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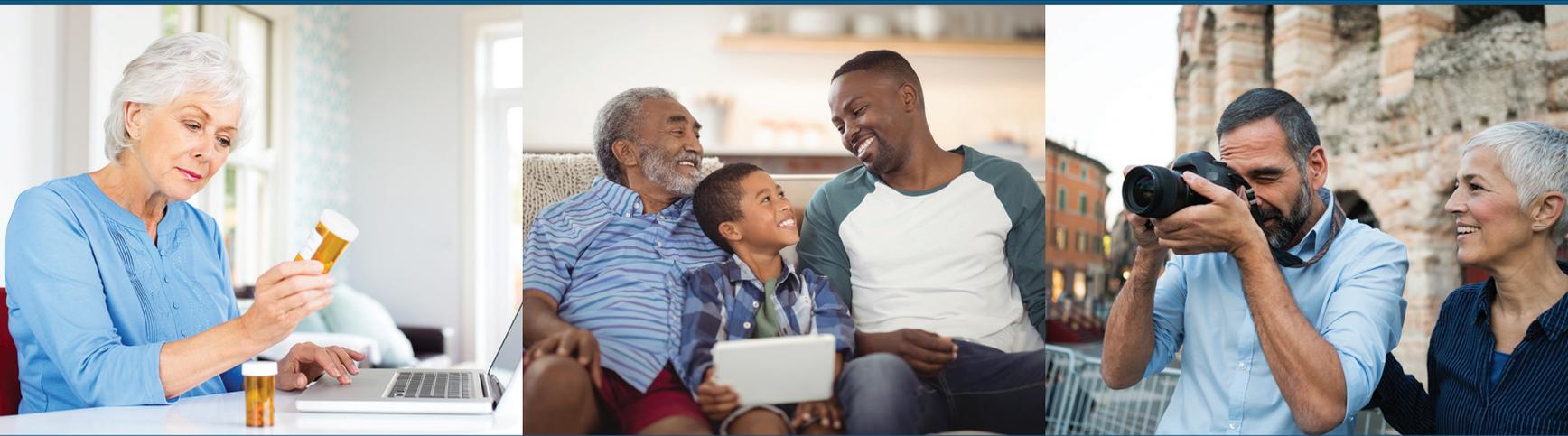
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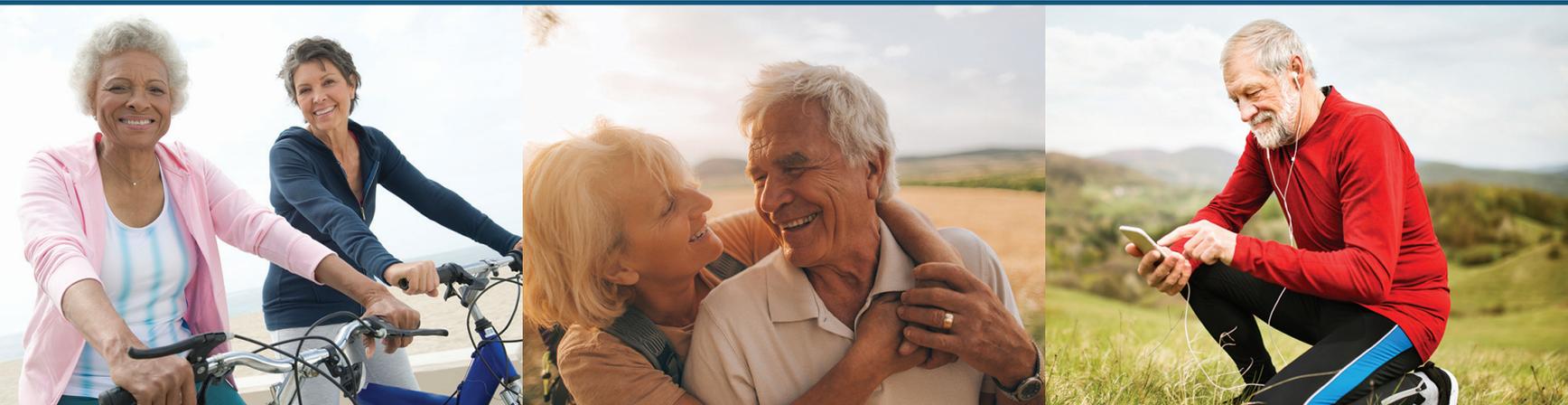
Cataract & Refractive Surgery Today

Alcon A Novartis
Division



MY JOURNEY TO ACTIVEFOCUS OPTICAL DESIGN

Six surgeons share their personal stories detailing why they choose AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design more often than any other presbyopia-correcting lens.





