ANDERSON EYE CARE

Premium IOL Success

Aligning Clinical Outcomes with Patient Expectations

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Expert Insight:

Presenter Credentials & Experience

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FD: Carl Zeiss Meditec, Alcon Labs

Clinical Clarity For Collaborative Care

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Introductions:

First Impressions Count

- First Impressions Shape Outcomes
- Slow the Pace: Engage Before You Examine
- Build Rapport Through Shared Understanding
- See the Person, Not Just the Patient
- Explore What They Say They Want — and What They Truly Expect
- Define What Success Looks Like — and What It Doesn't

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Introductions:

First Impressions Count

- Define Success in Functional Terms — Not Just Visual Acuity
- Map Daily Tasks to Working Distances
- Evaluate Risk Tolerance and Night Driving Demands
- Recognise High-Value Activities That Influence Satisfaction
- Align IOL Optics with Dominant Lifestyle Priorities
- Remain Open to Non-IOL Refractive Alternatives When Better Suited

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Choice & Clinical Guidance

From Options to Recommendation

Position Yourself as the Clinical Expert

Patients seek guidance, not just options

Make a Clear, Individualised Recommendation

Including referral where appropriate

Recognise the Wider Influence Network

Who else will shape their expectations — partner, friends, online forums?

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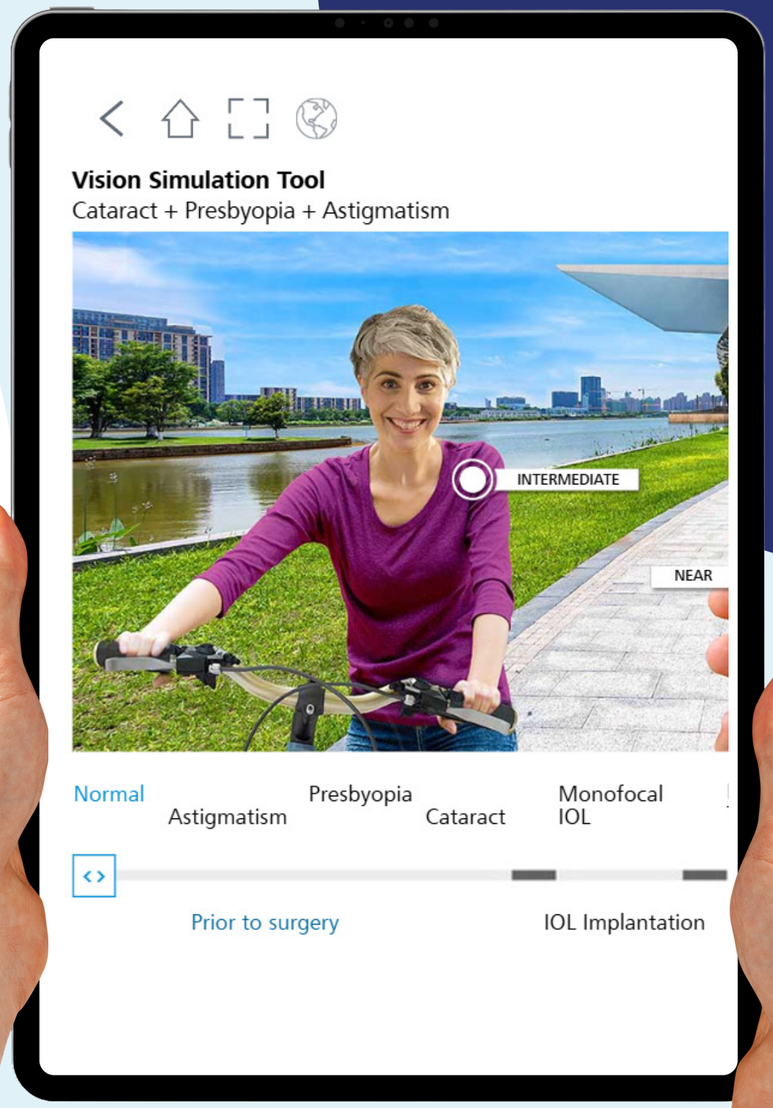
Enhancing Patient Communication:

Visualising Outcomes for Patients

- Use Questionnaires: capture lifestyle, work, and visual priorities.
- Guide Dialogue: start discussion, explore nuance, clarify assumptions.
- Leverage Visual Tools: simulate focus ranges, halos, glare, and contrast.
- Show, Don't Just Tell: defocus charts, distance markers, and task demo.
- Combine Modalities: verbal, written, and visual info reinforces understanding.



