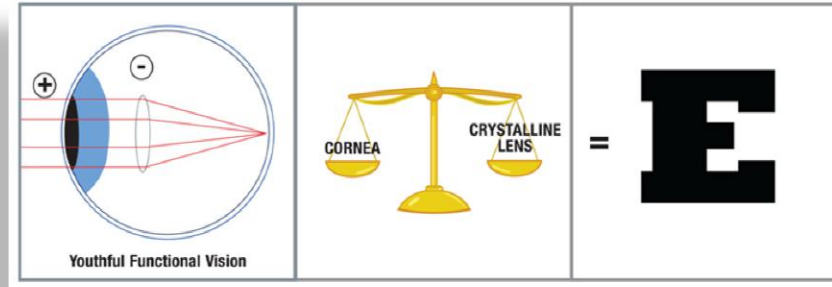


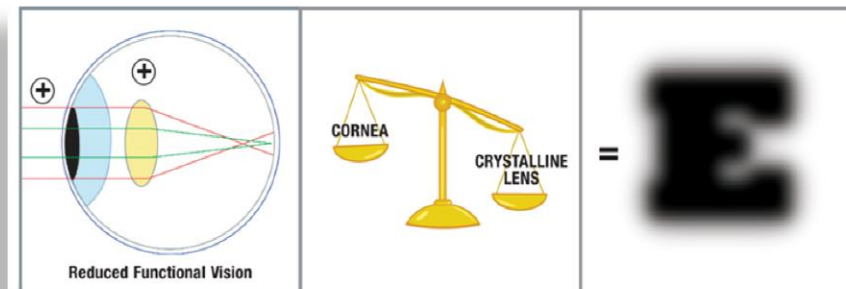


Aspheric Intraocular Lens

- As the eye ages, optical quality worsens
- The young eye has zero spherical aberration

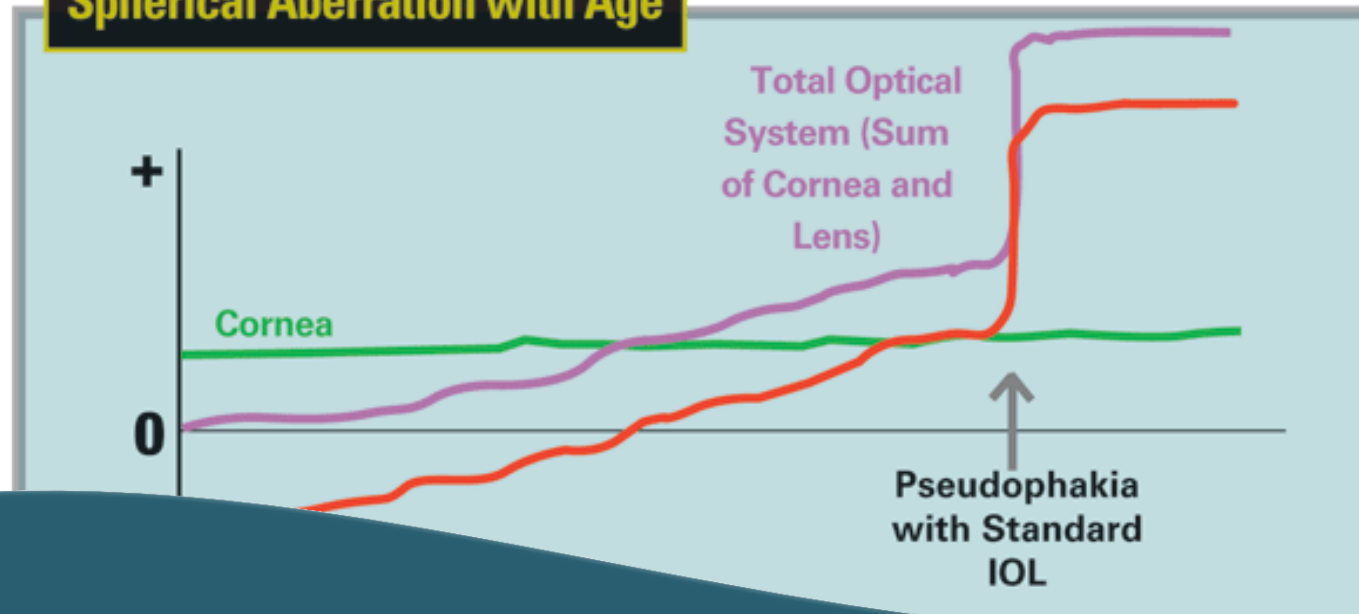


- With age, spherical aberration increases reducing functional vision



The shift in the spherical aberration of the lens toward less negative or even positive values, combined with the positive corneal spherical aberration, implies a decrease in ocular optical quality with age

