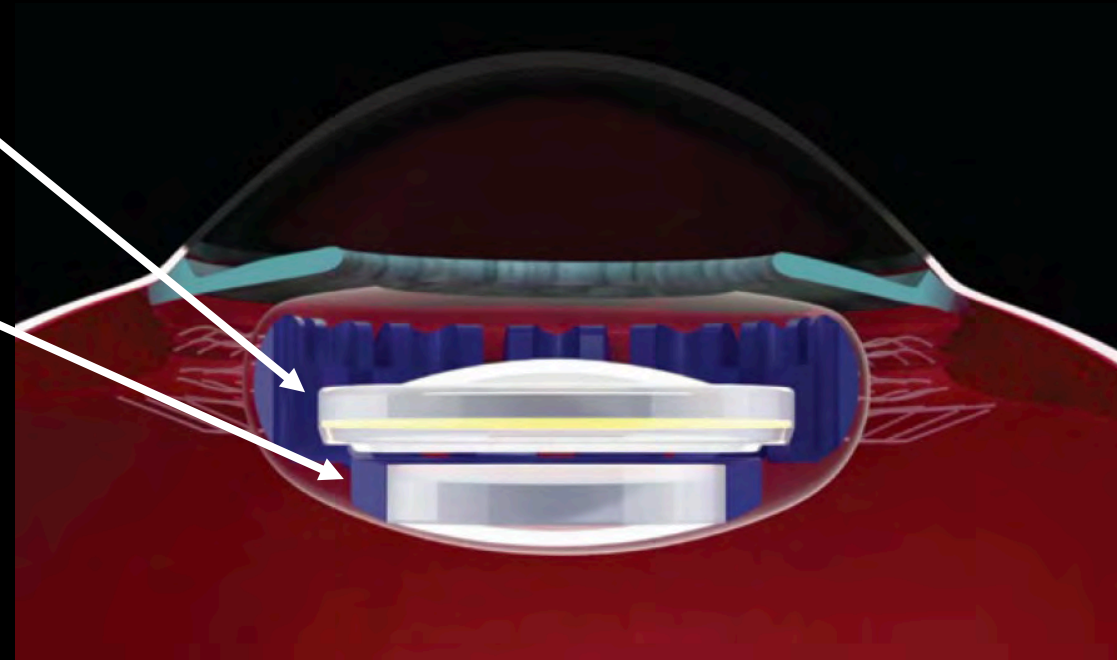
Natural capsular bag forces transfer to base lens



Compresses the anterior fluid-filled lens



Increased central curvature / power



Lens filled entire capsular bag =  
more accurate effective lens position

# Juvene



DISTANCE



INTERMEDIATE AND NEAR



# Juvene



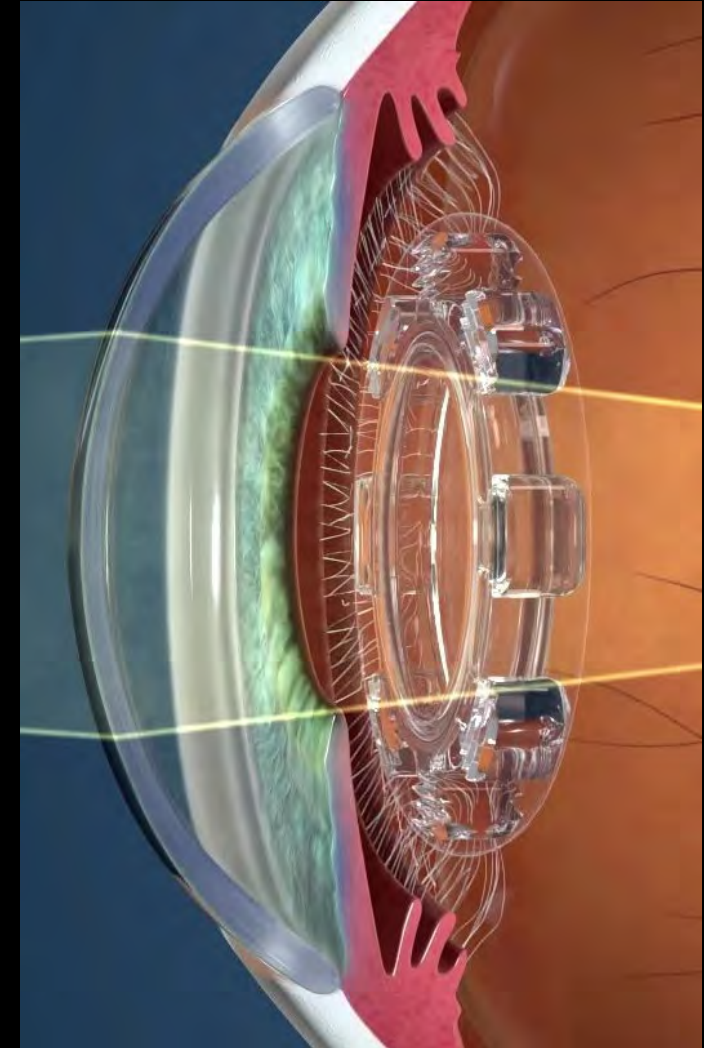
- Juvene (LensGen, Inc)
- Anterior lens held in base by 3 tabs
- Future technology could be placed



# Truly Accommodating IOLs

- JelliSee (JelliSee Ophthalmics, Inc)
- Accommodating and astigmatism correcting monofocal IOL
- 7 diopters or more of accommodation
- Requires  $< 0.2\text{mm}$  diameter change for full range of accommodation
- Foldable

