

The AT LISA tri 839MP: Excellent Visual Acuity at All Distances

Patients have achieved significantly improved near, intermediate, and far vision as early as postoperative day 1.

BY EKKEHARD FABIAN, MD

Based on my 25 years of experience implanting multifocal IOLs, the AT LISA tri 839MP (Carl Zeiss Meditec) truly represents the launch of a new generation of multifocal lenses. With the latest changes implemented in the IOL design, the AT LISA tri 839MP has had a significant effect on patient satisfaction and visual outcomes.

Traditionally, surgeons have had to accept that the intermediate vision achieved with multifocal IOLs was less than optimal, especially with diffractive IOLs. The AT LISA tri multifocal IOL, however, is significant in two aspects: (1) it is monocular and (2) it provides patients with functional vision at all three distances—near, intermediate, and far.

AT LISA TRI IN YOUNGER PATIENTS

For younger patients who elect to undergo clear lens exchange, the AT LISA tri is an attractive solution, as these individuals are typically very interested in leading a spectacle-free lifestyle. I have experience implanting the AT LISA tri in these patients, especially those with hyperopia, and it has been astonishing that they are able to see near, intermediate, and far within the first postoperative day. Achieving these results so soon after surgery is new to us, as we were taught that improvements would occur over time, as the brain adapted to these new technologies.

LOW INCIDENCE OF VISUAL DISTURBANCES

Surprisingly, patients have had almost no complaints of visual disturbances after being implanted with the AT LISA tri. Although we told them previously that they might experience halos or contrast sensitivity reduction, patients did not complain about these issues. We did not expect that from this IOL; we expected only the benefit of the intermediate vision. This outcome is an additional advantage of the AT LISA tri.

PATIENT SELECTION AND COUNSELING

With the AT LISA tri, we changed our approach

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to patient selection and counseling. We no longer wait for the patient to request multifocality; instead, we inform patients that it is possible to correct these three different distances with the AT LISA tri. Additionally, there are no adverse reactions to this lens in respect to the reduction of contrast sensitivity and in respect to the glare disabilities at night.

Because the side effects were less significant than expected, we had to rethink how we counsel our patients on the AT LISA tri; we found we can target more patients who will benefit from this lens. Normally we lean more toward patients with hyperopia and high myopia, but we expect that as we gain experience with AT LISA tri, we will also implant in lower myopes. In my opinion, this lens is a tool for all patients.

CONCLUSION

The AT LISA tri 839MP enables patients to achieve excellent vision at all distances. The improved intermediate vision, as well as the low incidence of visual disturbances, makes this lens an attractive option for many patients, especially those who expect spectacle independence. ■

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