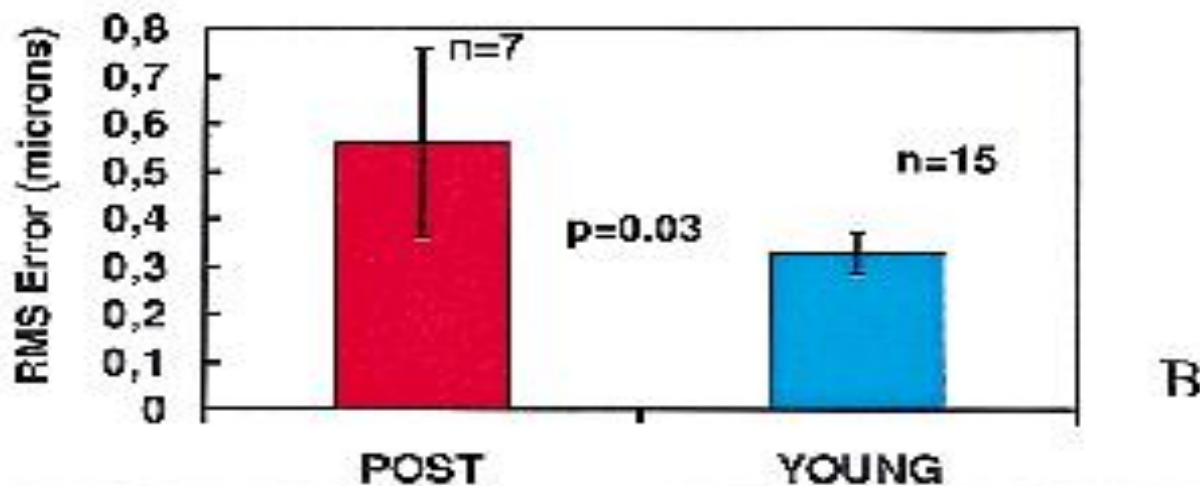
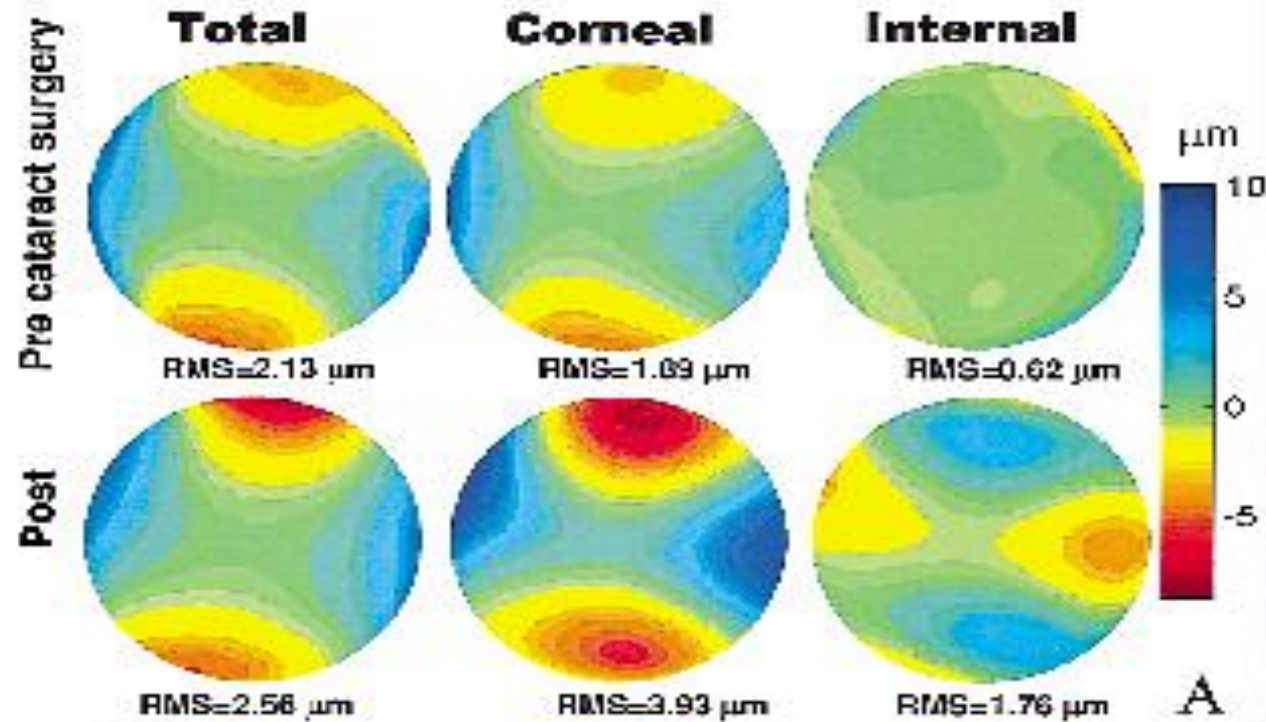
Spherical Aberration with Age



