

Through My Eyes: TECNIS Symphony IOL

Patients commonly ask their surgeons which procedure, treatment, or technology they would select for themselves or their loved ones. This can be a difficult question to answer because different people value different things, and our visual demands vary. However, as cataract surgeons, we want to be able to communicate why we recommend one IOL over another, and personal experience is an extremely effective process to help convey this.

Both of the surgeons featured below have selected the TECNIS Symphony IOL for their own eyes and share their unique perspectives on the decision making processes, as well as their scientifically-informed opinions on the visual outcomes and effects.



Evaluating Risk Versus Reward

By Shannon M. Wong, MD

As a young ophthalmologist, I had a well-informed appreciation for the uncorrected vision I enjoyed in my earlier years of practice. I was a lifelong emmetrope. Even after I turned 40, when presbyopia slowly began to set in, I was still able to function with reading glasses for some near tasks. After the age of 45, I began to notice that reading my cell phone, watch, receipts, and menus in restaurants—and then eventually computers—became a struggle without using reading glasses. By the time I started considering surgery, my near and intermediate vision had become blurred.

I have been performing cataract surgery with presbyopia-correcting IOLs since 2000 and have seen the improvements in visual outcomes with these IOLs in my patients over time. Ultimately, I observed that my patients were better at near and distance with the TECNIS Symphony IOL than I was as a plano presbyope at age 49.

I needed to do something, but being very detail-oriented and a perfectionist, I understood that I may not be the best candidate for a presbyopia-correcting IOL. As such, I took a lot of time to carefully consider the surgical options and the pros and cons of surgery for my own eyes.

First, I looked at the objective facts. I've been implanting TECNIS Symphony IOLs since September 2016 and have put hundreds of them in my patients' eyes. When I saw these patients postoperatively, they were thrilled, which is consistent with reported outcomes with TECNIS Symphony.

For me, loss of intermediate and near vision was most troublesome, which is why I chose the TECNIS Symphony for my own surgery. Regarding night vision, many of my TECNIS Symphony patients report some artifacts around lights, but they usually say they are not too bad. I weighed this against visual quality overall. TECNIS Symphony doesn't simply minimize the addition of chromatic aberration; it was engineered to reduce it. In fact, the TECNIS Symphony IOL delivers contrast sensitivity with no clinically significant difference compared to a monofocal IOL, yet patients enjoy the added benefit of a continuous range of vision.¹

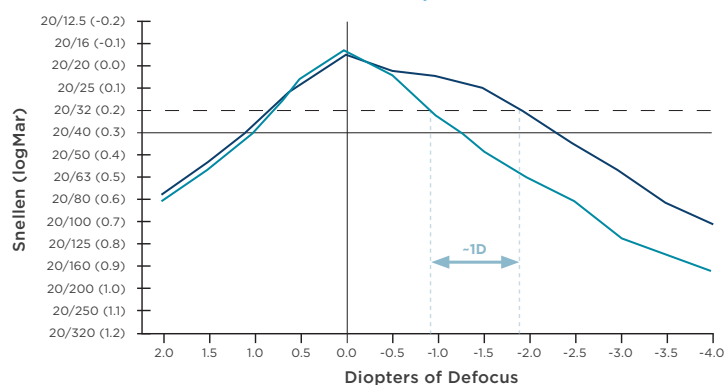
Objectively, TECNIS Symphony seemed to be the right choice, but I needed to make sure that my expectations were appropriate.

I told myself that I would consider the surgery a success as long as I could regain my intermediate vision. If my near vision also improved, I would consider that the icing on the cake.

I was not disappointed. Five minutes after surgery on my dominant eye, I could read the phone number on my surgeon's business card with the operated eye, but could not read it with the untouched eye.

In my own personal analysis, the benefits of surgery with the TECNIS Symphony far outweigh the risks. Furthermore, the lifestyle benefits and the reduction in spectacle dependence cannot be overstated. It's amazing to see younger again! I no longer wear reading glasses all day like I used to. In fact, I wear reading glasses maybe once a month. Our entire practice is now focused on helping others experience better vision with premium lens implants such as the TECNIS Symphony IOL.

Bilateral Defocus 6-Month Adjusted Data¹



Increase patients' range of vision by 1.0 D across the defocus curve compared to a monofocal IOL.¹





Defining Moments

By Michael B. Shapiro, MD, MS

I've been performing presbyopia-correcting cataract surgery for more than 30 years. With the early-generation multifocal IOLs, my patients frequently reported that they had "nothing in the middle." But this was often still considered a success as long as the patient was pleased.

Later, we began using the low-add TECNIS Multifocal lenses. Although my patients were happy, I still couldn't say I'd select a multifocal for myself. I do a lot of night driving, and I stare at eye charts, computers, and cell phones all day, so I needed something different for myself.

Fast-forward to 2016 when I began implanting the TECNIS Symfony, which is currently my lens of choice. In fact, I've implanted this lens in more than 350 eyes, and my patients have been extremely satisfied with their distance visual acuity. Only two of my patients have ever asked me for any type of correction for distance.

