

Experience with the Sulcoflex Platform and Early Outcomes for Sulcoflex Trifocal

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Assistant Professor of Institute of Ophthalmology Tadeu Cvintal

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Director of H.O. Londrina

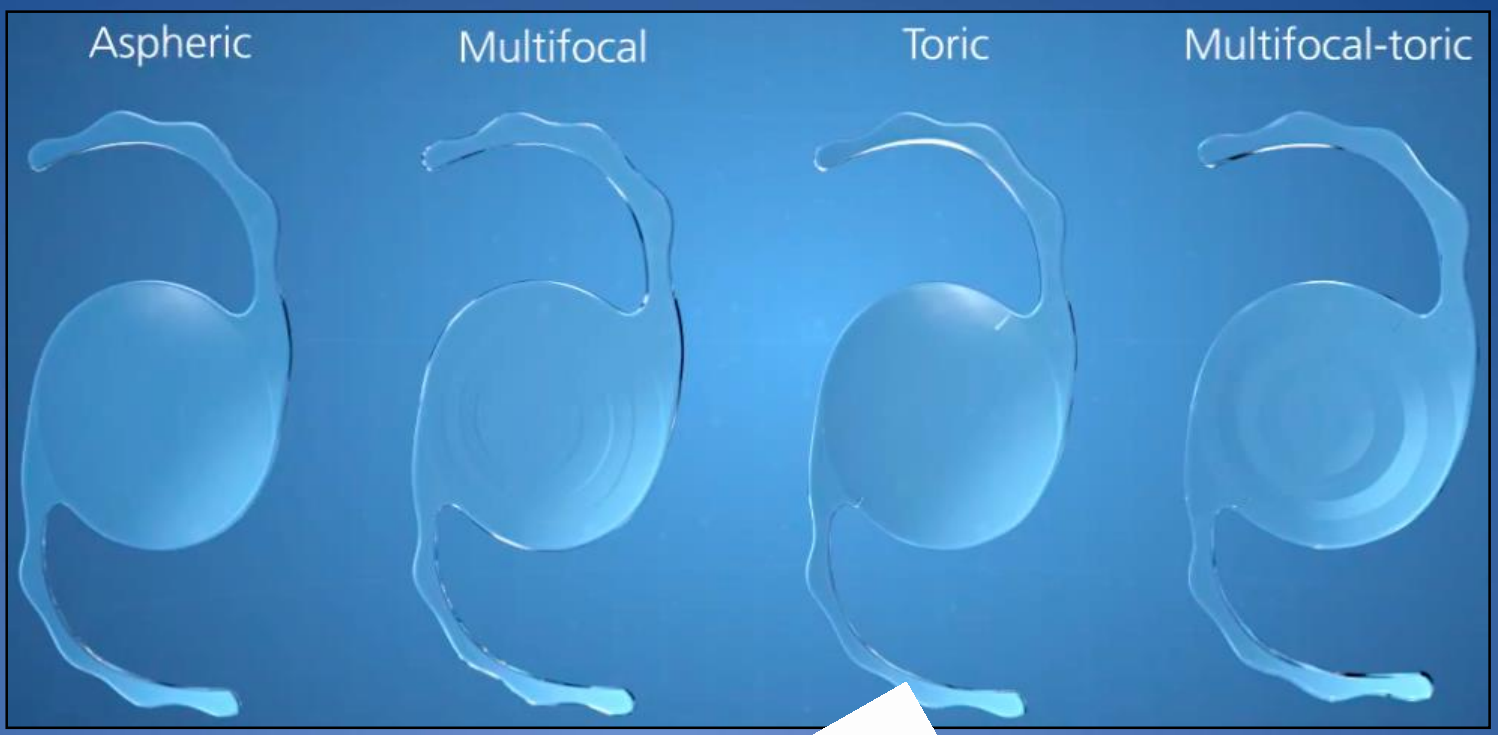
Editor of Ophthalmology in FOCO Magazine

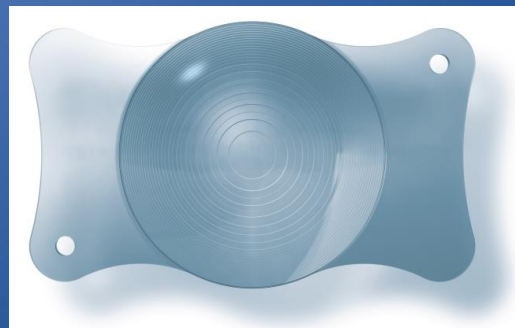
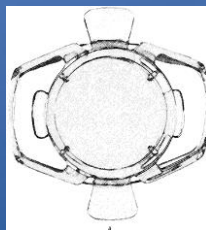
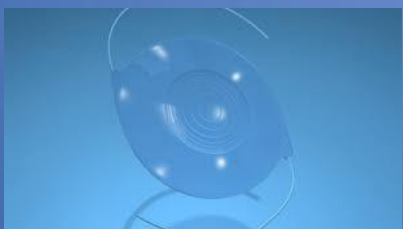
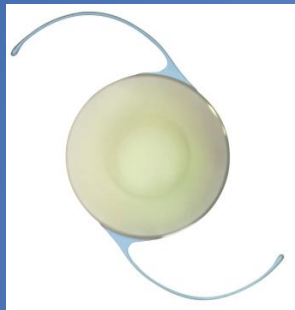
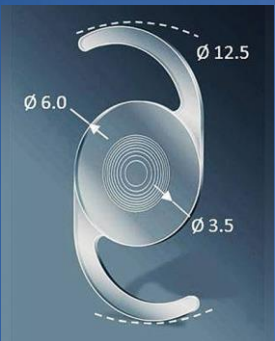
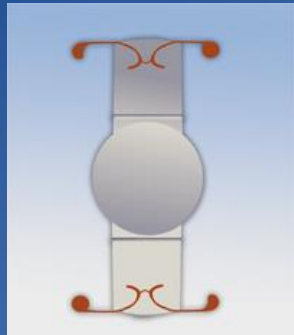
Publication member of BRASCRS 2018-2020

Member of Distance Education from SOBLEC 2018-2019

Director of APO 2019-2020

Director - Caipira Ophthalmology Society - SOCA

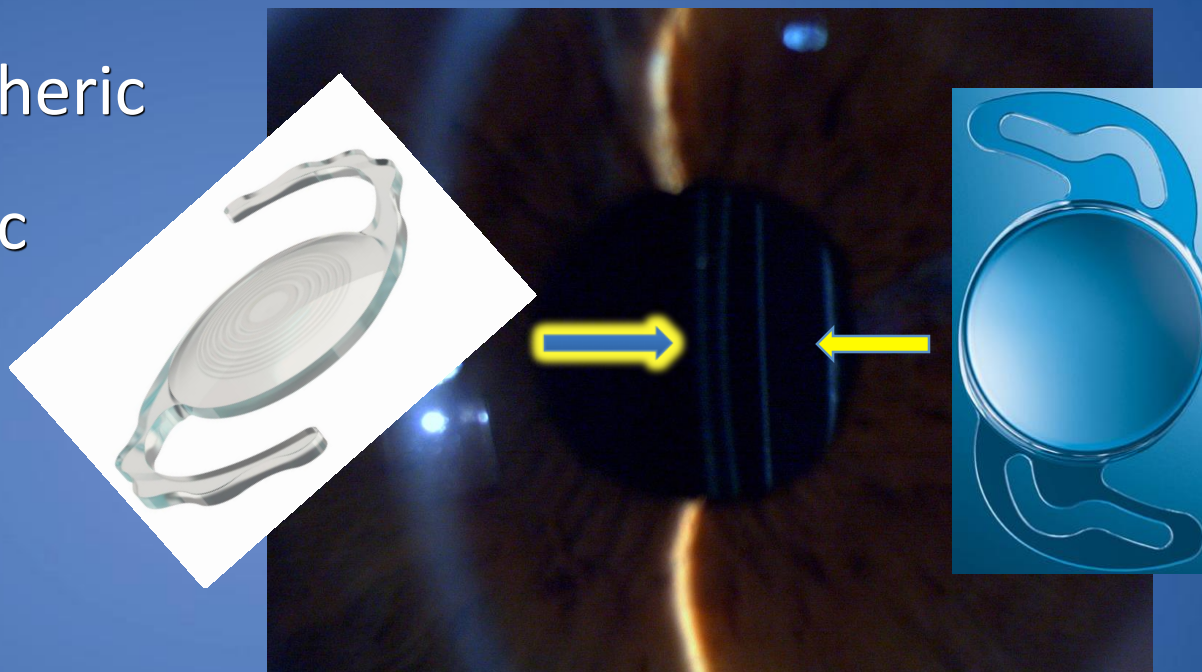




"M-Duet"

Monofocal
 ↗ Aspheric
 ↘ Toric

Sulcoflex
Trifocal



Reversibility
Warranty



 Rayner



Visual Outcomes and Patient Satisfaction After Implantation of Multifocal Sulcus IOL

Victor Andrigheti Coronado Antunes

Valcir Coronado Antunes

Eduardo Andregretti

Leonardo Paulino

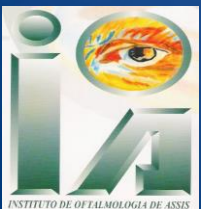
Rosa Maria Bet de Moraes

Fellowship Wills Eye Hospital

Chef of Transplant Sector of FM ABC

Assistant Professor of Institute of Ophthalmology Tadeu Cvintal

Director of Instituto of Ophthalmology Assis

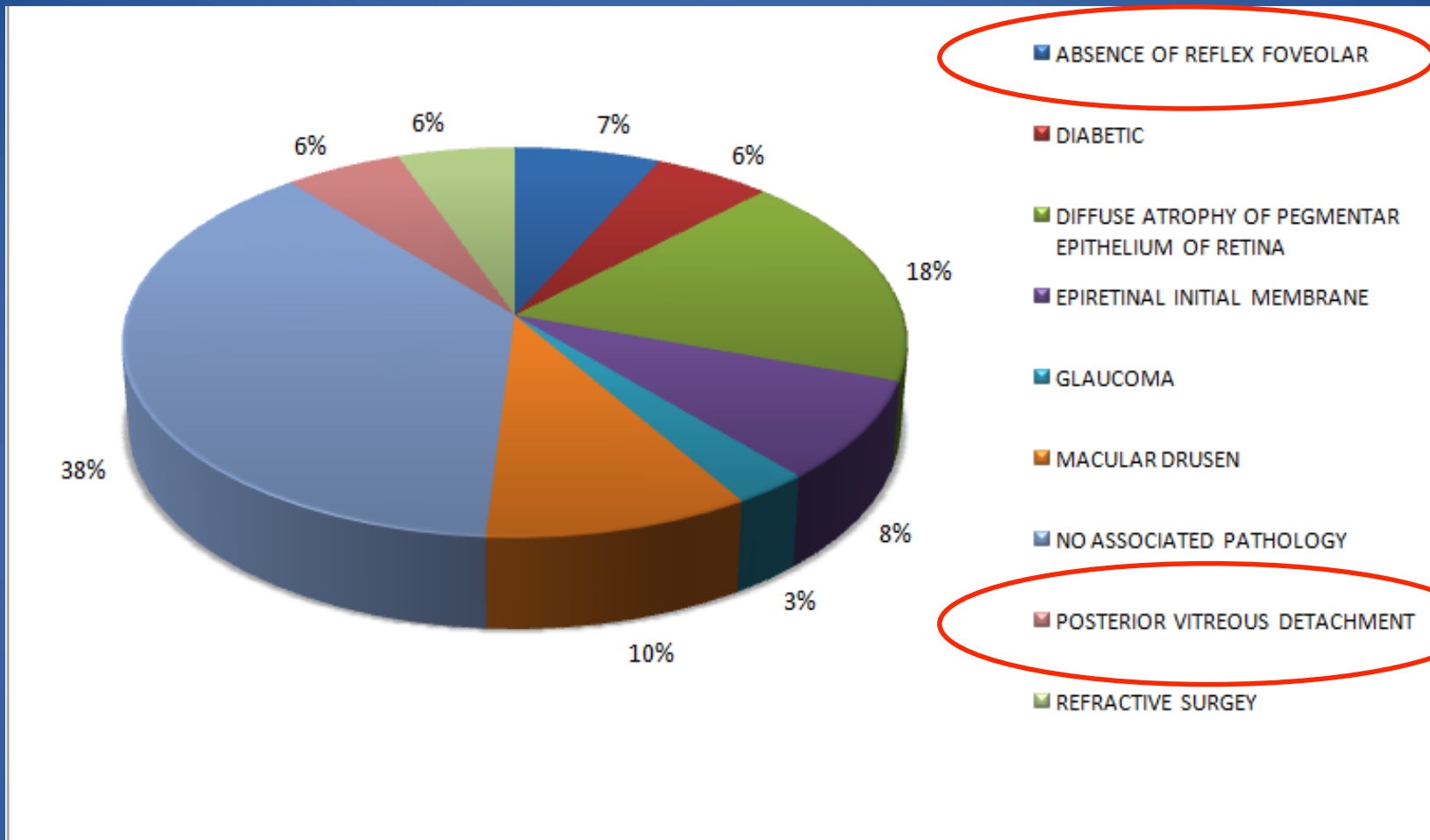


M-Duet –Sulcoflex Multifocal (Bifocal)

Personal Experience

- ❑ Retrospective Study
- ❑ 24 Month Follow up
- ❑ 75 Patients – 145 Eyes
- ❑ (Today about 300 eyes)
- ❑ (Today 7 years of Follow-up)
- ❑ Age Average – 65 Years Old (46 a 80 Years Old)
- ❑ 32% Male, 68% Female



