



YOU PICK THE IOL

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Cataract and Eye Consultants of Michigan

PATIENT #1

- 55yo male attorney
- OD: $-2.75 + .50 \times 90$
- OS: $-3.00 + .75 \times 85$

- Wants to golf sc
- Currently works sc

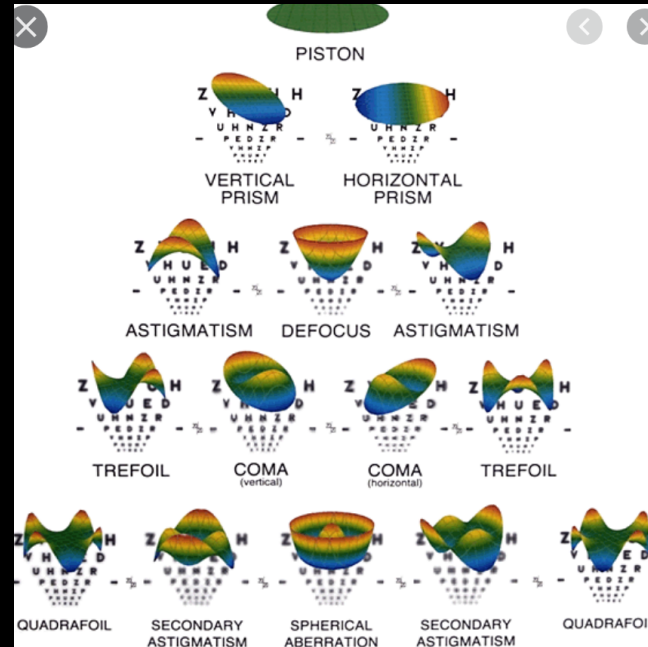




WHAT WOULD YOU DO?

