





## AT A GLANCE

- With an increasing array of IOL options, cataract consultations have become relatively involved.
- In 2004, Dr. Dell developed a questionnaire to quickly establish a common vocabulary with patients, assess how they want to see postoperatively, and determine if they were flexible enough to handle the optical compromises needed for success with presbyopia-correcting IOLs. He has now released an update.
- The real value of the tool is that it subtly alters patients' expectations regarding spectacle independence and dysphotopsias.

needed for success with early presbyopia-correcting IOLs. The questionnaire was successful in achieving these goals, and other surgeons found it helpful as well.

### THE NEW VERSION

In 2016, I developed a new version of the questionnaire that my staff and I validated in the clinic for several months (Figure 1). The latest iteration differs from the original in several ways. First, the update offers more streamlined language and contains references to current options for accessing reading content such as e-readers and tablet computers.

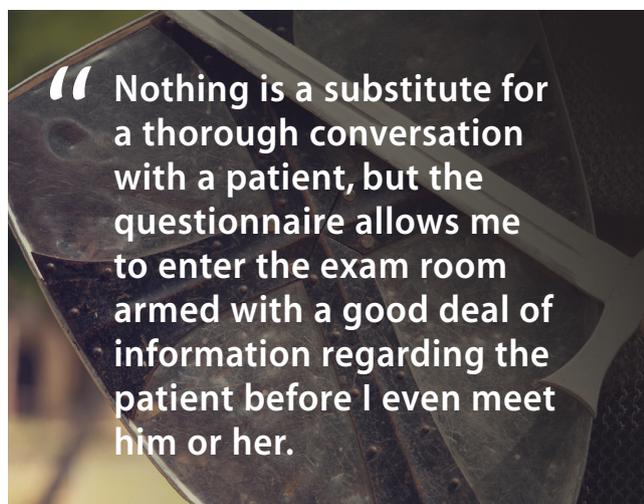
Second, a new self-test for assessing habitual reading distance is included, owing to the variety of add powers available in multifocal IOLs today and the availability of extended depth of focus and accommodating IOLs. In the self-test, patients use the vertical length of the paper of the questionnaire itself as a rough ruler to determine the distance at which they typically read. This test has been clinically validated, and it provides important feedback that may alter the IOL recommendation. If surgeons wish to use a tablet or laptop computer to administer the questionnaire, their patients can use a calibrated string to assess their habitual reading distance.

Another change is that the descriptions of dysphotopsias have been updated and slightly minimized to reflect current multifocal and extended depth of focus IOLs.

### OBSERVATIONS

Years of using the questionnaire have taught me several lessons.

**Lesson No. 1: The real value of the tool is that it subtly alters patients' expectations regarding spectacle independence and dysphotopsias.** Typically, patients want



total spectacle independence, but, after completing the questionnaire, they understand that this outcome may not always be possible. Moreover, because the questionnaire forces them to make some difficult choices, they begin to realize that optical compromises such as dysphotopsias or loss of stereopsis may be necessary to achieve their desired spectacle independence.

**Lesson No. 2: The manner in which patients complete the questionnaire yields important clues regarding their personality.** First, a patient's refusal to fill out the questionnaire is a red flag. For those who do fill it out, some mark up the paper with lengthy annotations, whereas others repeatedly change their answers or rewrite the questions in a fashion more to their liking. During our validation of the original version of the questionnaire, my staff and I correlated patients' preoperative responses with their postoperative satisfaction. Of note, patients who rated their personality as exactly midway between "easygoing" and "perfectionist" tended to be the least happy postoperatively.

**Lesson No. 3: Nothing is a substitute for a thorough conversation with a patient.** Although this is true, the Dell questionnaire allows me to enter the exam room armed with a good deal of information regarding the patient before I even meet him or her. After a dozen years of using the questionnaire, I can attest that the basic concepts it covers remain relevant and helpful. The updated questionnaire is available to download as a Microsoft Word document at [crstoday.com/resources](http://crstoday.com/resources). Surgeons are free to use or modify it any way they see fit. ■

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- Financial interest: None acknowledged