

# CAN AN IOL ENHANCE OPERATING ROOM EFFICIENCY AND PATIENT SATISFACTION?

One new user says the RayOne Aspheric IOL can.

BY PHILLIPS KIRK LABOR, MD, FICS, FACS, ABES



Having been a clinical investigator for several advanced-technology IOLs over the years, I have high standards when deciding

whether to incorporate a new lens into my practice. I look for advancements that will help me complete my cataract surgeries more quickly without compromising patient outcomes. After learning about the key features of Rayner's RayOne Aspheric IOL and the preloaded injector system that delivers it, I knew I should try it. Six months in, I have not been disappointed.

## OR EFFICIENCY

Early in my career, Robert Azar, MD, taught me a fundamental lesson: the more efficient you can be with your surgery and the quicker you can get in and out of the eye, the faster the patient's recovery will be and the better the outcome. RayOne Aspheric contributes to OR efficiency in several ways.

The RayOne is a hydrophilic acrylic lens, and, as such, it unfolds faster after insertion than most hydrophobic acrylic IOLs that I have used. In fact, when I use hydrophobic lenses, they're kept in a warmer in the OR, and I often have to use warm balanced salt solution to facilitate faster unfolding.

RayOne Aspheric comes preloaded in the RayOne injector system, which I prefer and my OR staff, particularly my scrub technicians, appreciate. They don't have to worry about folding the lens, and from my perspective, the case proceeds faster when I don't have to wait for a lens to be folded. I've also found that the lens centers quickly.

Aberration-neutral IOL designs lead to better DCNVA than negative-SA IOLs.<sup>5</sup>

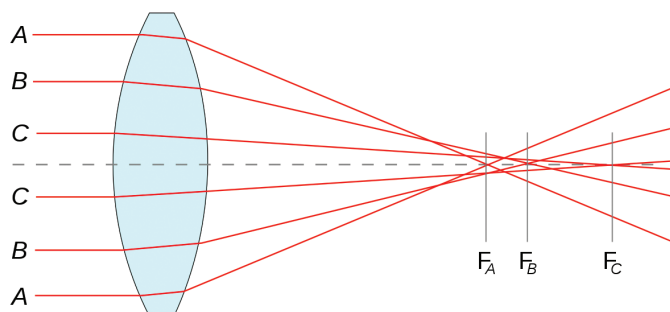


Figure. Another feature of the IOL that contributes to positive results is the aberration-neutral design.

The Rayner lens and injector were designed specifically to work together. The injector's patented Lock & Roll mechanism rolls the lens to less than half its size for consistent delivery through a microincision with minimal wound stretch. The 1.65-mm nozzle is the smallest available. The lens itself is designed with an anti-vaulting haptic that provides excellent fixation in the capsular bag.<sup>1</sup>

## POSITIVE RESULTS

I have had very good outcomes—20/20 or better visual acuity—with RayOne Aspheric, and, to date, no eye has developed posterior capsule opacification requiring Nd:YAG capsulotomy. I believe the design of the lens contributes to these positive results.

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Another feature of the IOL that contributes to positive results is the aberration-neutral design, which studies show offers improved contrast sensitivity, better visual acuity in low-light situations, and better DCNVA as a result of higher total SA.<sup>2-5</sup>

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studies show offers improved contrast sensitivity, better visual acuity in low-light situations, and better DCNVA as a result of higher total SA (Figure).<sup>2-5</sup>

I often use a modified or mini monovision approach for my cataract patients. By targeting plano for the dominant eye and setting the nondominant eye slightly minus, I can create some functional near vision for these patients. While they may need reading glasses for extended periods of near work, they are delighted when they can read a newspaper or use a computer for short periods without correction.

I've been very happy with the results I've achieved with this approach using RayOne Aspheric. As we know, traditional monovision may create some issues with depth perception and potentially with contrast sensitivity. When I can offer mini monovision using an implant that has improved contrast sensitivity because of its design, those issues are less concerning.

I believe mini monovision with this lens gives patients better overall functional visual quality, and that's what we're really after.

#### **PATIENT SATISFACTION**

Patient feedback is absolutely critical in terms of continuing to use a particular technology. I can perform every test, look at all of the outcomes data, and review what a company tells me I can expect, but none of that matters as much as what patients tell me. When patients tell me they're really happy with their vision and they would have the same implant placed in their eye again, that's really where the rubber meets the road. Somebody a long time ago came up with the term 20/happy. That's what really matters. I can record 20/20 all day, but if it's not a crisp 20/20, patients are not going to be happy.

I use RayPRO, Rayner's free digital platform for collecting patient-reported outcomes, to ensure patient satisfaction

in my practice. To date, my personal RayPRO dashboard shows me that 100% of my patients who received the RayOne Aspheric are satisfied with their outcomes and 100% have achieved target refraction.

#### **ADVANTAGES ADD UP**

Without question, I have had excellent outcomes with RayOne Aspheric. As it relates to typical acrylic lens behavior and in conjunction with the preloaded injector, the RayOne Aspheric lens and delivery system has helped us increase our efficiency by decreasing operating time. As a surgeon, I have been able to adapt to using this implant easily and rapidly. Frankly, if I didn't think this implant offered advantages in terms of patient satisfaction and outcomes, I just wouldn't use it. ■

1. Bhogal-Bhamra GK, Sheppard AL, Koli S et al. Rotational stability and centration of a new toric lens design platform using objective image analysis over 6 months. *J Refract Surg.* 2019;35(1):48-53.

2. Nanavaty MA, Spalton DJ, Boyce J, et al. Wavefront aberrations, depth of focus, and contrast sensitivity with aspheric and spherical intraocular lenses: fellow-eye study. *J Cataract Refract Surg.* 2009;35:663-671.

3. Yagci R, Uzun F, Acer S, et al. Comparison of visual quality between aspheric and spherical IOLs. *Eur J Ophthalmol.* 2014;24(5):688-692.

4. Pepose JS, Qazi MA, Edwards KH, et al. Comparison of contrast sensitivity, depth of field and ocular wavefront aberrations in eyes with an IOL with zero versus positive spherical aberration. *Graefes Arch Clin Exp Ophthalmol.* 2009;247(7):965-973.

5. Rocha KM, Gouvea L, Waring GO, et al. Static and dynamic factors associated with extended depth of focus in monofocal intraocular lenses. *Am J Ophthalmol.* 2020;216:271-282.

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