SIX SURGEONS SHARE THEIR ACTIVEFOCUS STORIES



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I FOUND AN IOL LIKELY TO RESULT IN FEWER IOL EXCHANGES

By Zaina Al-Mohtaseb, MD

My surgery center receives a lot of referrals for IOL exchanges, which has given me experience dealing with unhappy patients. The reasons for patients seeking an exchange are varied, but needless to say, it can be a difficult situation to deal with.

Because most of these cases involve removing a multifocal lens, I have also grown a little hesitant to offer the modality to patients during an initial cataract consultation. However, when the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design was released, I started to rethink this stance.

We recently published a study looking at our outcomes over the prior 10 years performing IOL exchanges.¹ Overall, we found that exchanging a multifocal IOL for a monofocal model was feasible and likely to result in a lower refractive prediction error and a higher likelihood of 20/40 or better vision after implantation of the second IOL.

In our population of 29 patients (35 eyes), the No. 1 reason for the IOL exchange was because of complaints of blurred distance vision (60%), followed by photic phenomena (57%),

photophobia (9%), and loss of contrast sensitivity (3%). Notably, 29% of patients reported multiple complaints about their vision after the previous cataract surgery.

In addition to the inconvenience factor, there are well-known risks associated with second-time cataract surgery, including capsular scarring, vitreous prolapse, and retinal detachment. These concerns were a significant factor in why I previously did not offer multifocal IOLs during cataract consultations: I just was not confident the existing technology would lead to patients being happy with their vision.

What changed my mind about offering multifocal IOLs was that the central portion of the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is targeted to distance.^{2,3} In comparison with other lenses, it is comparable to a monofocal in terms of contrast sensitivity,²⁻⁴ glare and the halos,⁵ and the distance vision.⁶

My experience so far with the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is that its features make it a reasonable option for more patients relative to other multifocal



lenses. Interestingly, when we used to think about whether a lens was the right fit for a patient, we tended to think about personality and whether the individual would be willing to accept compromises in the postsurgical vision. With this lens, we are reducing the need for compromise, and we can instead listen to the patient and have a conversation about how best to achieve his or her vision goals, with less dependence on glasses. I have used this lens with classically demanding patients, including other physicians, artists who need clear and crisp vision, and patients who frequently drive at night—all with great success.

In thinking about the wider swath of patients who have an opportunity to receive a multifocal lens, it is worth mentioning that patients with astigmatism are also a consideration, as the AcrySof IQ ReSTOR Toric +2.5 D IOL with ACTIVEFOCUS optical design offers excellent rotational stability⁷⁻¹² in addition to the other features noted above.

Mini-monovision is a great option for patients seeking additional near focus. Oftentimes, we perform surgery in the first eye (typically the dominant eye) and then follow-up with the patient to see how they feel about their overall vision, particularly the near vision. Most patients are happy to have the same approach in the second eye (ie, plano and emmetropia), but we can always aim for a slight defocus in the contralateral eye to boost the near vision.

With every cataract surgery, I try to ensure the patient is going to be happy with their postoperative vision. Naturally, each patient is going to have different vision goals, and that is why it is important to listen carefully and think about what approach is likely to help them achieve the vision they want. It is also important to have technology at our disposal that provides the best chance of delivering on patients' expectations for postoperative vision. While I cannot ever promise a patient he or she will have perfect near, intermediate,

“I HAVE USED THIS LENS WITH CLASSICALLY DEMANDING PATIENTS, INCLUDING OTHER PHYSICIANS, ARTISTS WHO NEED CLEAR AND CRISP VISION, AND PATIENTS WHO FREQUENTLY DRIVE AT NIGHT—ALL WITH GREAT SUCCESS.”

and distance vision after receiving an AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design, the flexibility in customizing the approach with this IOL gives me confidence that patients are going to receive functional vision that will allow them to continue enjoying their hobbies and activities. ■