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Planning Ahead:

Managing the Unexpected

- Confident in Analysing Astigmatic Surprises?
  Assess residual cylinder and plan correction strategies
- Supplementary IOLs vs Alternatives
  When is a piggyback IOL appropriate?
- Comfort with IOL Exchange Procedures
  Know your indications, limitations, and referral thresholds
- Post-Op Correction Strategies
  Non-toric IOLs plus laser enhancements as a pathway
- Resources for Guidance
  www.astigmatismfix.com – tools and case examples

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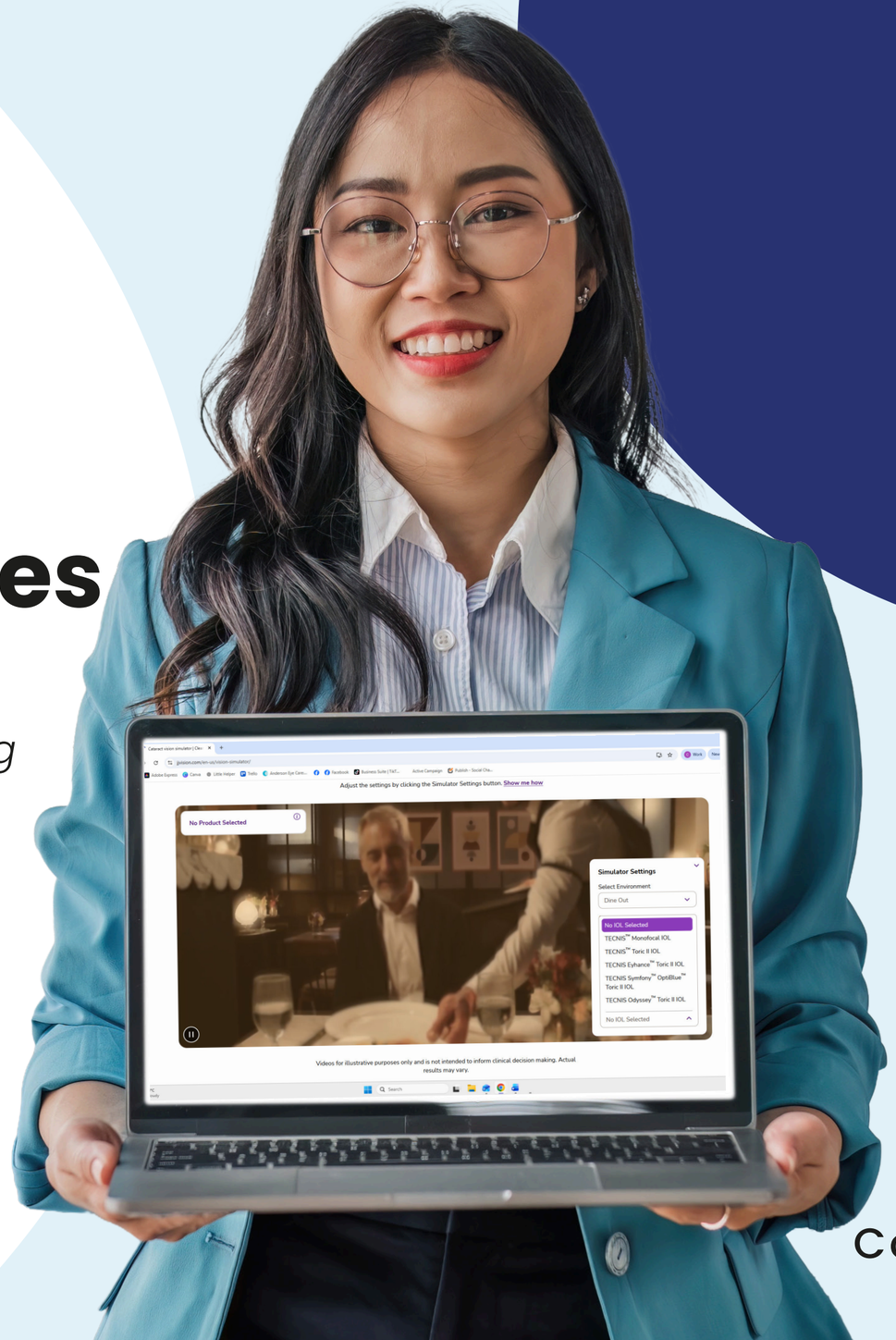
Supplementary Information:

