



PATIENT SELECTION CRITERIA FOR PANOPTIX TRIFOCAL IOL

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INTRODUCTION

We are experiencing a generational change in the way patients utilize their vision. Patients now use

tablets, computer screens, smartphones and watches, all of which require excellent intermediate vision. Bifocal implants deliver either distance and near vision or distance and intermediate vision, consequently leaving the patient to choose between having near or intermediate vision.

What is your experience with the PanOptix Trifocal lens?

As an investigator in the PanOptix Trifocal IOL clinical registration study, I noticed that patients had excellent near visual acuity in daylight settings of 0.1 logMAR or better (20/25 or better) 6 months postimplantation.¹ We also noticed that the patients read well in low light levels. We then conducted a study with the PanOptix Trifocal IOL to test near and intermediate visual acuities 1 year after implantation in several lighting conditions simulating a low-lit restaurant setting to a dark movie theater situation.²

What patient characteristics are ideal for implanting the PanOptix Trifocal IOL?

The ideal patient I look for has generally healthy eyes aside from the cataracts and either desires to reduce their dependence on glasses or is open to information on different lenses. It is our duty to educate our patients on the options that exist for lens implantation and to remind them that it is possible to reduce their dependence on glasses. Once a patient is well-educated, he or she can then make an informed decision.

What patient characteristics should be avoided and what are general exclusion criteria?

The key to implanting this lens in the right patient is proper patient selection and education prior to the day of surgery. In my own experience, a very small percentage of patients will experience glare or halos around pinpoint light sources like streetlights or headlights from traffic. I always inform patients of possible nighttime dysphotopsias with any diffractive optic IOL and the

potential need for glasses for small fine details like needlepoint and jewelry.³ Patients with high expectations for total spectacle independence or perfectionistic personalities may not be good candidates for any diffractive optic lens.

If a patient tells you he or she doesn't mind wearing glasses, do you go further and try to explain the drawbacks of wearing glasses?

I am a big proponent of educating, empowering, and encouraging all of my patients. Once I teach my patients about each lens and their merits and drawbacks, they then have the information they need to make an empowered decision that best fits their wants and needs. Then, I encourage them with validating statements such as, "You've made the right decision because you have made an empowered, educated, and informed decision." The last thing I want is for a patient to feel like they've chosen a lesser product. We want them to always feel like they are receiving the best we have to offer, that they are important, and that we value them.

What ocular pathology should be avoided for implanting the PanOptix Trifocal IOL?

I recommend avoiding implantation of any diffractive IOL platform in patients with corneal scars or irregular astigmatism. If the patient has any diseases of the macula, such as severe macular degeneration, or macular scars that compromise the patient's visual potential, then I do not recommend any diffractive multifocal lens. We should also avoid a diffractive multifocal implant in patients with severe optic neuropathies including glaucoma and ischemic etiologies.

How does ocular surface disease, like dry eye syndrome, play into patient selection?

Mild dry eye is not an issue if managed preoperatively. Optimizing the ocular surface prior to implanting a multifocal

intraocular lens presents an opportunity to work closely with patients and help them get on top of their disease.⁴ After we help them improve their ocular surface, patients can then qualify for advanced implants. If the ocular surface disease is more permanent in nature with irregular astigmatism that could cause a high degree of corneal aberrations, a multifocal lens should not be implanted. Dry eye disease is a chronic condition, the management of which should not be limited to preoperative planning. Sustained effort to diagnose and treat dry eyes should be made with every patient to optimize their visual performance and quality of life.

SUMMARY

The PanOptix Trifocal IOL is an innovative lens technology that will enable patients to see well at near, intermediate, and far distances. I think it will make preoperative planning easier with less

chair time as one only needs to consider a single lens design for both eyes and less guesswork for refractive targets as compared to mixing and matching of IOLs. This provides one of the best bases for excellent visual outcomes with an easier adoption curve for surgeons. Patients can enjoy active lifestyles with this lens and a reduced dependence on glasses. ■

1. Alcon, Data on File.
2. Hu JG, Rendon A, Hu GY, et al. Scotopic near and intermediate vision results with a new advanced technology one piece acrylic trifocal design IOL. Presented at: ASCRS; May 5, 2019, San Diego, CA.
3. Buckhurst PJ, Naroo SA, Davies LN, et al. Assessment of dysphotopsia in pseudophakic subjects with multifocal intraocular lenses. *BMJ Open Ophthalmol.* 2017;1(1):e000064.
4. Song P, Sun Z, Ren S, et al. Preoperative management of MGD alleviates the aggravation of MGD and dry eye induced by cataract surgery: a prospective, randomized clinical trial. *Biomed Res Int.* 2019;2019:2737968.

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AcrySof®IQ PanOptix®Family of Trifocal IOLs

IMPORTANT PRODUCT INFORMATION

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof®IQ PanOptix®Trifocal IOLs include AcrySof®IQ PanOptix®and AcrySof®IQ PanOptix®Toric and are indicated for primary implantation in the capsular bag in the posterior chamber of the eye 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 improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. In addition, the AcrySof®IQ PanOptix®Toric Trifocal IOL is indicated for the reduction of residual refractive astigmatism.

WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the

conditions described in the Directions for Use labeling. Physicians should target emmetropia and ensure that IOL centration is achieved.

For the AcrySof®IQ PanOptix®Toric Trifocal IOL, the lens 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.

Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions.

Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning).

As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure, available from Alcon, informing them of possible risks and benefits associated with the AcrySof®IQ PanOptix®Trifocal IOLs.

ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

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