

# ESCRS 2013 AMSTERDAM

The panel.....

IC15 *Multifocal and accommodative IOLs:  
face the challenge (A)*

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D203/204 (Level 2)*

# *Suggesting the Proper Multifocal or Accommodative IOL to Patients*

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ESCRS Amsterdam 2013

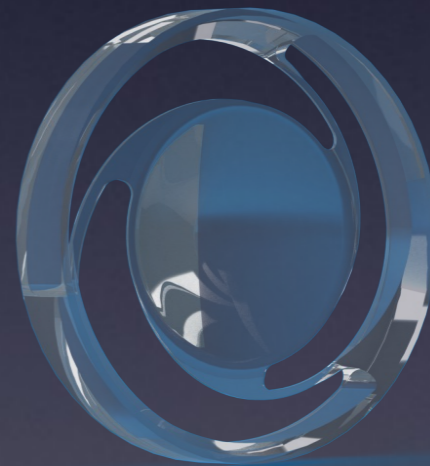
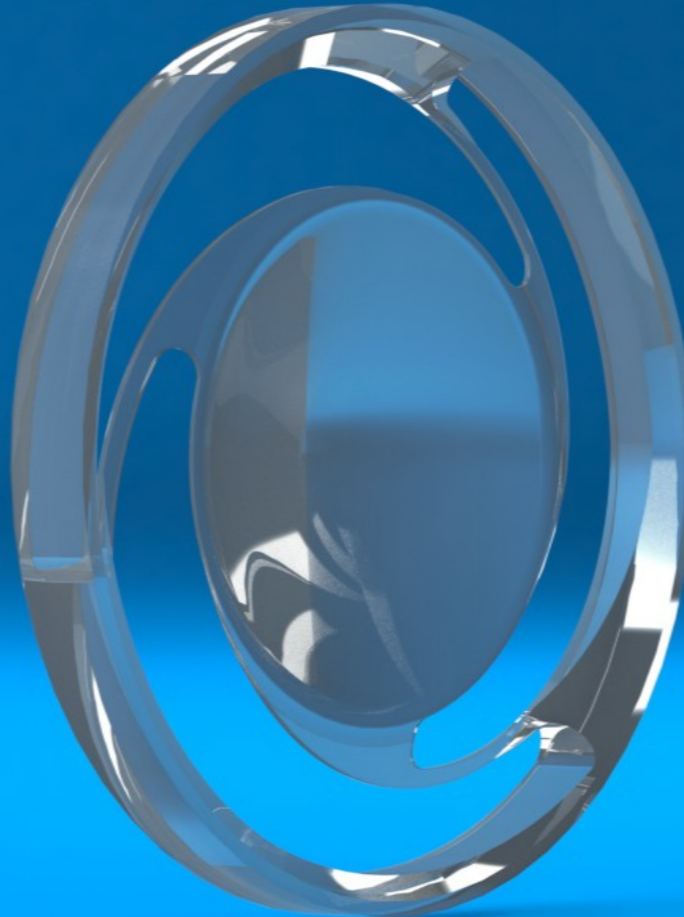
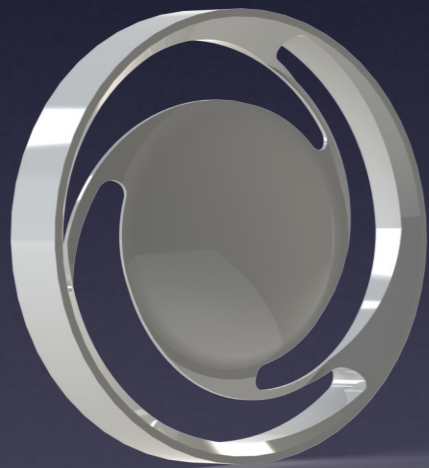
The authors have no financial interest in IOLs mentioned



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IOL DIVISION



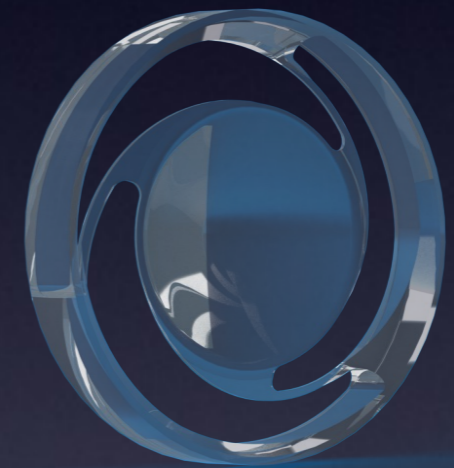
# Optoflex Accomodative IOL. Mod. FIL 618





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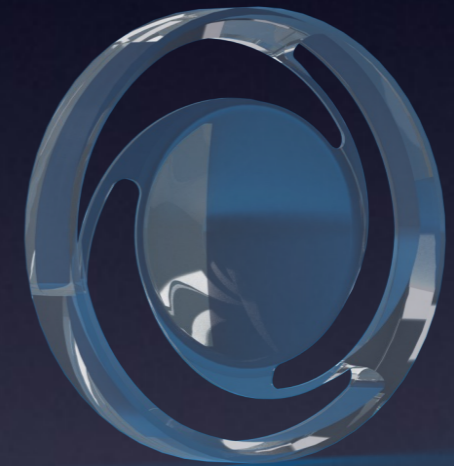
- Optical diameter 6.0 mm
- Total diameter 10.40 mm
- Haptic angle 5°
- Square edge on back side of haptics and optics





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SOLEKO™  
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- Tunnel incision diameter: 2.50 mm, 3.00mm
- Foldable acrylic material 25% H2O and UV filter
- IOL powers from +10.00D to +50.00D (step 0.5D)
- Recommended IOLMaster A constant: 120
- No spherical aberration correction (= 0 microns)



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# our experience:

33 IOLs implanted, 13 patients both eyes, 7 one eye

Male: 9 female: 11

Age: 27 minimum, 85 maximum

Iol power range: from +17D to +57D

AxL: from 16.88mm to 27.1mm



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## our results:

|                   |                     |
|-------------------|---------------------|
| 5 eyes age < 40   | +0.3D ( $\pm 0.4$ ) |
| 6 eyes age 40-54  | +0.9D ( $\pm 0.5$ ) |
| 10 eyes age 55-64 | +1.1D ( $\pm 0.7$ ) |
| 12 eyes age > 64  | +1.1D ( $\pm 1.0$ ) |





# Conclusions

- Do I suggest an M-IOL to every patient?
- When do I suggest a trifocal IOL?
- When do I suggest an Oculentis Mplus +1.5D?
- When do I suggest a Soleko FIL 618?

# Conclusions

- If the patient is overly inquisitive: Monofocal
- If the patient is too demanding: Monofocal
- If the patient is determined to have intermediate and near vision without glasses:  
Physiol / Zeiss
- If the patient desires good intermediate vision:

Thank you for your kind  
attention

Claudio Carbonara  
Gianni Alessio  
Luca Gualdi