Spherical aberration increases in patients implanted with spherical IOLs (0.20 μm more on average than in young eyes)

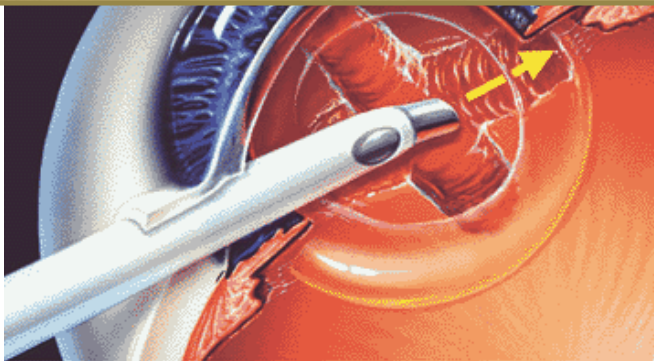
aberration...

Example of total, corneal, and internal wave aberrations before and after cataract surgery (phacoemulsification) and IOL implantation

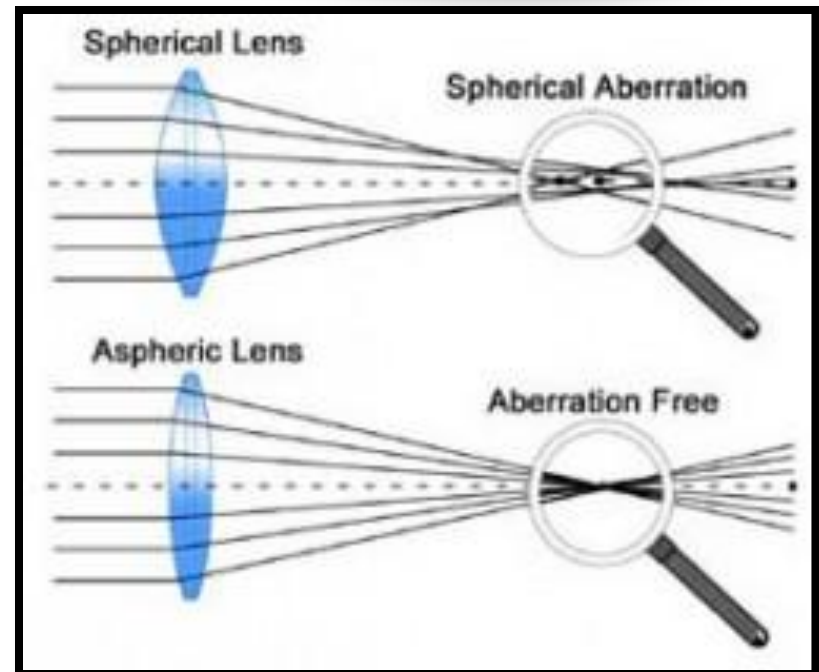


- Today, **the goal of cataract surgery is not only to restore visual acuity but also to provide the best visual quality to patients**

