Johnson & Johnson VISION

Optimizing Outcomes with TECNIS® Personalized Vision

Cataract surgery has become a refractive procedure, with patients expecting quality of vision at all distances. As surgeons, this can be challenging to achieve, as there is no one-size-fits-all approach. Every patient is unique and requires a personalized option.

As we will share in this paper, many surgeons are personalizing their IOL selection using the TECNIS Symfony® in one eye and the TECNIS® Multifocal +3.25D in the fellow eye. In a recent study, this approach resulted in outstanding vision at all distances, as well as high patient satisfaction and low incidence of visual symptoms.[1]

Drs. Donnenfeld, Walter and Farid are paid consultants for Johnson & Johnson Surgical Vision, Inc.

The Quest for Continuous Vision

By Eric Donnenfeld, MD

Today's multifocal IOLs enable cataract surgeons to offer good visual acuity at distance and near. However, many patients reported a gap in intermediate vision, which is an important need in today's digital world. The introduction of the extended depth of focus (EDOF) IOL was therefore a breakthrough in the ability to better meet the evolving needs of our active presbyopic patients.

In the two years after introduction of the TECNIS Symfony® Extended Depth of Focus IOL, refractive cataract surgeons have embraced this advanced technology due to the extended, continuous range of high quality vision the lens provides.[2]

Additionally, they have used it with other lenses in the TECNIS® IOL family to achieve more options for personalizing the refractive outcome for individual patients.

For instance, I recently treated an obstetrician who underwent cataract surgery and wanted to wear glasses less often. I placed a TECNIS Symfony® IOL in her dominant eye and she was very happy with her distance and intermediate vision, but her most essential near vision need was to perform cervical cancer screening and her vision following the first surgery was still not good enough to allow her to comfortably perform this procedure. Based on this feedback, I implanted a TECNIS® Multifocal +3.25D (ZLB00) in the patient's non-dominant eye. She now reports that she could not be more thrilled with her vision.

Recognize Diversity and Personalize Your Strategy

By Keith Walter, MD

Listening to patients is key to their satisfaction. Not only is it the basis for creating a personalized surgical plan that will meet patient goals but it also improves patient perceptions of the entire care experience.

In my practice, patients who schedule a pre-surgical consultation visit are sent a packet that contains the Johnson & Johnson Vision cataract patient survey. This tool gives helpful insights and allows me to start the conversation about IOL options at the consultation visit. If I discover that a patient is willing to accept wearing glasses when reading fine print, I recommend bilateral TECNIS Symfony® IOL implantation.

For patients who depend more on near vision and are interested in wearing glasses less overall postoperatively, implanting the TECNIS Symfony® IOL in the dominant eye and a TECNIS® multifocal IOL +3.25 D in the nondominant eye is an excellent solution in my experience.

In fact, I have been so pleased with the results that I chose this approach for my mother-in-law when performing her surgery. Mimi is a 67-year-old who had great distance vision without glasses until her cataracts developed. This created the need to wear two different pair of glasses—one for intermediate tasks, such as laptop and cell phone viewing, and a second for sewing and fine print. She even kept a pair of glasses in her car to help her see the dashboard.

The exam revealed a 2+NS with 1+ cortical in both eyes and best corrected vision (BCVA) of 20/40 in each eye and 20/80 glare. After a long discussion about visual goals, Mimi was excited to hear that TECNIS® Personalized Vision could give her a full range of vision.

We decided that a TECNIS Symfony® IOL in her dominant eye (aiming for plano) with a TECNIS® multifocal IOL +3.25 D (also aiming for plano) in her non-dominant eye would be the best, since she was hoping to use her sewing machine without glasses.

She has done beautifully, with 20/20 uncorrected vision at distance in both eyes, and J1 at near binocularly.

Balance Needs and Aversions

By Marjan Farid, MD

I have implanted multifocals in many patients with great success, but whenever I have any concerns about contrast performance, I lean more toward a TECNIS Symfony® IOL —either bilaterally or in the dominant eye with a TECNIS® Multifocal +3.25D in the non-dominant eye.

I recently took this approach with a 72 year old female who runs an online business from home and enjoys reading books in bed and playing golf. Manifest refraction was +1.5 + 1.0 x 180 OD (dominant) and +1.25 OS. She also has a small body frame with short arms. The patient told me that she feels she has worked hard all her life and wants to enjoy a spectacle-free life now.

Due to the significant against-the-rule astigmatism in the right eye, I selected a TECNIS Symfony® Toric IOL OD. To deliver the greater add for reading in bed, I selected the TECNIS® multifocal IOL +3.25 OS as this eye had no astigmatism and would give the added close reading range. Today, the patient is very happy and doesn't wear glasses anymore.*

Personalized vision with the blended Symfony IOL and Tecnis +3.25 is now my go-to choice for most patients.

*Individual results may vary. For more information, see data on the three studies referenced in the charts below.