Patient Tools & Resources

- Online Tools from Zeiss, Johnson & Johnson, Alcon
  Interactive resources to support patient understanding
- Customized Patient Information
  Tailored for your clinic and patient base
- Relevant Guidelines
  Align with NICE standards for best practice



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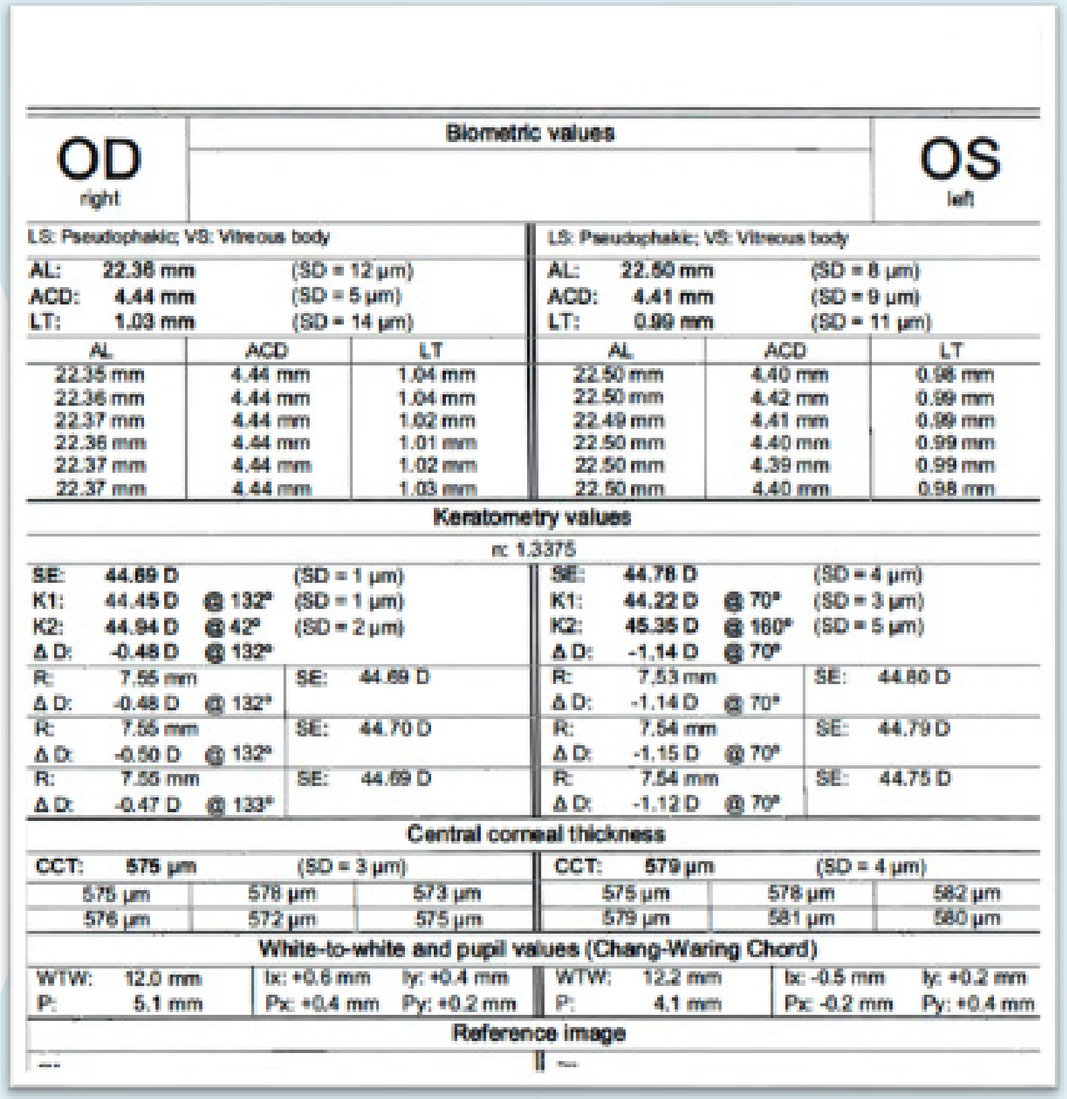
Challenging Case