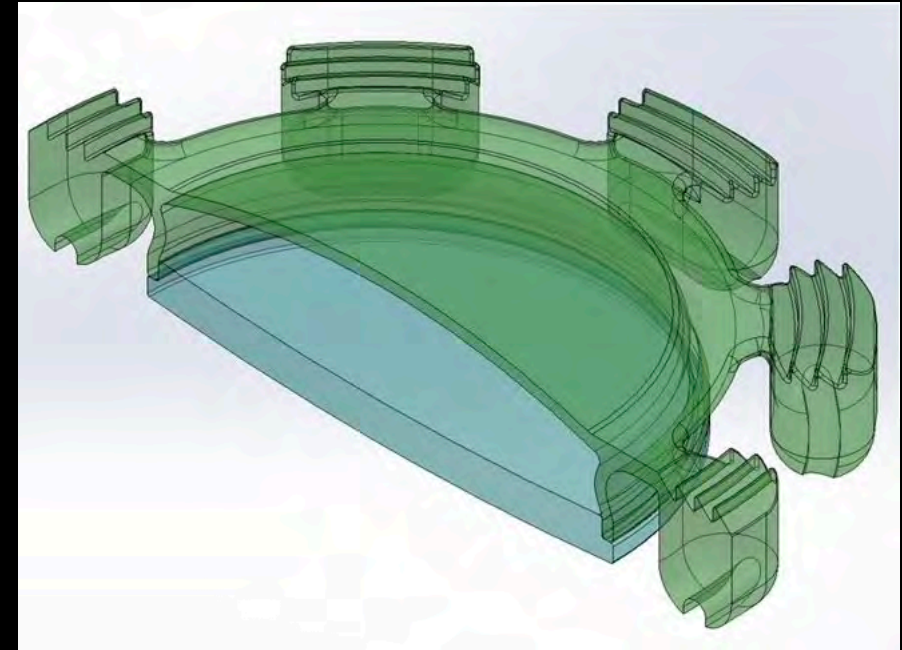
(per their website)



# Truly Accommodating IOLs

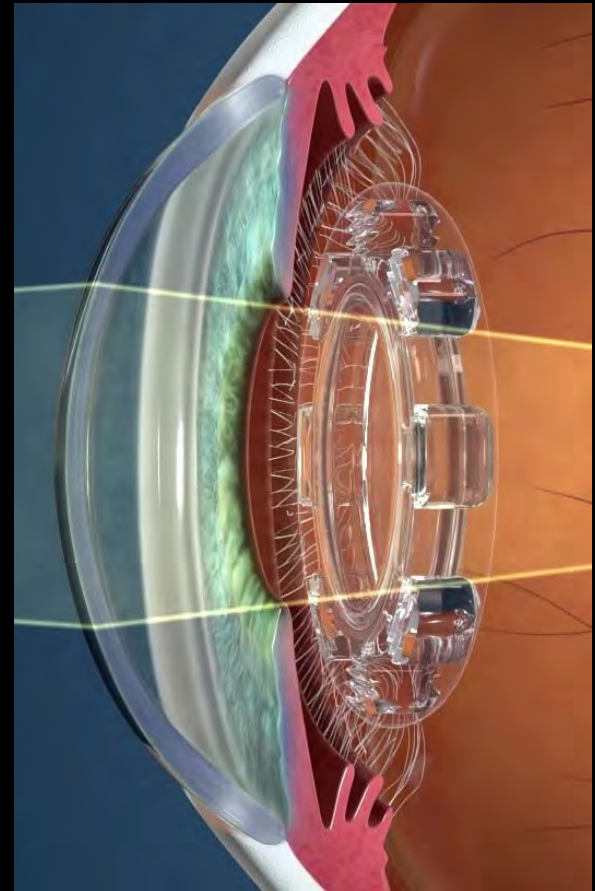
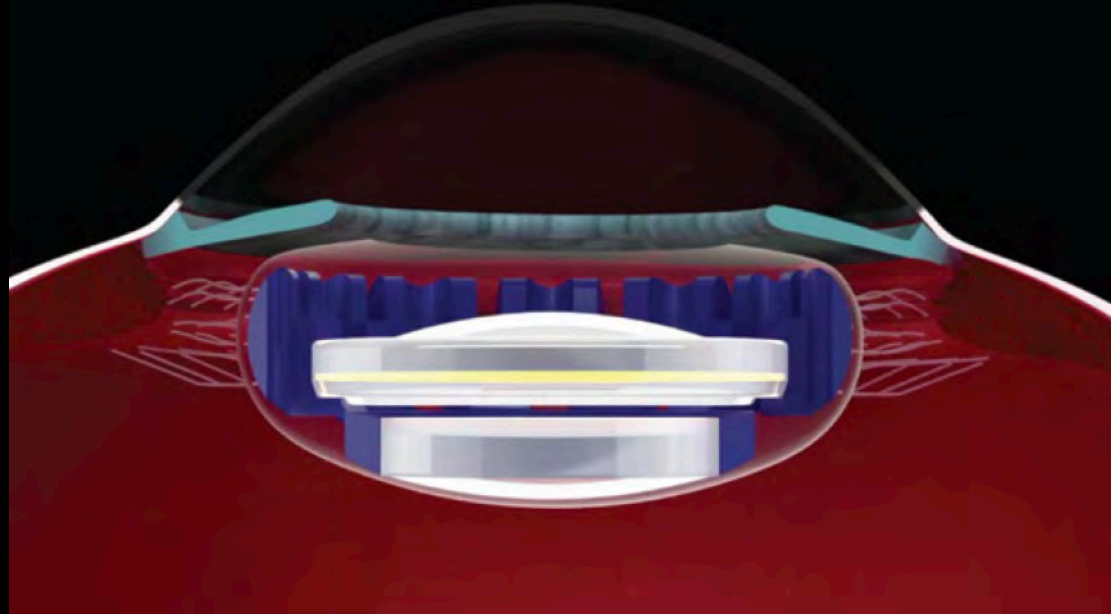
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- 7 diopters or more of accommodation
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- Foldable

(per their website)



# Truly Accommodating IOLs

No "truly accommodating IOL" in human trials ... that is adjustable



# Today's Presbyopic IOL Choices

- 29.7 million cataract surgeries worldwide
- 4.7 million in the US

PanOptix



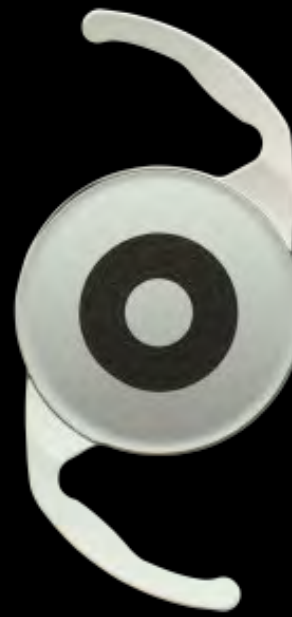
Odyssey



Vivity



Aphthera



EyeHance



LAL



Diffractive Multifocal IOLs

EDOF IOLs

# Today's Presbyopic IOL Choices

- 29.7 million cataract surgeries worldwide
- 4.7 million in the US
  
- What lifestyle choices are our patients making?

