



Trifocal platform that performs on any optic

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All authors have no financial interests



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INTRODUCTION

- With the increase in patients' demand for spectacle independence after cataract surgery, a variety of advanced intraocular lenses (IOL) have been developed in recent years
- The technological advances of trifocal lenses are intended to answer **two specific questions**:
 1. **Do patients accept this new quality of vision?**
 2. **Is this quality of vision maintained over the time?**



MATERIAL AND METHODS

- **30 eyes** of 15 patients were evaluated in San Marino Hospital after implantation of **RayOne Trifocal IOL** (Group 1-20 eyes) and **Sulcoflex Trifocal IOL** (Group 2-10 eyes)
- Average Follow-up: 12 Months (Range 10-16 months)
- Average age: 71.81 (Range 53-84)

SULCOFLEX TRIFOCAL:

- 50% pseudophakic eyes
- 50% phaco + monofocal IOL in the bag + Sulcoflex Trifocal (**DUET PROCEDURE**)

EXCLUSION CRITERIA:

- Previous ocular surgery
- Regular corneal astigmatism > 0.75 D
- Irregular astigmatism and corneal opacities
- Glaucoma with impairment of GCL and RNFL
- Macular diseases

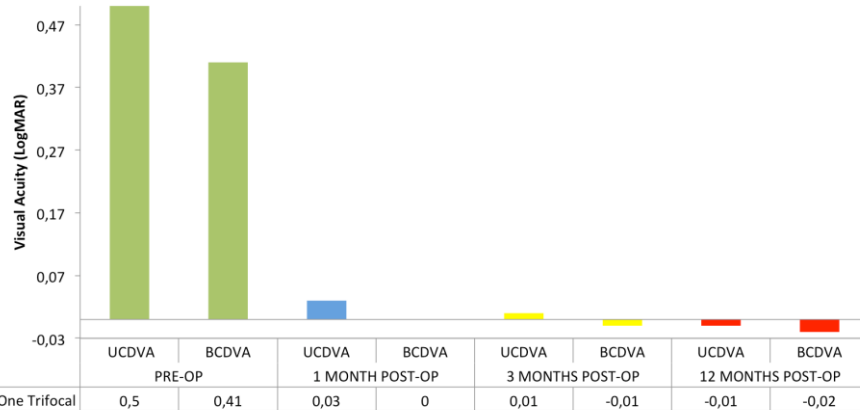
DATA EVALUATED:

- Uncorrected Distance Visual Acuity (**UCDVA**) and Best Corrected Distance Visual Acuity (**BCDVA**) (LogMAR)
- Uncorrected and Best Corrected Near (**UCNVA, BCNVA**) and Intermediate Visual Acuity (**UCIVA, BCIVA**) (LogMAR) with MNread charts
- **Defocus curve** from -4.00 D to + 2.00 D
- **Contrast sensitivity** (mesopic 3 cd/m²; photopic 85 cd/m²) with MOS 22 (Dueffe Tecnovision)
- **Aberrometry** (OSIRIS – CSO)
- Patient satisfaction with a self-administered questionnaire (**NEI-RQL-42TM**)
- **PCO incidence** and IOL stability with digital photos of anterior segment

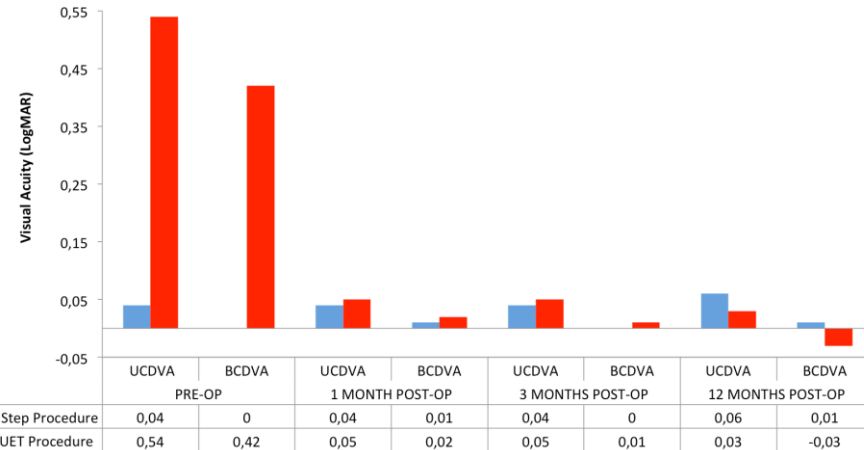
DISTANCE VISUAL ACUITY

- All patients in **RayOne Trifocal** Group achieved monocular **UCDVA of 0.1 LogMAR** or better
- 70% of patients in **Sulcoflex Trifocal** Group achieved monocular **UCDVA of 0.1 LogMAR** or better
- All patients of both Groups (RayOne and Sulcoflex Trifocal) achieved monocular **BCDVA of 0.1 LogMAR** or better

