

REFLEX

Refractive Lens Exchange

MULTIFOCAL INTRAOCULAR LENS IMPLANTATION "TRIFOCAL VISION WITHOUT EYEGLASSES"

"I'm 45 years old and I can't stand wearing any glasses, do you have a solution for me?" is a frequently asked question. The answer has been, "I can help you achieve good distance vision with LASIK but you will require reading glasses following the surgery. **That has all changed!** Refractive Lens Exchange or **REFLEX** is the answer.

In 2003, the FDA approved a number of intraocular lenses designed to help presbyopic patients become less dependent on bifocal eyeglasses. Unlike LASIK and other refractive surgery techniques that correct vision by changing the shape of the cornea, Refractive Lens Exchange corrects your vision by changing the focusing power of the eye's lens. This is done by replacing your natural lens with a new intraocular lens (IOL). This is essentially the same surgical technique that is used in cataract surgery but in this instance, there is no cataract. These lenses are surgically implanted in an operating room during a short procedure. The natural lens is removed and the artificial lens is introduced. With **REFLEX** you have the possibility of seeing both distance and near without eyeglasses.

Who are the best candidates for multifocal lens implants? The best candidates are those who are farsighted with presbyopia. In some cases people who have a great deal of myopia do qualify. Those with mild myopia and no cataract are not the best candidates. Astigmatism does not disqualify as this can be corrected at the time of the lens implantation.

What are the currently available lenses? First, Eyeonics Corporation introduced (November 2003) **CRYSTALENS**. Next, followed the approval (March 2005) of **ReSTOR** from Alcon Laboratories and **ReZoom** from American Medical Optics. There are a number of other lenses in the development and approval pipeline.

How do the multifocal lenses allow you to see distance and near? Don't think of these lenses as a bifocal glass lens where your eye must rotate up to see far and down to see near. The lenses have concentric areas, some of which focus distance objects on the retina and others focus near objects on your retina at the same time. If your brain wants to see far, it only recognizes the distant image and disregards the near. It is similar to sitting in a room where different people are having different conversations. Your brain can allow you to listen to each of the conversations separately without the other interfering. The switch from one to the other is instantaneous.

Are there differences in the lenses? As one would expect, each of the currently available lenses has differing characteristics. The **CRYSTALENS** requires a somewhat larger surgical incision than the other lenses. Also, there have been some observations that over time the lens loses its flexibility at the hinge and accommodation (ability to see near and far) declines. The **ReSTOR** lens provides for good near and far vision with the emphasis on near vision (about 14"). If you work at a computer this may not be the lens for you as intermediate vision is important. The **ReZoom** lens is an acrylic lens with

much higher effective added power which means that it has the best intermediate vision (along with good distance correction) and slightly decreased near vision correction.

What is your lens preference? Dr. Gelber's lens preference is the lens which best satisfies the visual needs of the individual. He has come to understand the nuances of each of the lenses and can offer the best match for you. In some instances a ReStor lens in one eye and a ReZoom lens in the other will deliver the best of both worlds. He has learned about the importance of the preoperative evaluation, implant power calculations and proper patient selection; all are essential for a good outcome. Having performed more than 15,000 cataract surgeries, the surgical technique does not pose any unusual problems. It all comes down to experience, sound clinical judgment and surgical expertise. If you are considering this surgery contact the office and we can personally discuss the options.