Would You Undergo Lens-Based Surgery for Presbyopia?

BY GEORGE BEIKO, BM, BCh, FRCSC; ALAN M. BERG, MD; RICHARD J. MACKOOL, MD; AND MARK PACKER, MD

Would you yourself choose to receive a presbyopia-correcting IOL for either refractive or cataract surgery purposes? Why or why not, and what type of lens would you choose if you elected to have this surgery?

> "When choosing the right implant for any patient . . . his or her needs and occupation are the most important factors to consider."
> *–Alan M. Berg, MD*

GEORGE BEIKO, BM, BCh, FRCSC

Yes, especially as I have reached the age where I begin to encounter presbyopic symptoms, I would consider presbyopic lens implantation. Recognizing that I am an obsessive ophthalmologist with some engineering tendencies, who has been spectacle independent up until recently, and who is very particular about the quality of vision I desire, I would choose mini monovision. I have been impressed with the high quality and range of visual outcomes and relatively low incidence of dysphotopsia with this approach. My lens of choice is the Tecnis (Abbott Medical Optics Inc., Santa Ana, CA), and I would target -0.25 D in one eye and -0.75 D in the other.

ALAN M. BERG, MD

I believe that, when choosing the appropriate implant for any patient undergoing refractive lens exchange or cataract surgery, his or her needs and occupation are the most important factors to consider. Because I am an eye surgeon, if I were to undergo either of these procedures, I would select the Crystalens (Bausch + Lomb, Rochester, NY), because it would offer me excellent distance and midrange vision. I would have my nondominant eye undercorrected for a mild degree of monovision, as my vision has been this way for years. Although I have implanted multifocal lenses with great success, in my case, I would choose the Crystalens.

RICHARD J. MACKOOL, MD

If I required cataract surgery, I would first undergo implantation of the AcrySof IQ Restor IOL +3.0 D (Alcon Laboratories, Inc., Fort Worth, TX) in my nondominant eye. Assuming that I did not develop significant glare or halo problems, I would have the same IOL implanted in my dominant eye. If I did develop symptoms, I would have an aspheric monofocal IOL implanted in my dominant eye. This arrangement would permit night driving because the dominant eye with the aspheric monofocal IOL would be glare free.

MARK PACKER, MD

I would choose a presbyopia-correcting IOL if I had deteriorating visual function due to cataracts. I currently have a little bit of myopic astigmatism, and I only have to wear glasses for night driving. I consider myself relatively spectacle independent for a 52-year-old, and I am not considering refractive surgery. However, if I needed cataract surgery now, I would travel outside the

"If I needed cataract surgery now, I would travel outside the United States to receive the Synchrony in both eyes."
–Mark Packer, MD

United States to receive the Synchrony (Abbott Medical Optics Inc.) in both eyes. I like how the design of this IOL approximates the physiology of the crystalline lens, maintains an open capsule, and moves in response to ciliary contraction and relaxation. ■

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