RayOne Trifocal IOL: UCDVA and BCDVA - 12 Months Follow-up

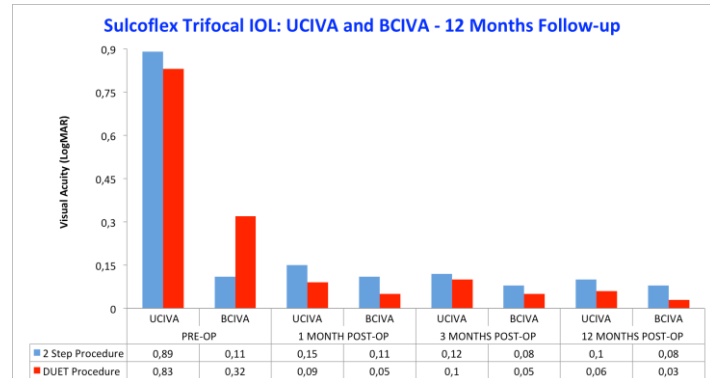
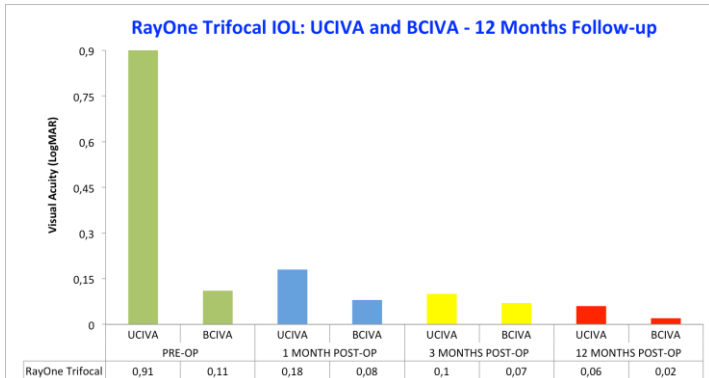
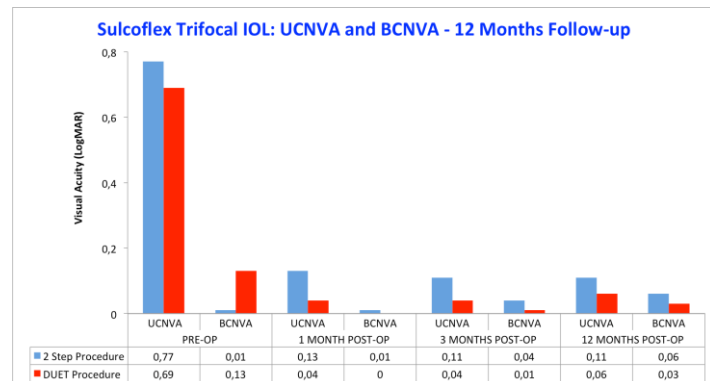
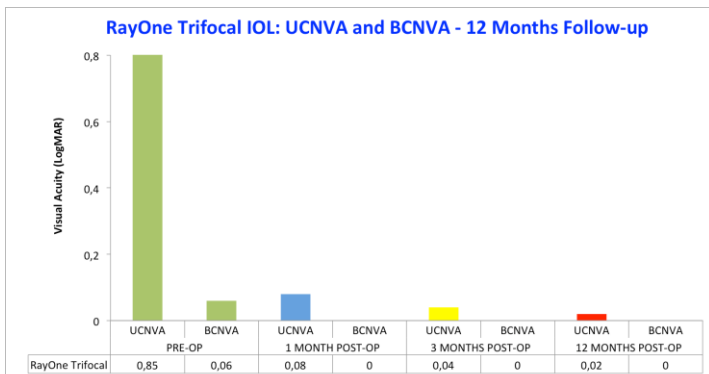