# Today's Presbyopic IOL Choices

- 29.7 million cataract surgeries worldwide
- 4.7 million in the US
  
- Incidence of type 2 diabetes

<u>Year</u>	<u>Incidence</u>
1940	1 in 350
1970	1 in 50
Today	1 in 8



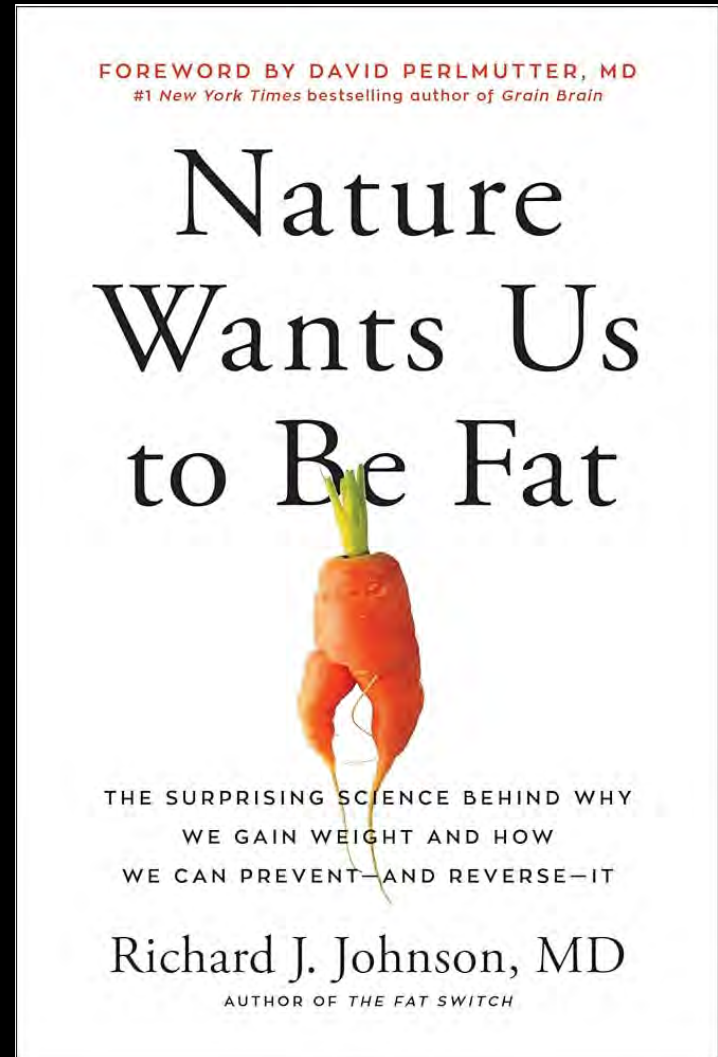
# Our Insatiable Desire for Food

- Liquid fructose (1970s)
- Fructose/day was 6g (fruits) and today is 33g



# Our Insatiable Desire for Food

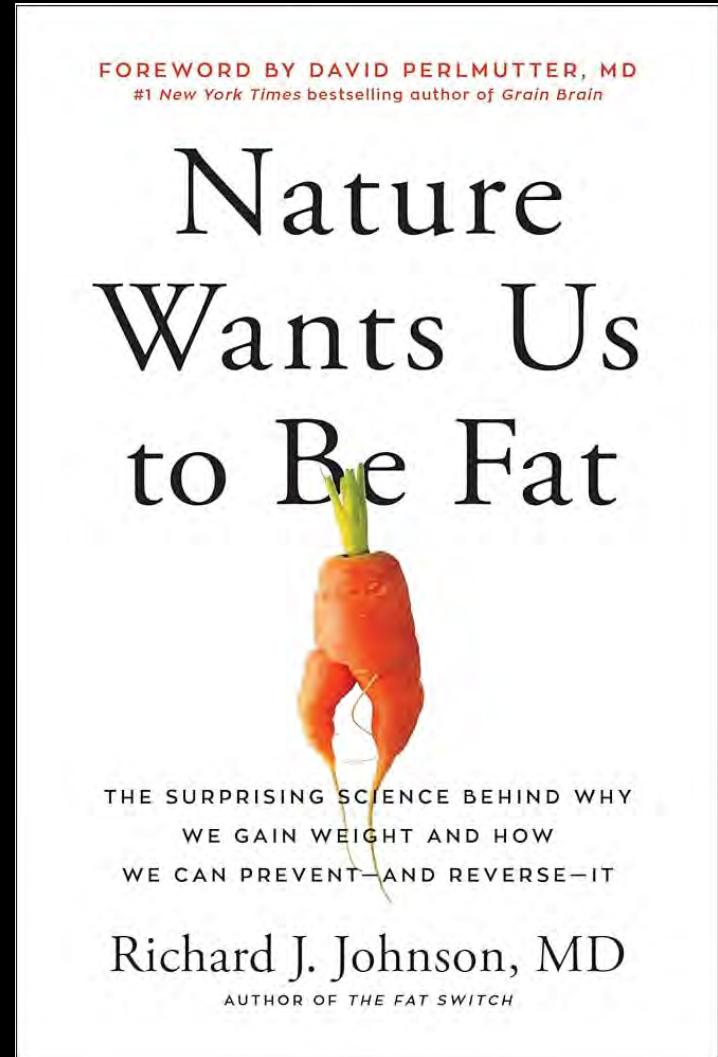
- Animals gorge on ripe, fructose-rich fruit in fall
- Food foraging for winter = life or death for animals





# Our Insatiable Desire for Food

- Fructose depletes cellular ATP
- Signals cellular starvation → intense appetite  
food-seeking behaviors





# Our Insatiable Desire for Food

- Our survival switch has been used against us
- We are now **aggressive food-seeking addicts** preparing for a **hibernation that never comes**



FOREWORD BY DAVID PERLMUTTER, MD  
#1 *New York Times* bestselling author of *Grain Brain*

