



The Annual ACES/SEE Caribbean Eye Meeting delves into hot topics for anterior segment surgeons and health care professionals.

From February 1-5, 2019, the upcoming Caribbean Eye Meeting promises to be as engaging as previous years. This one-of-a-kind meeting, held at Grand Fiesta Americana Coral Beach in Cancun, Mexico, will gather well-known leaders in ophthalmology to discuss important topics in eye care with the breathtaking backdrop of the Caribbean Sea. The American College of Eye Surgeons (ACES) and the American Board of Eye Surgery (ABES) were started in 1989, with ACES as the educational arm. ABES began to ensure quality surgery throughout the United States, and its efforts were taken internationally 12 years ago. ACES and ABES, along with the Society for Excellence in Eyecare (SEE), are proud to be entering the 29th annual meeting! Together, ACES, ABES, and SEE share a commitment to the belief that the primary focus for today's ophthalmologist must, and should, be to promote, encourage, and enhance quality ophthalmic surgical care for the benefit of all patients.



THE FUTURE IS NOW: A NEW MONOFOCAL IOL EXPERIENCE

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Efficiency in the operating room is always a work in progress. Whether you perform femtosecond or manual cataract surgery, intraoperative aberrometry, capsulotomy, toric alignment, or are waiting for an IOL to unfold, anything that holds up the process is crucial to efficiency.

The enVista MX60E (Bausch + Lomb) is the next generation of the company's hydrophobic acrylic lens. Based on the enVista MX60 (Bausch + Lomb) platform, the MX60E features enhanced material—the components used to make the lens did not change, but the amount of two of the components were adjusted slightly. The MX60E provides enhanced optic recovery and opens 4 to 5 times quicker than the parent lens. It has the same aspheric optic as the parent lens with constant power from center to edge, no induced spherical aberration, is scratch-resistant, glistening-free, and has extended contact of the haptics in the bag at 110° for better stability and a more predictable outcome.

My first 45 eyes (29 patients) delivered the results I would have expected at distance. BCDVA: 100% were 20/40 or better, 49% were 20/20. However, the surprise with this study

was the intermediate visual acuity: 86% were 20/40 or better, 60.47% were 20/25, 18% were 20/20 (Figure 1). The UCVA was also impressive with 66.67% seeing J5 or better and 18% J3 or better. This allows most patients to function quite well without glasses and gives a good range of vision. These first 45 eyes had no astigmatism correction. The physical and optical performance of this IOL was superior, and total higher order aberrations were preserved preoperatively to postoperatively (preoperative mean = 0.19, postoperative = 0.21, $P < 0.68$). Mining the data showing depth of focus and the contrast sensitivity curves of this lens could lead to a monofocal IOL performing like a premium IOL with better optics.

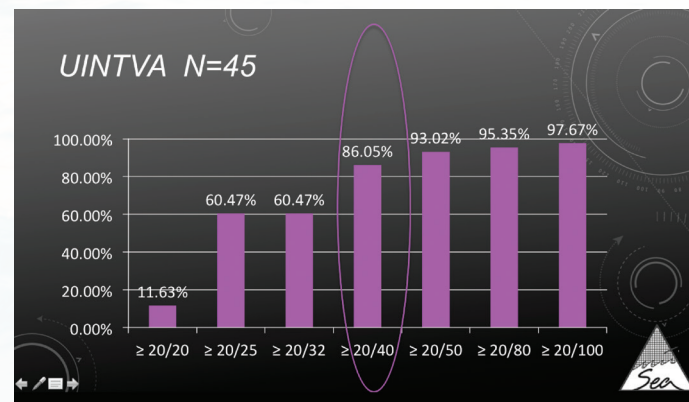


Figure 1. The surprise with this study was the intermediate visual acuity: 86% were 20/40 or better, 60.47% were 20/25, 18% were 20/20.

To learn more about the 2019 Caribbean Eye Meeting and register to attend, visit
caribbeaneyemeeting.com