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2. Alcon Data on File (April 11, 2016).
3. Alcon Data on File (Oct 17, 2016).
4. Alcon Data on File (Aug 7, 2013).
5. Alcon Data on File (Oct 6, 2016).
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8. AcrySof IQ Toric IOL Directions for Use.
9. Wirtitsch MG, et al. Effect of haptic design on change in axial lens position after cataract surgery. *J Cataract Refract Surg.* 2004;30(1):45-51.
10. Nejima R, et al. Prospective intrapatient comparison of 6.0-millimeter optic single-piece and 3-piece hydrophobic acrylic foldable intraocular lenses. *Ophthalmology.* 2006;113(4):585-590.
11. Lane SS, Ernest P, Miller KM, Hileman KS, Harris B, Waycaster CR. Comparison of clinical and patient reported outcomes with bilateral AcrySof Toric or spherical control intraocular lenses. *J Refract Surg.* 2009;25(10):899-901.
12. Lane SS, Burgi P, Milios GS, Orchowksi MW, Vaughan M, Schwarte E. Comparison of the biomechanical behavior of foldable intraocular lenses. *J Cataract Refract Surg.* 2004;30:2397-2402.

I WANTED AN IOL THAT OFFERED UNCOMPROMISED DISTANCE AND EXCELLENT CONTRAST SENSITIVITY

By James A. Katz, MD

A recent survey of anterior segment surgeons found that presbyopia correction for optimized distance vision was more important than other vision attributes—more important than near or intermediate vision.¹

I agree with that. I have found that patients opting for a lens that will address their presbyopia, want a full range of vision, but most of all, they do not want to compromise their distance vision. This is the prime reason why I offer the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design to these patients.

Initially, I thought the positive results were due to the fact that

this lens provides great intermediate vision, because that is the vision patients use for most daily life activities and hobbies. What I have since come to appreciate is that the distance vision is the key reason patients are so satisfied with their postoperative vision.

What further distinguishes the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design compared with other IOL options is the contrast sensitivity profile (Figure).²⁻⁴ Light diffusion across the seven-step apodized diffractive areas is efficiently managed so that more overall light is allocated to distance

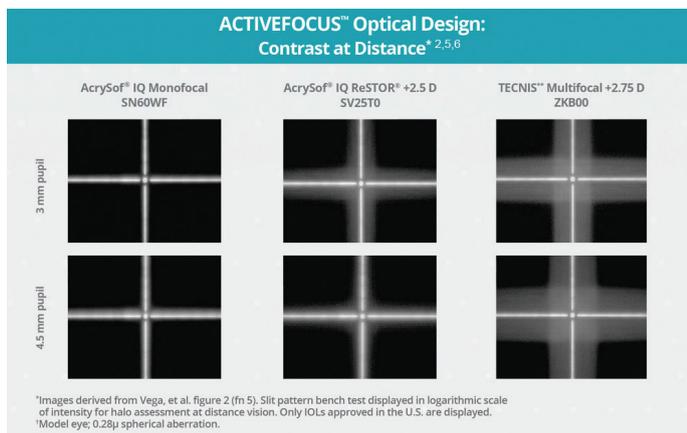


Figure. Light diffusion across the seven-step apodized diffractive areas is efficiently managed so that more overall light is allocated to distance focal points at any pupil size compared with other IOL designs.^{2,5,6}

focal points at any pupil size compared with other presbyopia-correcting IOL designs.^{2,5,6} This has two benefits: contrast sensitivity that is comparable to a monofocal²⁻⁴ and reduced potential for visual disturbances.^{2,7}

Combined, the fact that the central zone is dedicated to distance, the contrast sensitivity profile, and reduced potential for glare and halo means that many more patients are candidates for this lens. It is more forgiving than other IOLs. I have even used it in patients with previous LASIK, because I am not concerned about light getting split across vision zones. It is also important to me that the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is available in a toric model,⁸ so

in addition to reducing myopia or hyperopia, we can address astigmatism, as well.

