

THE EVOLUTION OF TRIFOCALITY

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Discussion of the FineVision IOL and the patient's journey.

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THE FINEVISION FAMILY

BEATRICE COCHENER-LAMARD, MD, PHD

The first trifocal, the FineVision IOL, was launched by PhysIOL in 2010. Today, FineVision is available in several models, including a hydrophobic IOL—the FineVision HP (Pod F GF)—and three hydrophilic IOLs—the Pod F, the Pod FT, and the Micro F.

The FineVision family is built on the bi-bi principal, which combines two diffractive optics, one with an addition of +3.50 D and the other with +1.75 D for

intermediate vision, to reduce the loss of light energy.

In my experience, on average, 88% of patients achieve spectacle independence, and most achieve near emmetropia with the FineVision IOL. Additionally, this lens provides good centration and has a high contact angle, providing excellent stability.

Regarding the hydrophobic (glistening-free) FineVision HP, this unique IOL design incorporates RidgeTech technology on its haptics,

which is designed to reduce the risk of the haptics sticking to the optic during implantation while keeping the same quality of vision as a lens made from hydrophobic material.

Based on the literature and my own personal results, I believe that trifocality is the best concept at this time for patients who desire presbyopia correction and have no ocular or systemic comorbidity. The FineVision IOL family remains the gold standard.



THE PATIENT'S JOURNEY

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Patient selection is crucial today due to high patient expectations. Learning how to communicate with them effectively will enhance their experience. This article provides several quick but important pointers for success with trifocal IOLs.

► **Pointer No. 1: Patient selection.** The patient's personality is just as important as their activities and their ocular anatomy. Perfectionists and aggressive, demanding patients are not good candidates for trifocal IOLs. On the other hand, easygoing individuals make excellent candidates.

► **Pointer No. 2: Lens selection.** Asking patients to fill out a lifestyle questionnaire will aid in lens selection. Hyperopic patients are ideal candidates. The FineVision IOL is also a valuable option for eyes with up to -3.50 D myopia. I have used many types of trifocals in my practice, and I still go back to the FineVision because it gives me such good refractive stability over time and high patient satisfaction.

► **Pointer No. 3: Patient communication.**

Do not present too much information to patients; otherwise, they become overwhelmed. Talk to them as if they are your friends, and do not act arrogantly. Set realistic expectations and ensure that you discuss the lens' side effects with patients. Of course, obtaining a signed, informed consent is mandatory.

► **Pointer No. 4: Manage patient expectations.** Underpromise and overdeliver.

► **Pointer No. 5: Preoperative diagnostics.** Take your time to investigate the anterior segment and measure the astigmatism accurately, not only the front surface of the cornea but also the back surface of the cornea. Epithelial thickness maps should be uniform across the cornea, and any signs of ocular surface disease and dry eye disease must be treated aggressively in the preoperative period. This will help to ensure accurate measurements for the IOL calculation. Also important is a thorough retinal examination and referral to a retina specialist when in doubt.

► **Pointer No. 6: Intraoperative**

considerations. Treat astigmatism (eg, with the FineVision Toric IOL) and compensate for the surgically induced astigmatism. A slightly larger capsulorhexis (5.2 or 5.4 mm) will increase refractive stability.

CONCLUSION

I prefer the FineVision IOL because it is extremely stable, and patient satisfaction with this lens is high. ■

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