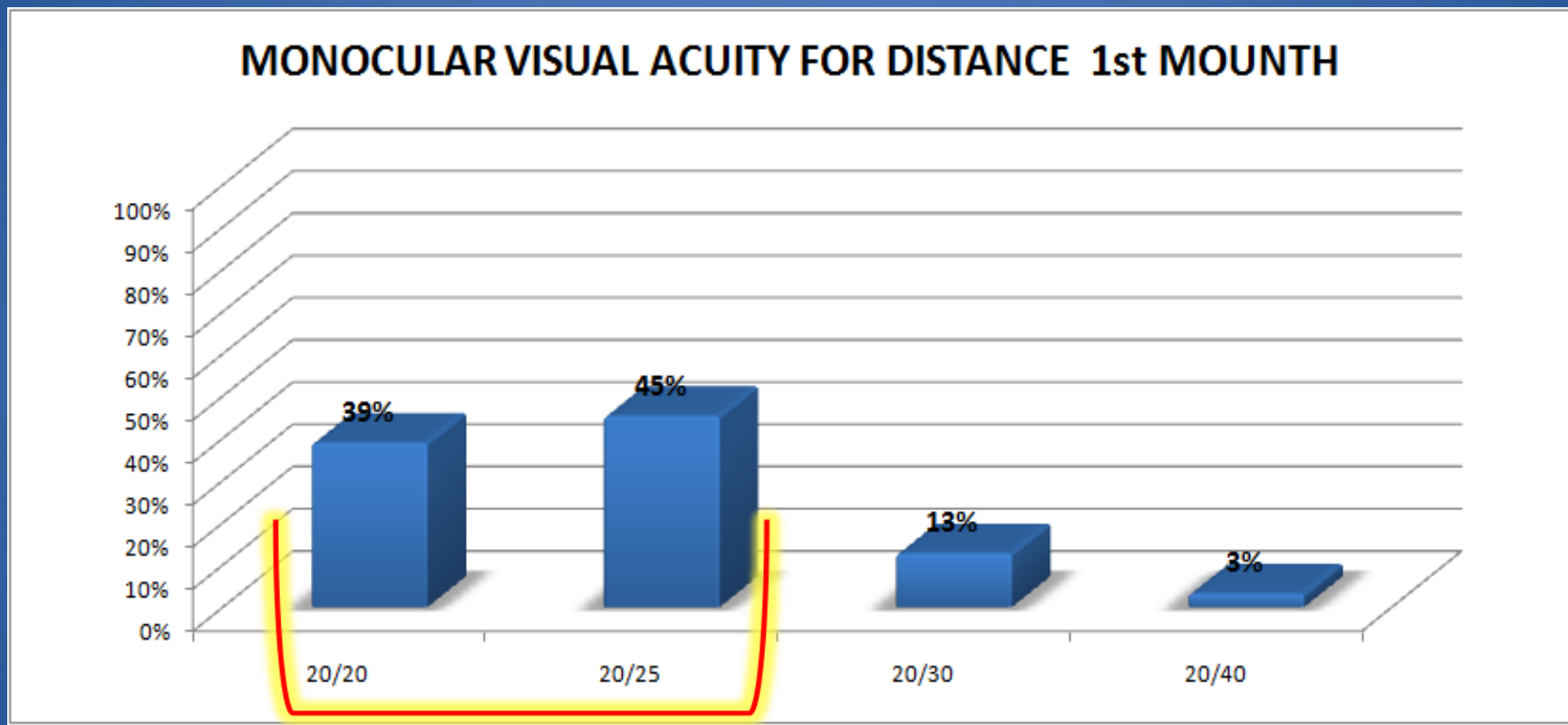


62% = 90 Eyes

PAM ≥ 20/30

Results

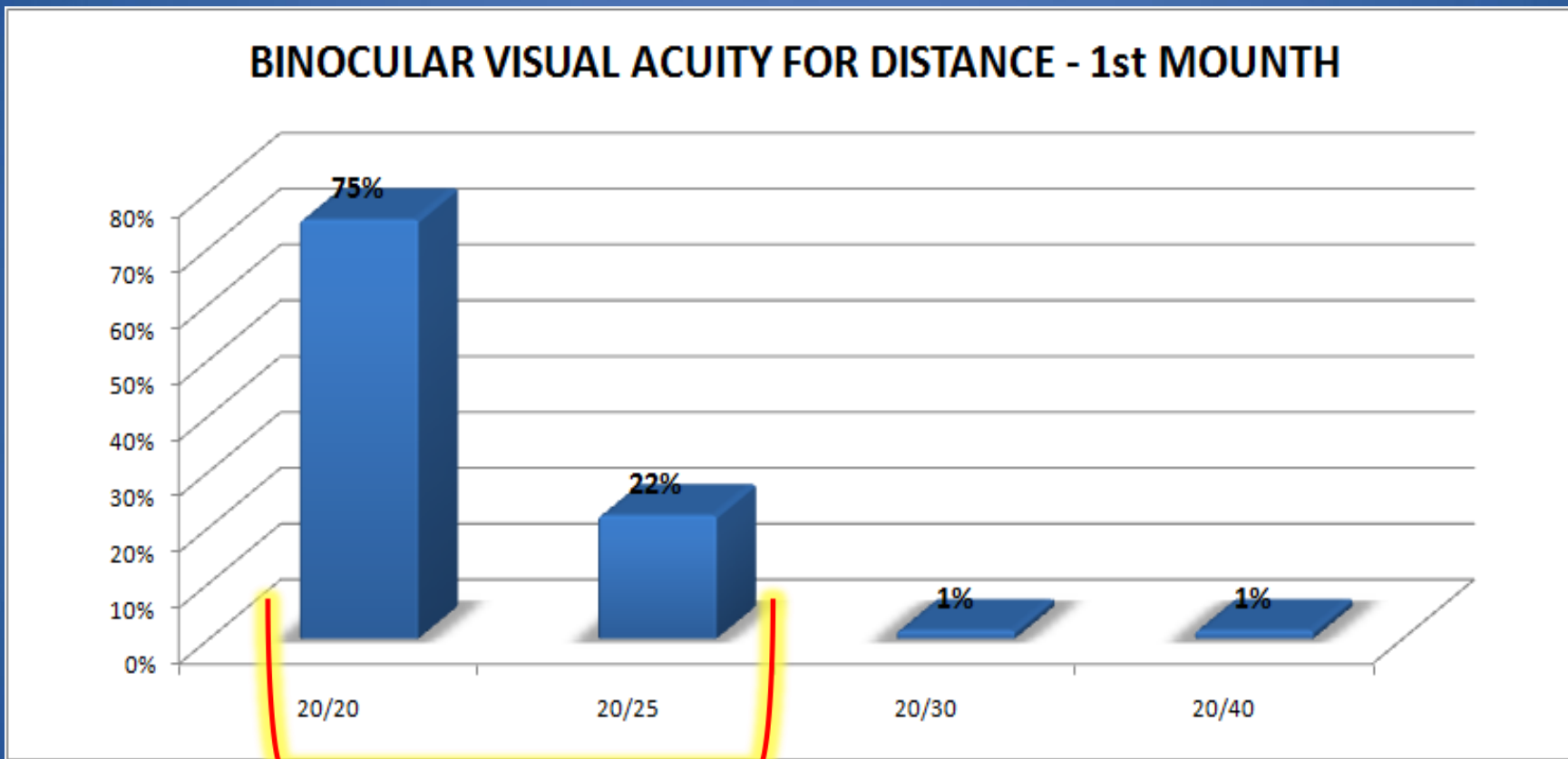
Distance VA – Monocular



84%

Results

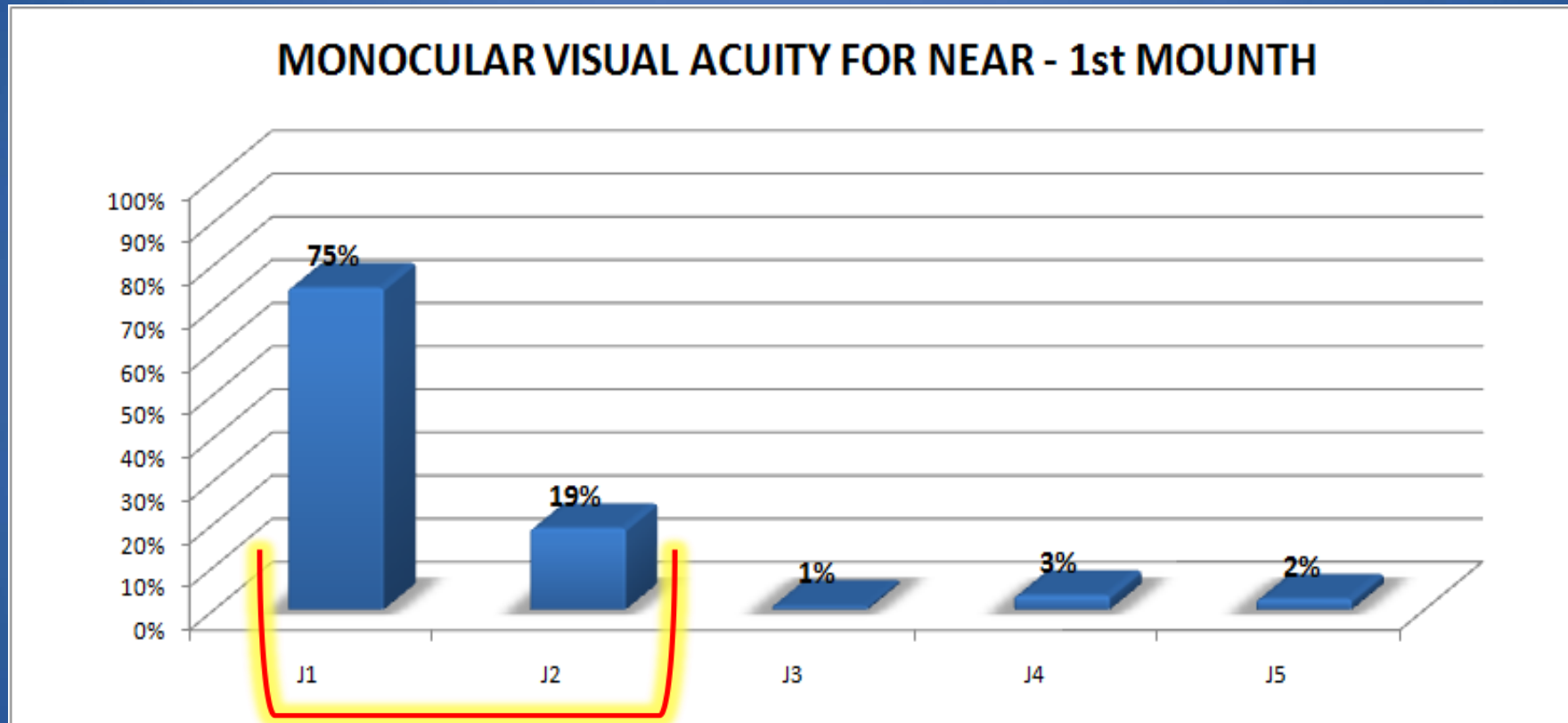
Final Binocular Distance VA



97%

Results

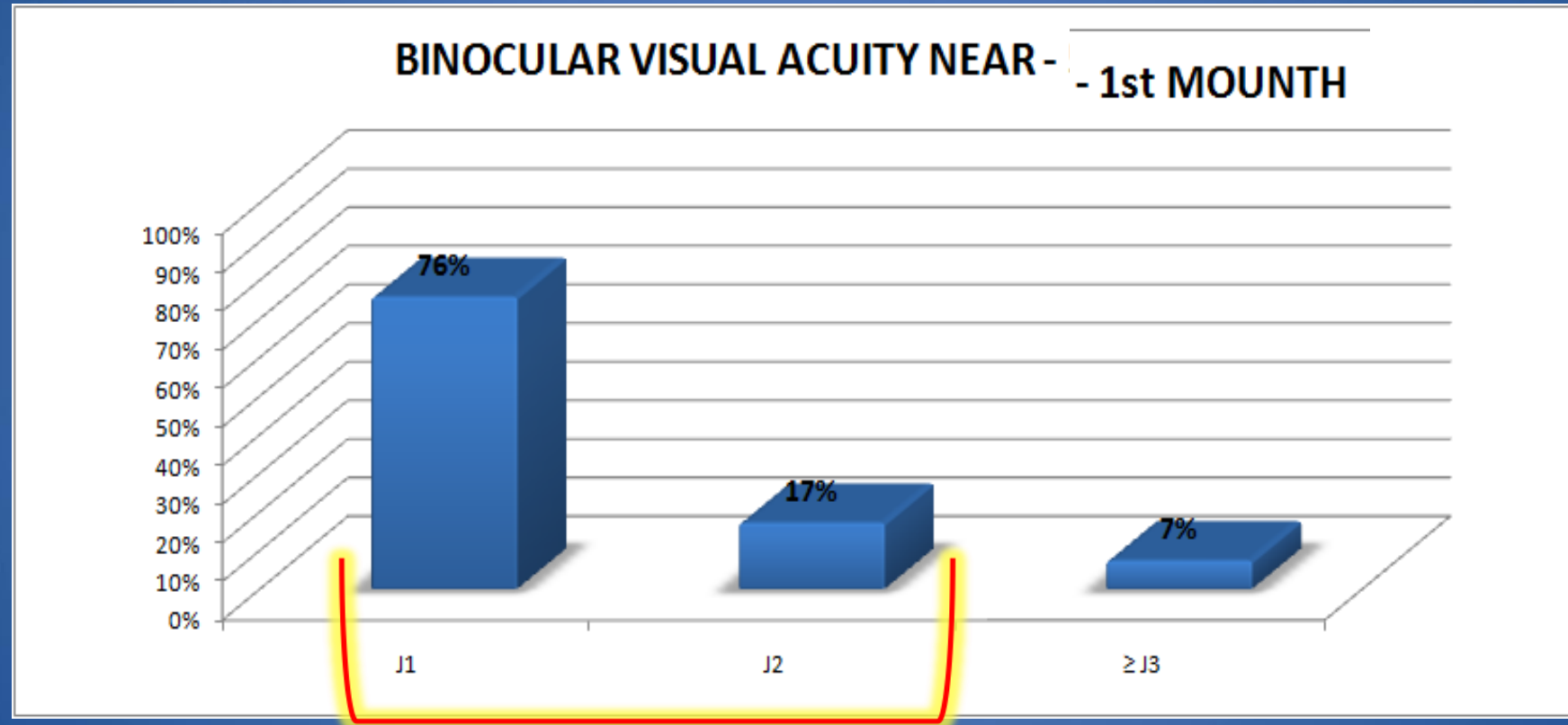
Near VA - Monocular



94%

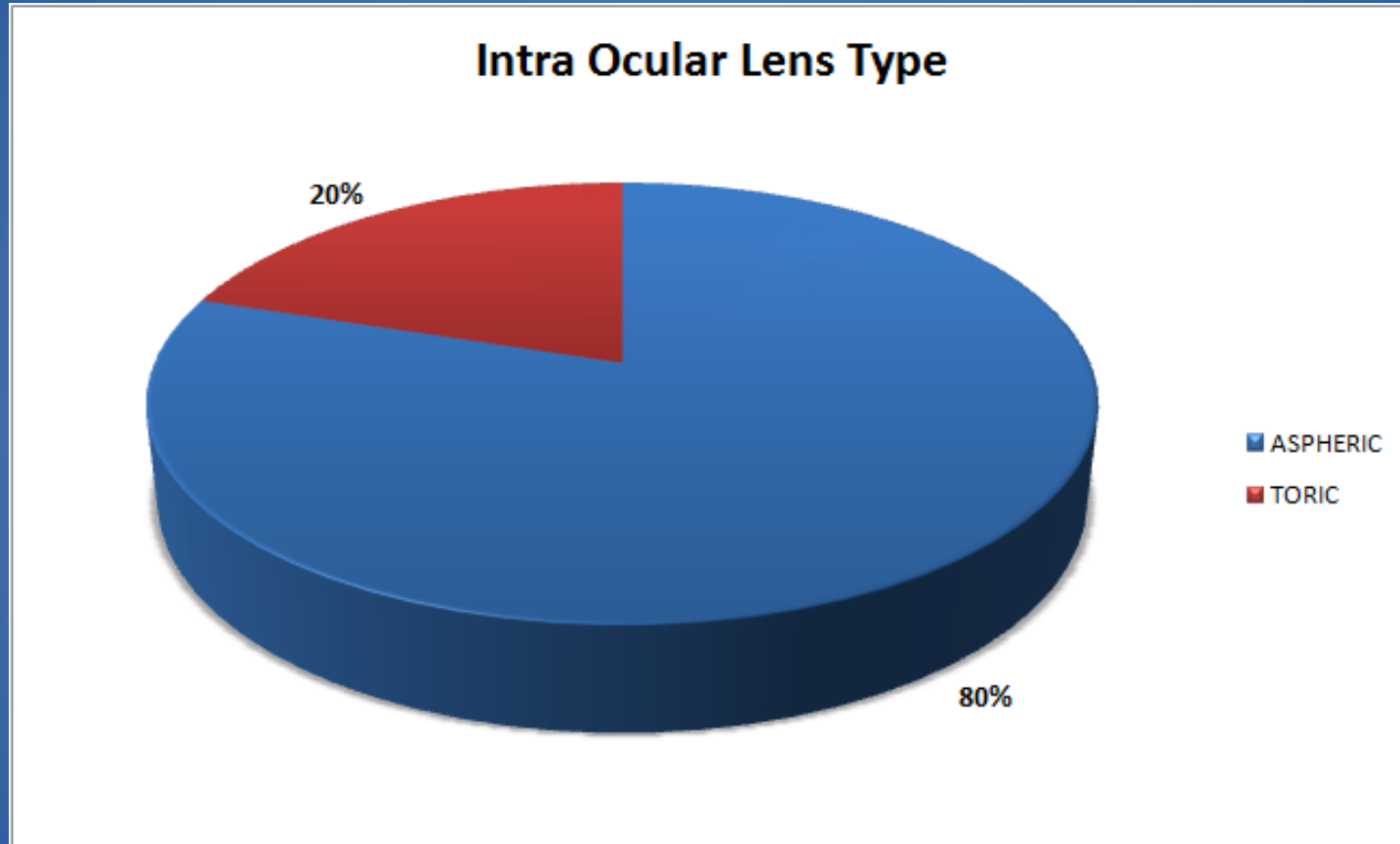
Results

Final Binocular Near VA



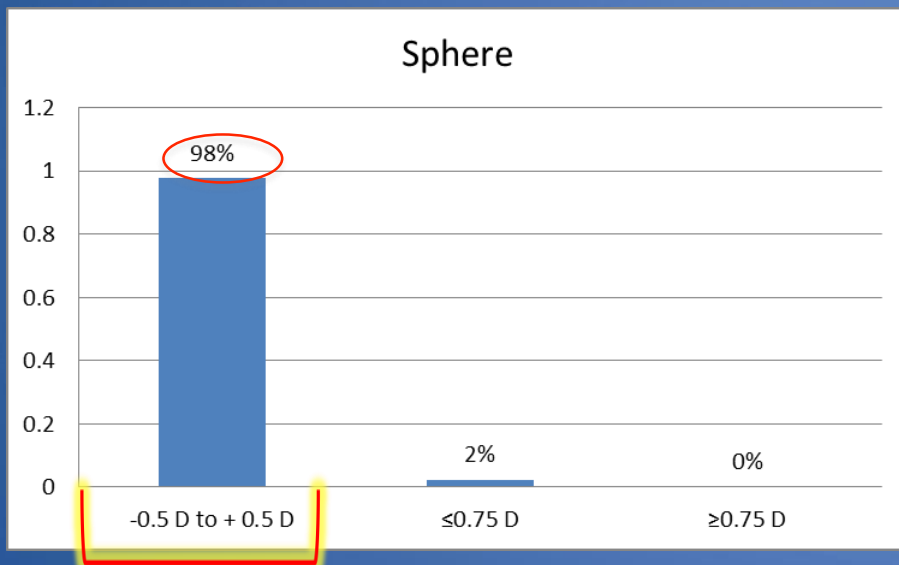
93%