The main reason we offer the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is because we are getting great results. We are giving better vision to our patients than in the past, including better quality of distance than ever before with a multifocal lens. We are also not compromising their vision by reducing contrast sensitivity and we are enabling the intermediate vision our active patients need most. In my experience, patient satisfaction is high and we don't have the uncomfortable situations where patients are coming back complaining about their vision and dissatisfied with the choice they have made.⁹

My strategy with this technology is to implant the dominant eye first targeting emmetropia and distance plano vision. If the patient is satisfied with the distance, intermediate, and reading vision, we use the same approach in the second eye, but if they want additional near vision, there is opportunity to aim for mini-monovision or to use the AcrySof IQ ReSTOR +3.0 D IOL in the contralateral eye⁸—that is just another way we can use this technology to enhance the outcome.

1. Alcon data on file (2015–2016 Presbyopia –Correcting IOL Physician’s Survey n=90).
2. Alcon Data on File (April 11, 2016).
3. AcrySof IQ ReSTOR +2.5 D IOL Directions for Use.
4. Alcon Data on File (Aug 7, 2013).
5. Alcon Data on File (Oct 17, 2016).
6. Vega F, Alba-Bueno F, Millán MS, Varon C, Gil MA, Buil JA. Halo and through-focus performance of four diffractive multifocal intraocular lenses. *Invest Ophthalmol Vis Sci.* 2015;56(6):3967-3975 (study conducted with corneal model eye with 0.28μ spherical aberration).
7. Alcon Data on File (May 17, 2016).
8. AcrySof IQ ReSTOR Toric IOL Directions for Use.
9. Henderson B, Solomon K, Masket S, et al. A survey of potential and previous cataract-surgery patients: what the ophthalmologist should know. *Clin Ophthalmol.* 2014;8:1595-1602.

I WAS SEARCHING FOR AN IOL DESIGNED TO REDUCE THE POTENTIAL FOR DYSPHOTOPSIAS

By David A. Goldman, MD

Over the years, my patients have been fortunate to achieve great outcomes with various multifocal lenses. The existing technology generally delivered the blend of near and distance vision patients were looking for, albeit often with a degree of compromise in one or more vision zone. However, we would occasionally hear complaints about glares and haloes that sometimes interfered with nighttime driving and other activities.

I am always interested in hearing about ways we can do even better in meeting patients' vision goals. We are in an era of cataract surgery where we are looking to make stepwise enhancements in refining the outcome. And so, while most of my patients were receiving the postoperative vision they expected after receiving a multifocal implant, I was on the lookout for newer

technologies that might reduce the potential for unwanted visual phenomena.

When I learned about the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design (Alcon), two key features suggested it was designed to provide a full range of vision and help reduce the potential for glare and halo:

- Compared with the previous AcrySof IQ ReSTOR lens, the central optic on the current lens with ACTIVEFOCUS optical design is targeted for distance vision.¹
- The height between the seven diffractive steps has been reduced.¹

Combined, these features help produce a multifocal lens where

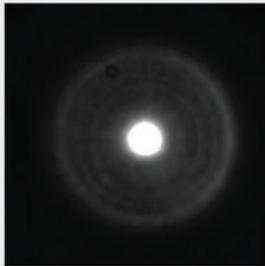


Simulated Headlight Images^{1,3,4}

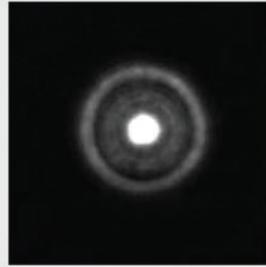
AcrySof® IQ ReSTOR® +2.5 D
with ACTIVEFOCUS™



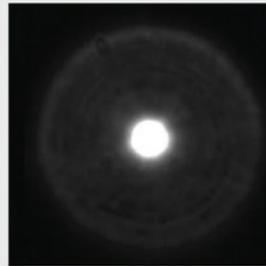
TECNIS** Multifocal +2.75 D



TECNIS** Symphony** +1.75 D



TECNIS** Multifocal +3.25 D



¹ Pinhole images of AcrySof® and Symphony** IOLs using the 0.2 μm SA Modified ISO model eye and a 5-mm pupil at the IOL plane.

Figure. The AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is associated with reduced potential to induce troublesome halos compared with other IOL platforms.^{3,4}

the distance vision is not compromised at all by the multifocality and the glare-halo profile is comparable to a monofocal lens.²

One aspect of achieving success with this technology is matching it with the right patient. A lot of my patients use smart phones, tablets, and computers, meaning they may not need near vision with a focal point suitable for reading newspapers and books. The ACTIVEFOCUS optical design technology provides near vision

at about 21 inches,¹ which is where most patients are performing near tasks—including looking at the dashboard while driving.

