

RayOne EMV and TECNIS Eyhance: A Comparative Clinical Defocus Curve

Eye Science

CLINICAL OVERVIEW

This white paper summarizes the initial clinical results and user experience from Dr. Mariano Royo, Director of Ophthalmology at the Hospital San Rafael in Madrid, and Director of the Ophthalmic Institute of Madrid. Binocular defocus curves were obtained using the best distance correction. A progression of plus and minus lenses in 0.5 D increments was consecutively added (range +3.0 D to -5.0 D) to produce defocus after which visual acuity was tested again.

Figure 1 reports the binocular defocus curve of 22 eyes of 11 patients implanted with RayOne EMV (Rayner) measured at six months post op and the binocular defocus curve of 70 eyes of 35 patients implanted with TECNIS Eyhance (Johnson & Johnson Vision) measured at one year post op.

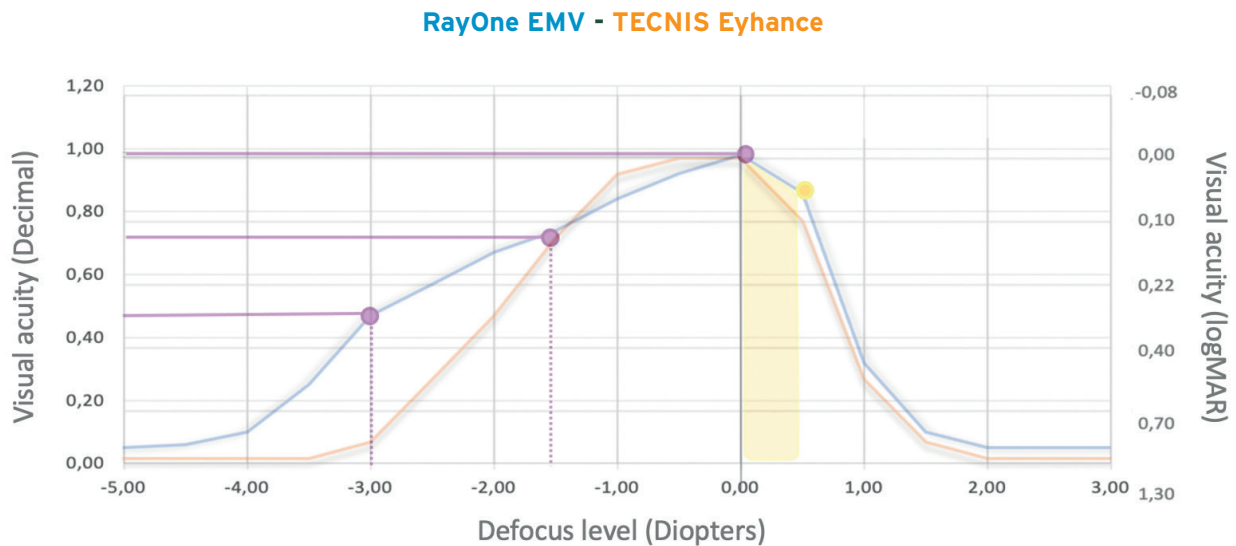


Figure 1: Mean defocus curves in RayOne EMV patients and TECNIS Eyhance patients with visual acuity in logMAR (logarithm of the minimum angle of resolution) and decimal.

CONCLUSION

The defocus curves of both IOLs showed a peak at defocus 0.00 D (4 m) and a reduction in visual acuity with the increase in negative defocus. However, RayOne EMV achieved a smoother profile along the entire curve with a less abrupt decrease in visual acuity, especially within the defocus range from -2.00 (corresponding to 50 cm) to -3.00 D (corresponding to 33 cm).

Dr. Royo reported that 100% of his patients that received RayOne EMV achieved spectacle independence in the distance and intermediate range. The average reading aid at 33 cm was reported to be +1.5 D. One in three patients that received RayOne EMV had functional near vision without the need for spectacles.

To experience the patient benefits offered by RayOne EMV, Rayner encourages all surgeons to evaluate RayOne EMV in their own practice.

For more information visit the Rayner website:

www.rayner.com/EMV

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