Capsular Bag IOL



Refraction Results

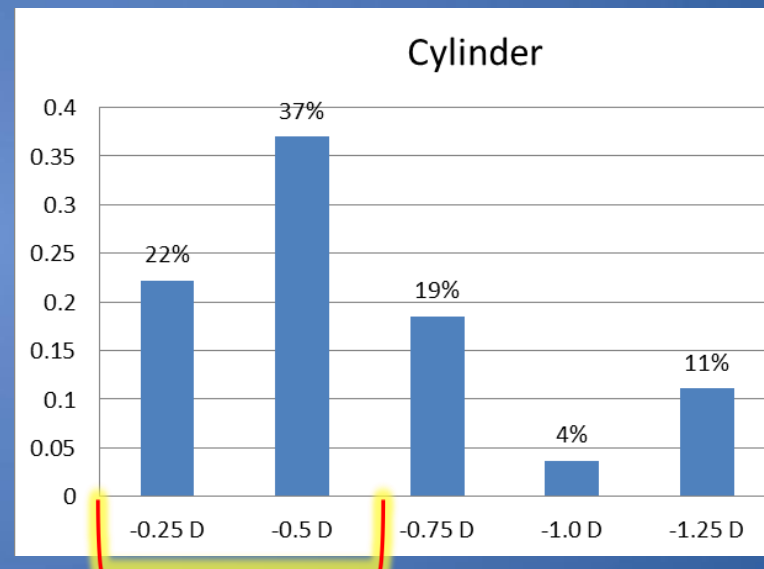
Sphere



98%

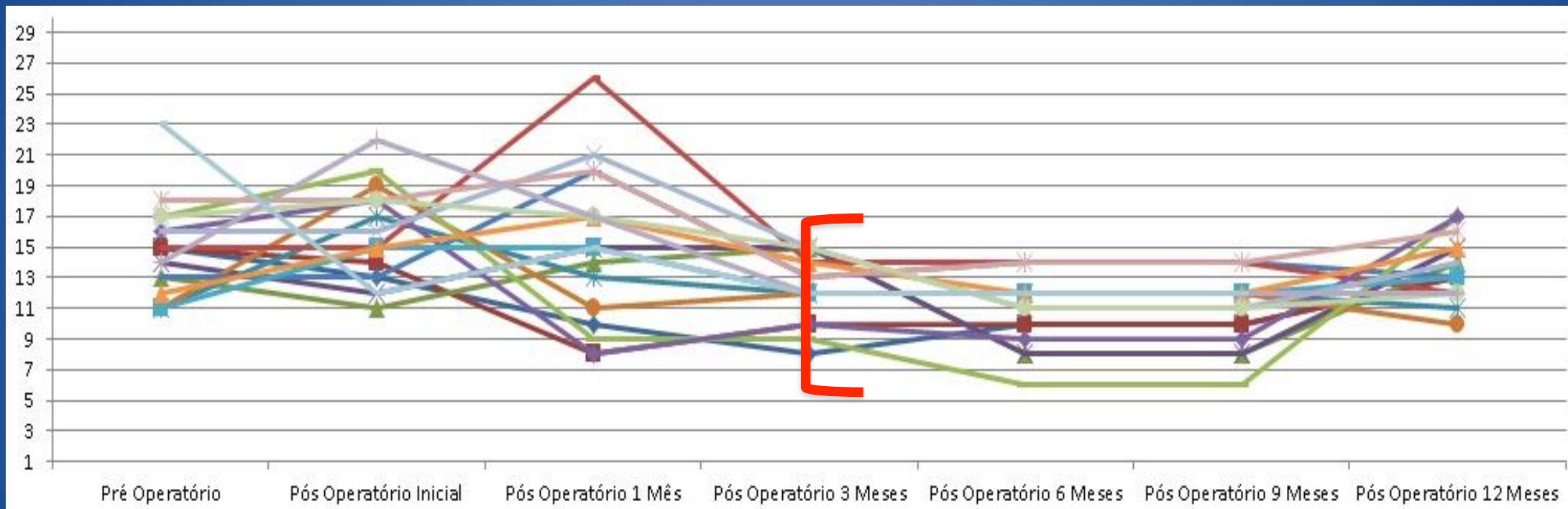
-0.50 to +0.50

Cylinder



59%

IOP Follow Up

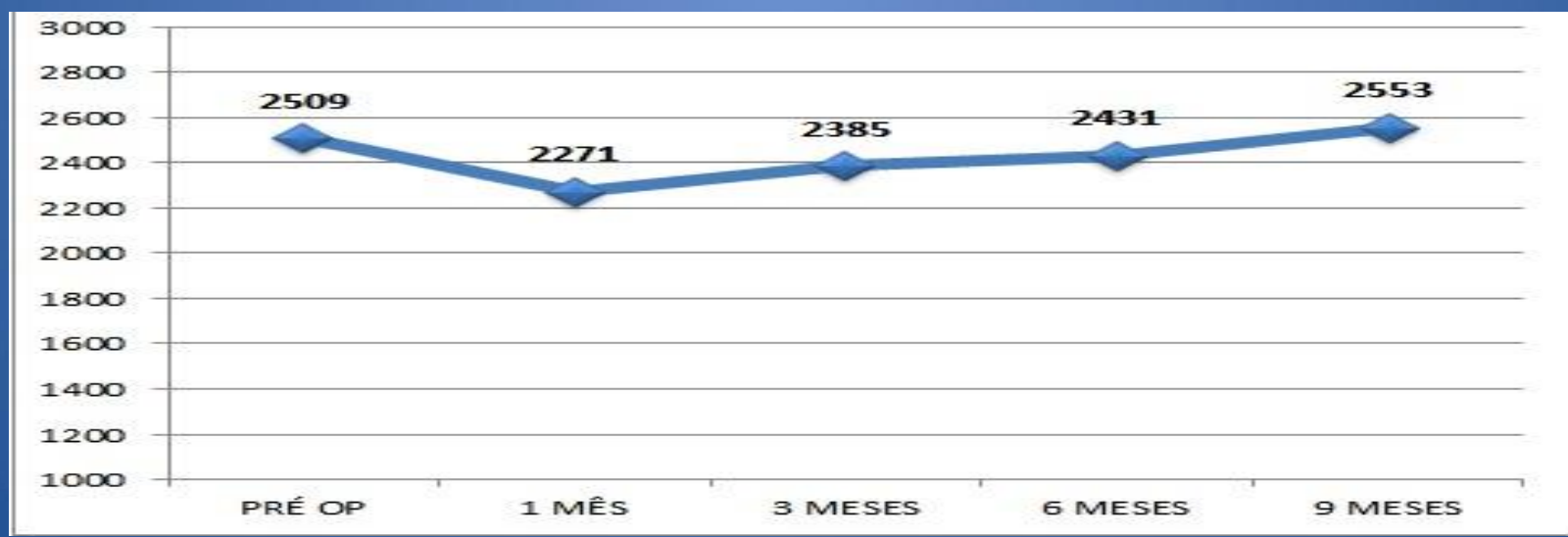


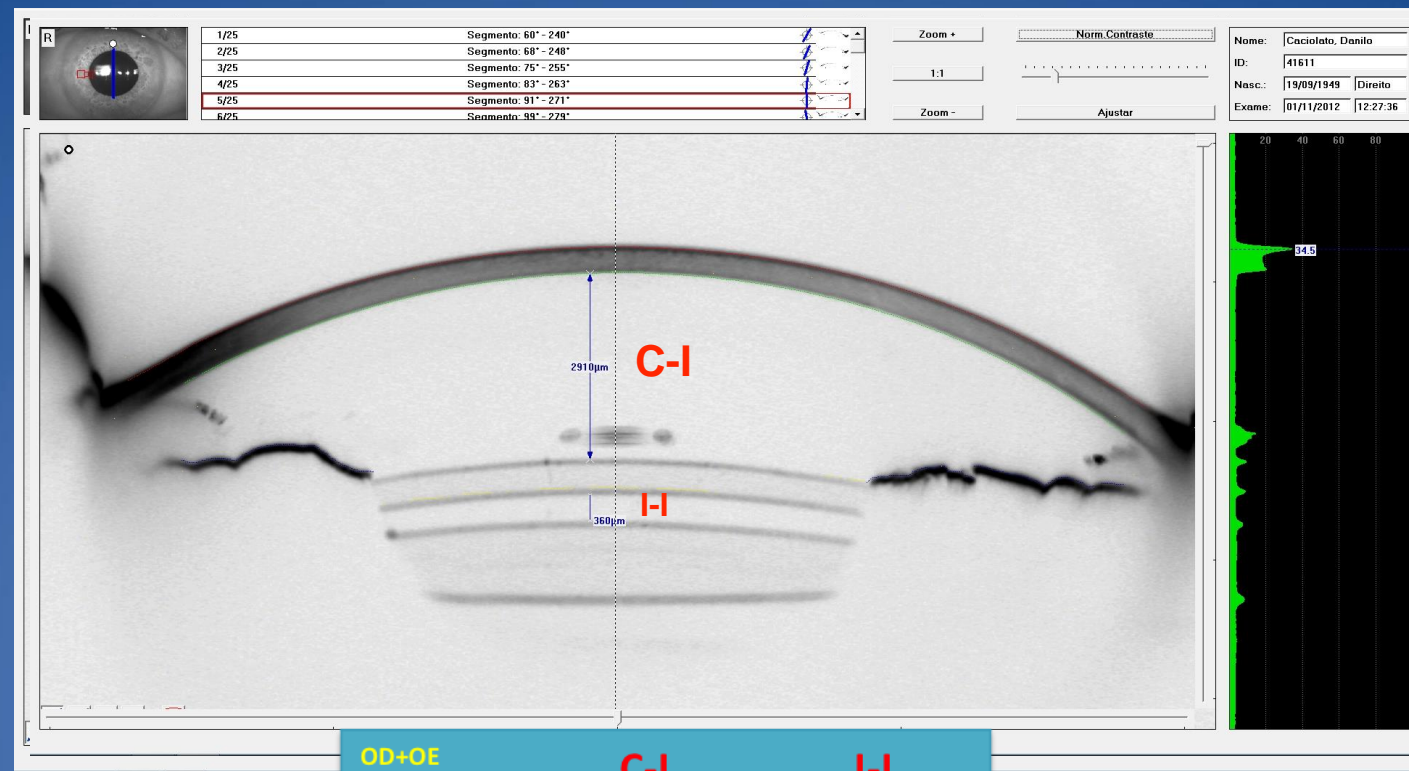
J Ocul Pharmacol. 1993 Spring;9(1):35-45. Identification of high intraocular pressure responders to topical ophthalmic corticosteroids.
Bartlett JD, Woolley TW, Adams CM. Source