Multi-focal Dilemma

- History: Bilateral bifocal IOLs, 6 years ago (+3.0DS add)
- Symptoms: ‘Fuzzy vision’, frequent squinting, avoiding night driving
- Clinical Findings: BCVA 0.3 OD / 0.2 OS (logMAR), bilateral IOL opacification
- Patient Goal: Wants IOL exchange for multifocal solution
- Discussion Points:
  - Assess suitability for multifocal replacement
  - Risks vs benefits (visual phenomena, neuroadaptation)
  - Managing expectations given prior experience and age



OD right	Biometric values	OS left
LS: Pseudophakic; VS: Vitreous body		LS: Pseudophakic; VS: Vitreous body
AL: 22.38 mm (SD = 12 µm)		AL: 22.50 mm (SD = 8 µm)
ACD: 4.44 mm (SD = 5 µm)		ACD: 4.41 mm (SD = 9 µm)
LT: 1.03 mm (SD = 14 µm)		LT: 0.99 mm (SD = 11 µm)

AL	ACD	LT	AL	ACD	LT
22.35 mm	4.44 mm	1.04 mm	22.50 mm	4.40 mm	0.98 mm
22.36 mm	4.44 mm	1.04 mm	22.50 mm	4.42 mm	0.99 mm
22.37 mm	4.44 mm	1.02 mm	22.49 mm	4.41 mm	0.99 mm
22.36 mm	4.44 mm	1.01 mm	22.50 mm	4.40 mm	0.99 mm
22.37 mm	4.44 mm	1.02 mm	22.50 mm	4.39 mm	0.99 mm
22.37 mm	4.44 mm	1.03 mm	22.50 mm	4.40 mm	0.98 mm

Keratometry values

n: 1.3375

SE:	44.69 D	(SD = 1 µm)	SE:	44.78 D	(SD = 4 µm)
K1:	44.45 D @ 132°	(SD = 1 µm)	K1:	44.22 D @ 70°	(SD = 3 µm)
K2:	44.94 D @ 42°	(SD = 2 µm)	K2:	45.35 D @ 160°	(SD = 5 µm)
Δ D:	-0.48 D @ 132°		Δ D:	-1.14 D @ 70°	
R:	7.55 mm	SE: 44.69 D	R:	7.53 mm	SE: 44.80 D
Δ D:	-0.48 D @ 132°		Δ D:	-1.14 D @ 70°	
R:	7.55 mm	SE: 44.70 D	R:	7.54 mm	SE: 44.79 D
Δ D:	-0.50 D @ 132°		Δ D:	-1.15 D @ 70°	
R:	7.55 mm	SE: 44.69 D	R:	7.54 mm	SE: 44.75 D
Δ D:	-0.47 D @ 133°		Δ D:	-1.12 D @ 70°	

Central corneal thickness

CCT:	575 µm	(SD = 3 µm)	CCT:	579 µm	(SD = 4 µm)
575 µm	578 µm	573 µm	575 µm	578 µm	582 µm
576 µm	572 µm	575 µm	579 µm	581 µm	580 µm