What I have found most remarkable with the TECNIS Symfony IOL are the intermediate vision benefits. My patients' ability to view cell phones, computers, and iPads has been outstanding. Upon seeing the results my own patients were achieving, a change in answering, "What would you do if you were me?" occurred. I was now telling prospective cataract surgery candidates that I would consider a presbyopia-correcting IOL for myself after all.

As time passed and I continuously saw the visual freedom my TECNIS Symfony IOL patients were enjoying, I took a long look in the mirror and realized that I was a 60-year-old ophthalmologist who was not happy with his vision. Even though I could refract myself to 20/20 and almost 20/15, I had cataracts in both eyes and was developing a very annoying progressive myopia.

Not long before, I didn't need to wear any correction, but recently I had started wearing a contact lens in one eye for monovision. The next thing I knew, the other eye became more myopic, and

I was wearing contact lenses in both eyes. I was playing with the oculars when performing surgery and wearing glasses at night to counteract the monovision. It all became too much; I was becoming a slave to my visual correction needs. I thought to myself, why am I allowing myself to struggle with this?

On May 8, 2018, following a morning of performing cataract surgery on several patients, I had cataract surgery on my right eye with the TECNIS Symfony IOL, and everything went great. One week later, I had surgery on my left eye. Both surgeries were performed flawlessly by my partner, and due to the sedation, I do not remember anything about the surgical experience.

When someone asks if I'm happy with my TECNIS Symfony IOLs, I say no because the truth is, I am ecstatic. What this procedure has done for me is nothing short of remarkable. I had a 1+ nuclear sclerotic change, and much to my surprise, the improvement in the brightness and contrast sensitivity is excellent. Imagine what that would be like for a patient who has a 3+ nuclear sclerotic cataract.

My uncorrected visual acuity is now 20/30 OD, 20/20 OS, and 20/15 OU. My near vision OU is J1+. My intermediate vision is outstanding.

Almost every surgeon I talk to asks what I think about the night dysphotopsia. I try to describe what I see, with the bottom line being that my night driving, even in challenging environments, has never been curtailed.

Colleagues are also curious about the concept of binocular vision. In my experience, the additive effect of using my two eyes together really makes a big difference.

Finally, neuroadaptation is real, and it works like we expect it to. I had a Type A personality with regard to my night vision and was cataloging everything that I saw, but now I don't think about it.

In short, bilateral TECNIS Symfony IOLs are one of the best things I've ever done for myself. The visual freedom that I have attained has been life-altering, and my experience is something that I happily share with my patients.

Drs. Wong and Shapiro are paid consultants for Johnson & Johnson Surgical Vision, Inc.

Indications and Important Safety Information

TECNIS Symfony EXTENDED RANGE OF VISION IOLs Rx Only

INDICATIONS: The TECNIS Symfony Extended Range of Vision IOL, Model ZX000, is indicated for primary implantation for the visual correction of aphakia, in adult patients with less than 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The Model ZX000 IOL is intended for capsular bag placement only. **WARNINGS:** Patients with any of the conditions described in the Directions for Use may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition, or may pose an unreasonable risk to the patient's eyesight. Lenses should not be placed in the ciliary sulcus. May cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL; fully inform the patient of this risk before implanting the lens. Special consideration should be made in patients with macular disease, amblyopia, corneal irregularities, or other ocular disease. Inform patients to exercise special caution when driving at night or in poor visibility conditions. Some visual effects may be expected due to the lens design, including: a perception of halos, glare, or starbursts around lights under nighttime conditions. These will be bothersome or very bothersome in some people, particularly in low-illumination conditions, and on rare occasions, may be significant enough that the patient may request removal of the IOL. **PRECAUTIONS:** Interpret results with caution when refracting using autorefractors or wavefront aberrometers that utilize infrared light, or when performing a duochrome test. Confirmation of refraction with maximum plus manifest refraction technique is recommended. The ability to perform some eye treatments (e.g. retinal photocoagulation) may be affected by the optical design. Target emmetropia for optimum visual performance. Care should be taken to achieve IOL centration, as

lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions. **SERIOUS ADVERSE EVENTS:** The most frequently reported serious adverse events that occurred during the clinical trial of the TECNIS Symfony lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). No lens-related adverse events occurred during the trial.

TECNIS 1-Piece Monofocal IOL Rx Only

INDICATIONS: The TECNIS 1-Piece Lens is indicated for the visual correction of aphakia in adult patients in whom a cataractous lens has been removed by extracapsular cataract extraction. These devices are intended to be placed in the capsular bag. **WARNINGS:** Physicians considering lens implantation should weigh the potential risk/benefit ratio for any conditions described in the TECNIS 1-Piece IOL Directions for Use that could increase complications or impact patient outcomes. The TECNIS 1-Piece IOL should not be placed in the ciliary sulcus. **PRECAUTIONS:** Do not reuse, resterilize, or autoclave. **ADVERSE EVENTS:** In 3.3% of patients, reported adverse events of cataract surgery with the 1-Piece IOL included macular edema. Other reported reactions occurring in less than 1% of patients were secondary surgical intervention (pars plana vitrectomy with membrane peel) and lens exchange (due to torn lens haptic).

ATTENTION: Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

Reference

1. TECNIS Symfony IOL Directions For Use.

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