

# Update on presbyopic treatments

**B**e sure not to miss tomorrow's (Sunday) main symposium, Current Options for Treating Presbyopia, chaired by Ioannis Pallikaris MD, Greece, Emrullah Tasindi MD, Turkey.

The session will include presentations covering many of the competing technologies for treating presbyopia including lenticular approaches such as multifocal and accommodative IOLs, and corneal approaches, such as presbyLASIK, corneal inlays and IntraCor. The speakers will include George Kymionis MD, Greece, Michael Holzer MD, Germany, Ömer Yilmaz MD, Turkey, Dimitrios Bouzoukis MD, Greece, Dimitra Portaliou MD, Greece, and Roberto Bellucci MD, Italy.

Prof Pallikaris told ET Today that the session's inclusion of several presentations on corneal inlays represents the revival of an approach that had fallen out of favour in the past due to biocompatibility issues. Improvement in the technology of the devices lends hope that there will be better results from the current batch of inlays compared to those used in the past, he said.

"Corneal inlays seem to be the most promising options for the treatment of presbyopia mainly because they represent a reversible and minimally invasive technique that does not interfere with cataract surgery at a future date. Moreover, the new inlays are thinner compared to the old ones resulting in less interference with corneal structure. Of course, longer follow-up is needed with larger number of patients to validate their efficacy and safety," he said.

He added that although multifocal IOLs tend to provide high levels of satisfaction to cataract patients, they entail too many compromises to appeal to the majority of presbyopes. The ultimate solution will be one which restores natural physiological accommodation, according to Prof Pallikaris.

"I believe that the approach which will finally prevail will be related to the lens and maybe techniques that rehabilitate lens elasticity," he said.

Dr Tasindi told ET Today that both corneal and lenticular approaches are yielding promising results in the



Ioannis Pallikaris MD speaking yesterday at the Refractive 1 Free Paper Session in Hall 2

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**Ioannis Pallikaris MD**

treatment of presbyopia. He noted that currently multifocal IOLs are the most tried and true of the available treatments.

"The new generation multifocals, which include astigmatic treatment, seem to increase the range of patients in the near future. Although accommodative IOLs are the ideal solution, the problems of lens material and capsular fibrosis have to be solved in order to get ideal results, otherwise these IOLs become expensive monofocal lenses within a short time after the surgery," he said.

He noted that corneal refractive laser treatments for presbyopia have tended to fall short in terms of visual satisfaction for the patients. Furthermore, many of the LASIK treatments for presbyopia require patients to adapt to monovision, which

many do not tolerate well. On the other hand, IntraCor is showing promise, although there needs to be longer term results with the technique before there can be a true assessment of its efficacy, according to Dr Tasindi.

"A lot of progress and new research will be needed in presbyopic treatments in order to get the best results for our patients. Our recommendations to presbyopes, whether they are for corneal, intraocular or combined therapy treatments, will depend on the patient's age and other refractive errors of the eye, and should include adequate information regarding potential side effects."

Sunday 20 February  
11.00 - 13.00  
Venue: Hall 1, Convention Centre

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### BREAKING NEWS

## New toric IOL has promising early results

A new toric IOL called the Basis Z toric (FirstQ) is showing promising early results in terms of centration stability and refractive predictability, according to a study presented by Detlef Holland MD, Augenklinik Bellevue, Kiel, Germany, at the 15th ESCRS Winter Meeting.

The study involved 41 patients with a mean age of 70 years with cataract and a mean corneal astigmatism of -2.0 D. At a follow-up of four weeks to six months following implantation of the Basis Z IOL, subjective astigmatism was -0.5 D, while mean postoperative sphere was -0.25. Furthermore, after among eyes with six months of follow-up, uncorrected visual acuity was 0.8 and best corrected acuity was 1.0.

All underwent implantation of the Basis Z toric, using a 2.4mm clear cornea incision and the Firstinjektor (FirstQ). In addition, all underwent biometry with the Zeiss IOL Master with an online calculator programme to calculate the cylinder power, using the Haigis formula. Dr Holland

marked the axis preoperatively in each case with Gerten marker.

All IOLs could be implanted within the capsular bag with good centration without complications, he noted. The IOL showed a good. The IOLs' had a mean deviation four degrees from the planned axis after six months. In three of the earlier cases the IOL had to be repositioned due to rotation. However, after adopting the practice of using a 5.0 mm rhexis which fully overlapped the optic no rotations occurred, he pointed out.

"The new Basis Z toric IOL is easy to implant and shows a good centration and good refractive predictability. As regards the rotations which occurred and longer term results further examinations will be necessary," Dr Holland concluded.



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