## Nature Wants Us to Be Fat

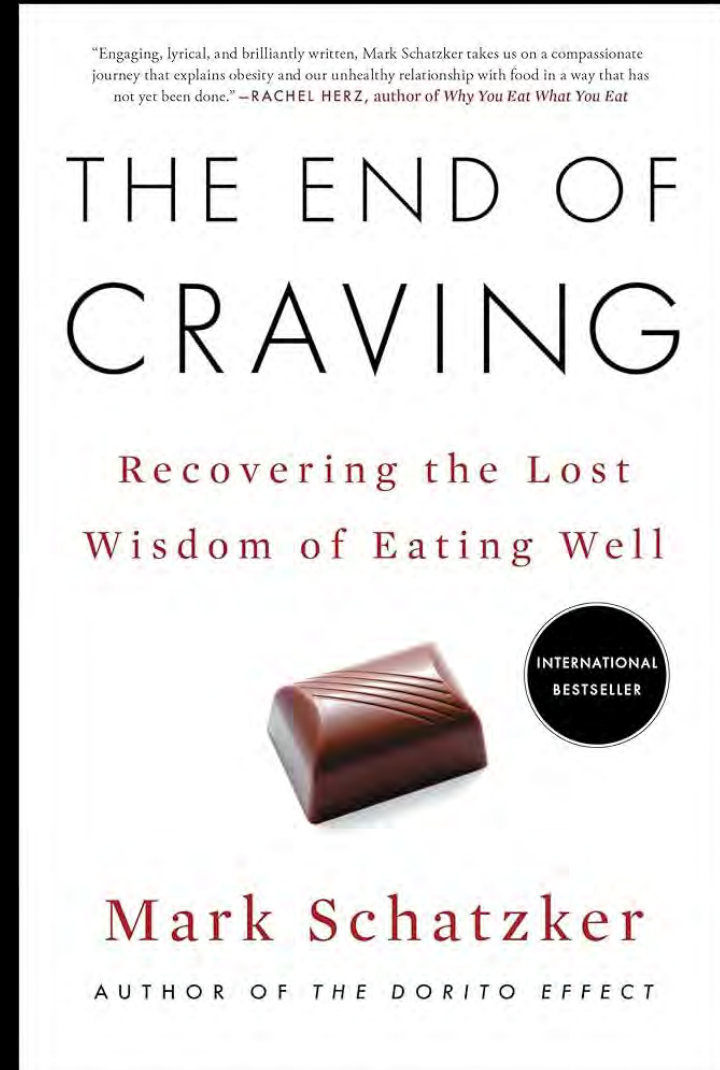


THE SURPRISING SCIENCE BEHIND WHY  
WE GAIN WEIGHT AND HOW  
WE CAN PREVENT—AND REVERSE—IT

Richard J. Johnson, MD  
AUTHOR OF *THE FAT SWITCH*

# Our Insatiable Desire for Food

- Ultraprocessed foods convince us to eat more
  - Unique feature called “variable reward”
  - Create an insatiable desire for more food
  - Nutritional gamble, unsure of the outcome, rendering us to keep seeking and eating





# Our Insatiable Desire for Food

- Ultraprocessed foods convince us to eat more
  - Unique feature called “variable reward”



“Engaging, lyrical, and brilliantly written, Mark Schatzker takes us on a compassionate journey that explains obesity and our unhealthy relationship with food in a way that has not yet been done.” — RACHEL HERZ, author of *Why You Eat What You Eat*

## THE END OF CRAVING

Recovering the Lost  
Wisdom of Eating Well



INTERNATIONAL  
BESTSELLER

Mark Schatzker

AUTHOR OF THE DORITO EFFECT



# Our Insatiable Desire for Food

- *Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain*  
20 adults unable to leave NIH research facility (Cell, Kevin Hall, 2021)
- First 2 weeks: **Unlimited ultra-processed foods**



# Our Insatiable Desire for Food

- *Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain*  
20 adults unable to leave NIH research facility (Cell, Kevin Hall, 2021)
- First 2 weeks: **Unlimited ultra-processed foods**
  - Cheerios, croissants, Yoplait yogurt, blueberry muffins, margarine, packaged beef ravioli, diet lemonade, oatmeal raisin cookies, white bread, store-bought gravy, canned corn, low-fat chocolate milk, deli turkey, tortillas, Heinz pickle relish/ketchup, Hellmann's mayonnaise, shortbread cookies, Fig Newtons, orange juice, Tater Tots, French fries, cheese-burgers with American cheese, turkey bacon, English muffins, chicken nuggets, hoagie rolls, crackers, hot dogs, burritos, tortilla chips

# Our Insatiable Desire for Food

- *Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain*  
20 adults unable to leave NIH research facility (Cell, Kevin Hall, 2021)
- Second 2 weeks: **Unlimited unprocessed foods**



# Our Insatiable Desire for Food

- *Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain*  
20 adults unable to leave NIH research facility (Cell, Kevin Hall, 2021)
- Second 2 weeks: **Unlimited unprocessed foods**
  - Shrimp, salmon, chicken breast, beef roast, fresh egg scrambles and omelets, steamed and roasted vegetables, rice, nuts, fruits, oatmeal with berries and raw almonds, salads with chicken, apples, homemade dressing, sweet potato hash, bakes sweet potatoes, unsweetened Greek yogurt with fruit