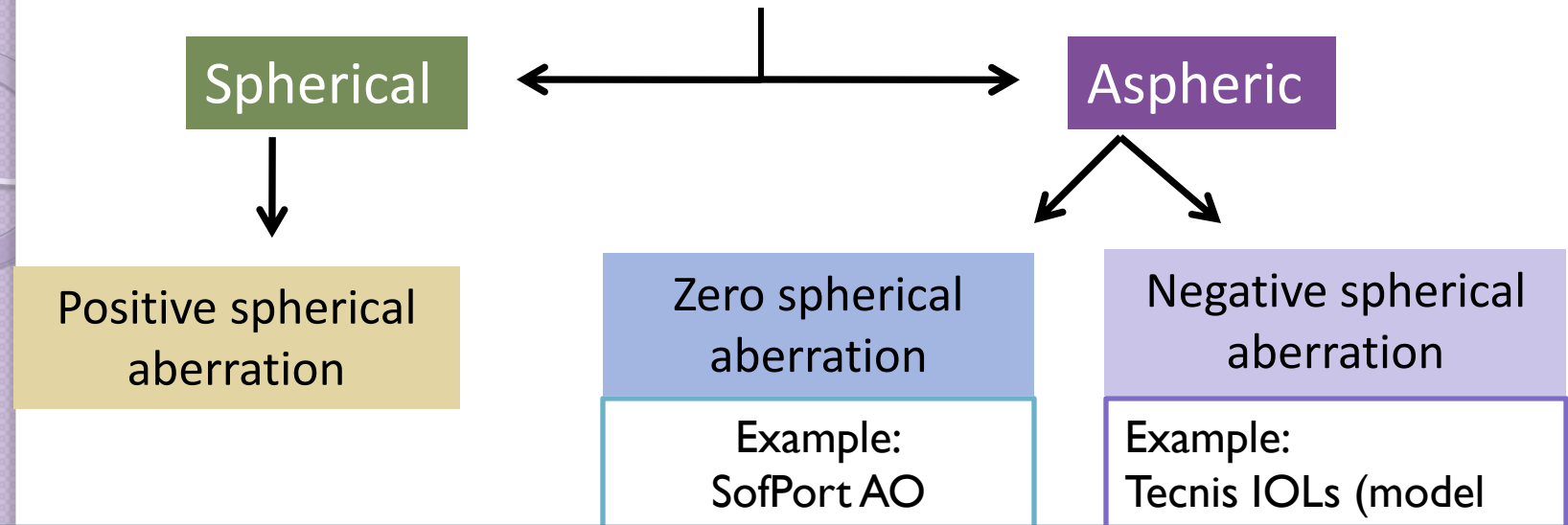
Best optical quality is obtained if the entire amount of spherical aberration is corrected



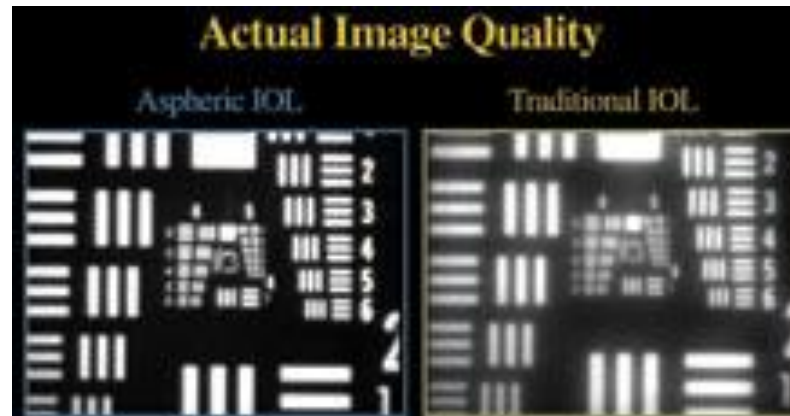
Aspheric IOLs were designed to correct for the spherical aberration of the cornea



IOLs



Traditional IOLs with positive spherical aberration give a poorer quality image than the aspheric IOLs in the vast majority of patients



Relationship of Depth of Field to Image Quality

Depth of Field

Traditional IOL

Best



Zero SA IOL

Good



Negative SA IOL

Worst



-0.50 D -0.25 D 0 D +0.25 D +0.50 D

Image Quality at the Focal Point

Traditional IOL

Worst



Zero SA IOL

Good



Negative SA IOL

Best



IOL Selection

With distinct classes of IOLs, which IOL do we choose for which patient?