White-to-white and pupil values (Chang-Waring Chord)

WTW:	12.0 mm	lx: +0.6 mm ly: +0.4 mm	WTW:	12.2 mm	lx: -0.5 mm ly: +0.2 mm
P:	5.1 mm	Px: +0.4 mm Py: +0.2 mm	P:	4.1 mm	Px: -0.2 mm Py: +0.4 mm

Reference image

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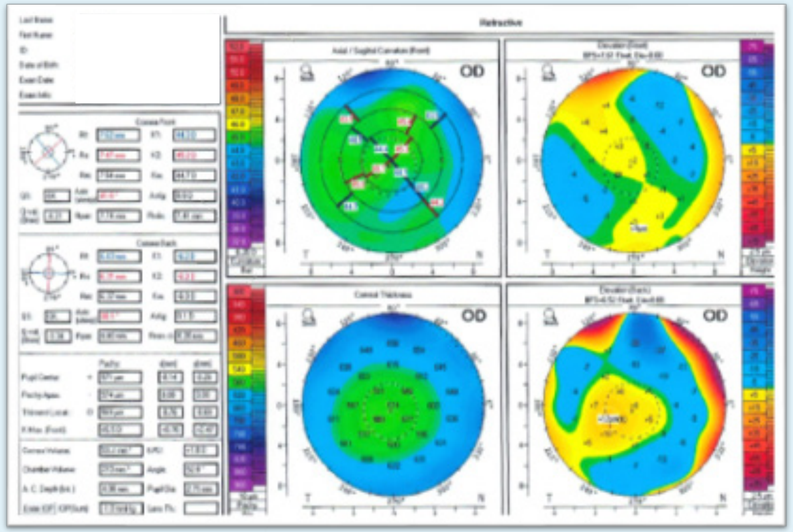
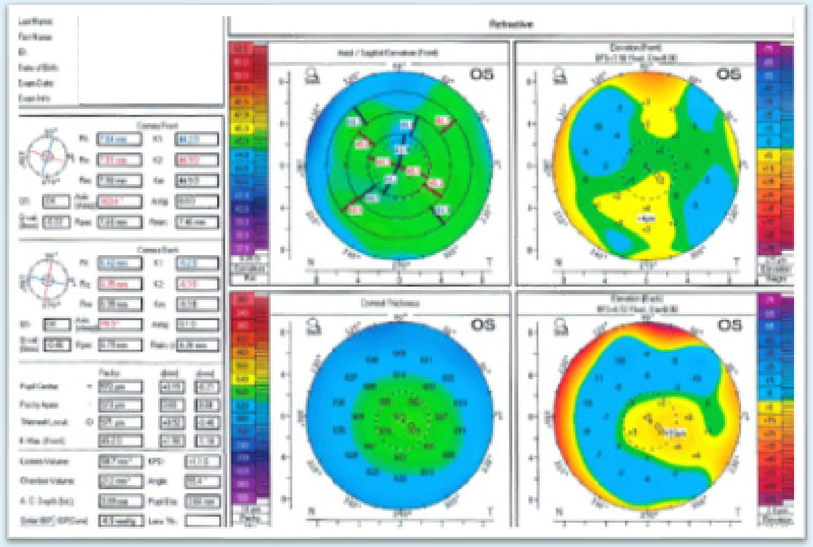
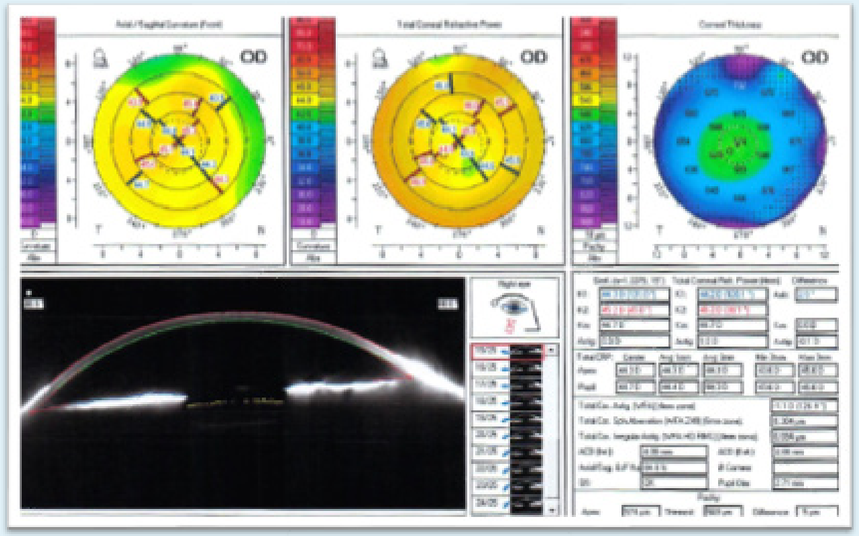
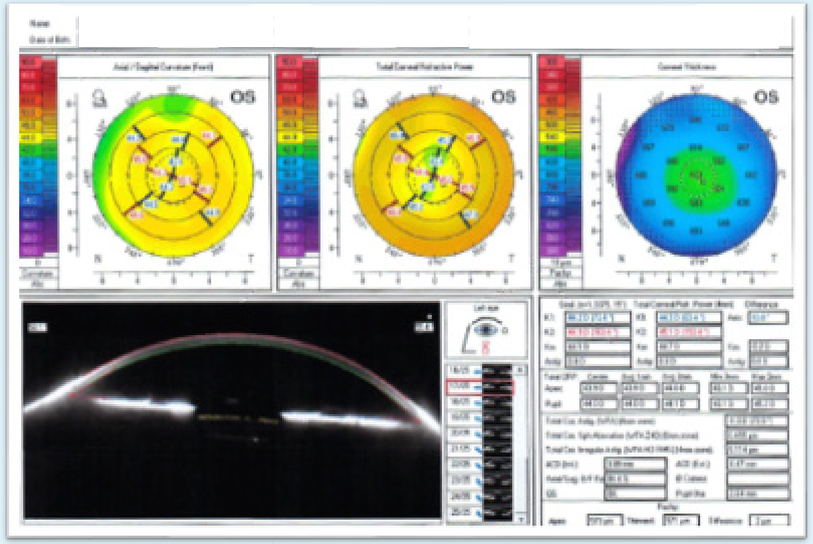
Multi-focal Dilemma