# Our Insatiable Desire for Food

- *Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain*

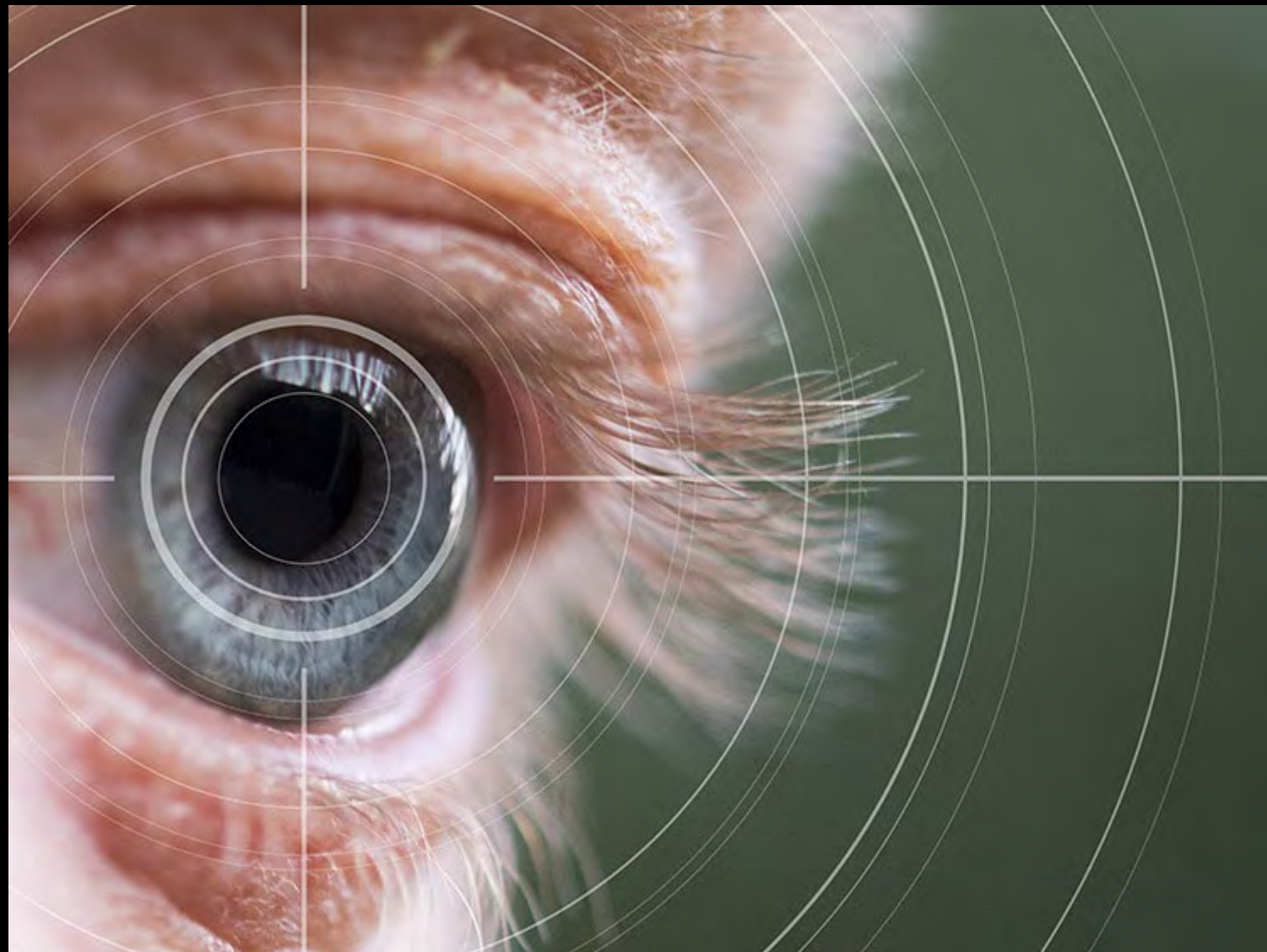


**Gained 2 pounds** on average  
500 more cal/day (7000 calories in 2 wks)



**Lost 2 pounds** on average

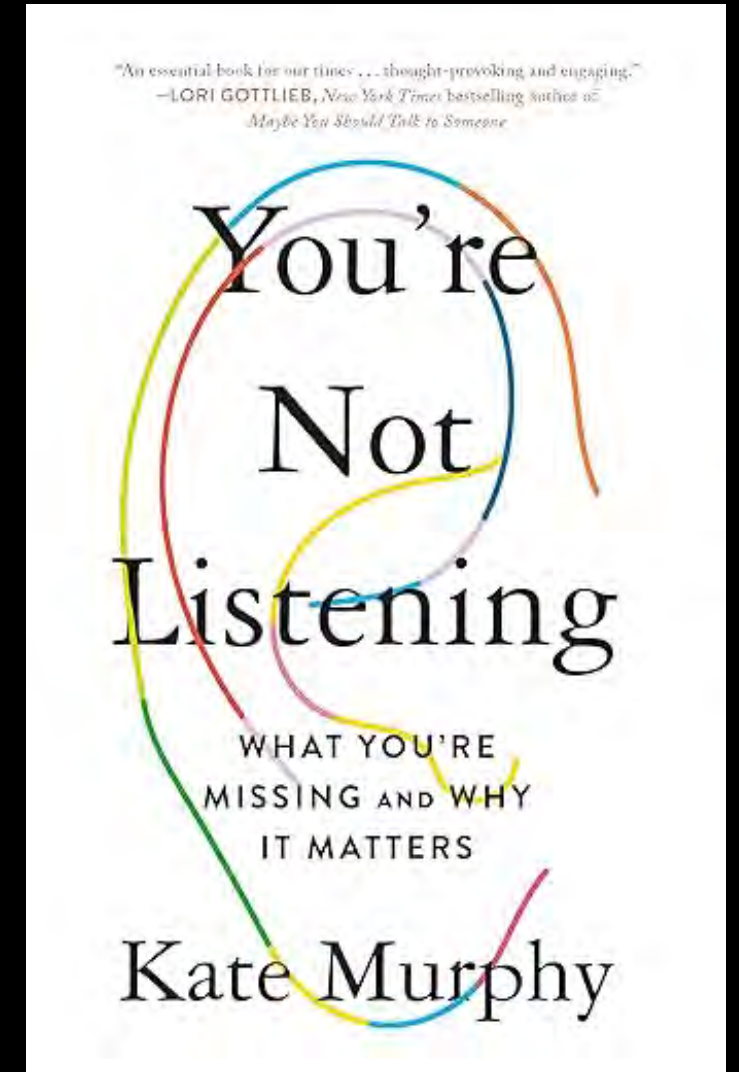
# Choosing the Best Presbyopia IOL





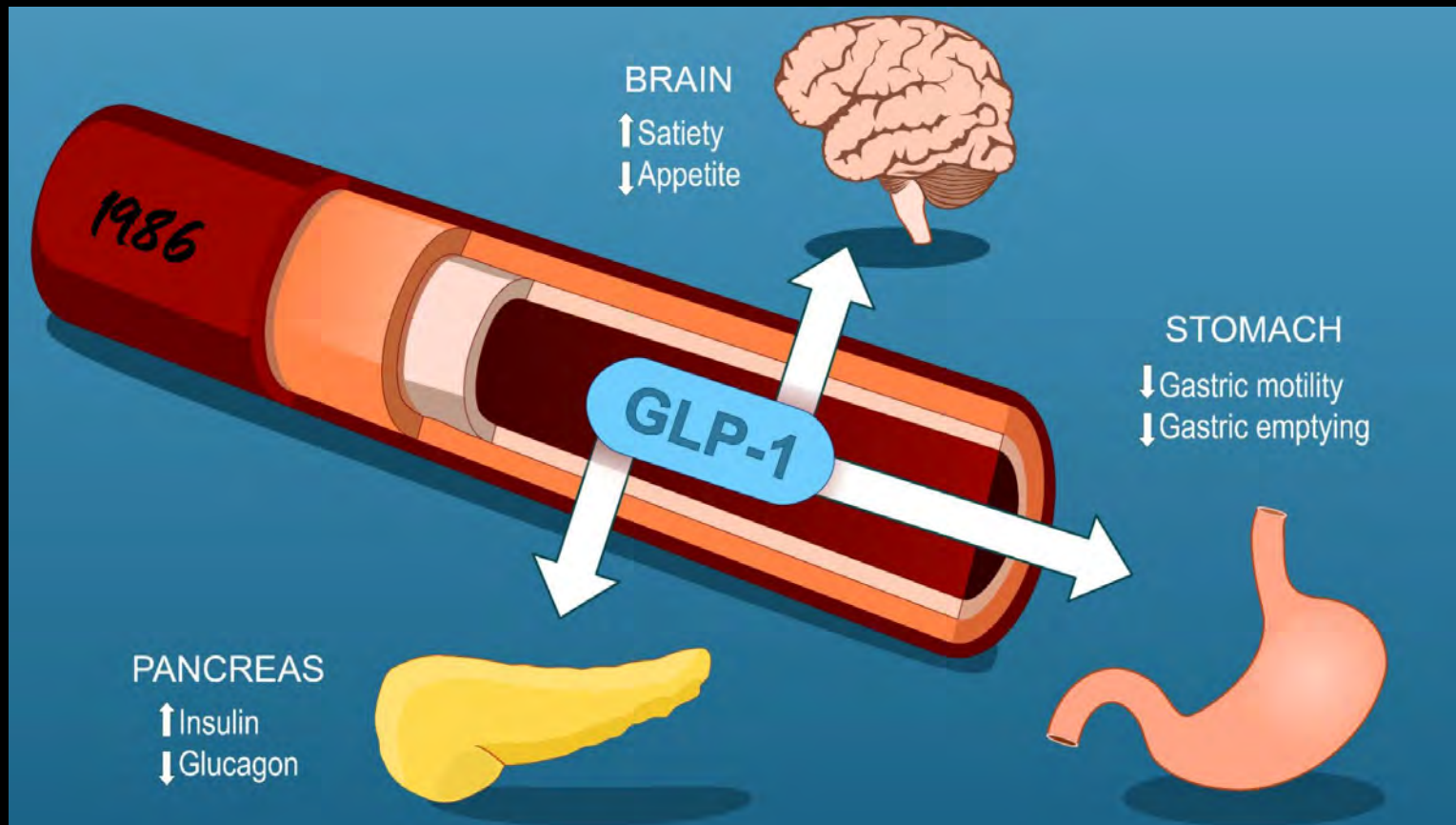
# Choosing the Best Presbyopia IOL

- Active, engaged listener with each patient
- Pay attention to verbal / non-verbal cues