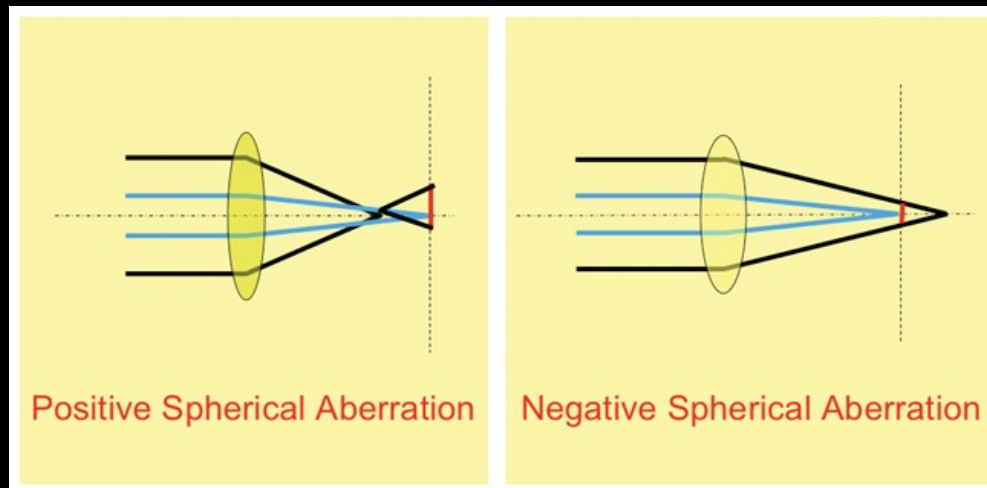
HIGHER ORDER ABERRATIONS

- Coma
- Trefoil
- Spherical aberration



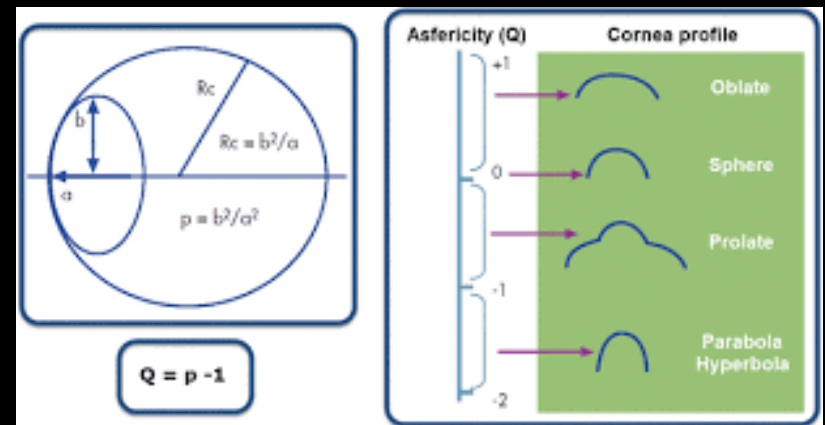
? SPHERICAL ABBERATION

- Flatter in center, steeper periphery
- Normal cornea 0.27+/-0.10 mm
- Steeper in the center, flat in periphery
- Hyopic LASIK



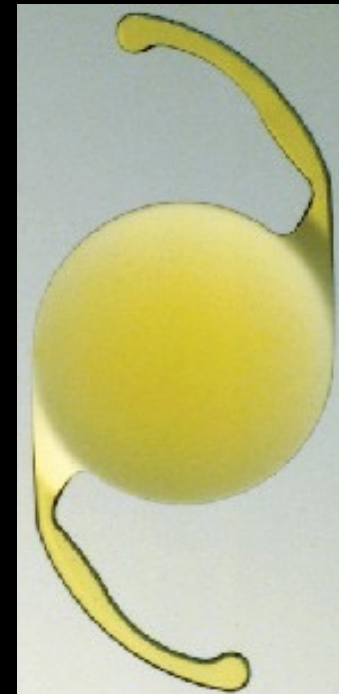
Q FACTOR

- Determines corneal shape
- Available on most newer topographers



ASPHERIC IOLS

- Posterior aspheric surface
- Counters the asphericity of the cornea
- Better contrast especially at night



PATIENT #2

- 52 yo nurse
- OD: +3.00+1.00x150
- OS: +3.25+1.25x30
- Is on a computer “all day”



alamy stock photo

BCE1N2
www.alamy.com



WHAT IOL DO YOU RECOMMEND?