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Balancing Expectations

Multi-focal Dilemma

STAGE 1

- Structured Counselling Process – explore motivation, prior experience, and tolerance to risk
- Discuss the Excess Risks of IOL Exchange. *(capsular compromise, zonular weakness, refractive unpredictability)*
- Clarify Potential Outcomes
- Including the possibility of a monofocal result if required intra-operatively

STAGE 2

- Proceeding with Caution
- Right eye exchange performed
- In-the-Bag Exchange to AT LISA Tri.
- Allow Time for Reflection

STAGE 3

- Second consultation prior to surgery
- Keep Follow-Up Efficient but Focused
- Set Realistic Post-Operative Expectations
- Plan for Enhancement if Needed *(e.g. LASIK refinement)*

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Case Outcome

Outcome – 6 Months

Right Eye (OD)

- UDVA: 0.2 logMAR
- Refraction: -0.50 / -0.75 × 123
- Near Vision:
- N8 @ 40cm
- N4.5 @ 30cm

Left Eye (OS) EDOF

- UDVA: 0.0 logMAR
- Near Vision:
- N8 @ 40cm
- N4.5 @ 30cm

Patient Feedback: “Clear vision”

Patient Satisfaction: Very happy

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Key Takeaways:

What Drives Premium IOL Success?

- Patient Selection is Everything
- Expectations Shape Satisfaction
- Communication Reduces Complications
- Residual Refractive Error Matters Most
- Confident Recommendation Builds Patient Confidence

Right Patient. Right Lens. Right Conversation.

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Continue the Conversation:

Advancing Together

Strengthen professional collaboration

Share cases and real-world outcomes

Engage with new education sessions

Join us in shaping
more predictable, patient-centred refractive outcomes.

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