Sulcoflex Trifocal IOL: UCDVA and BCDVA - 12 Months Follow-up



NEAR AND INTERMEDIATE VISUAL ACUITY

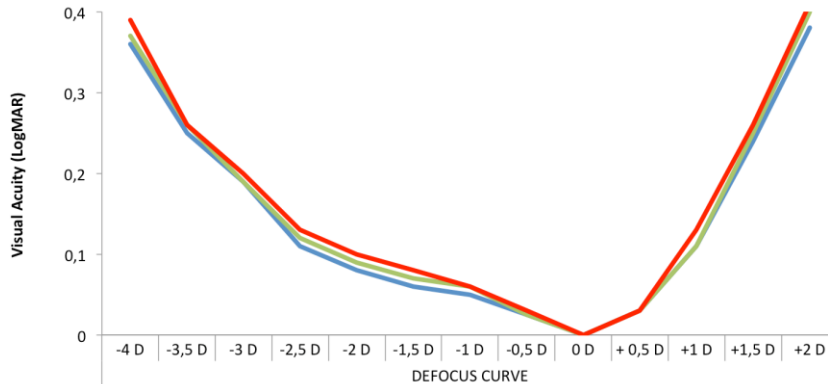
- All patients in **RayOne Trifocal** Group achieved monocular **UCNVA and UCIVA of 0.1 LogMAR** or better
- In **Sulcoflex Trifocal** Group, 70% and 100% of patients achieved respectively monocular **UCNVA and UCIVA of 0.1 LogMAR** or better
- **No statistically significant differences** were noted between 2 groups



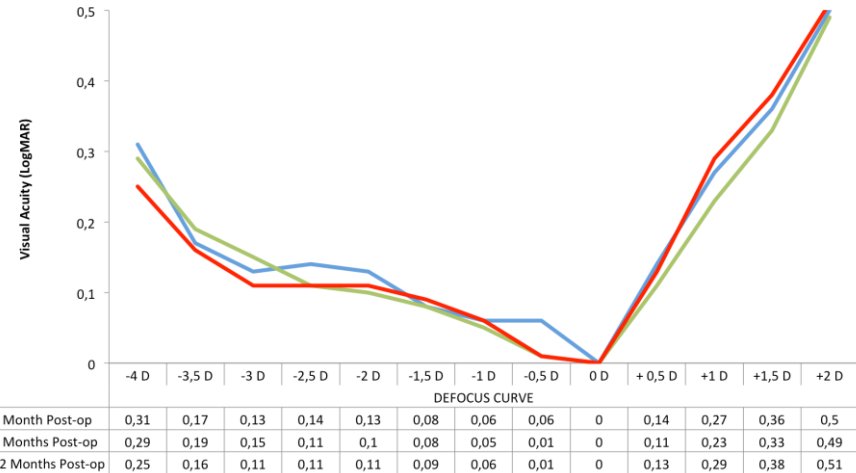
NEAR AND INTERMEDIATE VISION: DEFOCUS CURVE

- At 12 months post-op, RayOne and Sulcoflex Trifocal Groups showed a **smooth transition phase** between the far and the near focus
- **From +0.50 D to -2.50 D**, visual acuity was on average **0.10 LogMAR** or better in all patients, demonstrating good intermediate vision
- **At -3.00 D (near vision at 33 cm) and -4.00 D (near vision at 25 cm)** visual acuity was on average **0.20 and 0.39 LogMAR for RayOne Trifocal Group** and **0.11 and 0.25 LogMAR for Sulcoflex Trifocal Group**
- There were **no statistically significant differences** between the two groups ($p > 0,01$) and no statistically significant changes in defocus curve during the follow-up

RAYONE TRIFOCAL: DEFOCUS CURVE DURING FOLLOW-UP

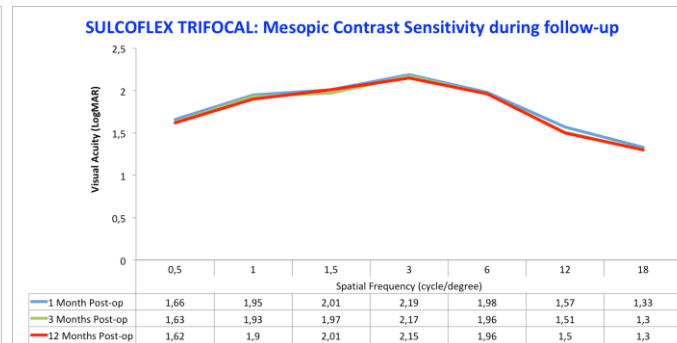
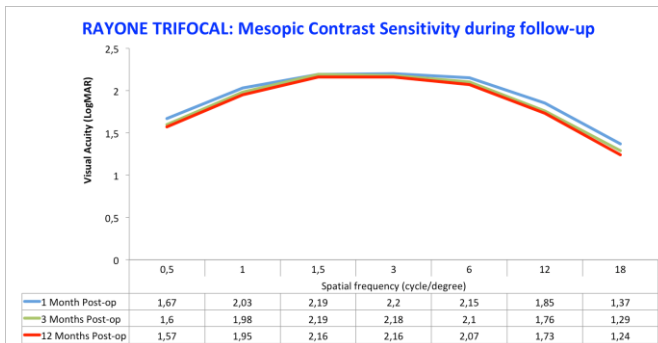
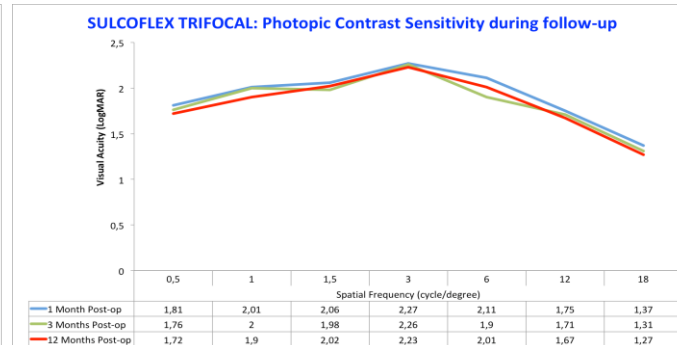
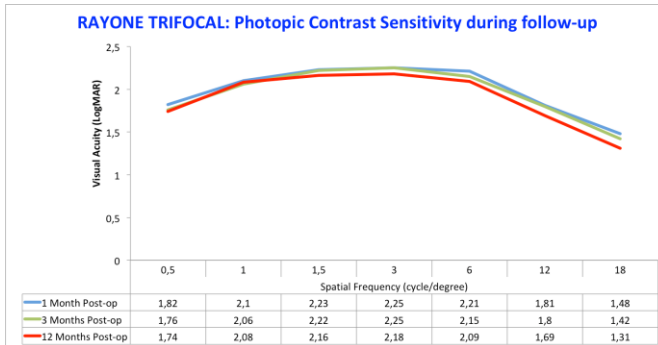