- Multifocal
- EDOF
- Accommodating

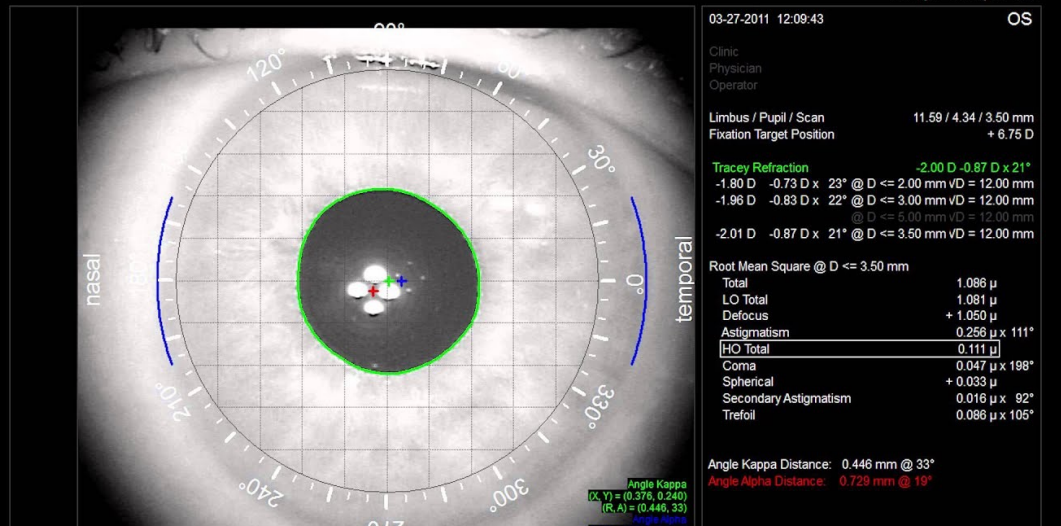
ANGLE ALPHA

- Difference between the visual axis and center of limbus

WF Summary Display

iTrace™ by **TRACEY**
TECHNOLOGIES

Problematic Alignment
ID: Sample12
Group: Sample Set

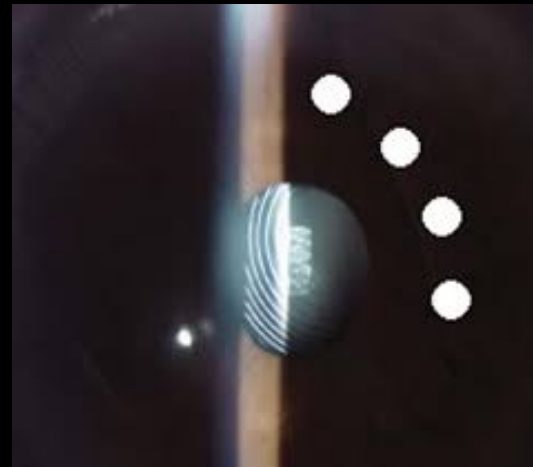


DIFFRACTIVE MULTIFOCAL IOL

Centered



Decentered




PATIENT #3

- 63 yo retired teacher
- OD: $-6.75+2.50 \times 175$
- OS: $-5.50+2.25 \times 180$

- Has been wearing mono CLs (OD dominant) for years.



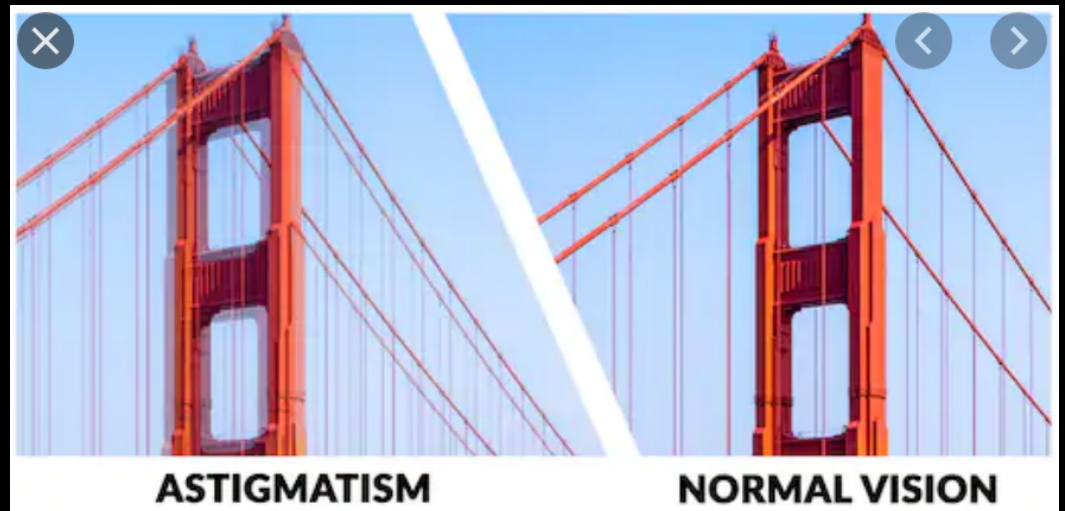
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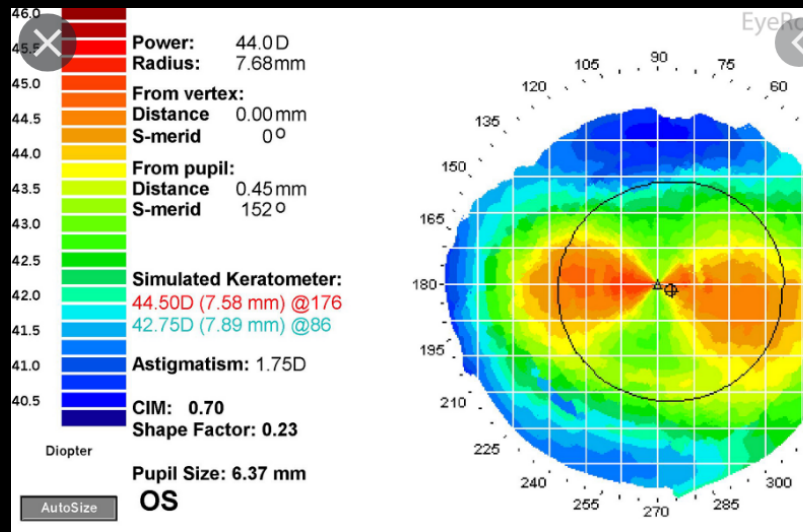
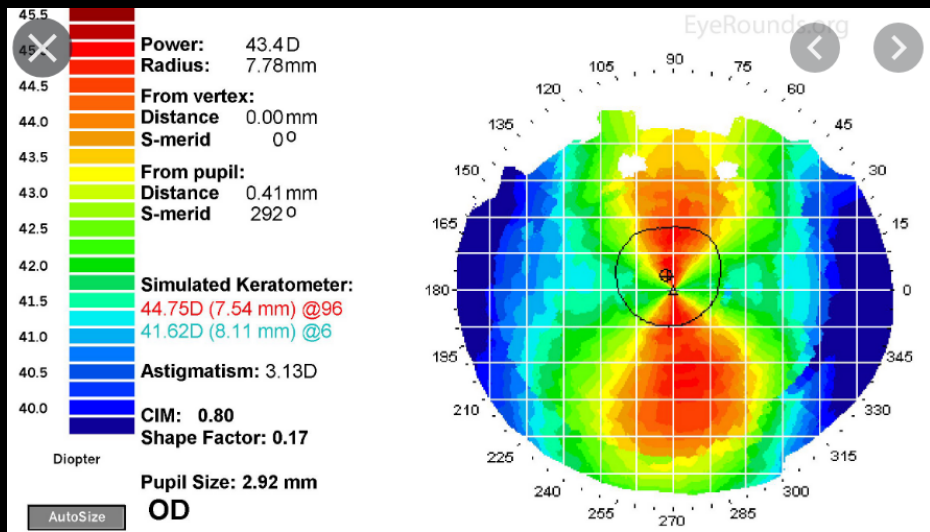