So far, patients in my practice who have received the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design have been very satisfied. I am generally able to achieve 20/20 and J3 postoperative vision and, importantly, I have not had concerns with glare and halo (Figure).^{3,4} Most patients tell me they can do the majority of their work without glasses.

The AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design has filled a gap, providing distance, intermediate, and functional near vision without glasses (for most patients) and with very few of the side effects associated with older model multifocal lenses. The patients in our practice who have received this IOL are some of the happiest postoperative patients I've seen, and a number have already recommended it to friends and relatives.

So, why do I use ACTIVEFOCUS optical design technology in my practice? Because an already impressive lens platform has been further refined to help ensure that the patient's postoperative visual system has the right elements to function as expected and as desired after cataract surgery.

While several factors, including meticulous surgery and the various technology used during the operation, help address some of the traditional risk factors for postoperative refractive surprise, matching patients with the right lens technology will always be fundamental to a good outcome. And that is why the AcrySof IQ ReSTOR IOL with ACTIVEFOCUS optical design is intriguing: Because it is designed to minimize postoperative visual disturbances⁵ while providing a full range of vision with uncompromised distance,¹ I can focus as a surgeon on controlling the other variables that might affect the final vision.

1. AcrySof IQ ReSTOR +2.5 D IOL Directions for Use.

2. Vega F, Alba-Bueno F, Millán MS, Varon C, Gil MA, Buil JA. Halo and through-focus performance of four diffractive multifocal intraocular lenses. *Invest Ophthalmol Vis Sci.* 2015;56(6):3967-3975 (study conducted with corneal model eye with 0.28μ spherical aberration).

3. Alcon Data on File (May 17, 2016).

4. Carson D, Lee S, Alexander E, et al. Comparison of two laboratory-based systems for evaluation of halos in intraocular lenses. *Clin Ophthalmol.* 2018;12:385-393.

5. Alcon Data on File (Oct 6, 2016).

I WANTED TO HAVE A PRESBYOPIA CORRECTING OPTION TO OFFER POST-LASIK PATIENTS

By Bret L. Fisher, MD

When it comes to new IOL modalities, I am typically skeptical of the claims I hear and am likely considered a slow adopter. In fact, I only started offering multifocal and other presbyopia-correcting options after a number of patients came to me asking if they were candidates.

I understood that patients were looking to improve the quality

of their postoperative vision, but my hesitance with previous presbyopia correcting IOLs was really twofold: they all involved a degree of compromise and there were multiple qualifiers associated with their use. I was never fully confident that my patients would be happy with the outcome nor that the available lens options were broadly applicable.

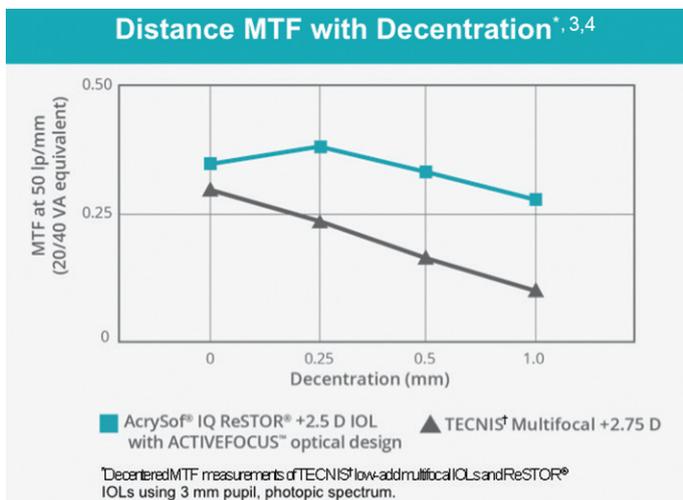


Figure. The AcrySof ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design maintains its Modular Transfer Function score, a measure of the lens' ability to preserve original contrast,^{3,4} through 0.5 mm of decentration.

The AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design (Alcon) was a game changer for me and for my practice. Because the central optical zone is targeted to distance,^{1,2} I sensed there would be less need to counsel patients about accepting compromises. Removing that barrier might mean it would be more user friendly from the perspective of the surgeon and staff and that it might be more acceptable to patients.