SULCOFLEX TRIFOCAL: DEFOCUS CURVE DURING FOLLOW-UP



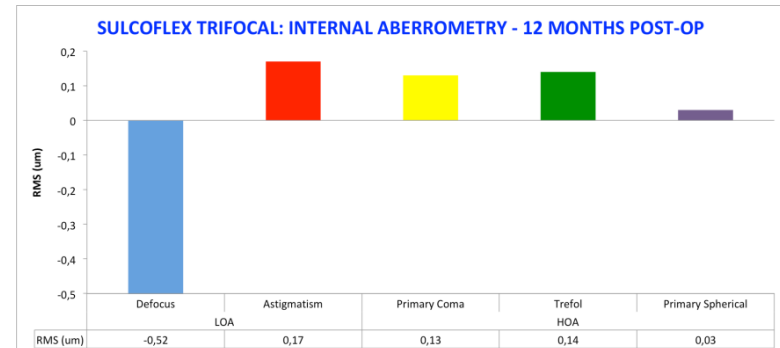
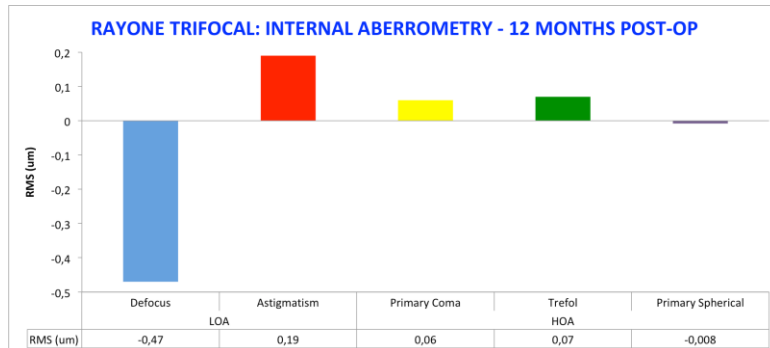
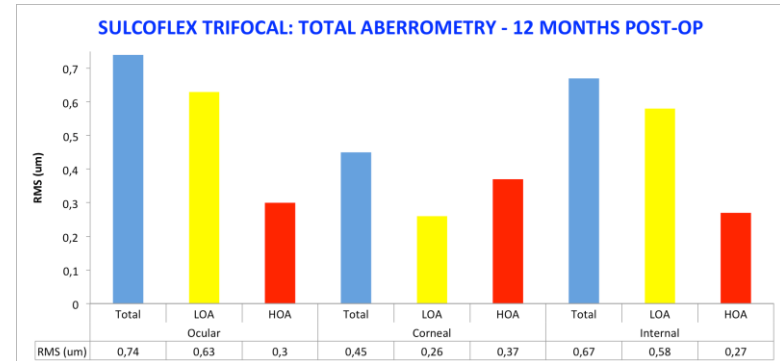
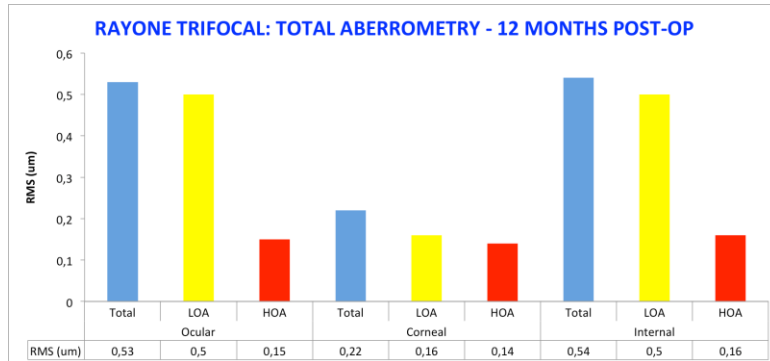
QUALITY OF VISION: CONTRAST SENSITIVITY

