

USING ACRYSOF® IQ PANOPTIX® AND VIVITY™ IN YOUR PRACTICE

BY QUENTIN B. ALLEN, MD; NICOLE FRAM, MD; FARRELL “TOBY” TYSON, MD, FACS; AND ELIZABETH YEU, MD

In a recent panel presentation at the 2021 ASCRS Annual Meeting in Las Vegas, cataract surgeons discussed the latest in IOL technology from Alcon. Quentin Allen, MD, moderated the session and was joined by Nicole Fram, MD; Farrell “Toby” Tyson, MD, FACS; and Elizabeth Yeu, MD. The surgeons discussed the AcrySof® IQ PanOptix® and AcrySof® IQ Vivity™ IOLs, the benefits of each lens, and their patient selection criteria.

VIVITY™ TECHNOLOGY

The Vivity™ IOL is the first and only non-diffractive extended depth-of-focus IOL. “The X-WAVE™ technology stretches and shifts light. It never splits the light,” explains Dr. Fram. This provides an extended focal range with monofocal-quality distance vision, excellent intermediate vision, and functional near vision, with a monofocal-like visual disturbance profile.¹ Dr. Yeu says that the continuous visual acuity is what’s so important, but the Vivity™ IOL really shines because of its visual disturbances profile. While it is possible to experience very bothersome visual disturbances (reported by 1-2% of Vivity™ IOL patients),¹ Dr. Allen said that his patients have been very happy with the lens, including nighttime driving situations.

PATIENT SELECTION

The Vivity™ IOL is ideal for patients who seek reduced spectacle dependence for most activities and are risk averse toward visual disturbances. Consider patients who may not be candidates for the PanOptix® IOL or other



“A lot of times we have marketing material, and then we have what we tell the patients. With the

Vivity and PanOptix brochures, this is the first time in my career where the two line up.”

♠ NICOLE FRAM, MD

diffractive lenses, those who are candidates for a monofocal lens but would benefit from extended vision, those who are candidates for bilateral implantation, and patients with astigmatism levels within the available toric range of up to T6. Dr. Yeu will still consider them candidates for the Vivity™ IOL if their visual acuity potential is 20/30 or better. And Dr. Tyson has found that the Vivity™ IOL works “quite well” for patients with properly controlled glaucoma.

PANOPTIX® TECHNOLOGY

The AcrySof® IQ PanOptix® IOL is the first trifocal IOL available in the United States, offering quality vision at all distances.² “With the PanOptix® IOL, if I’m able to hit close to 20/20 at distance, I’m getting pretty close to 20/20 at near,” says Dr. Tyson. Dr. Allen explains that this “is likely due to Alcon’s proprietary ENLIGHTEN® Optical Technology with high levels of light utilization.” The unique diffractive structure allows the lens to transmit 88% of light to the retina for exceptional light utilization, and the 4.5-mm diffractive zone reduces dependence on pupil size, allowing for a greater group of patients



“The landing zone for the Vivity™ IOL is quite broad, and that’s a beautiful thing; if you’re a little bit plus or a little bit minus, you’re still going to get that excellent quality distance visual acuity.”

◆ ELIZABETH YEU, MD

to enjoy this technology.^{2,3} The PanOptix® IOL enhances quality as well as range, allowing vision to be sharp and vivid, as well as complete.⁴

EXCEPTIONAL VISUAL QUALITY

All the surgeons agree that the visual quality is excellent. “When the PanOptix® IOL hit the market, I thought ‘there is no way we’re going to get 20/20 J1 and they’re going to be happy with the quality’. But the results are really remarkable,” says Dr. Fram. “This lens provides excellent vision at distance all the way through near vision,² which is what’s so beautiful,” says Dr. Yeu.

WHAT PATIENTS ARE SAYING

“The data is showing that 99.2% of patients are having great satisfaction with this lens,”² shares Dr. Tyson. “They feel this comfortable, normal vision that they pretty much grew up with. It’s this nice progression of vision, which is very natural, and they’re not having to try to find a sweet spot.” He says that patients are now coming to him asking for the PanOptix® IOL because they heard about it from a friend. Dr. Yeu shared a case example of a patient who was so happy with the lens, he recorded a video testimonial for her.

PANOPTIX® PATIENT SELECTION

The PanOptix® IOL is ideal for patients who seek spectacle independence at all distances for all activities. Consider patients who are candidates for bilateral surgery, have not undergone refractive surgery, are free from glaucoma or retinal pathologies, and have a healthy cornea. “You really need to have a very ideal eye when you’re implanting any kind of technology that’s going to split light,” explains Dr. Yeu. Dr. Allen adds that a diffractive lens like the PanOptix® IOL should be avoided if the patient has a lot



“In a retrospective study of patient satisfaction in our PanOptix® IOL patients, 80.5% were spectacle-

independent for all activities, and that’s a very, very high number.”

