The Unhappy Multifocal IOL Patient

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Happy Multifocal Patient

• Uncomplicated surgery
• Good uncorrected distance and near visual acuity in both eyes
• Good visual quality
• No binocular vision disturbance

It is Important to Know that …

• Despite all the papers and presentations to the contrary, the overwhelming majority of patients implanted with multifocal IOLs are very happy with them.

What Makes for an Unhappy Patient

• Surgical complication
• Poor uncorrected distance or near visual acuity in either or both eyes
• Poor visual quality
• Binocular vision disturbance

Non Predictors of Multifocal IOL Satisfaction

• Personality type
• Occupation

Financial Disclosures

• Abbott Medical Optics
• Alcon Laboratories
• Calhoun Vision
Understand Multifocal Lenses

- Zonal refractive
- Full diffractive
  - Bifocal and trifocal varieties
  - Diffractive/refractive

Zonal Refractive

- AMO Array and ReZoom

Full Diffractive

- AMO Tecnis Multifocal

Diffractive/Refractive

- Alcon ReStor

Visual Compromise of Multifocal Lenses

- Reduced contrast
- Halos around point light sources, particularly at night
- Difficulty reading under low light conditions with some models
- Optical aberrations if the lens is not centered in the pupil
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May 7, 2016

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The Ideal Multifocal Candidate

• What does the ideal multifocal candidate look like?

The Ideal Multifocal Candidate

• Wants spectacle independence
• Understands the limitations of the technology
• Can afford the cost
• Has no ocular comorbidity

Did I Just Say No Ocular Comorbidity?

No Ocular Comorbidity

• At least no vision limiting ocular comorbidity

Contraindications to Multifocal Implantation

• Famous ophthalmologist quote — “85% of the patients in my practice are implanted with multifocal IOLs.”

Contraindications to Multifocal Implantation

• Vision limiting comorbidity in either eye
• A monofocal lens in the fellow eye
• High amounts of astigmatism in either eye unless you have a toric multifocal that can handle it
• Irregular astigmatism
• Previous keratorefractive surgery
• Potentially problematic conditions in either eye
• Any binocular vision disturbance
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Reducing the Risk of an Unhappy Patient
- Avoid implanting those with the contraindications just mentioned
- Take care in ocular biometry
- Take care in managing corneal astigmatism
- Take care in handling the lens in the operating room
  - Never touch the optic
  - Leave the lens in the loading bay of the injector until ready for implantation
  - Position the central ring in the middle of the pupil
- Intraoperative aberrometry

Managing the Unhappy Postoperative Patient

My Pearls for Handling an Unhappy Patient
- Don’t abandon your patient if he or she is unhappy.
- Figure out what the problem is.
- Fix the problem if you can before moving on to second eye surgery.
- Don’t mix and match lenses when you implant the second eye.

Don’t Abandon the Patient
- You will be uncomfortable when your patient is unhappy.
- They will blame you overtly or subtly for their problems.
- At times you will be to blame for their problems.
- Your natural instinct will be to go on the defensive.
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Don’t Abandon the Patient

• Your patient is afraid, frustrated, and looking to you for assurance that everything will be alright.
• You need to assure them you will do your everything in your power to sort out and fix their problem.
• They will want to know you have seen this problem before and have a plan of action.

Figure Out What the Problem Is

• Most often the patient will have a refractive error.
• Some times it will be an anterior segment comorbidity.
• Some times it will be a posterior segment comorbidity.
• Some times it will be the posterior capsule or the lens itself.

Ocular Comorbidities

• Anterior Segment
  - Dry eye
  - High corneal astigmatism
  - Irregular astigmatism from a variety of causes
  - EBMD
  - Corneal scarring
  - Prior refractive surgery
  - Zonular laxity or dehiscence
  - Blepharoplasty
  - Severe blephantis

• Posterior segment
  - Epiretinal membranes
  - Cystoid macular edema
  - AMD
  - Diabetic retinopathy
  - Vitreomacular traction
  - Venous and arterial occlusions
  - Venous and arterial occlusions
  - Advanced glaucoma
  - Other optic neuropathies
  - Amblyopia

Fix the Problem if You Can

• Correct refractive errors with glasses, contact lenses, IOL exchange, piggyback IOL implantation, or corneal refractive surgery
• PRK
• LASIK
• PCRIs
• Treat comorbidities such as dry eye, EBMD, PCO, CME, ERMs, VMT, etc.

Fix the Problem if You Can

• If there is no refractive error or obvious comorbidity in the anterior or posterior segments, especially if the quality of the near vision is poor, consider a multifocal IOL exchange.
• It helps if a wavefront map indicates significant internal high order aberrations.

Don’t Mix and Match Lenses

• Multifocal lenses work best if there is binocular summation at distance and near.
• This will not occur optimally if two lenses have different near focal points.
• Patients will always prefer one eye over the other and blame the IOL in the poorer seeing eye for any under performance.
Summarizing …

• Don’t abandon your patient if he or she is unhappy.
• Figure out what the problem is.
• Fix the problem if you can before moving on to second eye surgery.
• Don’t mix and match lenses.

Thank You