# Choosing the Best Presbyopia IOL

- US: 60% of adult, 67% of childhood calories = ultra-processed foods
- “Aggressive food-seeking addicts” → 1 in 8 incidence of type 2 DM





# Choosing the Best Presbyopia IOL

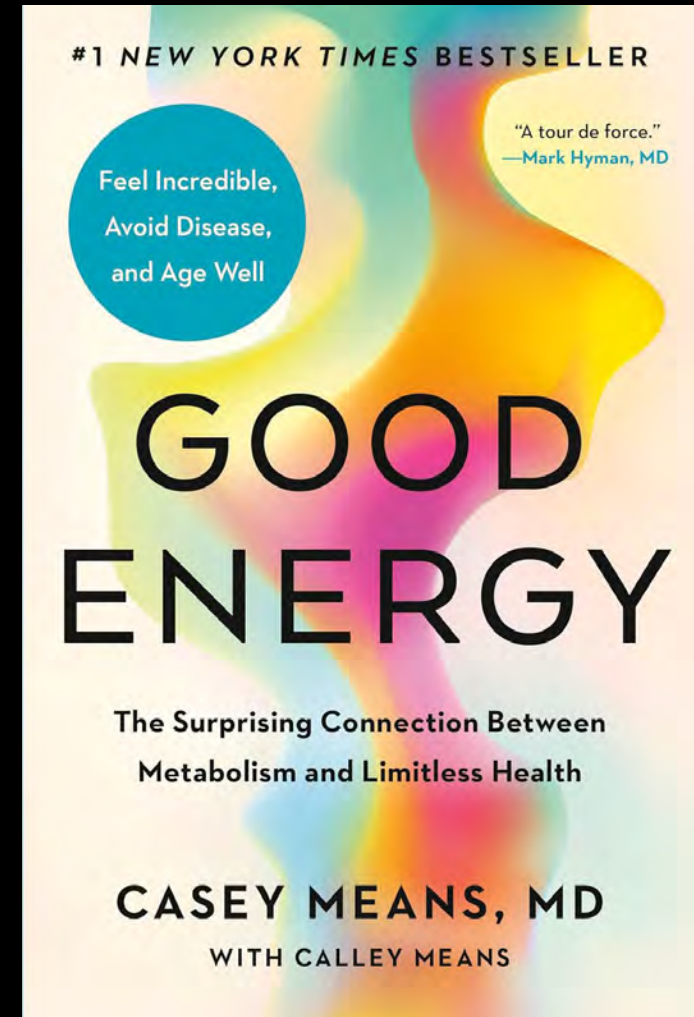
- 20 million Americans work in the food industry



Your cravings



Their livelihood

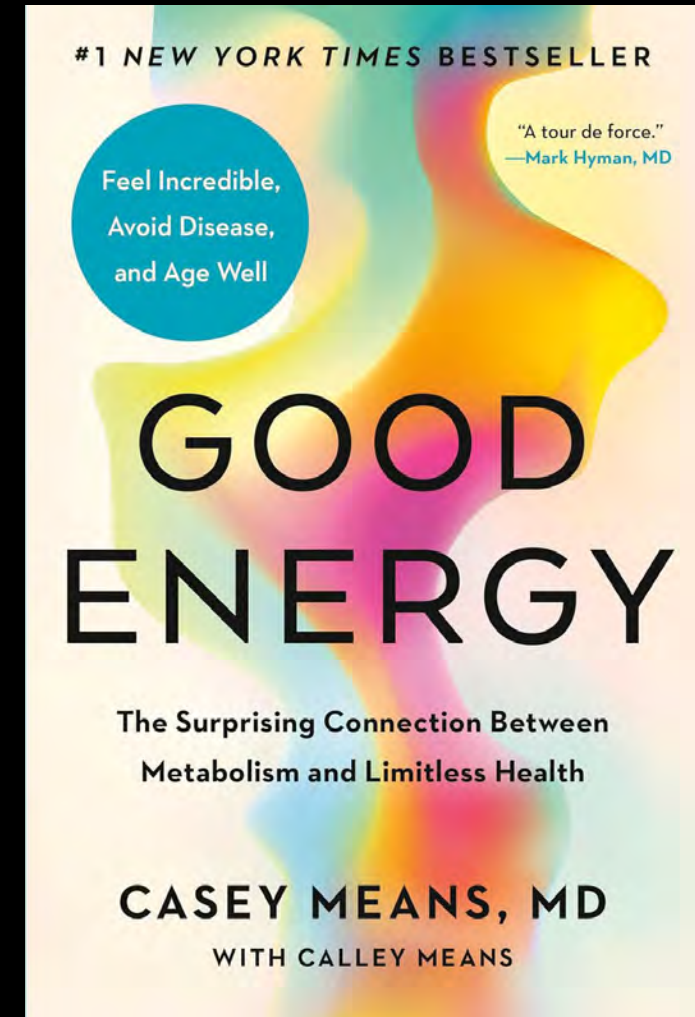


# Choosing the Best Presbyopia IOL

- We each consume 70 metric tons of food in lifetime
- Avg distance US produce travels farm to plate = 1500+ miles