♥ QUENTIN B. ALLEN, MD

of high order aberrations or higher angle kappa. Patients with astigmatism within the available toric range of up to T6 are also candidates for the PanOptix® IOL.

CONCLUSION

The PanOptix® and Vivity™ IOLs, with their exceptional visual quality and overwhelming patient satisfaction, have helped accelerate market penetration trends for premium IOLs from 14% to more than 17% in less than 2 years.⁵ Dr. Fram has even seen multifocal lens utilization as high as 30% in certain months in her practice since adding these lenses to her armamentarium. Patients are demanding more from their vision. Now is the time to expand your patient base by incorporating the AcrySof® IQ PanOptix® and Vivity™ IOLs into your practice. ■

1. AcrySof® IQ Vivity™ Extended Vision IOL. Directions for Use. 2020.
2. Alcon Data on File. 2015.
3. Alcon Data on File. 2014.
4. AcrySof® IQ PanOptix® Directions for Use. 2019.
5. Alcon Data on File. 2021.

POST-LASIK PATIENT WHO WANTS IT ALL! Case Study by Nicole Fram, MD

This is a septuagenarian who enjoys golfing and playing cards, is post-myopic LASIK*, and doesn't wear glasses for most activities, except for reading at night. The patient is left eye dominant and has mixed astigmatism: OD -0.50 -1.00 x 093 20/50; OS +0.50 -0.50 x 075 20/40; BAT 20/100 OD, 20/70 OS. Corneal topography had Ks above 42D with a centered myopic ablation, and placido imaging was normal. The patient was fitted with bilateral AcrySof® Vivity™ IOL. My approach was to aim for OD -.50 and OS distance to get a bit more range. Postop UCVA: OD 20/25, OS 20/20, OU 20/20 distance; OD J1, OS J2, OU J1+ intermediate; OD J1+, OS J3, OU J1 near.

**The safety and efficacy of the Vivity™ IOL has not been established in patients with LASIK. Doctors should use sound medical judgment when implanting in these patients.*



“These lenses have gotten so good, what used to be a discussion about all the negatives that the patient

may see has become a discussion of all the positives—this is what I think I can give you.”

♣ FARRELL “TOBY” TYSON, MD, FACS

QUENTIN B. ALLEN, MD

- Florida Vision Institute and Florida Vision LASIK, Stuart, Florida
- Member, CRST Editorial Advisory Board
- qallen2000@gmail.com
- Financial disclosure: Speaker's bureau (Kala Pharmaceuticals, Sun Pharmaceuticals)

NICOLE FRAM, MD

- Managing Partner, Advanced Vision Care, Los Angeles
- Clinical Instructor, Stein Eye Institute, UCLA, Los Angeles
- DrFram@avceye.com
- Financial disclosure: Scientific Advisory Board (Orasis)

FARRELL “TOBY” TYSON, MD, FACS

- Medical Director, Tyson Eye, Cape Coral, Florida
- tysonfc@hotmail.com
- Financial disclosure: Consultant (Nidek)

ELIZABETH YEU, MD

- Partner, Virginia Eye Consultants, Norfolk, Virginia
- eyeuilin@gmail.com
- Financial disclosure: Scientific Advisory Board (Orasis)

IMPORTANT PRODUCT INFORMATION - AcrySof® IQ PanOptix® and Vivity Family of IOLs

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

INDICATIONS

The AcrySof® IQ PanOptix® Trifocal IOL, AcrySof® IQ PanOptix® Toric, AcrySof® IQ Vivity™ Extended Vision IOL and AcrySof® IQ Vivity™ Toric IOLs are 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 PanOptix® 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. The AcrySof® IQ Vivity™ 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. All of these IOLs are intended for placement in the capsular bag

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 PanOptix® Toric and Vivity™ IOLs, 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.

For the AcrySof® IQ PanOptix® IOL, 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.

For the AcrySof® IQ Vivity™ IOL, most patients implanted with the Vivity™ IOL are likely to experience significant loss of contrast sensitivity as compared to a monofocal IOL. Therefore, it is essential that prospective patients be fully informed of this risk before giving their consent for implantation of the AcrySof® IQ Vivity™ IOL. In addition, patients should be warned that they will need to exercise caution when engaging in activities that require good vision in dimly lit environments, such as driving at night or in poor visibility conditions, especially in the presence of oncoming traffic. It is possible to experience very bothersome visual disturbances, significant enough that the patient could request explant of the IOL. In the AcrySof® IQ Vivity™ IOL clinical study, 1% to 2% of AcrySof® IQ Vivity™ IOL patients reported very bothersome starbursts, halos, blurred vision, or dark area visual disturbances; however, no explants were reported.

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 these IOLs.

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