

RESULTS FOR ADD-ON LENS

Sulcus-fixed lens for relieving symptoms of dysphotopsia



Roibeard O'FhEimeachain
Posted: Saturday, April 1, 2017



Henrik Bom Olesen MD

Implantation of a novel add-on sulcus-fixed intraocular lens (IOL), the Sulcoflex® (Rayner), appears to be highly effective in relieving symptoms of dysphotopsia and correcting residual ametropia in pseudophakic patients, according to the findings of a retrospective study presented at the XXXIV Congress of the ESCRS in Copenhagen, Denmark.

The study reviewed the outcomes of implantation of the Sulcoflex add-on IOL in 50 eyes of 39 pseudophakic refractive lens exchange (RLE) patients, who underwent the procedures at clinics in Denmark, Norway and Sweden from September 2014 to February 2016, said Henrik Bom Olesen MD, Copenhagen, Denmark.

The main indications for the implantation of the Sulcoflex lens were pseudophakic negative dysphotopsia, in 20 eyes of 15 patients, and residual ametropia following RLE in 42 eyes not suitable for laser vision correction, with some overlap between the two groups, Dr Olesen explained.

Following implantation of the Sulcoflex lens, 17 (85%) of the eyes with negative dysphotopsia had a complete resolution of their symptoms following implantation of the lens, while two eyes (10%) had a partial resolution, and in one patient the treatment had no effect. Among eyes with residual ametropia, more than 80% of the eyes were within 0.25D of the targeted refraction calculated on Rayner's website.

However, four eyes (8%) subsequently needed laser vision correction, and one of nine toric versions of IOL implanted required repositioning.

Dr Olesen noted that pseudophakic dysphotopsia is an optical phenomenon that patients experience as a crescent-shaped shadow in the temporal peripheral visual field. It is mostly transient, but can be persistent and bothersome in up to 1% of pseudophakic eyes.

One theory regarding its cause is that it results from a splitting of oblique rays of light at a gap between the optic's edge and the capsulorhexis edge. That is supported by the observation that such a gap is almost invariably present in eyes with the condition.

Several techniques have been shown to be effective in treating or preventing the condition. They include placing the primary IOL in the sulcus, positioning the optic in front of the anterior capsule, known as optic capture, and the use of specially designed IOLs with capsule capturing optic edges.

He explained that he and his associates chose the Sulcoflex option in these patients because it affords the twofold option of correcting both residual ametropia as well as negative dysphotopsia in eyes where it occurs.

Henrik Bom Olesen: henrik.bomolesen@memira.dk

Implantation of a novel add-on sulcus-fixed intraocular lens (IOL), the Sulcoflex® (Rayner), appears to be highly effective in relieving symptoms of dysphotopsia and correcting residual ametropia in pseudophakic patients, according to the findings of a retrospective study presented at the XXXIV Congress of the ESCRS in Copenhagen, Denmark.

The study reviewed the outcomes of implantation of the Sulcoflex add-on IOL in 50 eyes of 39 pseudophakic refractive lens exchange (RLE) patients, who underwent the procedures at clinics in Denmark, Norway and Sweden from September 2014 to February 2016, said Henrik Bom Olesen MD, Copenhagen, Denmark.

The main indications for the implantation of the Sulcoflex lens were pseudophakic negative dysphotopsia, in 20 eyes of 15 patients, and residual ametropia following RLE in 42 eyes not suitable for laser vision correction, with some overlap between the two groups, Dr Olesen explained.

Following implantation of the Sulcoflex lens, 17 (85%) of the eyes with negative dysphotopsia had a complete resolution of their symptoms following

**Pseudophakic
dysphotopsia is an
optical
phenomenon that
patients experience
as a crescent-
shaped shadow in
the temporal
peripheral visual
field**



DOWNLOAD
Latest EuroTimes available
via the EuroTimes App

Available on iPhone and Android.

Latest Articles

- 01 May -
New metrics for CXL - Refining measurement should lead to better treatment.
- 01 May -
Bright path ahead - Examining six requirements for reducing errors and eliminating 'refractive surprise'
- 01 May -
OPHTHALMOLOGICA update: The peer-reviewed journal of EURETINA edited by Sebastian Wolf - VOL: 237 ISSUE:3
- 01 May -
A decade of FLACS - Precise capsulotomies, complicated cases and premium lenses may be best uses, though costs and limited advantages keep it a niche player for now.
- 01 May -
The future of imaging
- 01 May -
Beyond anti-VEGF
- 01 May -
The Human Touch - Unique value of clinical examination supports its cornerstone role in glaucoma patient care
- 01 May -
Cataract depression - Study explores link between presence of cataract and depressive symptoms and lower cognitive function
- 01 May -
Risk benefit - At home or at work, ophthalmologists must decide what is an acceptable level of risk. Leigh Spielberg MD reports
- 01 May -
Enhancing CXL safety - Epi-on appears to be safe, but provides no added benefit

Our members aren't just predicting the future of eye surgery and patient care, they're creating it.

Belong to something powerful. Join us.

ESCRS

www.escrs.org

Tweets by @eurotimes

EuroTimes Retweeted



EyeSteve MD @eyesteve

Webinars count - but those I've seen lack engagement, connection, networking of real-life. We need creativity, innovation for mtgs of future

12h

EuroTimes @eurotimes

Embed

View on Twitter