

Where does wavefront-guided monovision fit into your presbyopia correction armamentarium?

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The presbyope:
So many choices. . .

- Corneal ablation
 - Monovision
 - Multifocal
- Refractive lens exchange
 - Monovision
 - Multifocal
 - Accommodating
- Phakic IOL for high myopia
 - Monovision

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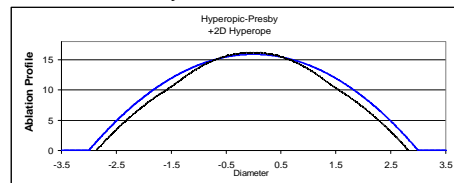
The presbyope: So many choices--
but one option in common. . .

- Corneal ablation
 - Monovision
 - Multifocal
- Refractive lens exchange
 - Monovision
 - Multifocal
 - Accommodating
- Phakic IOL for high myopia
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Corneal ablation:
Three options internationally

- Monovision
- Multifocal correction for hyperopes
 - One eye
 - Both eyes



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Ideal candidates for corneal laser monovision correction

- Over 40, usually $\geq 44-45$ yo
 - Usually < 55 yo
- Good LVC candidates
 - All myopes
 - Hyperopes up to +2-3 D
 - Clear lenses

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Ideal candidates for corneal laser monovision correction

- Have done monovision with contacts
 - Or do well with a monovision trial
 - Or are just willing to try it

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Ideal candidates for corneal laser monovision correction

- Understand the visual compromises of monovision
 - ? Specs for night driving
 - ? Specs for prolonged reading
 - Glare and halos in "out-of-focus" eye

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Ideal candidates for corneal laser monovision correction

- Understand the option of RLE
 - Including current status and limitations of presbyopia-correcting IOLs
 - Future advances in IOL designs--the promise and uncertainty

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Major role of wavefront-guided monovision in my practice

- Corneal ablation: Certain to increase with new FDA approval
 - Superb distance and near vision
 - 86% 20/20 distance and near
 - 98% would have procedure again

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Major role of wavefront-guided monovision in my practice

- Wavefront-guided ablation will be an advantage for near eye
 - More accurate correction
 - Better quality of vision more spectacle independence

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Another advantage of wavefront-guided monovision

- Lets patient try long-term monovision
 - Future option for cataract surgery
- Avoids induction of HOAs in near eye that could impair quality of vision after cataract surgery
- Primary option in my practice

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Thank you for your attention



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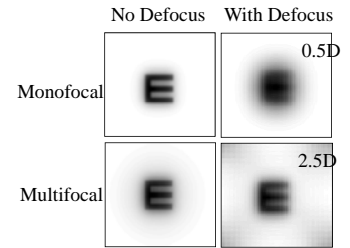


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Ideal candidates for hyperopic multifocal ablation

■ Another compromise:

- Some reduced contrast
- Not correctable with spectacles
- Understand its persistence even with eventual cataract surgery



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Ideal candidates for hyperopic multifocal ablation

- In general, comparable to prior group
- Understand compromises:
 - Multifocal in one eye: suboptimal near
 - Multifocal in both eyes: suboptimal distance

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