Specular Microscopy



	S.M.	%
Pre-Op.	2620	
Post-Op	2383	
Total Loss	270 cell/mm ²	9,09 %

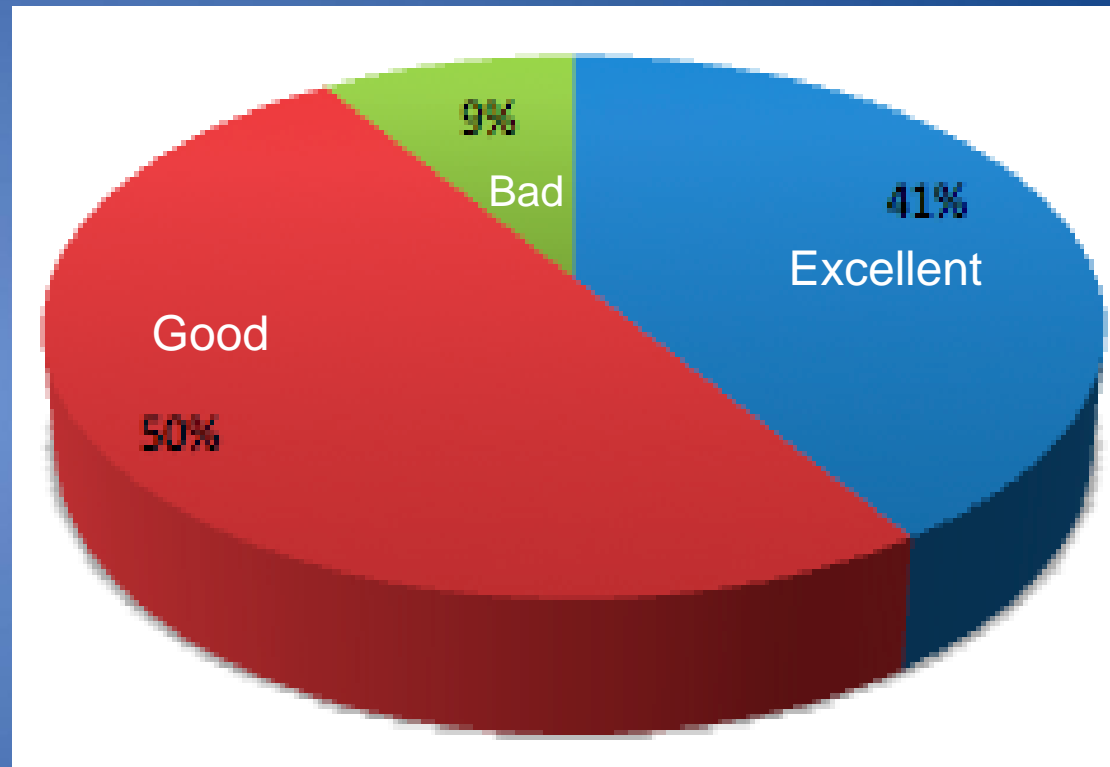




OD+OE	C-I	I-I
No/Dialt. C-I	3153 μm	353 μm
Dialt. C-I	3128 μm	338 μm
IOL Mov.	25 μm	15 μm

Satisfaction Evaluation

	Exc.	Good	Bad
General Visual Results?	7,55%	8,46%	8,33%
Distance Vision?	9,43%	8,46%	0,00%
Near Vision?	5,66%	9,23%	12,50%
Glare?	1,89%	8,46%	25,00%
Night Vision?	4,72%	10,77%	4,17%
Halos?	1,89%	8,46%	25,00%
Watching TV?	11,32%	6,92%	0,00%
Newspaper/Magazine Reading?	8,49%	7,69%	8,33%
Cooking?	8,49%	3,08%	0,00%
Night Driving?	4,72%	8,46%	0,00%
Computer?	4,72%	4,62%	4,17%
Mobile Phone?	7,55%	6,15%	8,33%
Shave / Make up?	11,32%	3,85%	0,00%
Shopping?	12,26%	5,38%	4,17%
	100,00%	100,00%	100,00%



91% of Satisfaction

M-Duet –Sulcoflex Trifocal

Personal Experience

- Retrospective Study
- **30 Days** of Follow-up
- 7 Patients – 13 Eyes
- Age Average – 66 Years Old
- (61 a 75 Years Old)
- 42% Male, 58% Female

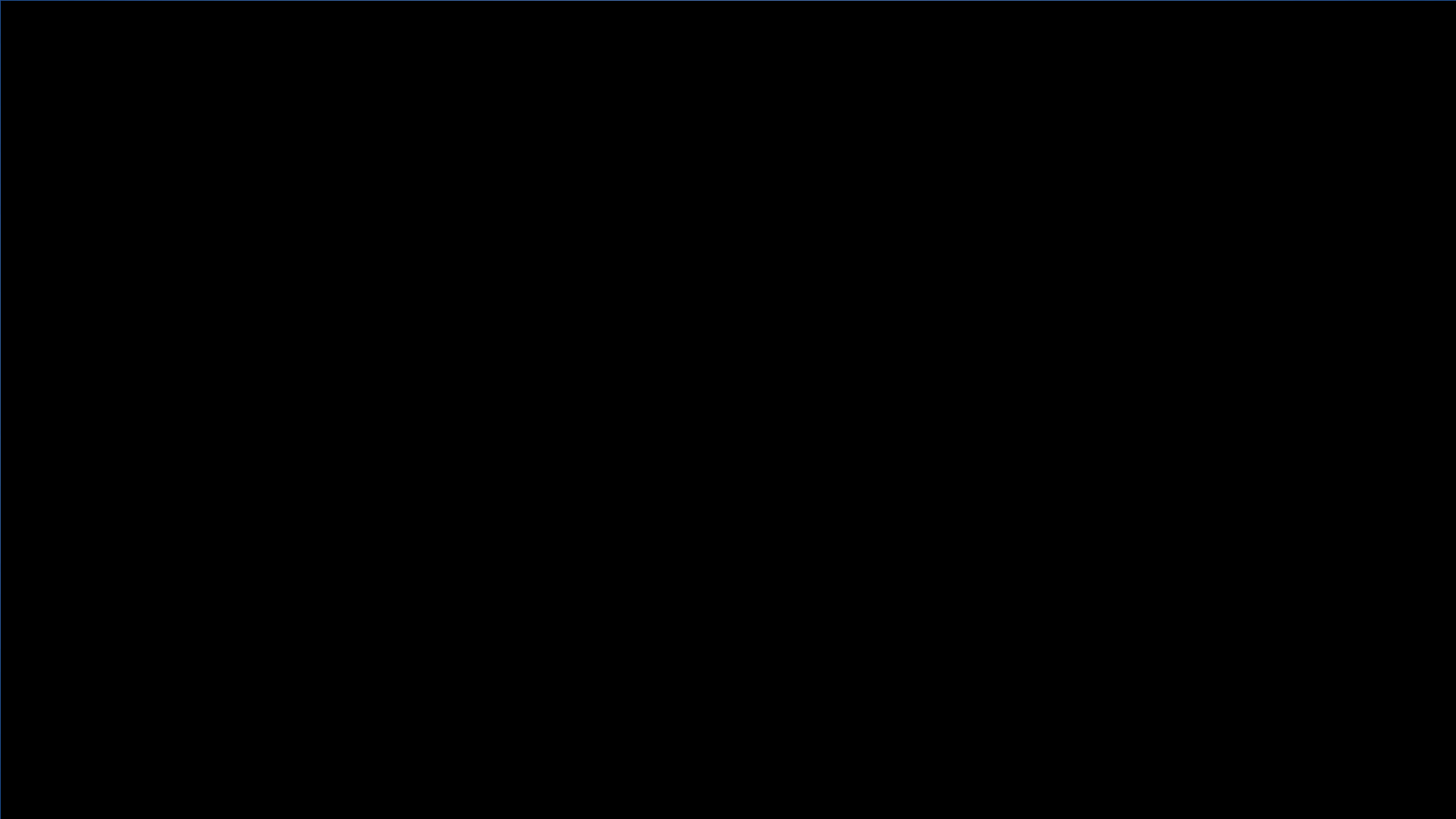


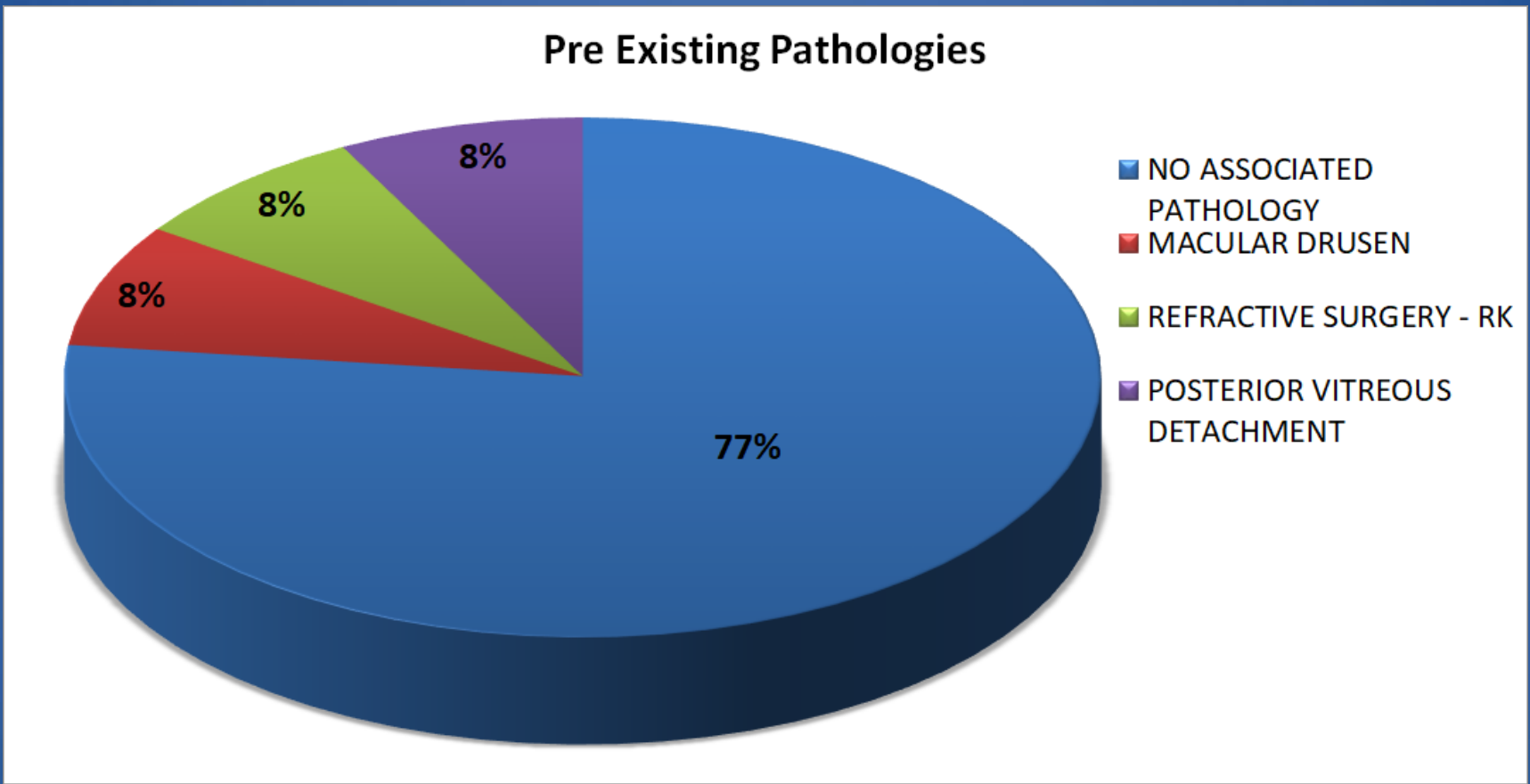
Pre-Op Exams

- PAM
- Tomography (Pentacam)
- Specular Microscopy
- Biometry – Lenstar
- Verion - Image Guided System
- Retina Specialist Evaluation
- OCT



