

# LOCK IN 'HIGH DEF' VISION FOR YOUR CATARACT PATIENTS



The RxSight Light Adjustable Lens makes true customization possible.

BY MARGARET P. LIU, MD, AND STEVEN N. COHEN, MD

Suppose your next patient, a man who never needed eyeglasses most of his life, is now ready for cataract surgery. When Steven N. Cohen, MD, approached Margaret P. Liu, MD, his colleague at San Francisco Eye Institute, about performing his cataract surgery, Dr. Liu knew this would be no ordinary case.

“Dr. Cohen is a very particular person who enjoyed plano vision with no glasses for a long time,” she said in a recent interview. “What’s more, he sits right next to me in the office, so I really needed to be confident that I could deliver 20/happy for him. Otherwise, I’d hear about it.”

After weighing the pros and cons of several IOL options, Dr. Cohen chose the RxSight Light Adjustable Lens® (LAL®). The data supporting the lens’ FDA approval were convincing: 92% of eyes implanted with the LAL were within a half diopter of target MRSE at 6 months postoperative.<sup>1</sup> There was little doubt this accuracy would be possible in Dr. Cohen’s case since the LAL is designed for surgeons to adjust the refractive power after healing is complete.

That adjustability was a key factor. According to Dr. Liu, the unique ability of LAL to adjust postoperative power gives patients a chance to trial different refractions in various circumstances so they can refine their vision. The prescription can then be adjusted to the individual patient’s preferences.

“With every other IOL, we rely on our preoperative testing and sometimes intraoperative aberrometry to estimate which lens will target our refraction. Unfortunately, the healing process affects the lens position, which, in turn, affects the accuracy of our preoperative measurements, and we won’t know what the effect will be until the eyes heal. The RxSight LAL nearly eliminates that worry for us and for our patients. It really helps improve patient satisfaction,” she said.



Figure. The RxSight LDD.

## CUSTOMIZED VISION

Dr. Liu often uses a blended technique for her cataract surgeries, correcting the dominant eye for distance, which results in excellent range of vision after binocular summation. This was the plan for Dr. Cohen, who recently underwent surgery for his nondominant eye (BCVA = 20/70). “The cataract in that eye was bothersome, as I had trouble seeing close up,” said Dr. Cohen. “I’d also developed about 1.30D of cylinder in both eyes.”

Once healing was complete, Dr. Cohen received his first treatment using RxSight’s proprietary Light Delivery Device (LDD, Figure).

“Within 24 hours of his first treatment, Dr. Cohen experienced that ‘wow’ factor,” Dr. Liu recalled. “He was ecstatic, and anyone who knows Dr. Cohen knows that he doesn’t get too ecstatic about a lot of things, but this was one of them.”

Less than a month after his final prescription was locked in, Dr. Cohen’s UCVA was 20/20 for distance and J3 for near.

“After two adjustments, my astigmatism is gone. I’m now minus 0.50D sphere, and I can do pretty much everything without glasses,” Dr. Cohen said. “Dr. Liu and others have very fine equipment to estimate the postoperative refraction, but, statistically, the odds of getting this kind of result are significantly lower with monofocal lenses.”<sup>1</sup>

“My vision is now ultra-high definition. It’s so clear, it’s almost like a microscope,” Dr. Cohen continued. “I would recommend the LAL to anyone who’s contemplating cataract surgery and really wants to be glasses-free most of the time. To achieve your best uncorrected vision, the LAL is the way to go.”

## CONCLUSION

Dr. Liu offers the RxSight LAL to every eligible cataract patient, and about 30% are choosing the LAL. “These are patients who want the highest level of accuracy that we can achieve to address their personal needs and lifestyle requirements,” she says. “They’re willing to make the time commitment and the financial investment to gain these lifetime visual benefits.” ■

1. RxSight P160055: FDA Summary of Safety and Effectiveness Data. 2017.

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