

The Latest AT LISA IOL Design: A Trifocal Lens With Excellent Vision at All Distances

This design provides excellent intermediate vision without sacrificing far and near.

BY DOMINIQUE PIÉTRINI, MD

Today's modern IOLs provide our patients with exceptional visual quality, with one of the most promising new lens designs being the AT LISA tri 839MP (Carl Zeiss Meditec; Figure 1). This third-generation, trifocal lens—born from the original AT LISA bifocal—provides patients with excellent functional vision at all distances as early as the day after surgery. Most notably, the AT LISA tri enhances intermediate vision compared with the previous bifocal AT LISA design.

I have been implanting the AT LISA tri since July 2011. In this short time, I have come to the conclusion that this one-piece, trifocal lens design gives my patients the best chance of leading a spectacle-free, active lifestyle. With the AT LISA bifocal, a lens with which I have extensive experience implanting, my patients were achieving a mean intermediate visual acuity of 20/32, a mean near UCVA of J2, and a mean far UCVA of 20/20. Although my patients were satisfied with their vision after surgery, some reported that intermediate vision was not as crisp as they would have liked.

This concern certainly decreased, if not disappeared, after I started implanting the new AT LISA tri in many of my patients. In those patients who have received the AT LISA tri to date, the mean intermediate visual acuity improved to 20/25 compared with 20/32 with the bifocal design, but the near and far UCVA remain similar between lenses (20/20 and J2, respectively).

In addition to the improved visual quality, the AT LISA tri is stable in the capsular bag, is designed to correct aberrations to provide sharp vision at every distance, and has a low incidence of halos and glare.

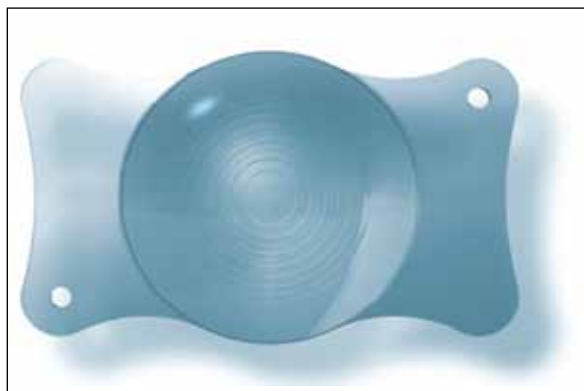


Figure 1. The AT LISA tri 839MP lens design.

SAFE FOR PHAKIC EYES

I have implanted the AT LISA tri in 30 eyes. Thus far, my main indication for this lens has been clear lens extraction, because of the lens' exceptional intermediate vision. Patients who elect clear lens extraction are typically between the ages of 55 and 65 years old and do a lot of computer work. The AT LISA tri is the perfect offering to provide the best possible intermediate vision without sacrificing near or far vision. In my patient population, the majority achieves spectacle independence for most daily visual tasks.

I prefer the AT LISA tri in young patients for two reasons, for its pupil independence and for its superb intermediate vision. The rationale for pupil independence is simple: Patients who elect clear lens extraction are likely to have a larger pupil than older patients presenting for cataract surgery, and it is in

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the clear lens patient's best interest to achieve good visual acuity even in low light conditions. The AT LISA tri accomplishes this.

When selecting the appropriate IOL to implant, especially for clear lens extraction patients who are paying an additional out-of-pocket fee for a premium lens, I first consider the AT LISA tri. Results with this lens, in my

experience thus far, have been better in younger patients because they typically have a healthy retina. However, the AT LISA tri can be implanted in almost any patient with spectacular results, as the lens does not compromise vision at any distance. In most cases, glasses are no longer required for computer work, and patients tend to have an immediate neural adaptation, with sufficient near, intermediate, and far vision the day after surgery.

CONCLUSION

The AT LISA tri is my first choice for patients who prefer a lens-based solution for refractive errors. These young patients expect spectacle independence and improved vision at all distances, both of which the AT LISA tri provides. ■

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