When I started using the AcrySof IQ ReSTOR+2.5 D IOL with ACTIVEFOCUS optical design, I found that it is exactly what we needed in a presbyopia correcting lens—something that keeps patients seeing sharply at distance while expanding the range of vision (Figure).³

Patients with previous LASIK surgery have historically been poor candidates for multifocal technology. On the one hand, they may have heightened expectations for their postoperative vision relative to other cataract patients. Especially if the previous refractive surgery was successful, they may also be more motivated to avoid wearing glasses.

Of all the multifocal options available, we have found that the distance dominant AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design worked equivalently to a monofocal for distance vision in post-LASIK patients.

- Having the central zone targeted to distance means it performs very much like a monofocal for distance viewing.^{5,6}
- The lens is designed to provide excellent contrast sensitivity,^{1,6,7} and so patients are likely to achieve improvements in quantity and quality of vision.
- Importantly, all AcrySof IQ ReSTOR IOLs are constructed with negative spherical aberration,⁷ which is especially important in eyes with positive spherical aberration in the cornea due to previous myopic LASIK.

We recently studied outcomes with the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design in post-LASIK eyes and found that it performed no differently at distance compared with a monofocal lens.⁵ Notably, AcrySof IQ ReSTOR IOL with ACTIVEFOCUS optical design is also available in a toric model, which is a viable option for eyes that are post-LASIK with residual astigmatism.

I use the AcrySof IQ ReSTOR IOL with ACTIVEFOCUS optical design in my practice because in my experience it is more forgiving than other types of multifocal lenses I have tried in the past. All cataract patients should be evaluated for ocular diseases and corneal issues that may compromise the outcome, and this is true for post-LASIK eyes. Because the center portion of the lens functions very much like a monofocal lens,^{1,6,7} I'm much more willing to use the ACTIVEFOCUS lens in patients that have some dry eye or a bit of macular change than I typically am with other types of multifocal lenses—as long as the patient is highly motivated and goes through counseling and therapeutic treatment.

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 2. Alcon Data on File (Oct. 17, 2016).
 3. Alcon Data on File (Oct. 6, 2016).
 4. Hill W. Modulation Transfer Function (MTF). East Valley Ophthalmology website. https://doctor-hill.com/patients/modulation_transfer_function.htm. Accessed Feb. 2, 2018.
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 6. AcrySof IQ ReSTOR +2.5 D IOL Directions for Use.
 7. Alcon Data on File (Aug. 7, 2013).

I WAITED UNTIL I FOUND THE RIGHT TECHNOLOGY TO OFFER MY PATIENTS

By Brandon D. Ayres, MD

I am considered by my colleagues as a "late adopter" to implanting multifocal IOLs. It wasn't until I felt comfortable that I could address patients' lower order aberrations through both sphere and cylinder correction did I decide to evaluate the different multifocal lenses.

My ACTIVEFOCUS optical design story began when I decided to jump with both feet into the multifocal lens technology arena when the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design was introduced. After the toric version of this lens became available in 2017, I began my journey



Peak Near Performance*, 2-4	
IOL	Near focal point
ReSTOR® +3.0 D	18 inches
ReSTOR® +2.5 D with ACTIVEFOCUS™ optical design	21 inches
Symfony†	26 inches

*Derived from the defocus curve in each respective product's DFU.

Figure. Comparison of peak near performance with on-market presbyopia-correcting IOLs.²⁻⁴

to offering patients more than just distance vision IOL options.

One of my first patients to receive a AcrySof IQ ReSTOR +2.5 D Toric IOL with ACTIVEFOCUS optical design was a young man in his mid-30s who had been electrocuted during an accident while on the job and luckily survived. However, perhaps as a consequence of the accident, his vision started to deteriorate much more quickly than normal, and he was subsequently diagnosed with early-onset cataracts.

After hearing about his visual goals, and because of preexisting bilateral astigmatism, I recommended the AcrySof IQ Toric IOL. My previous experience with AcrySof IQ Toric lenses suggested to me that the newer model would provide excellent rotational stability. Indeed, a recent study found that AcrySof IQ Toric lenses are less likely to rotate, and critically, that they are unlikely to rotate beyond 5 degrees.¹

The AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design has become my go-to lens for patients who want increased independence from wearing glasses after cataract surgery (Figure).²⁻⁴ The availability of the toric model allows me to offer these same potential benefits to patients with astigmatism.