- Contrast sensitivity levels of both groups were within **normal limits under photopic (85 cd/m²) and mesopic (3 cd/m²) conditions** during the follow-up
- In photopic and mesopic condition **RayOne Trifocal** and **Sulcoflex Trifocal** Groups showed **similar results** throughout all spatial frequency
- During follow-up, there were **no statistically significant changes** in contrast sensitivity levels



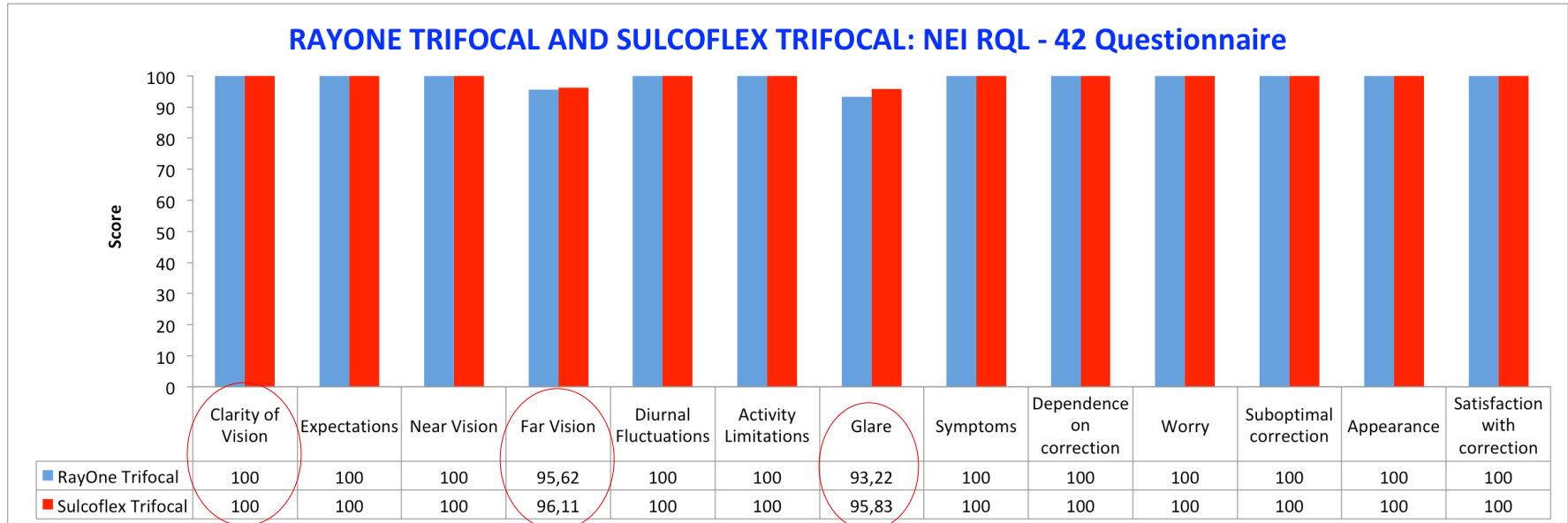
QUALITY OF VISION: ABERROMETRY

- **RayOne Trifocal** and **Sulcoflex Trifocal** Groups showed **low values of LOA and HOA** regarding ocular, corneal and internal aberrations in all patients
- **RayOne Trifocal** Group showed **lower internal LOA and HOA** aberrations than **Sulcoflex Trifocal** Group (**not statistically significant**)