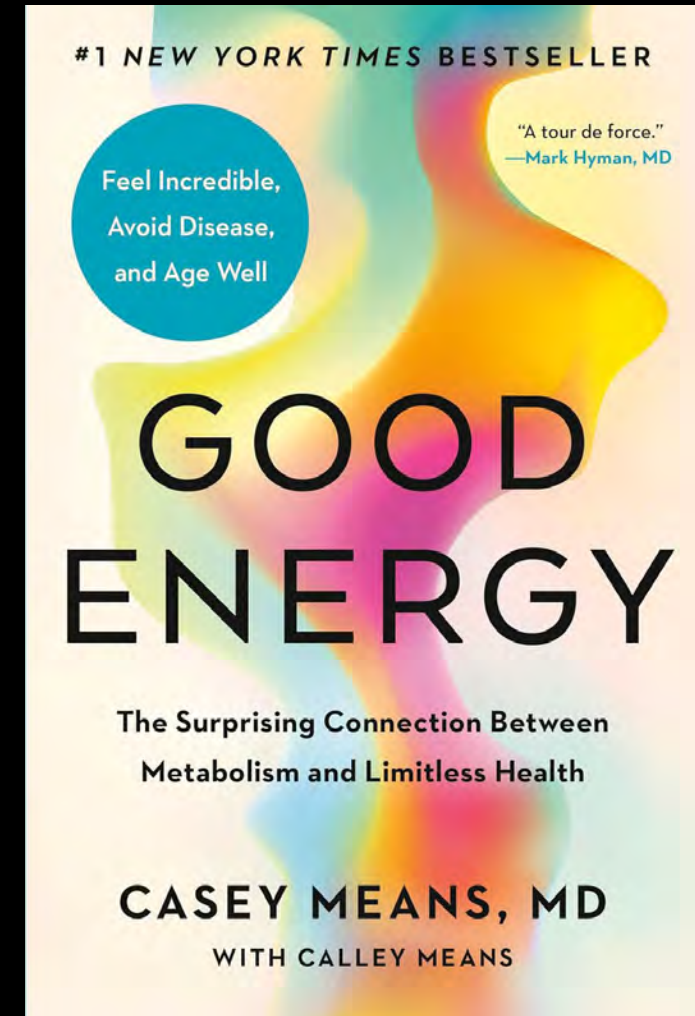


- Monocropping, tilling, pesticides = today's fruits and vegetables ~ 40% fewer minerals and vitamins than 70 years ago

