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IOLs in Refractive Cataract Surgery

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There are so many choices we have today for correcting vision with cataract surgery. In fact, we should consider all cataract surgery to be refractive surgery. Whether it is a lens exchange or a cataract removal, we are performing a refractive procedure by changing the patient's vision—and, ideally, optimizing visual quality and quantity in the process.

Every patient deserves the opportunity to maximize their vision and reduce dependence on glasses or contact lenses. As surgeons, we should offer patients options that include astigmatism correction; expanding their range of vision with extended depth of focus (EDOF) or trifocal technology; and monovision.

In my practice, we offer premium distance and near options that include astigmatism correction. The enVista toric IOLs (Bausch + Lomb) go down to a lower power of astigmatic correction and have an aberration-neutral platform, which is especially helpful for patients with corneal pathology. I also offer trifocal IOLs to achieve an expanded range of vision for patients with minimal higher-order aberrations. I have found the least complaints of dysphotopsia with the enVista Envy and enVista Envy Toric IOLs.

Patients with history of myopia who choose LASIK get the Light Adjustable Lens (LAL; RxSight) for custom vision, as do patients who want a range of distance to mid-range vision and may be more particular about their outcome. The LAL and LAL+ are EDOF IOLs and also work for patients who previously enjoyed monovision. Patients with radial keratotomy (RK) and those with corneal scars do well with the small-aperture Apthera lens (Bausch + Lomb). I do FLACS on all cases, using the Zeiss IOLMaster 700 and Veracity to seamlessly transfer data from biometry to the Lensar Ally laser in the ASC.

Offering patients refractive cataract surgery means that your ASC needs to include lens consignments of a variety of IOLs. As technology changes and newer IOLs become available, the ASC administrator should work with various lens manufacturers to manage inventory. Not every company can provide all of the IOLs necessary for refractive cataract surgery.

Patients' needs are different. For example, a patient with history of RK may do best with a small-aperture lens; a keratoconus patient may require a toric IOL (best with an aberration-neutral platform); and a post–myopic LASIK patient may require an LAL.

Space can be a constraint, and consideration for the most commonly used IOLs and IOL powers are factors in determining inventory stock. Inventory management systems can help to automate and reduce waste and error. These include web-based inventory management systems by McKesson, as well as company-specific ones from Bausch + Lomb and Alcon. Ordering IOL powers or models that are less commonly used should be done with enough time to minimize additional shipping costs. For every surgery, the surgeon should have the primary IOL (with a backup in case there is an issue with insertion or the IOL itself), and an alternate IOL if sulcus or another type of fixation is necessary.

In this issue of *The Ophthalmic ASC,* we interview several surgeons to discover what is in their IOL closets. It is fun to see what some of the top surgeons in the country use as their favorite IOLs and the different ASC inventory management solutions that can help make this possible! ■

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