Why I Chose the AcrySof IQ Restor +4.0 D IOL

My motivation for elective eye surgery was to enhance my vision enough to sail all over the world after retirement.

BY TANNEGUY RAFFRAY, MD

Just because we are ophthalmologists does not mean that we are immune to eye disease. That is why as I approached 45 years old, I was not surprised by my disintegrating accommodative amplitude. By the age of 50 years, it was nearly impossible for me to read or see at near distance without optical correction. Reality sunk in: I had presbyopia.

Presbyopia left me completely spectacle dependent. As it became more of a handicap for all daily activities and not just reading, I decided to put my ophthalmic expertise to personal use for a change. In July 2008, at 52 years of age, I recruited one of my young partners, Jean Luc Bertholom, MD, to implant the AcrySof IQ Restor +4.0 D IOL (Alcon Laboratories, Inc., Fort Worth, Texas) in my left eye. The operation took place on July 31.

I was no stranger to elective eye surgery. In 1996, I had undergone PRK in my right eye with the Visx excimer laser (Abbott Medical Optics Inc., Santa Ana, California) for a correction of -1.00 D of myopia. At the time, I kept my left eye slightly myopic; my refraction without surgery was -0.75 D. My vision was well balanced, and I was comfortable with my quality of life. I was plano in my operated right eye and remained at -0.75 D of myopia in my left. However, as I continued to age, the refraction in my eyes was no longer similar, and I lost the visual balance between my eyes.

MOTIVATION

I have been using the Restor for presbyopic lens exchange (PRELEX, also known as refractive lens exchange) and cataract surgery for more than 4 years of my 24-year career as an ophthalmologist. In my free time, I enjoy sailing. I had always hoped that after retirement, I would be able to sail all over the world, embarking on long journeys and doing a lot of navigating. However, I knew that with my presbyopia, I would be uncomfortable sailing with spectacles; this had been my motivation when I first underwent PRK and it again motivated me to undergo elective eye surgery with the AcrySof IQ Restor +4.0 D IOL. I had already seen excellent results in my own patients, so I knew this IOL was a good choice for me as well.

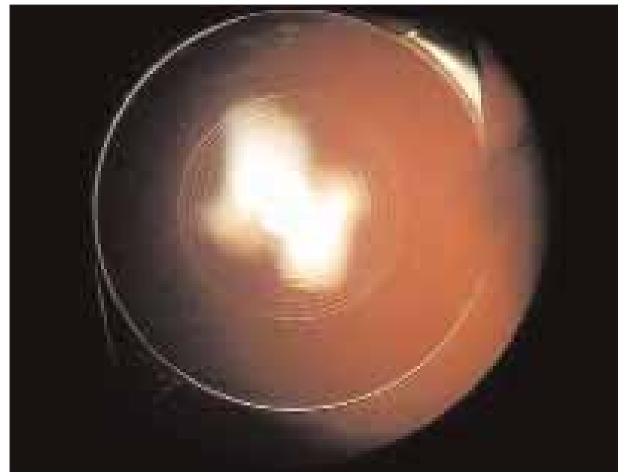

Figure 1. The AcrySof IQ Restor +4.0 D IOL after implantation.

OPERATION, RESULTS

Dr. Bertholom and I performed all of the preopera-

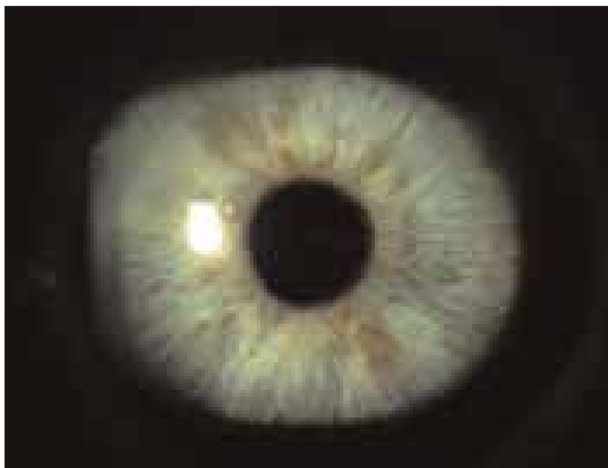

Figure 2. Dr. Raffray's residual refraction was 0.25 0.50 X 65º immediately postop. He is now almost plano.

tive calculations together using the IOLMaster (Carl Zeiss Meditec, Jena, Germany), with an autorefractor for the keratometry. Our target for surgical correction was plano.

