

# Enhancement Strategies

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**DLC**

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# Failure to Bring the Patient to their Refractive Target is a Recipe for Dissatisfaction



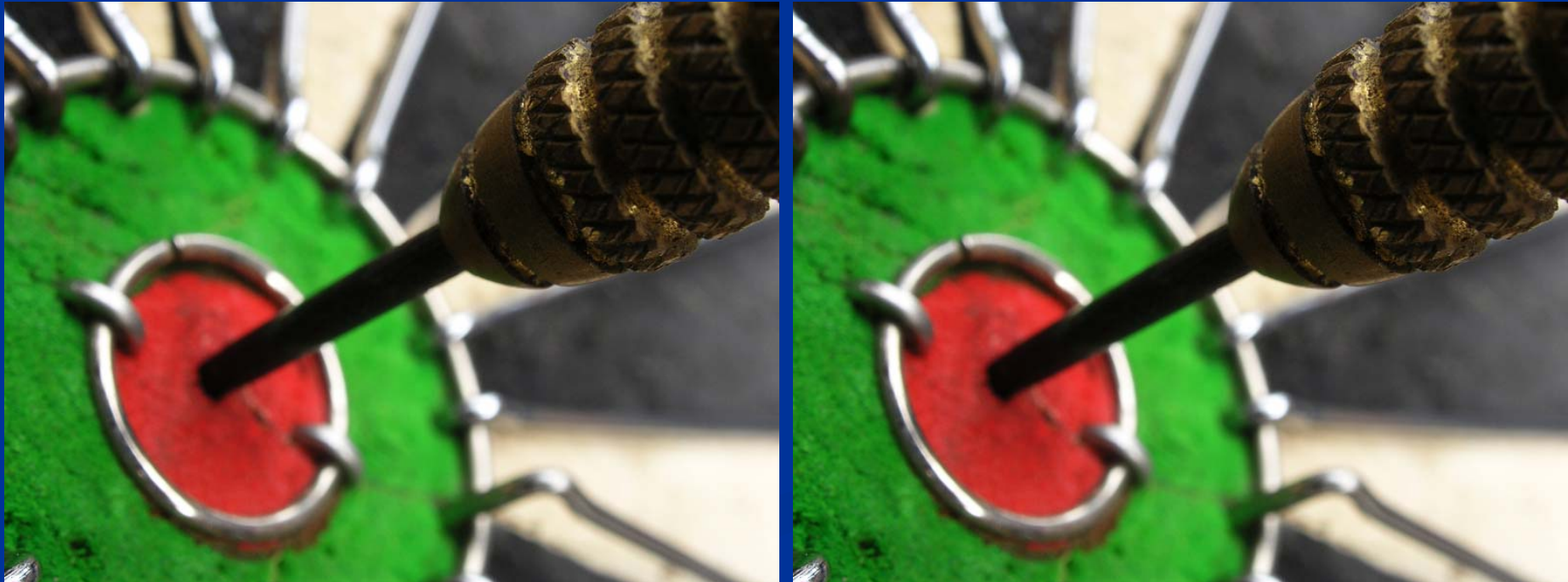
Finish  
the Job

# Minimize the Need for Enhancements

- In my hands, the labeled A-Constant requires adjusted targets for the HD Using Holladay II and my Convergent K method
  - 16-22D, I aim +0.35 to get Plano
  - Under 16D or over 22D, I aim +0.15D to get plano

# Crystalens Mini-monovision

- Requires near refractive perfection, twice.
- Much less dependent on a perfect ocular surface and macula.



# First Do a YAG

- Can lead to 0.50D shift, often in the hyperopic direction
- I prefer to wait 90 days post-op
- I frequently YAG 20/20 eyes
- Near acuity decreases before distance
- Watch size of YAG
  - Capsule will move much more than you expect in the early going

# YAG

- Striae in capsule
  - May be an indication of capsular contraction
  - Triggers a YAG I my hands
- Z-Syndrome now quite rare
  - Avoid too small or too large rhexis
  - Vacuum back of AC
  - Adequate post-op steroids and NSAIDS

# Don't Enhance the Refraction...

- OD: Plano  
OS: -1.75 sphere
- Patient happy
- Do nothing

# Case

- OD: Plano  
OS: -1.25 sphere
- Pt not thrilled
- Demonstrate taking OS to -0.50
  - Pt doesn't like the loss of near...
- Do nothing

# Case

- OD: +0.50 -1.00 x 45
- OS: -0.50 sph
  
- Consider LRI OD
- LVC

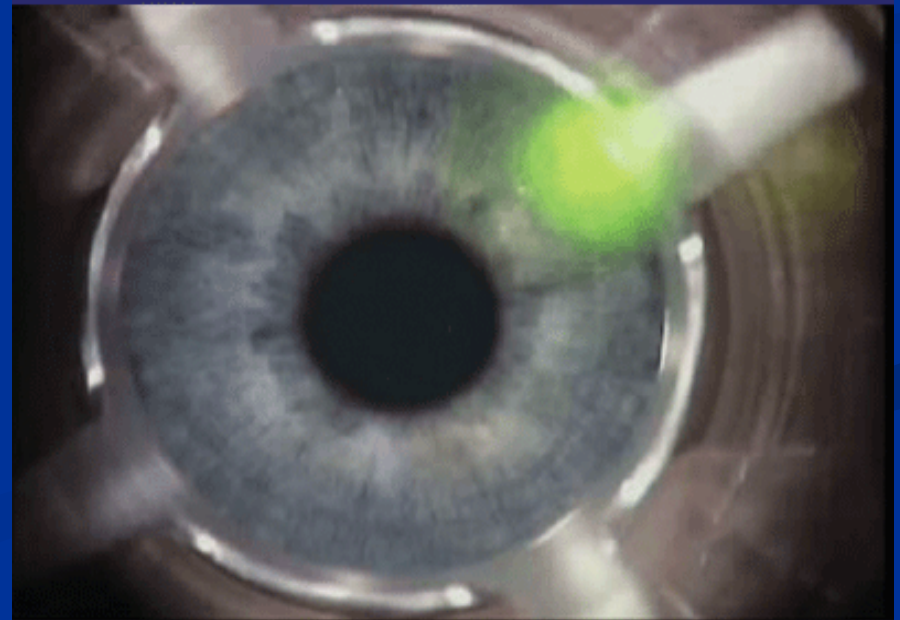
# Options for Spherical Enhancement

- LVC
  - Small flap IL
  - PRK
- Piggyback IOL in sulcus
  - Staar AQ5010V
  - 6.3mm optic
- LVC
  - Small flap IL
  - PRK



# Traditional IL flaps About 8.7mm

- 8.7mm flap has area about  $60 \text{ mm}^2$
- 6.5mm flap has area about  $33 \text{ mm}^2$
- Less neurotrophina
- Blend fairly useless



# How to Start with Crystalens

- If you are a MF user, begin to put Crystalens in dominant eye, aiming for plano. MF in non-dom
  - Do non-dom eye first, and dom eye within 2 weeks
- If you've never used PC-IOLs proceed exactly as outlined in this course
- Build into your price the anticipation that you will need to offer LVC to 15% of your patients.
- At least learn PRK
  - Standard non-custom, no nomogram adjustments