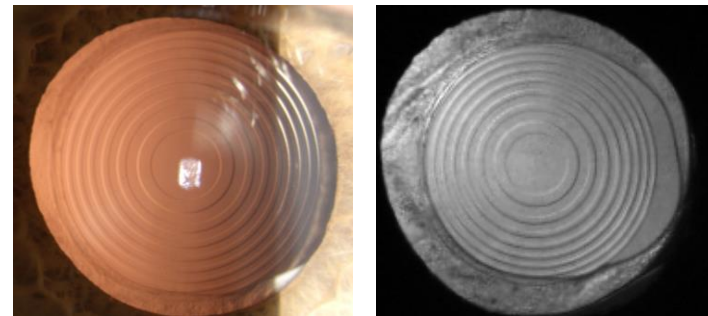
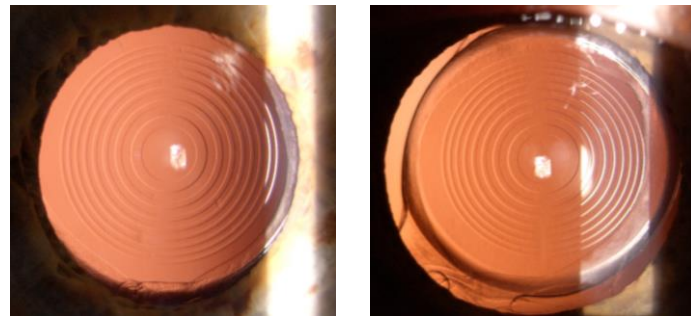
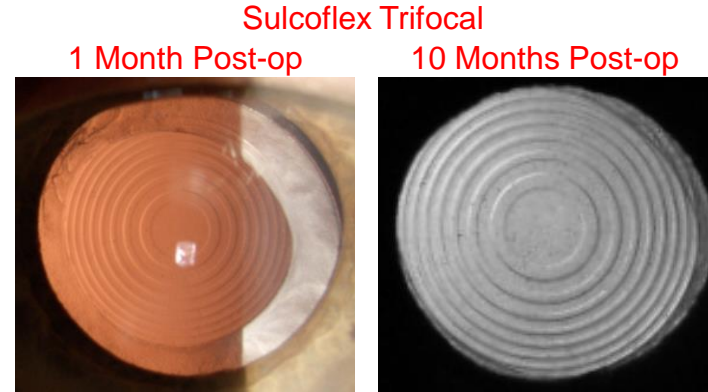
QUALITY OF VISION: PATIENT SATISFACTION

- Patient satisfaction was evaluated with a **self-administered questionnaire (NEI RQL – 42)**
- **High patient satisfaction** was found in all patient underwent to a **RayOne Trifocal** and **uSulcoflex Trifocal** IOL implantation
- Although **the “far vision” and “glare” category** have the lowest score compared to the others, overall they reached a **very high score (95/100)**



QUALITY OF VISION: PCO AND IOL STABILITY

- We evaluated **IOL stability and Posterior Capsular Opacification (PCO)** incidence with digital photo of anterior segment during the follow-up
- **No PCO** was reported in **any patients** with **RayOne Trifocal** and **Sulcoflex Trifocal IOL**
- IOL stability and centration was excellent during the follow-up: **no tilting or decentration** was reported in any case

