

REFRACTIVE LENS EXCHANGE (RLE)

Removal of the *transparent* crystalline lens with IOL implant to correct ametropia and/or presbyopia

AND NORTH

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- 1. For **high ametropia** where other less invasive procedures are contraindicated
- 2. For presbyopia with/without ametropia (PreLEx)

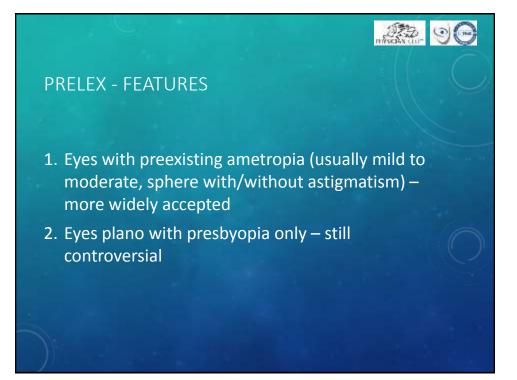


AT2

RLE FOR PRESBYOPIA - PRELEX

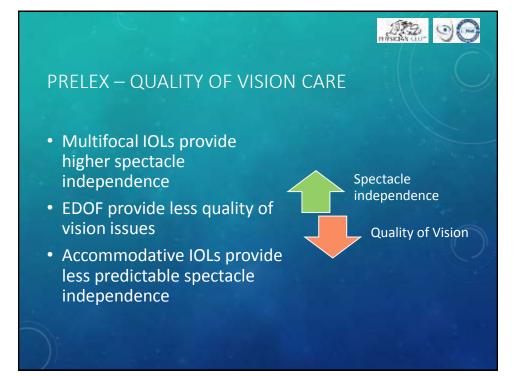
PreLEx= Presbyopic Lens Exchange

- Refractive procedure to drastically reduce/eliminate the need of glasses at all distances
- Always performed in presbyopic patients
- Multifocal or other presbyopia- correcting IOL always implanted
- Target plano in all cases









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PRELEX – IOLS POSSIBLE OPTIONS

• Trifocal IOLs – Best option for spectacle independence

MASSAN CLO-

- More likely to induce haloes and night vision disturbances
- Very sensitive to refractive outcome. Must provide plano
- EDOF IOLs Best compromise between spectacle independence and quality of vision
 - Reading at near may be challenging
 - Very forgiving as to refractive outcome
- Bifocal IOLs Best near option
 - Drop at intermediate
 - Blending two add powers leads better results



IOLS CATEGORIES – PERSONAL EXPI	ERIENCE

1900 - 19

EDOF IOLs	Trifocal IOLs	Bifocal IOLs	
Younger patients	All ages	Older patients	Net and
Taller patients	All patients	Shorter patients	
Intermediate	Full range	Reading	
Active	Active	Sedentary	
Heavy driving	Driving	Occasional driving	()
PC, laptop, tablet	PC, Tablet, smartphone	Smartphone	
Few book reading	Lot book reading	Lot book reading	

Distancio-

MISKAN CLOP

INDICATIONS FOR EDOF IOLS (47.5%)

- Patients concerned about quality of vision but still seeking for some spectacle independence
- · Patients with significant activities at intermediate
- Younger active and dynamic patients
- Taller patients

SETTING POSTOPERATIVE EXPECTATIONS

EDOF IOLs

- "You will experience spectacle independence as per your needs, but you may/will need glasses for reading at close distance"
- "Light illumination will help you reading without spectacles"
- "Your vision quality will be almost uncompromised and you will experience almost no glare and haloes at night"

Maria 😳 🕞

MISCAN CLOP

INDICATIONS FOR TRIFOCAL IOLS (47.5%)

- Patients seeking greatest spectacle independence and likely to accept slight compromises in terms of quality of vision
- LVC enhancements not a problem
- Active and dynamic patients

SETTING POSTOPERATIVE EXPECTATIONS

Trifocal IOLs

- "You will experience an almost full range of spectacle independence. You may need light to read, or glasses just when reading under dim light conditions"
- "You may experience some glare and haloes at night. It's normal and intended to give you the best performances in terms of spectacle independence"

<image> Independence with few intermediate activities

SETTING POSTOPERATIVE EXPECTATIONS

Bifocal IOLs

• "You will experience a wide range of distances without wearing glasses, with a very good reading vision. You may experience a drop at intermediate, which may require spectacles"

HISKAN CU-

- "you may need light to read small prints, or glasses just when reading under very dim light conditions"
- "You may experience some glare and haloes at night, decreasing with time but in some cases they may never fully disappear"



REFRACTIVE LENS EXCHANGE – SUMMARY

MASSAN CU-

For any ametropias in the presbyopic age (PreLEX)

- Refractive surgical procedure, plano mandatory
- Success is given by
 - Spectacle independence
 - Quality of vision
 - Complications and side effects
- Gaining consensus thanks to greater IOLs availability
 - Better performances, greater patients satisfaction
 - Less quality of vision problems