After bimanual phacoemulsification under topical anesthesia, Dr. Bertholom implanted an 18.00 D aspheric Restor IOL so that I would be able to maintain good near visual acuity while correcting my myopia. If all went well, this would restore balance of vision in my left eye. From what I was told, the surgery was a success—I do not remember anything from the time the topical anesthesia was applied to when the IOL was implanted. I had a strong reaction to the benzodiazepine premedication, which caused me to become drowsy and sedated during surgery.

When I was aware that the operation was over, I noticed how much the light in the room was magnified. For the first 12 hours after surgery, my vision was a bit blurry. However, on postoperative day 1, my vision was nearly perfect. I had a quiet eye with good near and far vision.

TRANSITION PERIOD

The AcrySof IQ Restor +4.0 D IOL provides great near and distance vision. Postoperatively, I was 20/25 for both distance and near. Although I did not reach the plano target, I was within 0.25 D of the intended correction. After a short transition period, I can read fine print except in difficult lighting conditions. I have not noticed significant problems with halos or glare and generally have no problem driving at night. In the beginning, glare and hard contrast lights were problematic, but now, 6 months later, I feel more comfortable. My residual refraction was 0.25 0.50 X 65º at first and is now almost plano, with perfect near and far visual acuity. Additionally, I have better photopic visual acuity than I did preoperatively.

In my daily life, the IOL does not hamper my ability to perform work-related tasks. Even at the slit lamp, I can still distinguish the rings of the IOL I am implanting. The trick is to increase the light of the microscope slightly to enhance visibility.

CONCLUSION

The decision to replace the crystalline lens with an artificial one is not insignificant; as ophthalmologists, it is our duty to provide sufficient and complete information to each patient. We must provide the right tools for the patient to make his decision adequately, with full knowledge of the facts. After having undergone elective eye surgery myself now twice, I am able to explain the entire procedure in greater detail to my patients, especially what they can expect in the first 6 months after surgery. Although I have always described the process, I now find it much easier to accurately describe not only the procedure but also the sensations involved with undergoing IOL implantation. It goes a long way to be able to tell the patient that you recently had the same work done on your own eye. This has allowed me to build greater relationships with my patients, which, hopefully, will provide more word-of-mouth referrals.

The benefits of multifocal IOLs are plentiful. They are a definitive solution for refractive correction, whatever the context—cataract or refractive surgery. With provisions for excellent optical quality and simultaneous ametropic and presbyopic correction, multifocal IOLs afford a large range of correction, particularly high hyperopic and myopic ametropia. Additionally, the future of the cornea is secure after multifocal IOL implantation. For all these reasons, I felt confident in my decision to select the AcrySof IQ Restor +4.0 D IOL for implantation in my own eye. Although I have a slight color difference between my two eyes (due to the Restor's yellowness) I am 100% happy and now have a fantastic quality of life, thanks to undergoing elective eye surgery. In fact, I will have my second eye implanted with the AcrySof IQ Restor +3.0 D IOL by the time this article goes to press. The decision to undergo surgery again in my contralateral eye is motivated by my desire to strengthen the near vision in this eye. Using the AcrySof +3.0 IOL will allow me to keep the advantages of a slight balance between eyes and also strengthen my intermediate vision. ■

Tanneguy Raffray, MD, is a refractive surgeon at the Centre d'Ophtalmologie Du Mene Tenenio Vannes, France. Dr. Raffray states that he has no financial interest in the products or companies mentioned. He may be reached at e-mail: trlmeneoph@wanadoo.fr.