Important points

- What is the patient's age?
- What are the patient's expectations?
- How hyperopic is the patient?
- Has the patient had previous eye surgery?
- How is the patient's cornea? What is the likelihood of IOL decentering?



upil size?

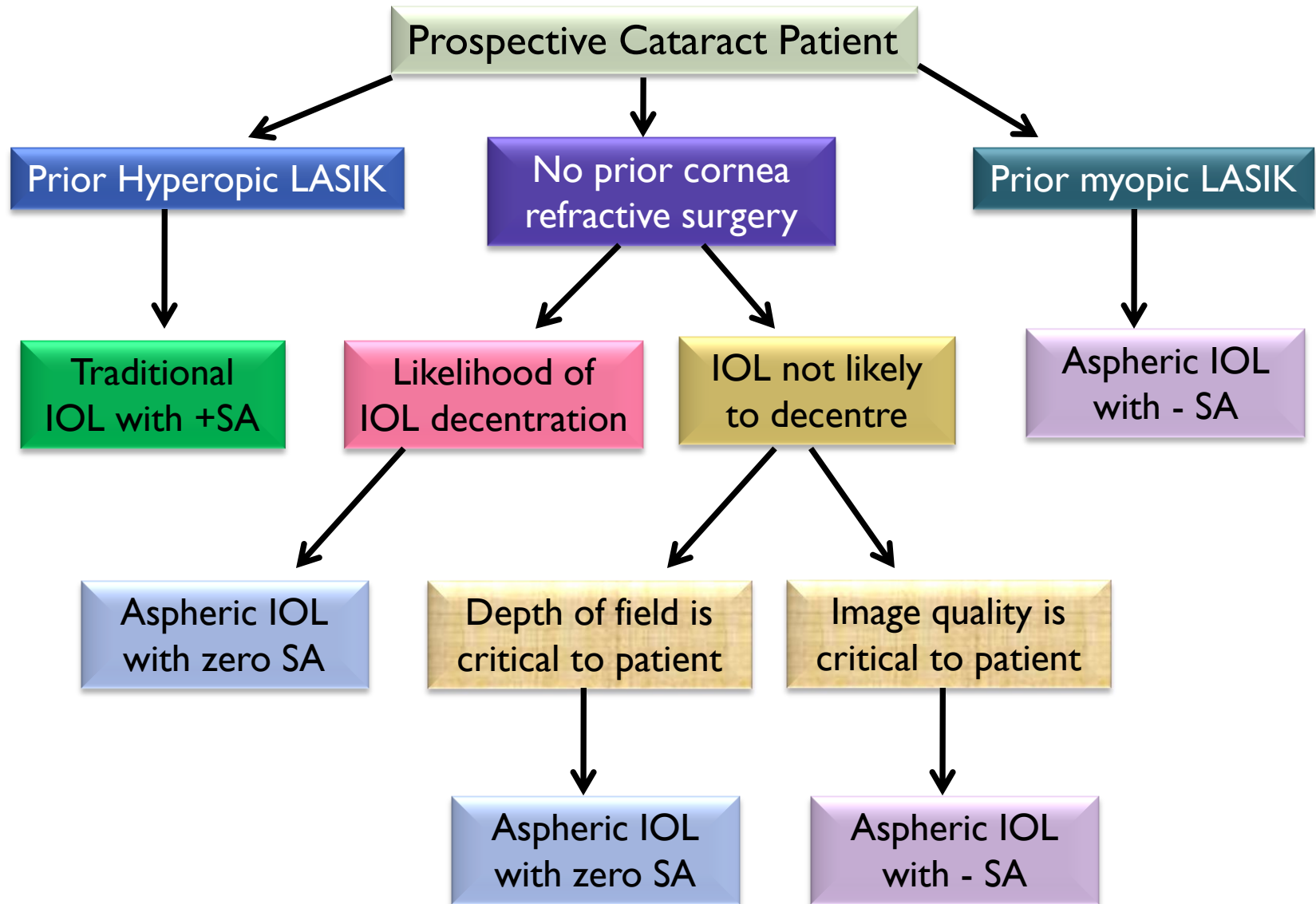
ion?