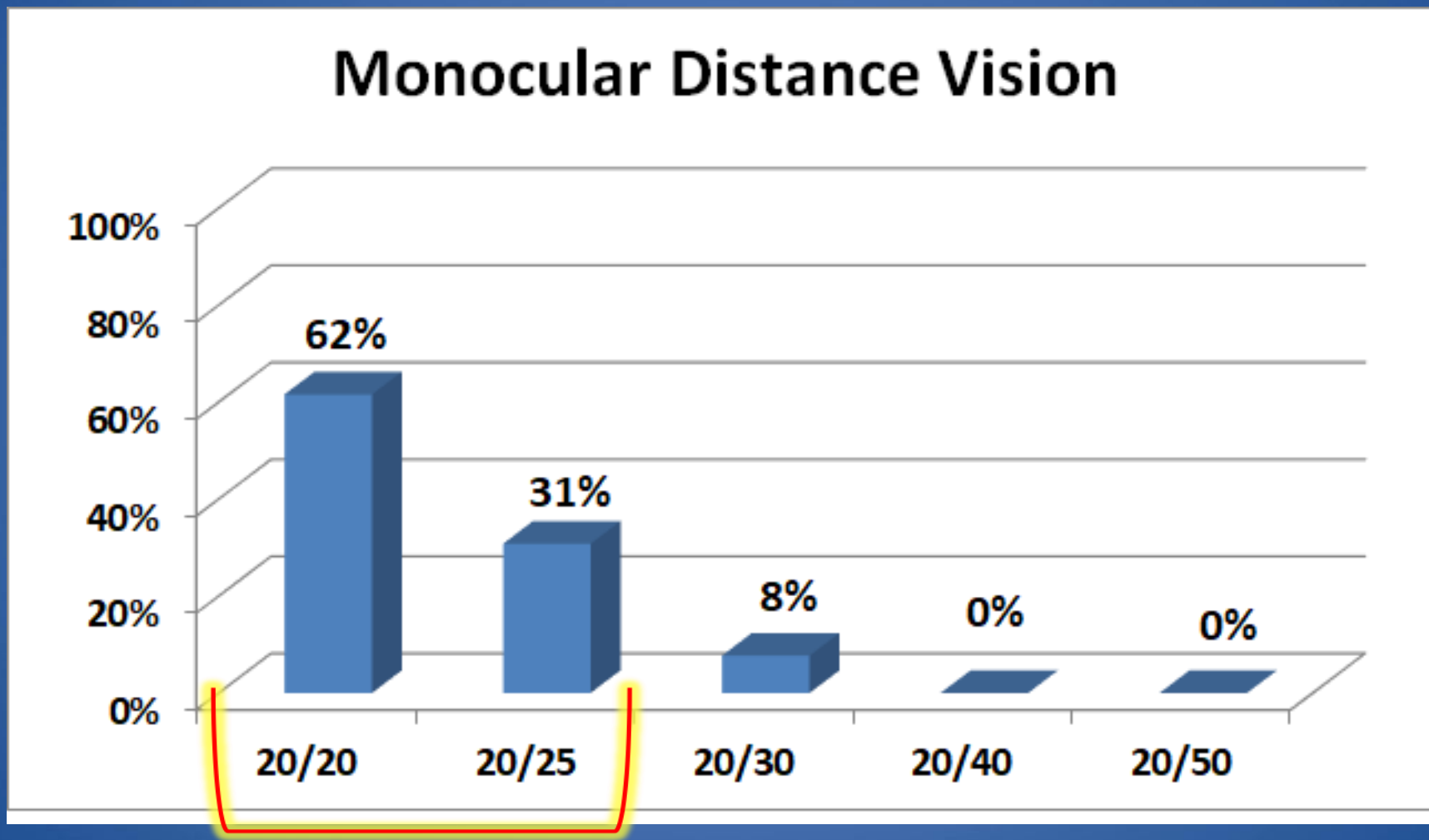
Surgical Technique





Results

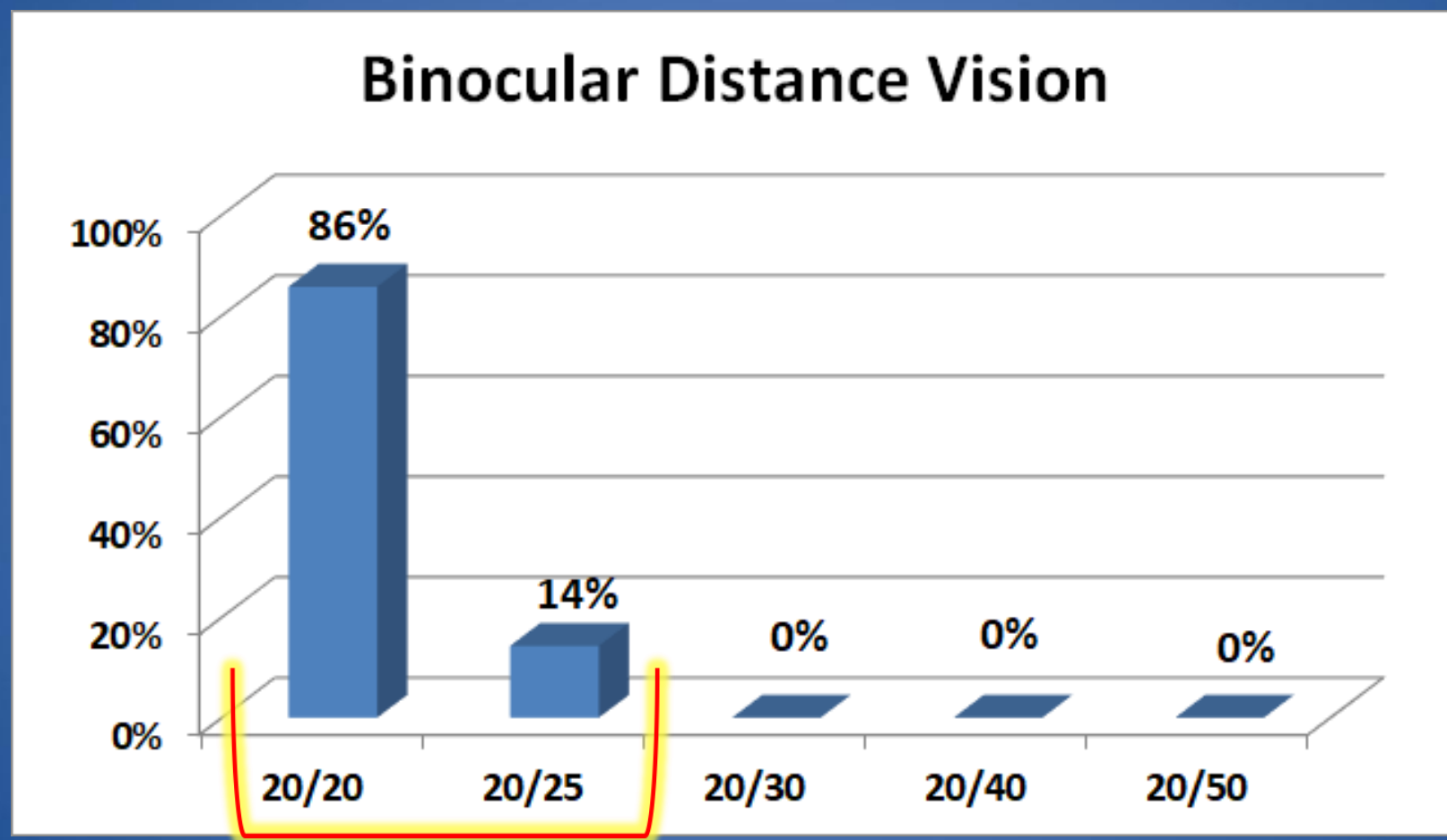
Distance VA – Monocular



94%

Results

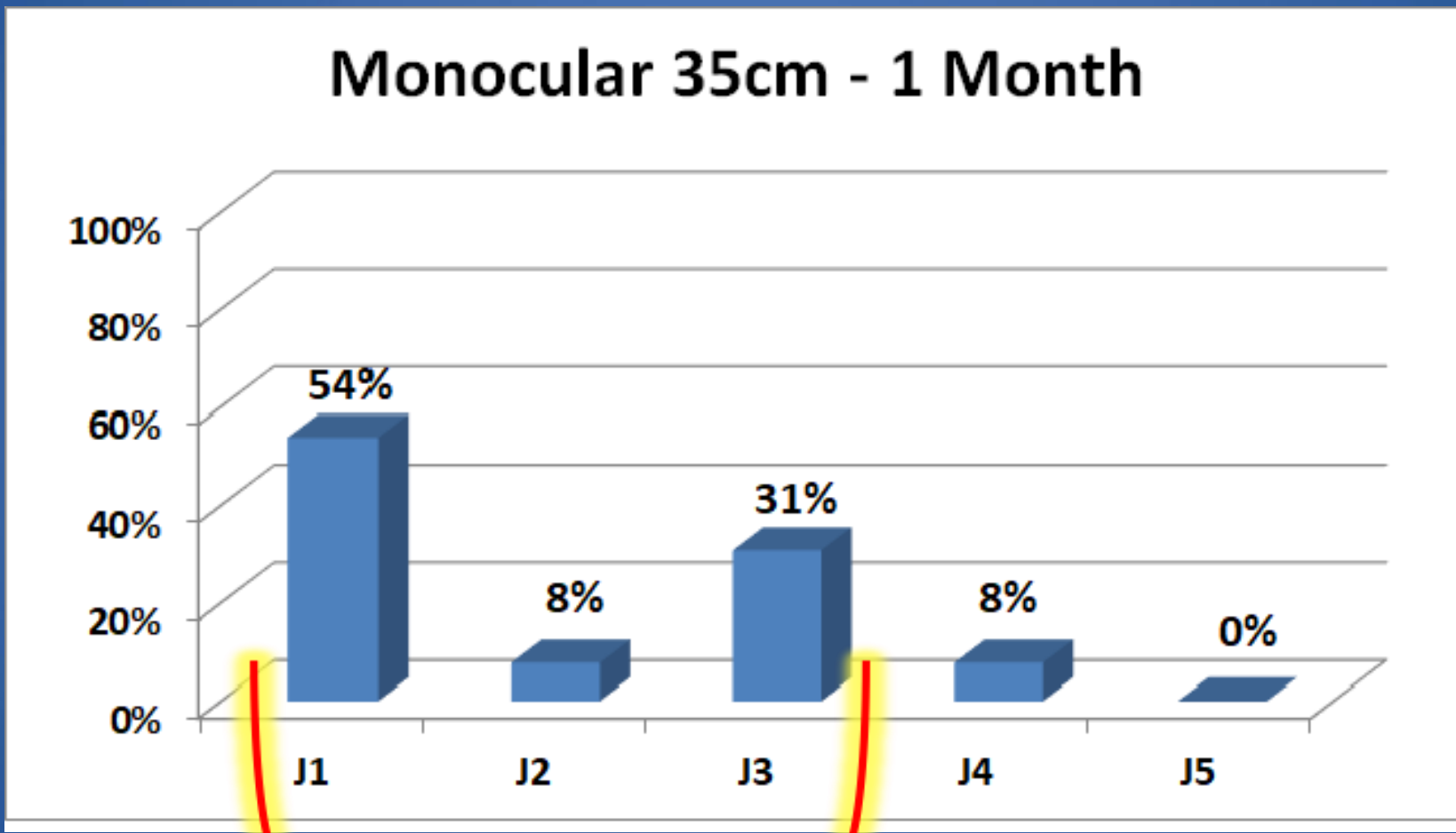
Binocular Distance VA



100%

Results

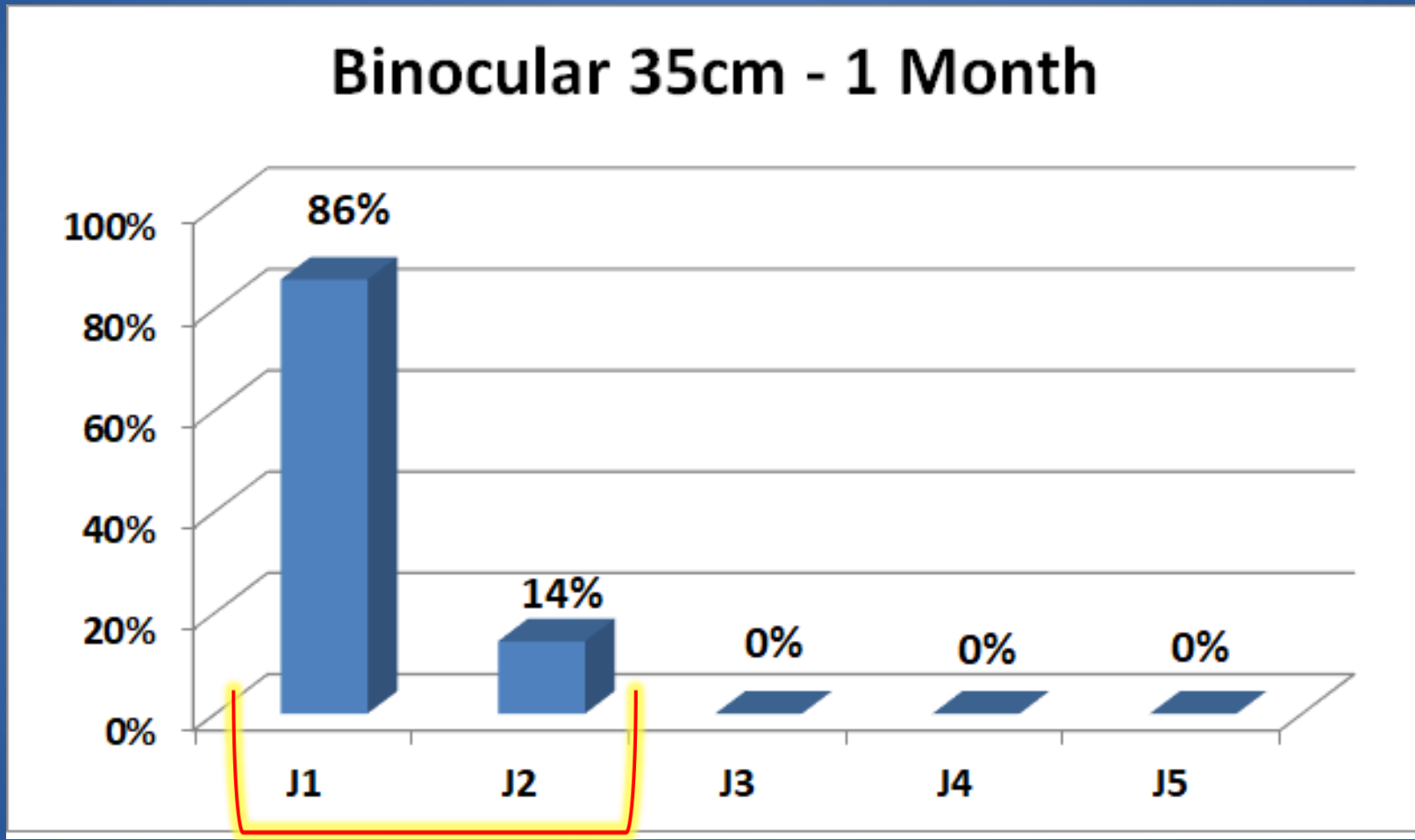
Near VA - Monocular



93%

Results

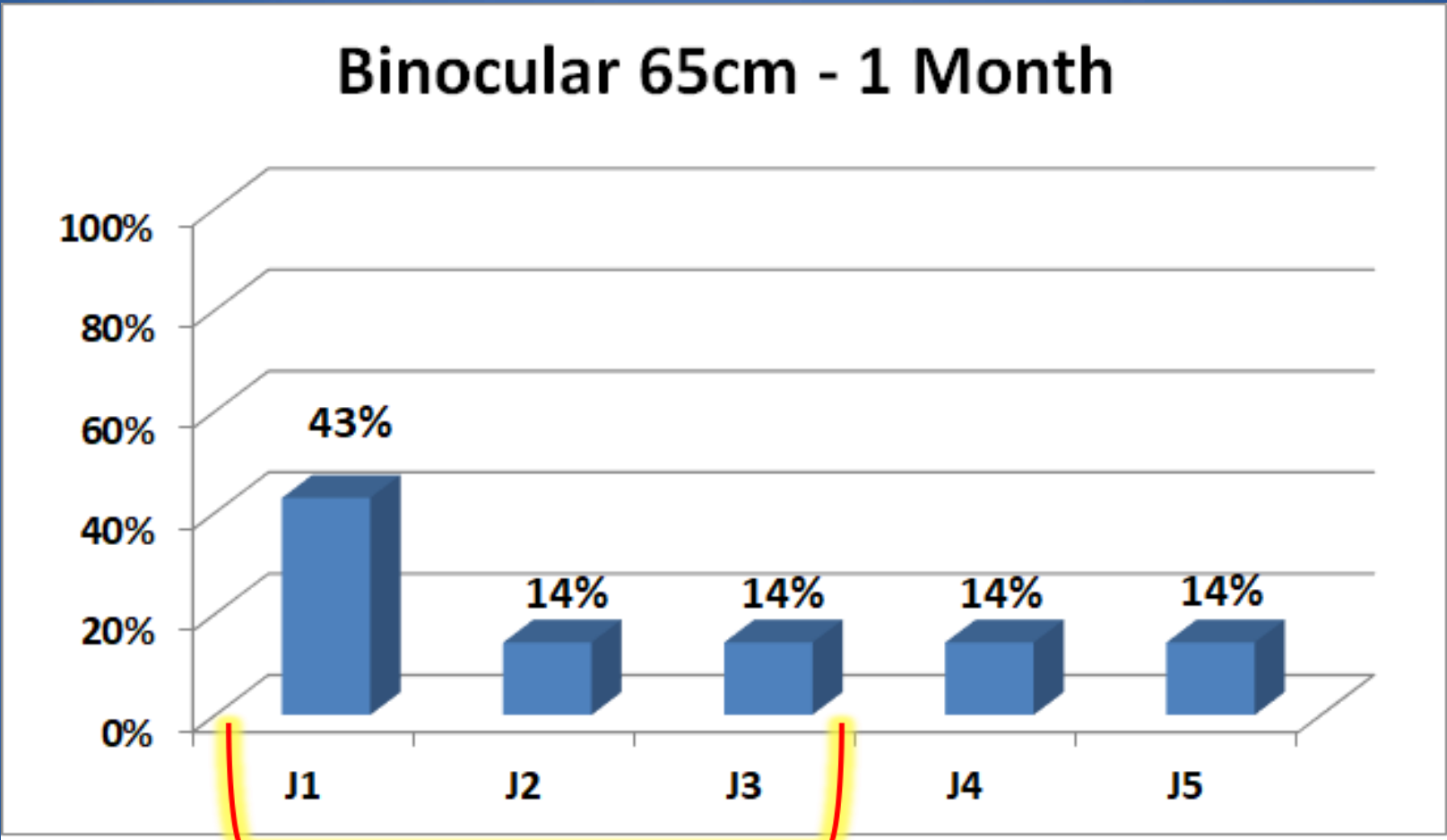
Binocular Near VA



100%

Results

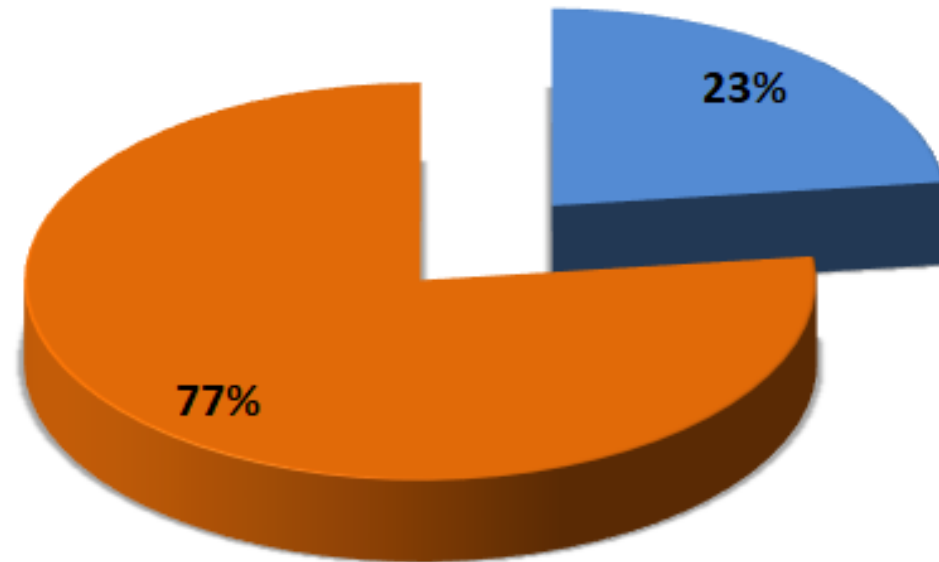
Binocular Intermediate VA



71%

Capsular Bag IOL

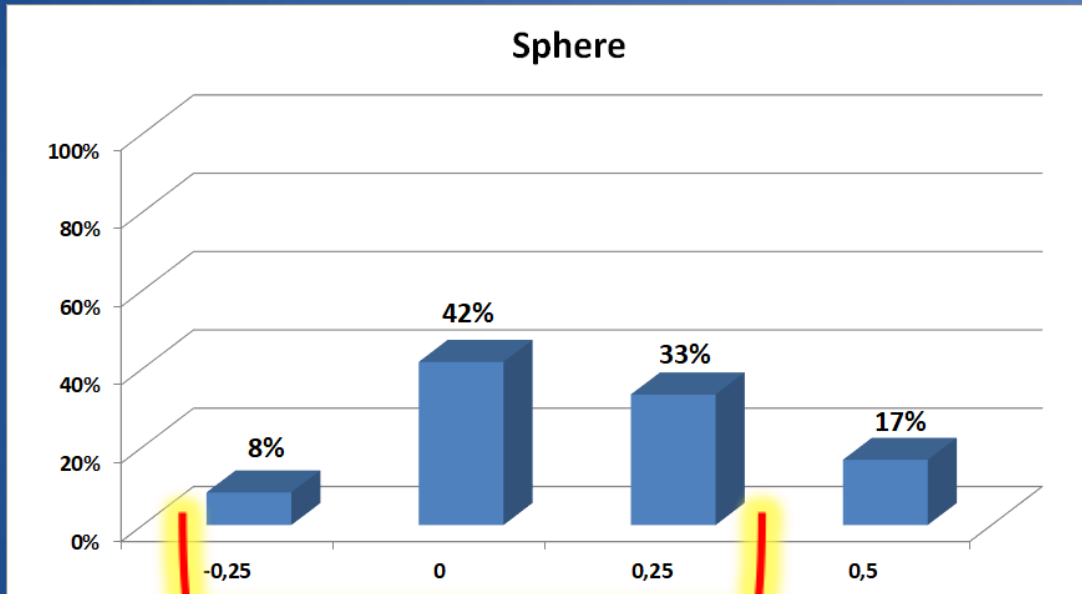
Intra Ocular Lens



■ ASPHERICAL ■ TORIC

Refraction Results

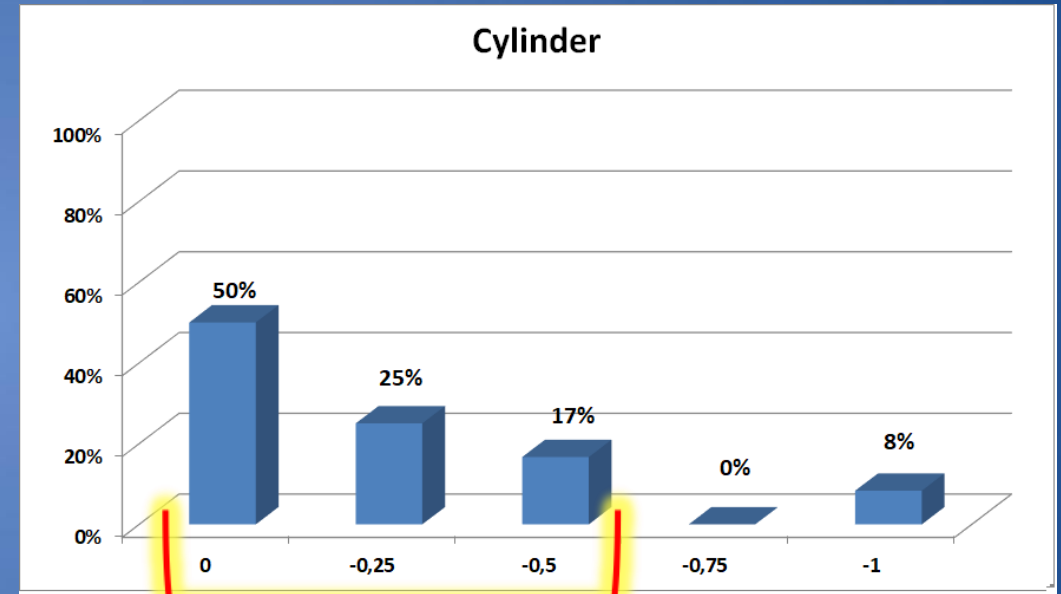
Sphere



83%

-0.25 to +0.25

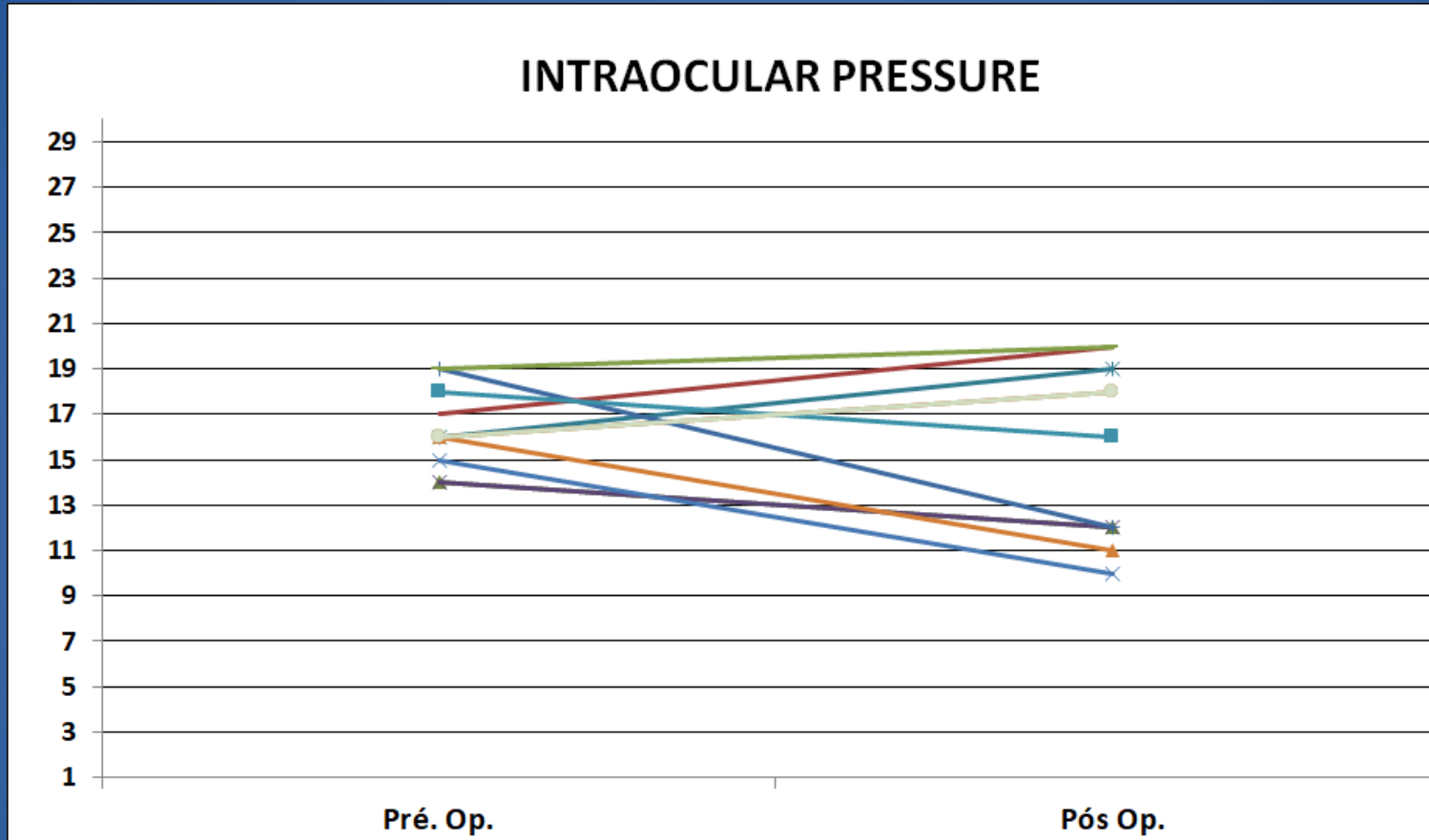
Cylinder



92%

< 0.50

Intra Ocular Pressure



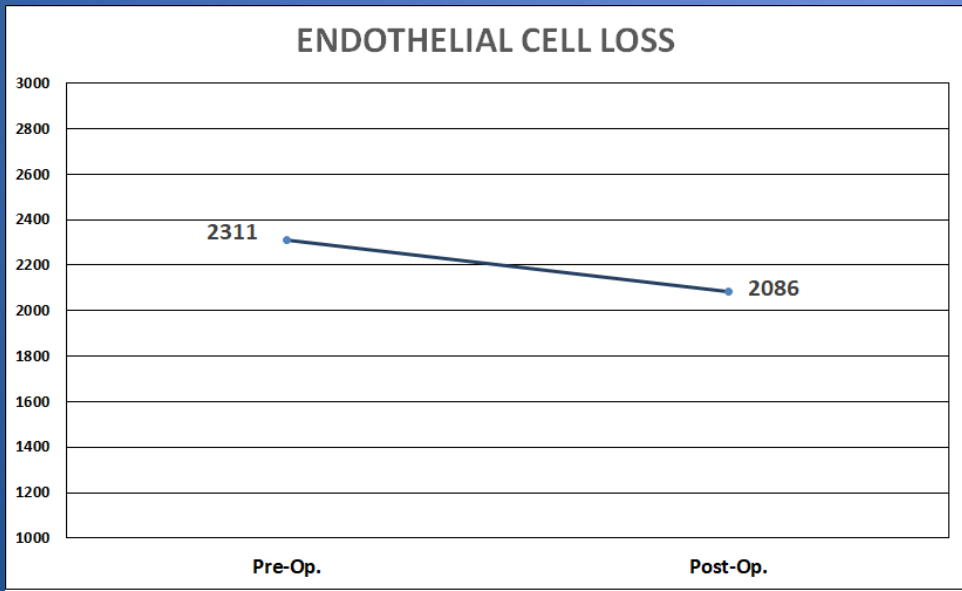
J Ocul Pharmacol. 1993 Spring;9(1):35-45. Identification of high intraocular pressure responders to topical ophthalmic corticosteroids. Bartlett JD, Woolley TW, Adams CM. Source

Specular Microscopy



30 Post Op.

	S.M.	%
Pre-Op.	2311	
Post-Op	2086	
Total Loss	225 cell/mm2	9,74 %



BAD = Glare and Halo

New Lens, Same Brain: The Importance of Neuroadaptation

Written By: Pat Phillips, Contributing Writer







[Multifocal Intraocular Lenses](#) pp 47-52 | [Cite as](#)


Multifocal Intraocular Lenses: Neuroadaptation

Authors

[Authors and affiliations](#)

Jorge L. Alió , Joseph Pikkel