I have since refined my patient selection criteria even further, and I have been impressed with the intermediate vision that my patients have after bilateral implantation. The AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design and its toric version have definitely enabled me to meet the demands of my patients' visual goals and also have fewer complaints regarding glare and halos.⁵

My young patient recently returned for an annual exam.

He has achieved a full range of vision and, because of the rotational stability of the AcrySof IQ Toric IOL, his prognosis for maintaining that same vision long-term is positive. Perhaps more importantly, he is still enthusiastic about his vision and being able to live an active lifestyle without having to wear glasses for his professional responsibilities.

1. Lee BS, Chang DF. Comparison of the rotational stability of two toric Intraocular lenses in 1273 consecutive eyes. *Ophthalmology*. 2018 Mar 12. pii: S0161-6420(17)33524-8. doi: 10.1016/j.ophtha.2018.02.012. [Epub ahead of print]

2. AcrySof IQ ReSTOR +2.5 D IOL Directions for Use.

3. AcrySof IQ ReSTOR +3.0 D IOL Directions for Use.

4. TECNIS** Symfony** Extended Range of Vision IOL Directions for Use.

5. Alcon Data on File (Oct. 6, 2016).

THE FAMILY OF ACRYSOF IQ IOLS HELPS US CUSTOMIZE THE APPROACH TO VISION CORRECTION

By John A. Hovanesian, MD

When I first started offering the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design (Alcon), I assumed it would be great for uncomplicated cases—patients with a healthy ocular surface and no macula or retina pathology. The lens has certainly met my expectations in this regard, but I have also been pleasantly surprised with how well it has performed for traditionally challenging patients, like those with mildly altered corneas due to prior refractive surgery, and those who have mild dry eye or who have had prior dry eye treatment before surgery.

With a central zone targeted to distance vision, the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design is almost like using a monofocal IOL (Figure).¹⁻⁵ In my experience, it is more forgiving of residual refractive error,⁶ and more often than not, it provides the full range of vision that patients want after opting for a multifocal IOL.

Yet, while many patients will succeed with bilateral implantation

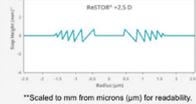
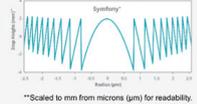
of this IOL targeting plano and emmetropia, for some patients, a little bit extra near vision is needed for activities and hobbies. In these settings, the family of AcrySof IQ ReSTOR lenses provides a few different options to help patients achieve their vision goals.

We have studied outcomes with contralateral implantation and mini-monovision in two separate studies.⁷

In the first study, a group of patients received the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design in the dominant eye and the AcrySof IQ ReSTOR +3.0 D IOL in the second eye. We found that patients were very satisfied with their outcome and experienced fewer glares and halos than patients who received an AcrySof IQ ReSTOR +3.0 D IOL in each eye.

In the second study, which is currently ongoing, we are implanting the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design bilaterally but aiming for 0.5 D myopia in the



	ACTIVEFOCUS Design ¹⁻³	Symfony ^{2,5}
Model Name	SV25T0	ZXR00
Optical Profiles^{1,5}	 **Scaled to mm from microns (µm) for readability.	 **Scaled to mm from microns (µm) for readability.
Energy Distribution (at the IOL plane, 3 mm pupil)	Distance: 69.4% Near: 18.0% Total: 87.4%	Distance: 40.5% Intermediate: 40.5% Total: 81.0%
Size of Central Portion	0.938 mm	1.5 mm
Diffractive Steps	7 steps (apodized)	9 steps
Add Power (at the IOL plane)	+2.5 D	+1.75 D

†The optical profile of the ReSTOR +2.5 D model SV25T0 is based on the design profile. Surface profile of the TECNIS Symfony 28.0 D IOL was measured using Bruker Contour white light interferometer on the posterior surface and the diffraction efficiency calculated. ‡AMO/J&J Vision refers to its refractive steps as échellettes.

Figure. Comparison of key features of presbyopia-correcting IOLs.¹⁻⁵

nondominant eye. Our early results with this approach have been very positive (unpublished data).

Framing the conversation about postoperative vision around practical examples has helped educate about outcomes and manage expectations. The perfect IOL that gives patients excellent distance, great near vision, and everything in between, simply does not exist. In my view, the most promising option we have to provide uncompromised distance with a full range of vision is the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design.