tive

e likelihood

Simplified decision tree for IOL selection

(Actual IOL selection depends on many factors)

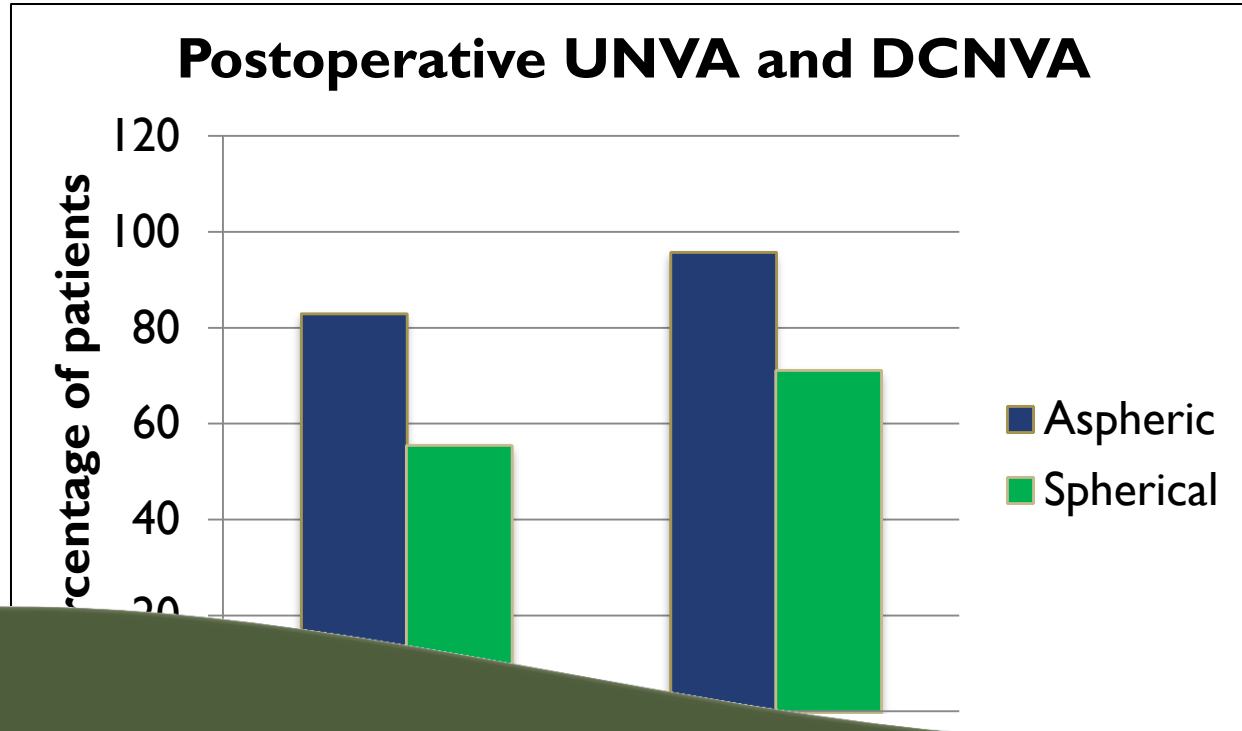


Aspheric IOL's

Characteristics	Tecnis	AcrySof IQ	SofPort AO	Acri.Smart
Model	Z9000, Z9002, Z9003	SN60WF	LI61AO	36A
Design	Prolate anterior surface	Prolate posterior surface	Prolate anterior & posterior surfaces	
Optic (mm)	6	6	6	6
<p>The main difference between these aspheric IOLs is the difference in their asphericity, and thus the spherical aberration they are capable of correcting when implanted</p>				
Spherical aberration (mm) with a 6.0 mm pupil	- 0.27	- 0.20	0	- 0.26

Aspheric versus Spherical

Visual Function



The better near vision may be the result of the better quality retinal image conferred by the lower levels of spherical aberration with aspheric IOL