	Retinal Image	Perceived Image
Pre-operative		
Early Post-operative		
Neuroadaptation		

April 2014

Dear Colleague,


Congratulations! The moderator and panelists chose your paper as the "Best Paper of Session" in Session 2-C: **INTRAOCULAR SURGERY Presbyopia-Correcting IOLs**. As you may know; more than 800 papers are submitted each year to be considered for the ASCRS Symposium on Cataract, IOL, and Refractive Surgery by ophthalmologists from around the world. It is an accomplishment to have your paper accepted for presentation, and quite an honor for it to be named among the very best.

In addition to our offering congratulations, we would like to thank you for contributing to the high quality educational experience that ASCRS strives to offer Symposium attendees. It is presentations such as yours that keep ophthalmologists coming back to ASCRS year after year.

Best Paper of Session winners will be listed in *EyeWorld Today*, our meeting newspaper, and our website at www.ascrs.org under Post Meeting Resources. In addition, the editors of the *Journal of Cataract & Refractive Surgery* encourage you to submit a manuscript based on this presentation for possible publication in JCRS.

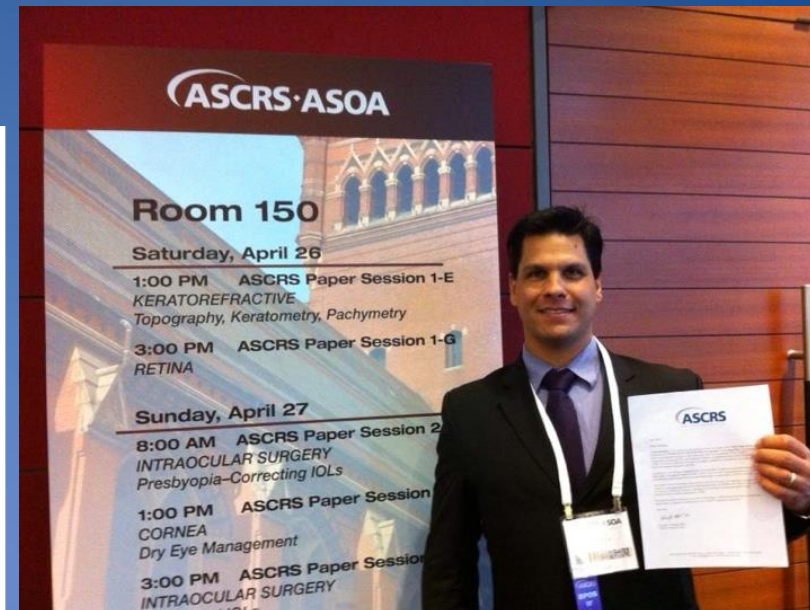
We look forward to seeing you next year in San Diego, California and hope that you will once again make an important contribution to the ASCRS Symposium experience.

