Early Analysis Using VisAbility™ Implants for Presbyopia From a Single Site in the VisAbility™ Multicenter Clinical Trial

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Study Design: Single surgeon, same facility, retrospective chart review, 130 eyes. All eye implanted with Crystalens AO IOL (Bausch + Lomb)

Primary Endpoint: LASIK enhancement rates for residual refractive error.

2012: 11.5%
2013: 5.8%

Secondary Endpoint: Residual Refractive Error (MRSE) and Accuracy to Target

<table>
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<tr>
<th>3 month outcomes</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>MRSE</td>
<td>-0.95 D</td>
<td>-0.68 D</td>
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<tr>
<td>Within 0.5D of target</td>
<td>52.4%</td>
<td>76.8%</td>
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Premium IOL Patients Have High Expectations
Residual Refractive Error Diminish Patient Satisfaction
LASIK Enhancements Cost Surgeons Time and Money
Secondary Endpoint: Uncorrected Distance Visual Acuity (3 mo)

2012: 20/40
2013: 20/30

What Changed?

- 2012 cases performed with traditional manual technique
- 2013 cases performed with femtosecond laser assist (Victus) (Bausch + Lomb)

Create a consistent, predictable capsulotomy.

- Reduces IOL de-centration and tilt
- Creates optimal anterior capsule - IOL overlap to maximize dynamic accommodative movement
- Possibility of more consistent effective lens position due to consistency of capsulorrhexis
  - Capsulotomy diameter: 5.5mm
  - Polish anterior capsular with Whitman capsular polisher
  - Attention to meticulous cortical cleanup

Fragment the lens without phaco energy

- Minimizes intraoperative lens manipulation and stress on capsule and zonules
- Reduces post-op inflammation and corneal edema
  - Victus femtosecond laser settings
  - Fragmentation pattern: 6 cylinders, 4 radials
  - Consider good wound closure with Resure
My practice cut LASIK enhancement rate for Crystalens in half after transition to femtosecond laser technique.

The reduced enhancement rate was associated with improvements in refractive accuracy and visual acuity.

The Victus femtosecond laser creates a precise and consistent capsulotomy.

Laser fragmentation reduces phaco time and corneal edema.