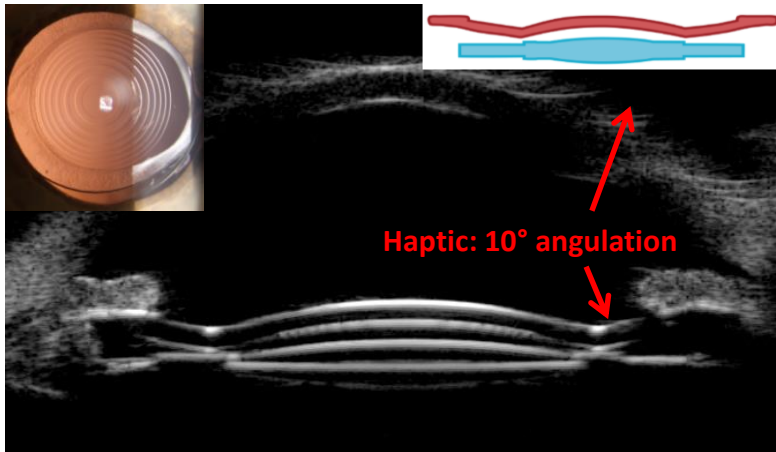


SULCOFLEX TRIFOCAL: CRITICAL QUESTIONS

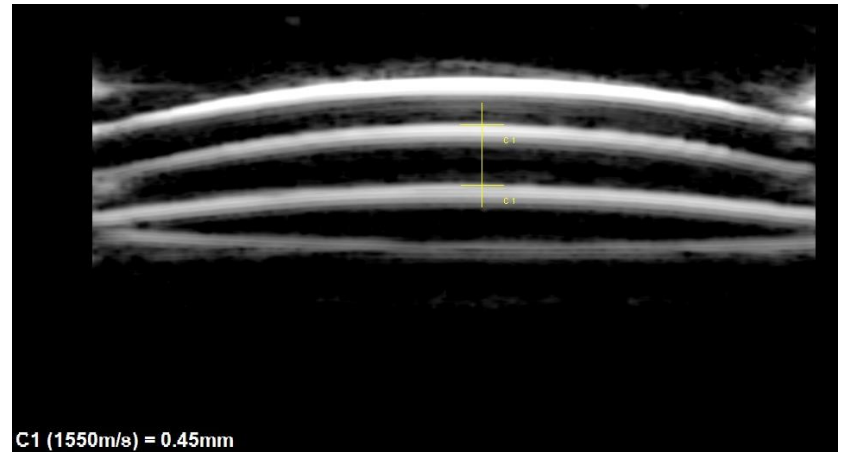
- FIRST QUESTION:** Since it is implanted in the sulcus, is there the possibility that it interacts with the IOL in the bag?

UBM: CENTERING AND POSITIONING IN THE SULCUS

- We performed **UBM in all patients** at the 3 month post-op to observe the centering and positioning of the **Sulcoflex Trifocal** and its possible interaction with the surrounding ocular structures



Haptic angulation 10°: strong stability and centration



Posterior concave surface allows to obtain a good vaulting (400-450 microns): No interaction with primary IOL

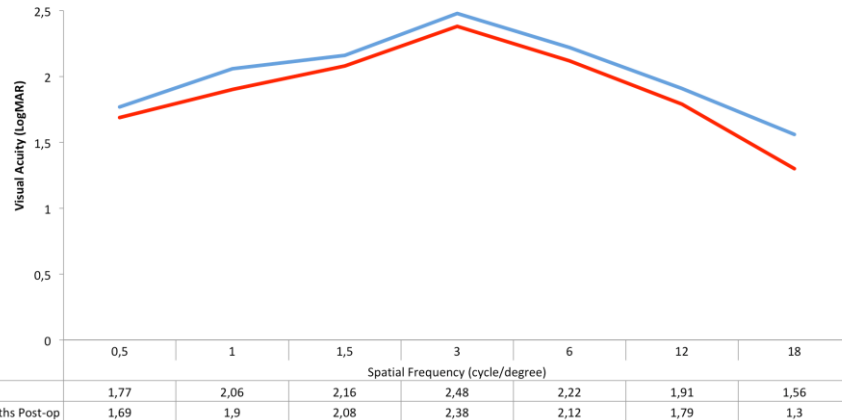
SULCOFLEX TRIFOCAL: CRITICAL QUESTIONS

- A pseudophakic patient has a very high visual quality
- **SECOND QUESTION:** By implanting a **Sulcoflex Trifocal** in the sulcus of a pseudophakic patient, **is there a risk of compromising visual quality?**

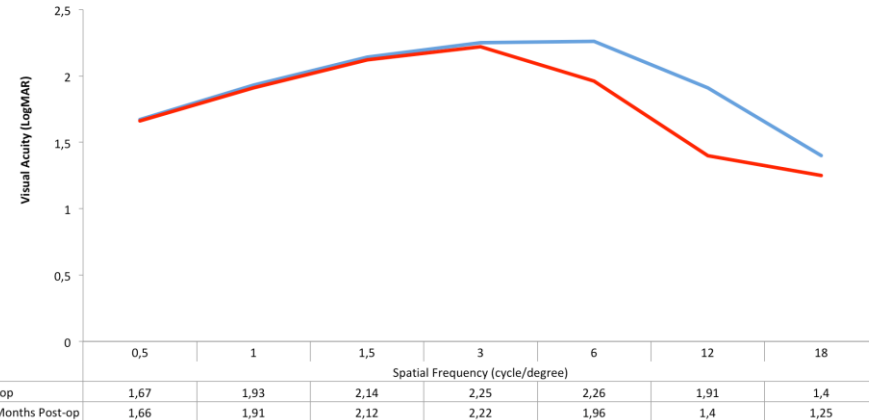
PHOTOPIC AND MESOPIC CONTRAST SENSITIVITY: PRE-SULCOFLEX VS POST-SULCOFLEX

- **Post-op photopic contrast sensitivity** (85 cd/m²) was **similar compared to pre-op** contrast sensitivity in pseudophakic eyes
- **In mesopic condition** (3 cd/m²) after **Sulcoflex Trifocal** implantation there was a **reduction in contrast sensitivity** at higher spatial frequency > 12 cycle/degree (**not statistically significant**)
- During follow-up, there were **no statistically significant changes** in contrast sensitivity levels