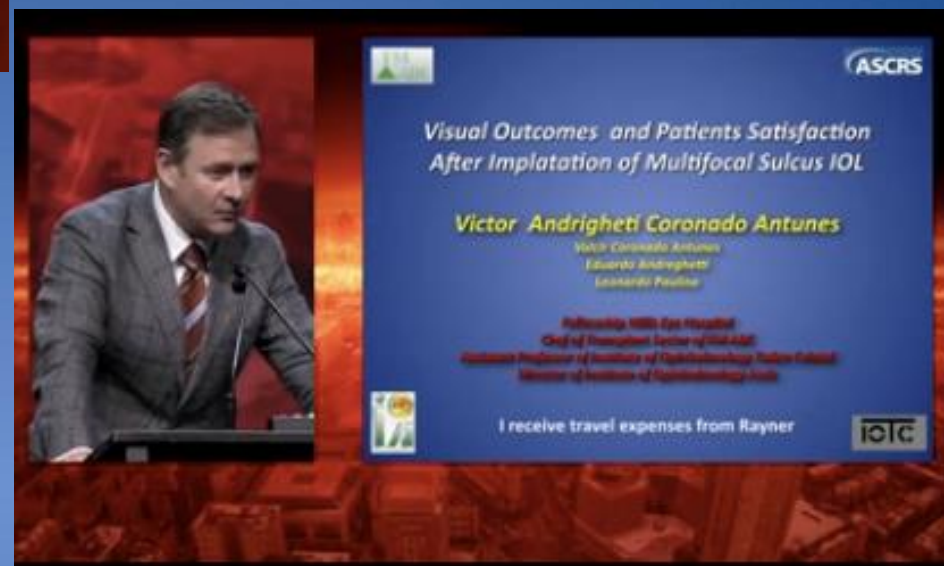
Sincerely,



Edward J. Holland, MD
ASCRS Program Chair

4000 Legato Road, Suite 700 • Fairfax, Virginia 22033-4055 • (703) 591-2220 • Fax (703) 591-0614
E-mail: ascrs@ascrs.org • Internet: www.ascrs.org



Start

Personal Scheduler

Author Index

Meeting Information

When: April 25 - 29, 2014

Where: The Boston
Convention and Exhibit
Center
Boston, MA

GS-4 Hot Off the Press

Tuesday, April 29, 2014: 3:00 PM-4:30 PM
Grand Ballroom (Boston Convention and Exhibition Center)

Abstract

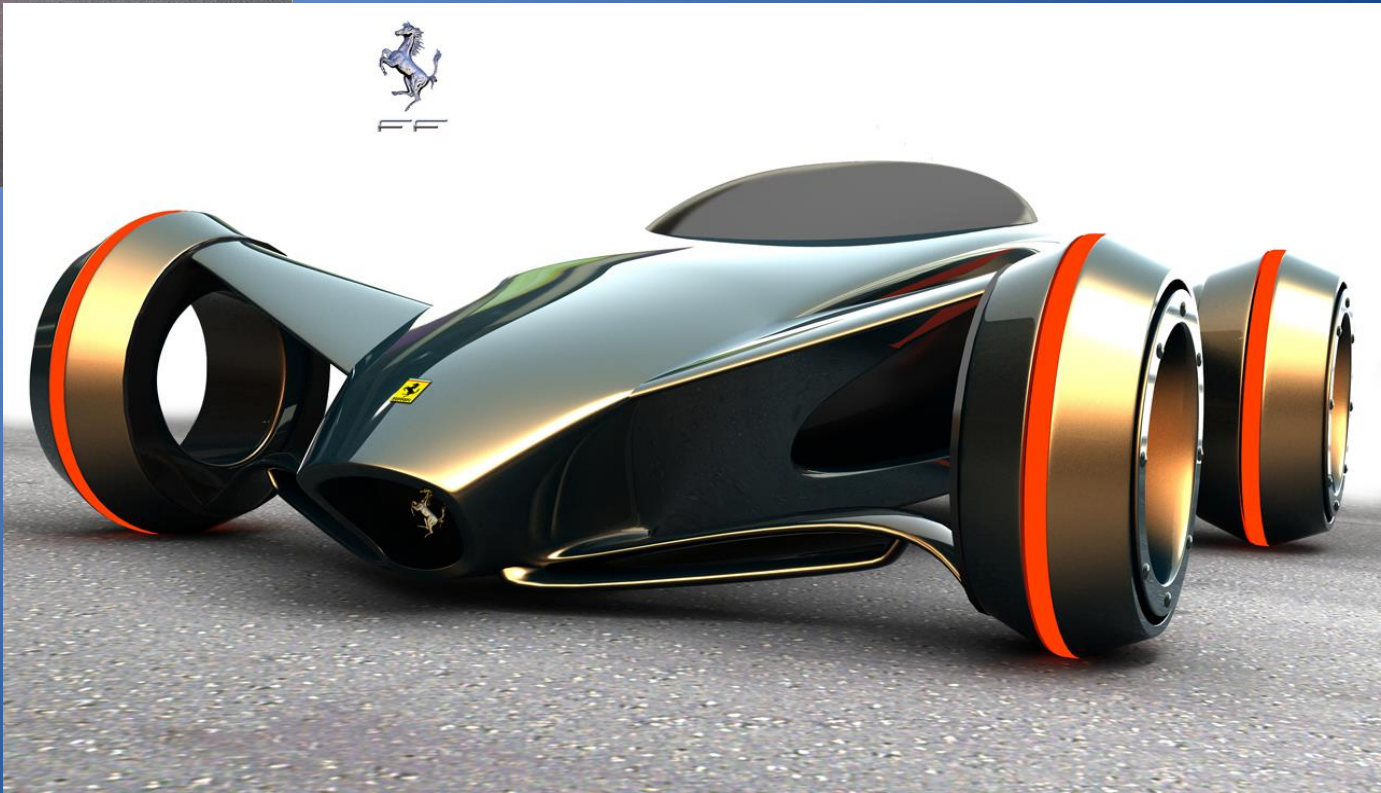
Pre-approved to qualify for ABO Self-Assessment CME (SACME) credit

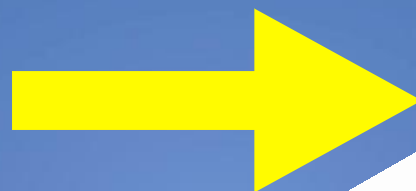
This session will encompass a free-flowing panel discussion by the specialty section editors of EyeWorld, who will highlight and debate the Best Papers of ASCRS 2014.

Moderator: *David F. Chang, MD*

Panelists: *Graham D. Barrett, FRANZCO, Reay H. Brown, MD, Eric D. Donnenfeld, MD, Clara C. Chan, MD, FRCSC and Bonnie An Henderson, MD*

Speakers: *Boris E. Malyugin, MD, PhD, John P. Berdahl, MD, Susan MacDonald, MD, Bennie H. Jeng, MD, Jeffrey Kammer, MD and Husam Ansari, MD, PhD*





CASE REPORT

- V.C.A, 76 years old, male, Ophthalmologist for 50 years.
- Phaco in 2010 with Toric IOL
- Sulcoflex Multifocal in 2014
- Unhappy in mid distance vision on work

- **Visual Acuity**

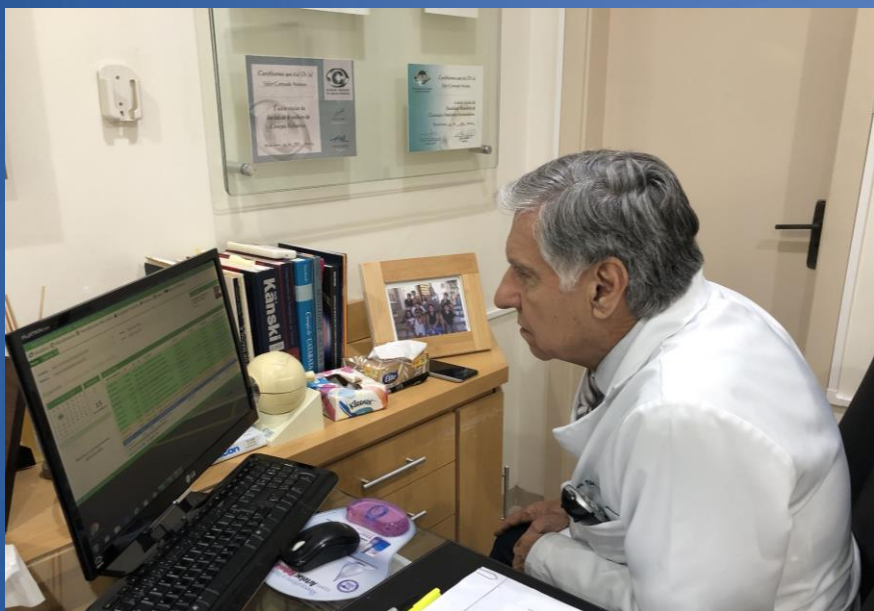
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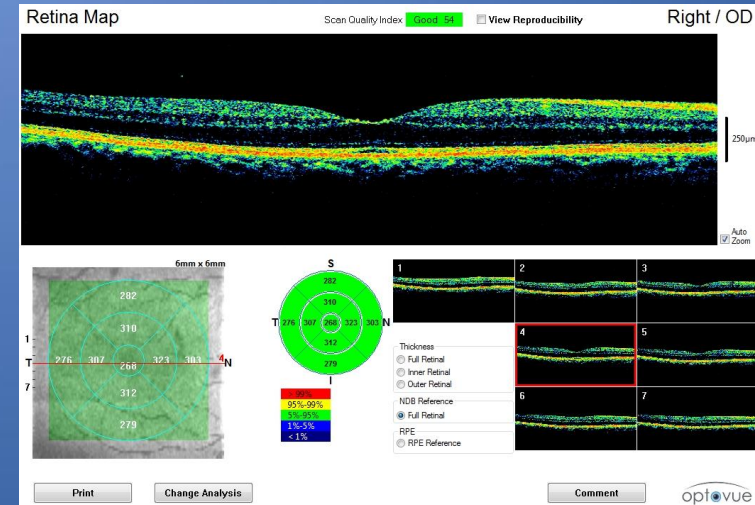
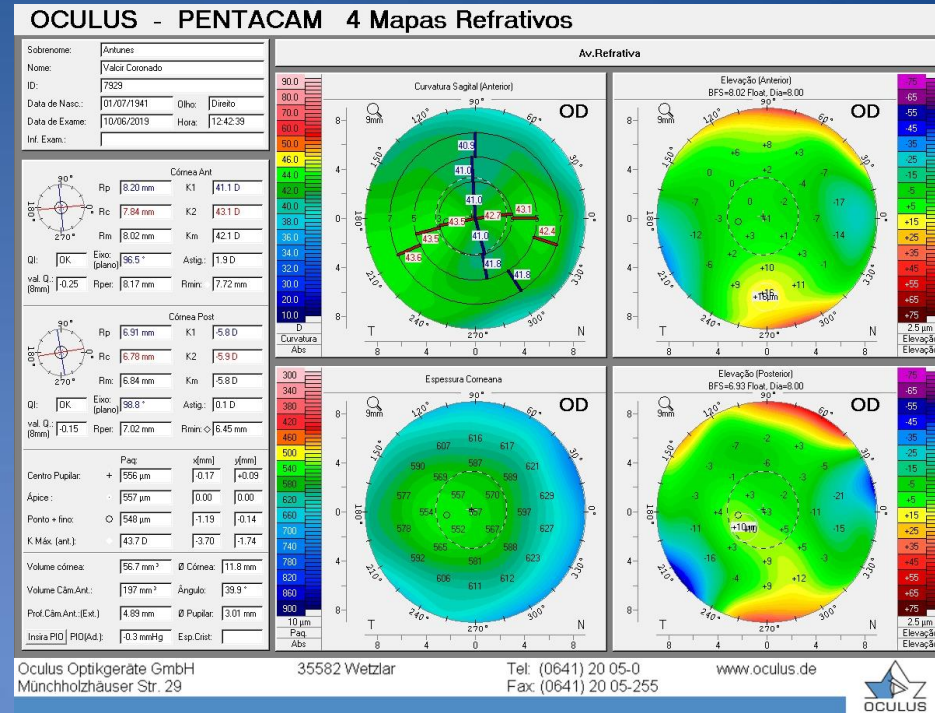
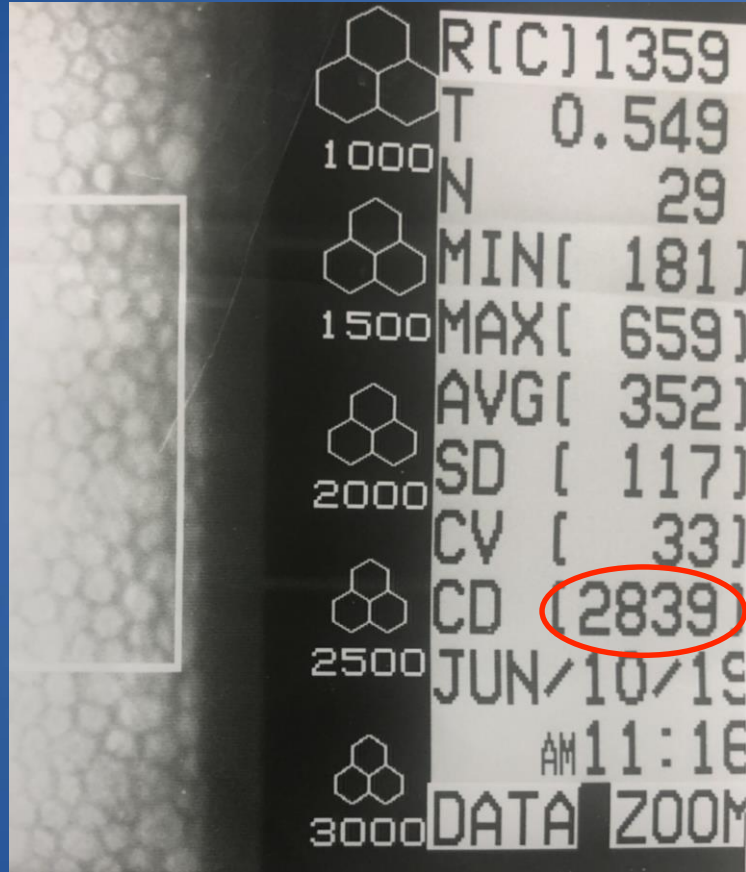
Near : J1