Distance-corrected near visual acuity

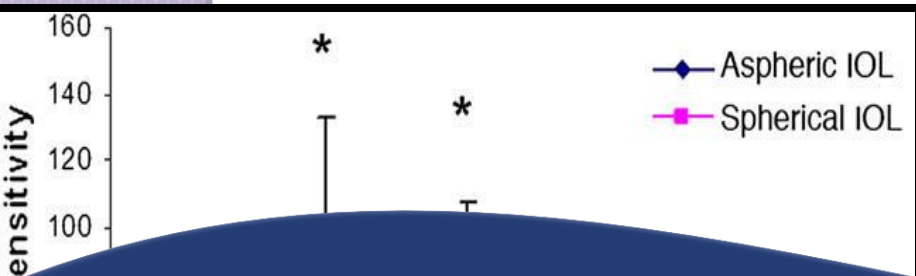
UNVA: uncorrected near visual acuity

Spherical: AcrySof ReSTOR SN60D3 IOL

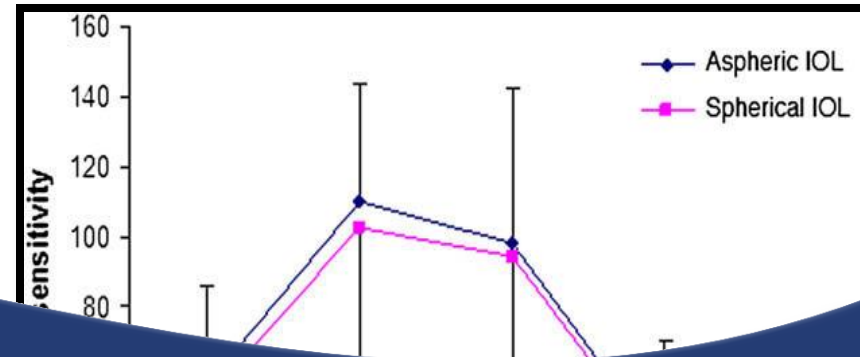
Aspheric Acry-Sof ReSTOR SN6AD3 IOL

Contrast Sensitivity

Mesopic contrast sensitivity at 6 months



Photopic contrast sensitivity at 6 months

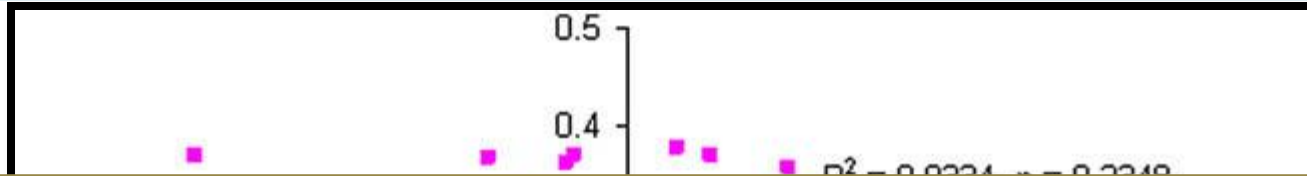


Mesopic contrast sensitivity was better at 3 and 6 months in the aspheric IOL group as compared to spherical IOL

There was no significant difference between groups in photopic contrast sensitivity

Aberrations

Relationship between corneal Q values and entire-eye spherical aberrations



Reduction in HOAs after aspheric IOL implantation occurs when the pupil is at least 4.0 mm in diameter

Large differences between spherical IOLs and aspheric IOLs are found with larger pupils (ie. 5.0 mm and 6.0 mm)

Decentration and/or tilt & combination of different aberrations may contribute to high level of reduction in HOAs with aspheric IOLs

Asphericity of the cornea increased, **the spherical aberration decreased linearly after aspheric IOL implantation** and remained fairly stable after spherical IOL implantation

Optical advantages of aspheric IOLs over spherical IOLs related to:

- Pupil size
- IOL tilt and/or decentration
- Depth of focus
- Customization to a specific corneal spherical aberration

Benefits of Aspheric IOL may be limited by:

- Inaccurate or absent preoperative measurement of the ocular parameters necessary for IOL power calculation
- Inaccurate manufacturing
- Inability to locate the IOL in the correct plane
- Surgically induced aberrations

However, the optical and visual performance of aspheric IOLs is, even in the worst cases, equal to or better than that with spherical IOLs

Take home message

- Aspheric lenses are the new standard for most patients undergoing cataract surgery
- Shown better contrast sensitivity, night driving simulation improvement, etc
- Try to customize aspheric IOL's asphericity depending on the patient's corneal spherical aberration to obtain the optimum visual performance

Thank
You