I tell patients that if I put this lens in each eye, they will have a good chance of achieving vision that will help them drive, play golf, read road signs, and see the dashboard or computer screen,

but they may need glasses to read fine print up close. I then offer them the option of making one eye “not as good for distance, but it will be better in the near range.” I have found that is usually all the explanation that patients need or want.

We implant a lot of premium IOLs in our practice— around 80% to 90% of cataract patients choose some type of upgrade. We are excited about the various multifocal, presbyopia-correcting, and toric platforms that are available, because they provide patients with numerous options to achieve the vision they want.

We offer the AcrySof IQ ReSTOR +2.5 D IOL with ACTIVEFOCUS optical design to appropriate candidates because it is a great option to achieve vision from distance to about arm’s length. And for those patients who want a little extra near vision, the potential to aim for mini-monovision or to perform contralateral implantation with an AcrySof IQ ReSTOR +3.0 D IOL allows us to truly customize the approach to vision correction.⁸

1. Alcon Data on File (April 11, 2016).
2. Alcon Data on File (Oct. 17, 2016).
3. AcrySof IQ ReSTOR +2.5 D IOL Directions for Use.
4. Alcon Data on File (Aug. 7, 2013).
5. TECNIS Symfony Extended Range of Vision IOL Directions for Use.
6. Alcon Data on File (Oct. 6, 2016).
7. Hovanesian JA. Patient-reported satisfaction and spectacle independence with the 2.5 D multifocal IOL combined with the 3.0 D model in cataract surgery versus bilateral implantation of the 3.0 D model. Presented at: ASCRS Annual Meeting; April 12-16, 2018; Washington, DC.
8. AcrySof IQ ReSTOR +3.0 D IOL Directions for Use.

AcrySof, ACTIVEFOCUS and ReSTOR are trademarks of Novartis. © Novartis 2019. All other brand/product names are the trademarks of their respective owners.

AcrySof IQ ReSTOR Family of Multifocal IOLs Important Product Information

CAUTION: Federal law restricts these devices to sale by or on the order of a physician.

INDICATION: The family of AcrySof® single-piece intraocular lenses (IOLs) includes AcrySof® UV-absorbing IOLs (“AcrySof® UV”), AcrySof® IQ, AcrySof® IQ Toric® and AcrySof IQ ReSTOR® and AcrySof® IQ ReSTOR® Toric IOLs. Each of these IOLs is indicated for visual correction of aphakia in adult patients following cataract surgery. In addition, the AcrySof Toric IOLs are indicated to correct pre-existing corneal astigmatism at the time of cataract surgery. The AcrySof IQ ReSTOR IOLs are for cataract patients with or without presbyopia, who desire increased spectacle independence with a multifocal vision. All of these IOLs are intended for placement in the capsular bag.

WARNINGS/PRECAUTIONS:

General cautions for all AcrySof® and AcrySof® UV IOLs:

Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting any IOL in a patient with any of the conditions described in the Directions for Use that accompany each IOL. Caution should be used prior to lens encapsulation to avoid lens decentration or dislocation. Viscoelastic should be removed from the eye at the close of surgery.

Additional Cautions associated with AcrySof® IQ ReSTOR® IOLs: Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. A reduction in contrast sensitivity may occur in low light conditions. Visual symptoms may

be significant enough that the patient will request explant of the multifocal IOL. Spectacle independence rates vary with all multifocal IOLs; as such, some patients may need glasses when reading small print or looking at small objects. Clinical studies indicate that posterior capsule opacification (PCO), when present, may develop earlier into clinically significant PCO with multifocal IOLs.

Additional Cautions associated with AcrySof® IQ Toric, AcrySof® UV Toric and ReSTOR® Toric IOLs:

Optical theory suggests that, high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation.

Prior to surgery, physicians should provide prospective patients with a copy of the appropriate Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ Toric, AcrySof® IQ ReSTOR® and AcrySof® IQ ReSTOR® Toric IOLs.

Do not resterilize. Do not store at temperatures over 45° C. Use only sterile irrigating solutions to rinse or soak IOLs.

ATTENTION: Refer to the Directions for Use labeling for the specific IOL for a complete list of indications, warnings and precautions.