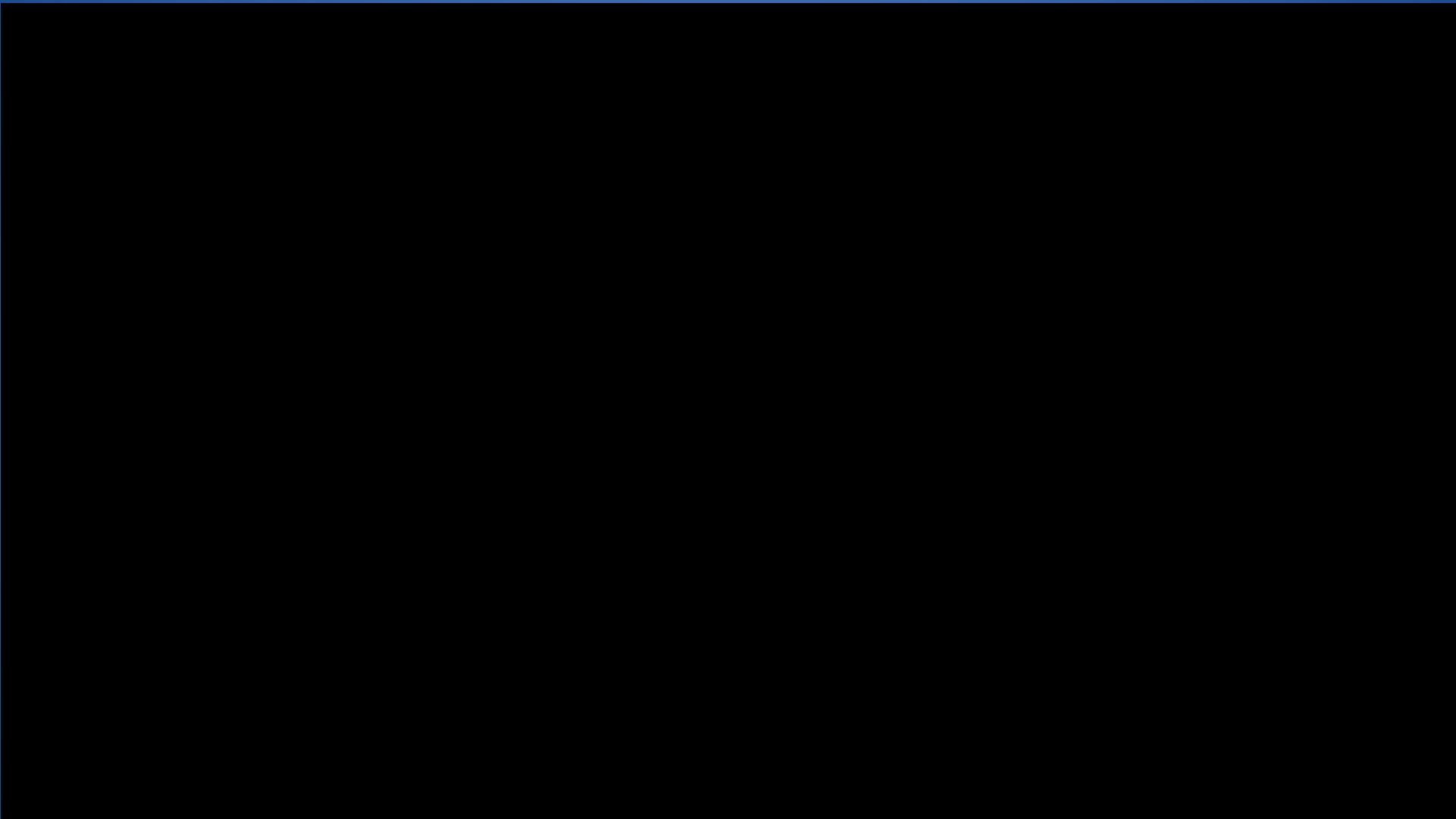
Intermediate: J6

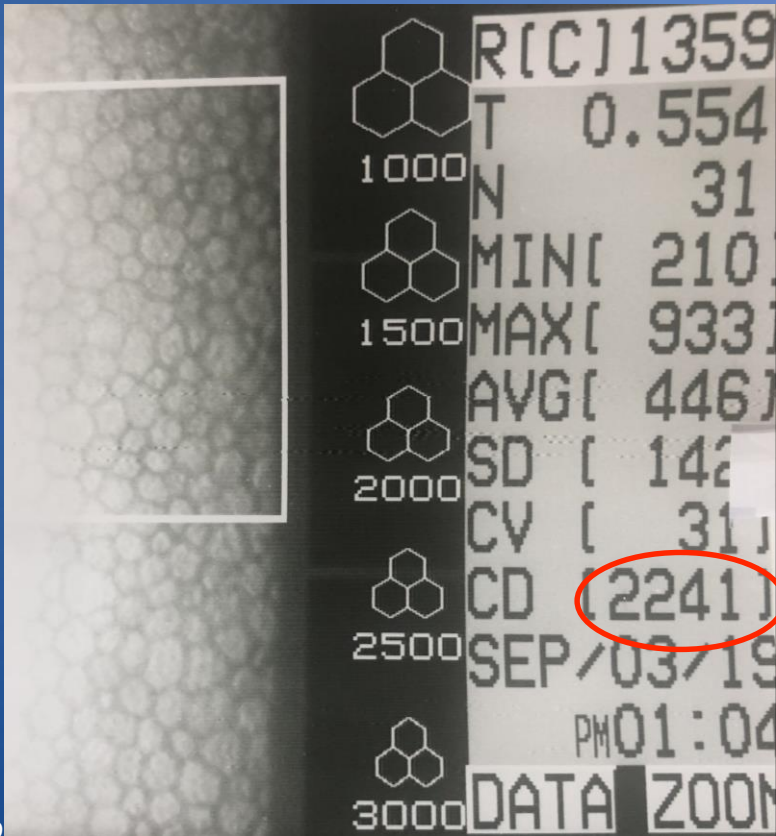
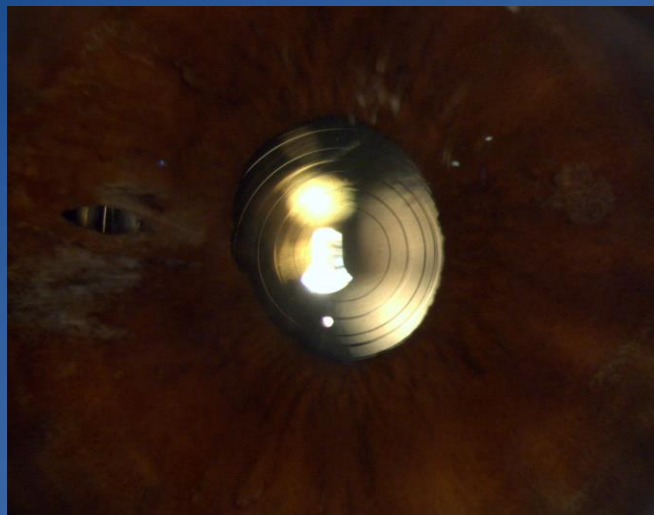
Rx: OD: +0.00 SE -0.75 Cyl 0.60

OE: +0.00 SE

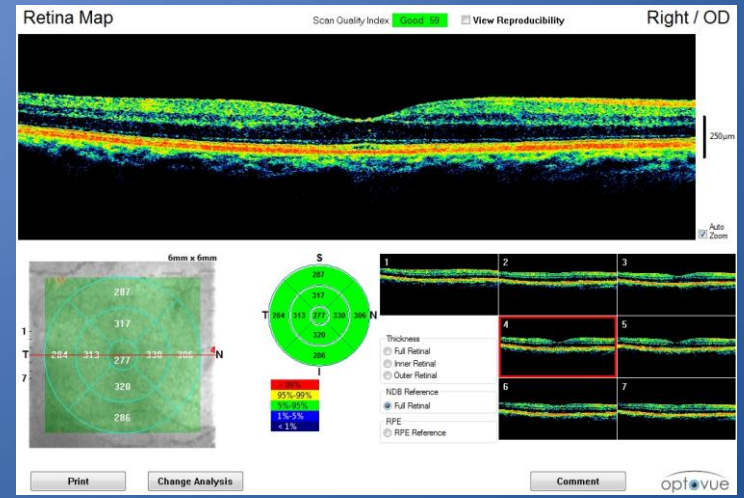
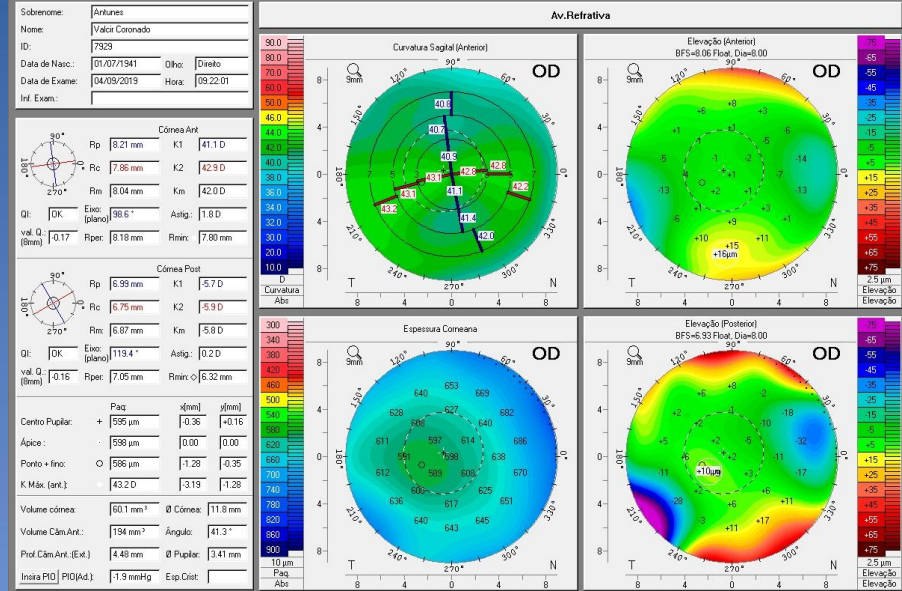








OCULUS - PENTACAM 4 Mapas Refrativos



- **Visual Acuity**

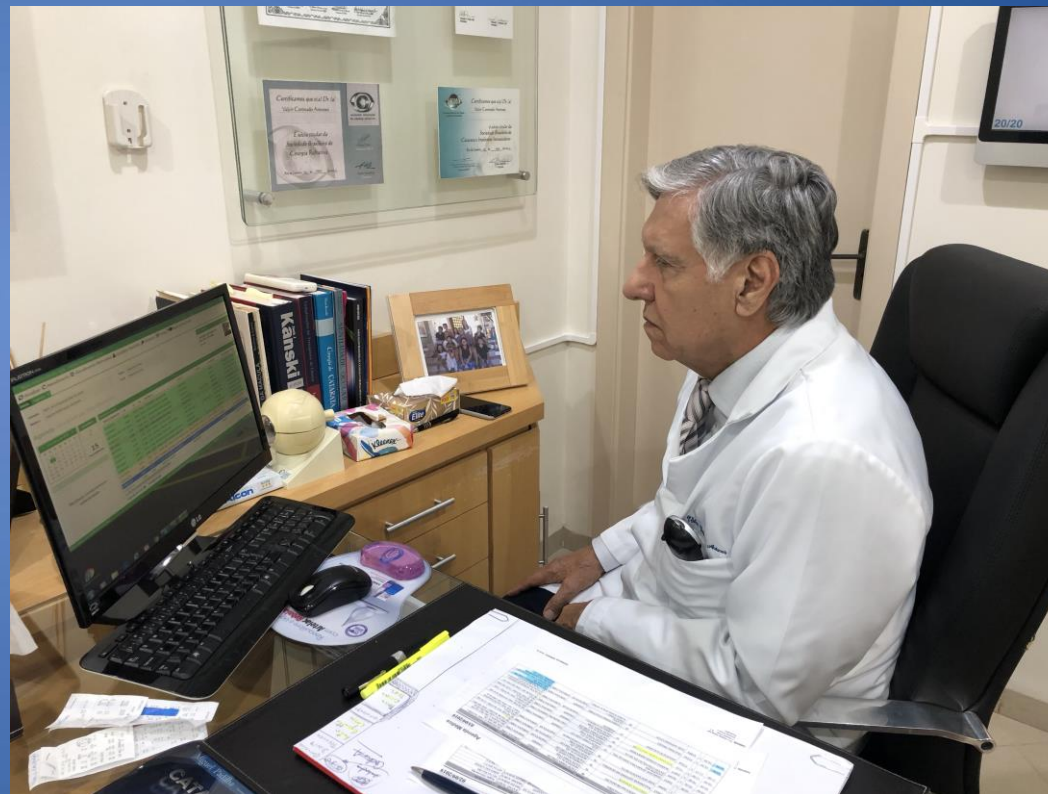
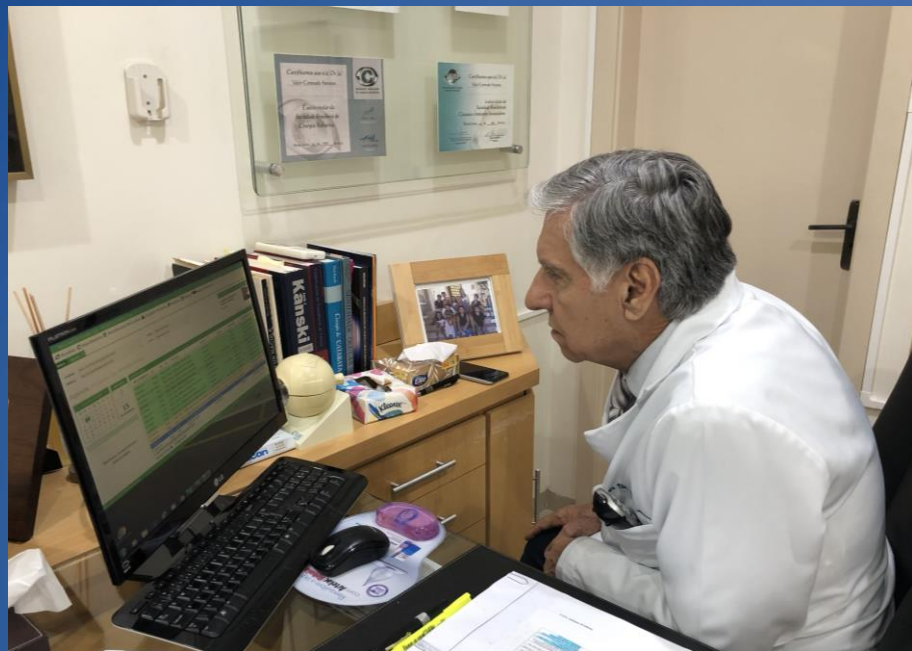
Distance: OD: 20/20 OS: 20/20

Near : J1

Rx: OD: +0.00 Sph. -0.50 Cil. 70

Intermediate Vision at 65 cm - J6 to J2







Conclusion

- Sulcoflex Platform has no safety issues in long-term follow-up of over 300 eyes
- Sulcoflex Trifocal has great results for distance, intermediate and near distance
- Sulcoflex Trifocal has very good patient Satisfaction at only 1 month follow-up
- Early results indicate that Sulcoflex Trifocal may provide better vision to the patient than previous refractive multifocal version but same excellent safety
- Sulcoflex is the ONLY PLATFORM that makes it possible to **up grade safety**





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HOSPITAL DE OLHOS

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INSTITUTO DE OFTALMOLOGIA DE ASSIS
Tradição, Ética e Atualidade



Thank You

e-mail : victor@ioa.com.br

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