WHAT ILL WOULD YOU
CHOOSE?

ASTIGMATISM

- lower order aberration
- shadowing
- monocular diplopia





TORIC IOL

- Must measure at least 2 different ways
- Must position on axis
- No risk of nighttime halos





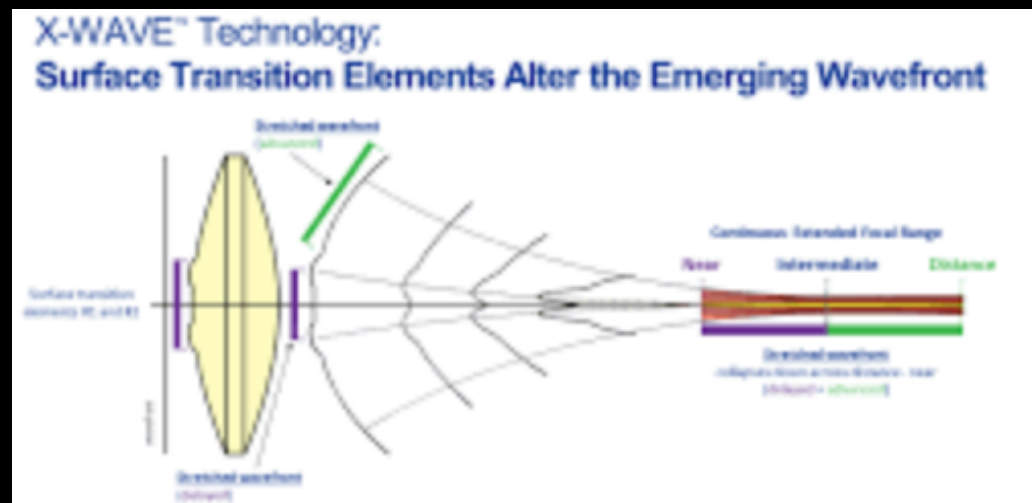
PATIENT #4

- 45 yo truck driver
- Drives a lot at night
- Hates wearing glasses
- OD: +4.25 +.50 x 175
- OS: +3.00 +.75 x 005



NEW TECHNOLOGY EDOF IOL

- X wave technology
- Not diffractive = no glare/halos
- Distance and intermediate
- Near with bright light







THANK YOU FOR YOUR
ATTENTION