

Premium Cataract Solutions



Top Ten Habits of the
Successful Crystalens Surgeon

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1. Total Commitment to Refractive Lens Implant Surgery

- Surgeon
- Staff
- Equipment
- Outcomes
- Continuous quality improvement, consistency



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2. Pre-Op Measurements

- Manual Keratometry
- Automated Keratometry
- Immersion Biometry
- IOL Master Biometry
- Multiple IOL power calculations



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3. Expectation management and targeting

- Target plano with the HD-500
- Near VA improves over time



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4. Watertight incisions

- Paracentesis
- Fibrin sealed near clear corneal incision, implant power exchange easier if needed within first six weeks, great with old RK incisions
- Post op cycloplegics not needed

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5. Capsulorhexis

- 5.5 – 6.0 mm or smaller, mine is consistently about 4.9 mm
- Leave as much anterior capsule covering plate haptics as possible



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- 6. Meticulous cortical cleanup
- Vacuum anterior capsule only if easily done



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7. Consistent AIOL positioning at time of surgery

- Vertical position is easiest for post op evaluation
- Round haptic to the right
- Rotate the AIOL at end of case with I/A tip **AFTER** viscoelastic removed from behind the optic



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8. Meticulous
astigmatism control

- Treat corneal astigmatism as low as 0.50 diopters



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9. Longer term steroid and NSAID therapy

- Steroid and NSAID drop therapy QID for two weeks, then BID for eight weeks, for a TOTAL of Ten weeks
- Blood aqueous barrier does not restabilize for 8 – 10 weeks after intraocular surgery no matter how much the patient pays

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10. Enhancement Strategy

- AIOL exchanges for power miss only up to six weeks post op
- No YAG's before twelve weeks post op, BAB not restabilized for 8-10 weeks, CCS has not stopped until 8-10 weeks post op
- No LVC until after YLPC done
- Finish the job refractively and do no more when the patient is 20/HAPPY