Personalized Vision with the TECNIS Symfony® IOL and the TECNIS® multifocal +3.25 D provides excellent full range of vision with outstanding near vision acuity as evidenced in several recent studies.[1,3,4]

Canadian study conducted by Dr. Jeffrey Machat.[1]

achieved 20/25 at near (n=24)

US study conducted by Dr. Mark Kontos.[3]

achieved 20/25 at near (n=14)

US study conducted by Dr. Kerry Solomon.[4]

achieved 20/25 at near (n=17)

Indications and Important Safety Information

TECNIS SYMFONY® AND TECNIS SYMFONY® TORIC EXTENDED RANGE OF VISION IOLs
Rx Only

INDICATIONS FOR USE: The TECNIS Symfony® Extended Range of Vision IOL, Model ZXR00, is indicated for primary implantation for the visual correction of aphakia, in adult patients with less than 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The Model ZXR00 IOL is intended for capsular bag placement only. The TECNIS Symfony® Toric Extended Range of Vision IOLs, Models ZXT150, ZXT225, ZXT300, and ZXT375, are indicated for primary implantation for the visual correction of aphakia and for reduction of residual refractive astigmatism in adult patients with greater than or equal to 1 diopter of preoperative corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The Model Series ZXT IOLs are intended for capsular bag placement only. **WARNINGS:** Patients with any of the conditions described in the Directions for Use may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition, or may pose an unreasonable risk to the patient's eyesight. Lenses should not be placed in the ciliary sulcus. May cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL; fully inform the patient of this risk before implanting the lens. Special consideration should be made in patients with macular disease, amblyopia, corneal irregularities, or other ocular disease. Inform patients to exercise special caution when driving at night or in poor visibility conditions. Some visual effects may be expected due to the lens design, including: a perception of halos, glare, or starbursts around lights under nighttime conditions. These will be bothersome or very bothersome in some people, particularly in low-illumination conditions, and on rare occasions, may be significant enough that the patient may request removal of the IOL. Rotation of the TECNIS Symfony® Toric IOLs away from their intended axis can reduce their astigmatic correction, and misalignment >30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation. **PRECAUTIONS:** Interpret results with caution when refracting using autorefractors or wavefront aberrometers that utilize infrared light, or when performing a duochrome test. Confirmation of refraction with maximum plus manifest refraction technique is recommended. The ability to perform some eye treatments (e.g. retinal photocoagulation) may be affected by the optical design. Target emmetropia for optimum visual performance. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions. For the TECNIS Symfony® Toric IOL, variability in any preoperative surgical parameters (e.g. keratometric cylinder, incision location, surgeon's estimated surgically induced astigmatism and biometry) can influence patient outcomes. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case to prevent lens rotation. **SERIOUS ADVERSE EVENTS:** The most frequently reported serious adverse events that occurred during the clinical trial of the TECNIS Symfony® lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). No lensrelated adverse events occurred during the trial. **ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

TECNIS® MULTIFOCAL FAMILY OF 1-PIECE IOLs
Rx Only

INDICATIONS: The TECNIS® Multifocal 1-Piece intraocular lenses are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag. **WARNINGS:** Physicians considering lens implantation should weigh the potential risk/benefit ratio for any conditions described in the Directions for Use that could increase complications or impact patient outcomes. Multifocal IOL implants may beinadvisable in patients where central visual field reduction may not be tolerated, such as macular degeneration, retinal pigment epithelium changes, and glaucoma. The lens should not be placed in the ciliary sulcus. Inform patients about the possibility that a decrease in contrast sensitivity and an increase in visual disturbances may affect their ability to drive a car under certain environmental conditions, such as driving at night or in poor visibility conditions. **PRECAUTIONS:** Prior to surgery, inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to the patient. The long term effects of intraocular lens implantation have not been determined. Secondary glaucoma has been reported occasionally in patients with controlled glaucoma who received lens implants. Do not reuse, resterilize or autoclave. **ADVERSE EVENTS:** The rates of surgical re-interventions, most of which were non-lens related, were statistically higher than the FDA grid rate for both the ZMB00 (+4.00 D) and ZLB00 (+3.25 D) lens models. For the ZMB00, the surgical re-intervention rates were 3.2% for first eyes and 3.3% for second eyes. The re-intervention rate was 3.3% for both the first and second eyes in the ZLB00 group. **ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

References

1. Data on file, Johnson & Johnson Surgical Vision, Inc. 2018. [DOF2018CT4021]
2. TECNIS Symfony® Extended Range of Vision IOL Directions for Use. Johnson & Johnson Surgical Vision, Inc.
3. Kontos MA. Analysis of Patient Satisfaction, Visual, and Functional Outcomes After Bilateral vs. Paired Extended Range of Vision / +3.25 D Multifocal IOL Implantation. Presented at ASCRS, May 5, 2019.
4. Solomon KD. Outcomes Post-Implantation of an Extended-Depth-of-Focus Intraocular Lens When Combined with a Multifocal +3.25 D Add Intraocular Lens. Presented at ASCRS, May 5, 2019.

TECNIS® PERSONALIZED VISION