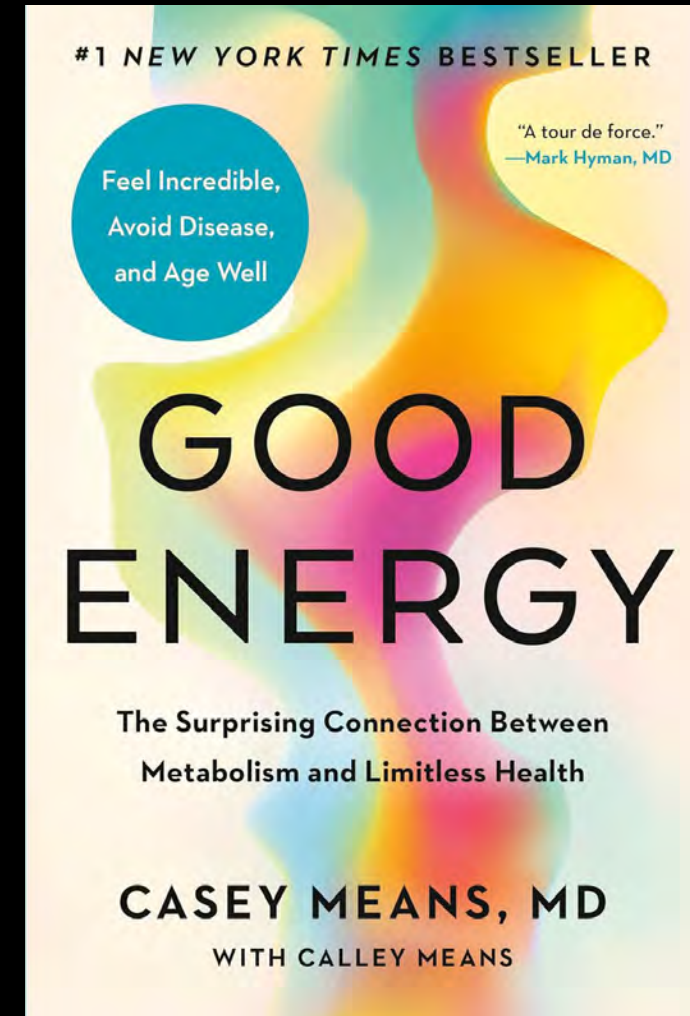




# Choosing the Best Presbyopia IOL



# Choosing the Best Presbyopia IOL

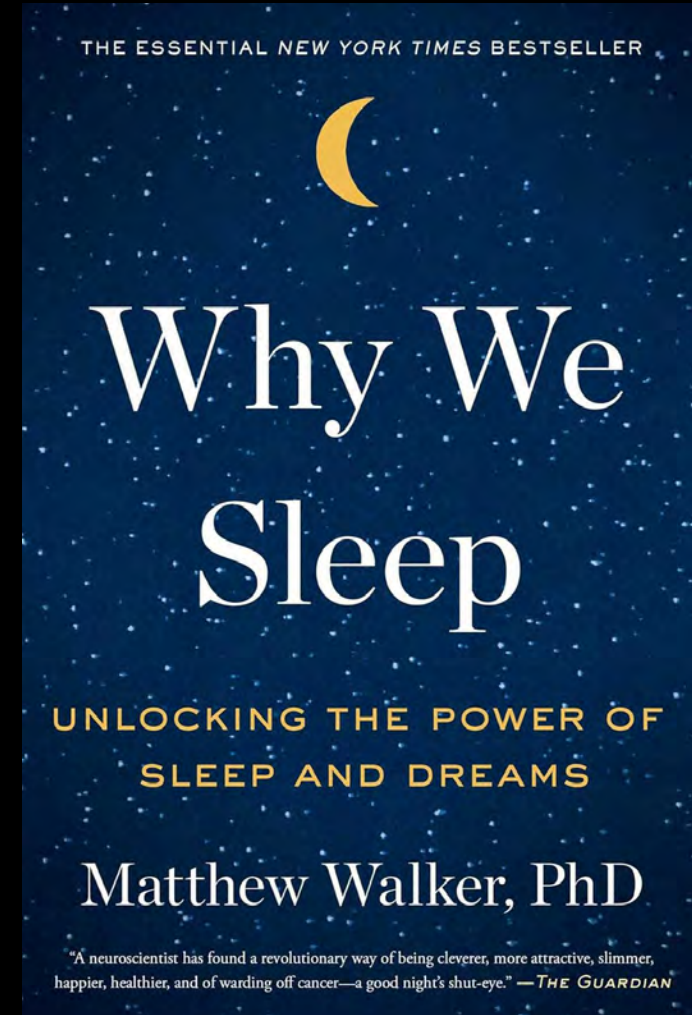




# Choosing the Best Presbyopia IOL Set Your Patients Up for Success



- Consistent sleep duration (aiming for 7-9 hours)
- Avoid screens before bed (blue light disruption)
- Maintain a regular sleep schedule
- Manage stress to promote relaxation
- Exercise regularly (not too close to bedtime)
- Optimizing sleep environment (65 degrees, dark, no pets)

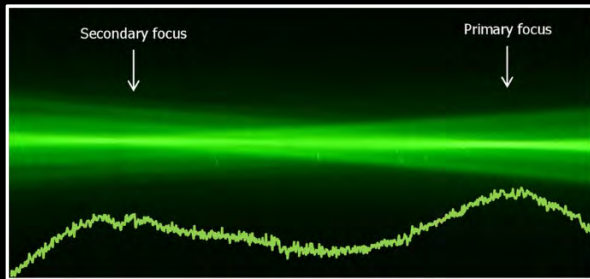


# Choosing the Best Presbyopia IOL

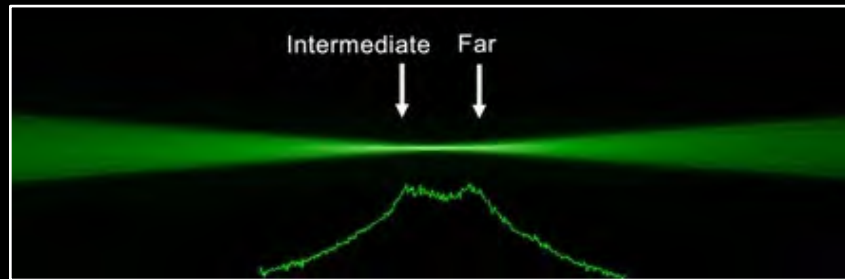
## Set Your Patients Up for Success

- Variable reward of ultra-processed food → increasing rates DM2
- Most patients likely best served by IOLs that keep 100% light on retina

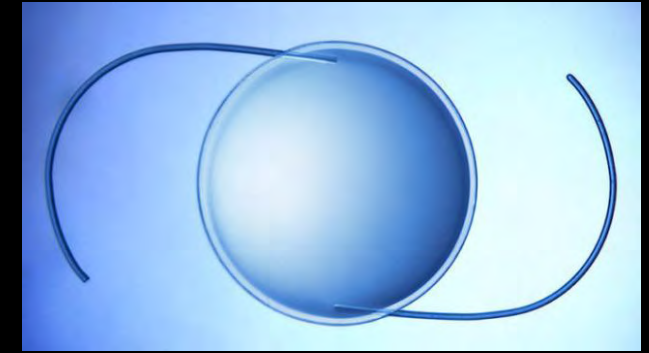
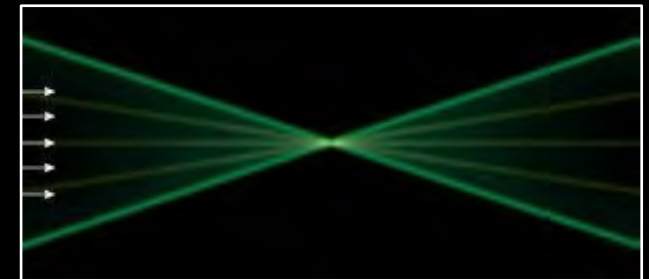
Multifocal



EDOF

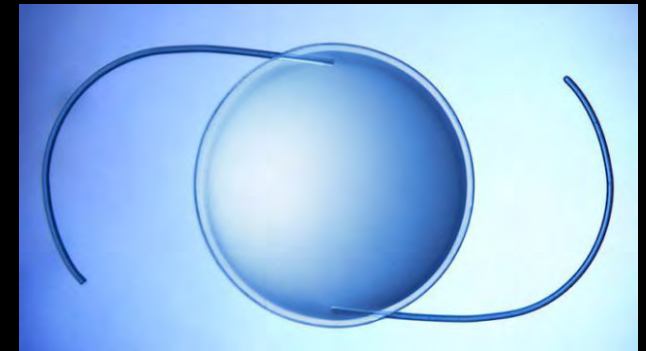
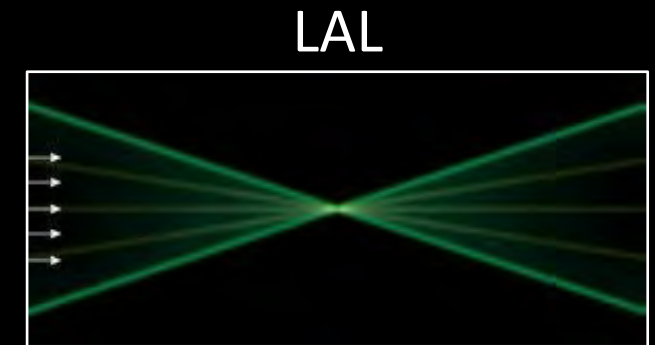


LAL



# The Future is Bright ... But Also a Balance

- Variable reward of ultra-processed food → increasing rates DM2
- Most patients likely best served by IOLs that keep 100% light on retina





# The Future is Bright ... But Also a Balance

- Variable reward of ultra-processed food → increasing rates DM2
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