2 STEP PROCEDURE: Photopic Contrast Sensitivity Pre-op vs 12 Months Post-op



2 STEP PROCEDURE: Mesopic Contrast Sensitivity Pre-op vs 12 Months Post-op

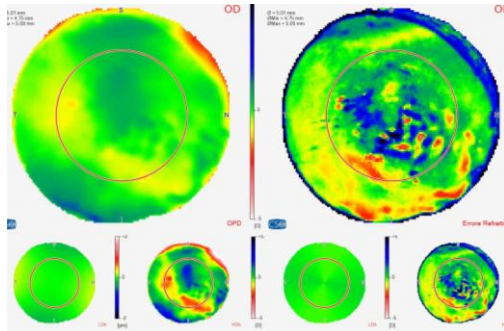


SULCOFLEX TRIFOCAL: CRITICAL ISSUES

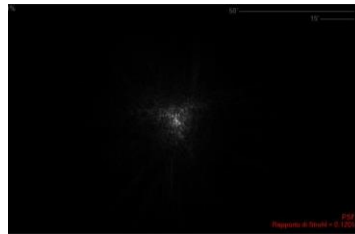
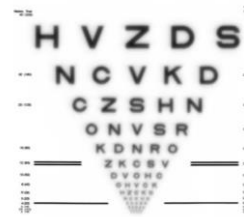
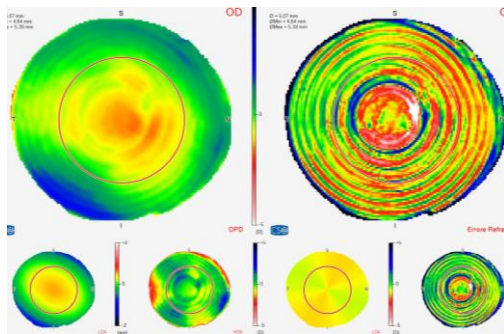
TOTAL AND INTERNAL ABERROMETRY

- **Sulcoflex Trifocal IOL** showed **low values of LOA and HOA** regarding **total and internal aberrations** in all patients
- **Internal aberrations are directly related to the IOL**: low values of RMS indicate a minimum dispersion of the light inside the eye and good quality of vision

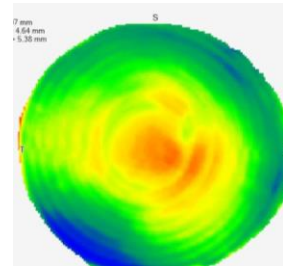
Pre-Sulcoflex



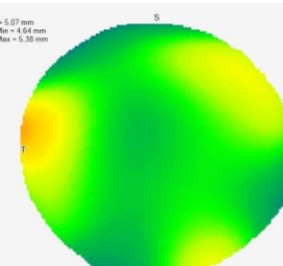
Post-Sulcoflex



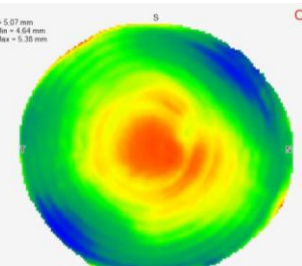
Ocular



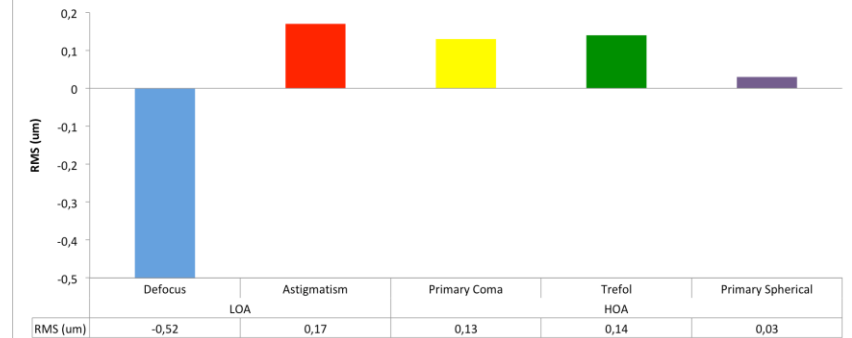
Corneal



Internal



SULCOFLEX TRIFOCAL: INTERNAL ABERROMETRY - 12 MONTHS POST-OP



CONCLUSION: RAYONE TRIFOCAL & SULCOFLEX TRIFOCAL

- The RayOne Trifocal and Sulcoflex Trifocal provide a **very high level of spectacle independence**, with a high post-operative satisfaction
- RayOne Trifocal and Sulcoflex Trifocal IOL showed **similar results regarding visual outcomes, defocus curve, contrast sensitivity and internal aberrations**
- Both Trifocal IOLs demonstrated **long term stability, good centration and no PCO**
- **Sulcoflex Trifocal** showed **long term stability and centration** and **no interaction with primary IOL** during the follow-up in all patients
- This new trifocal IOLs offer a **valid alternative for spectacle independence** after cataract surgery in selected patients