

BY LOUIS PILLA, CONTRIBUTING EDITOR

PROVIDING "REAL-WORLD" VISION

ClearView 3 multifocal IOL
has one transition area.

In the continuing quest to provide cataract patients with pristine vision, Lenstec has departed from concentric-ring technology to use a "segmented" design in its new ClearView 3 multifocal IOL.

Unlike concentric ring multifocal IOLs, which can have many transitions, the ClearView 3 (formerly called the SBL-3) has only one area of transition, notes Lenstec. The design (50% light for base power, 42% for near and 8% for transition) allows more light to make its way to the retina, which the

company says helps avoid dysphotopias and improve contrast sensitivity.

"Any time light is divided, you're going to lose some light," notes Jeffrey C. Whitsett, MD, founder of Whitsett Vision Group, located in metropolitan Houston. "Any time light is refracted or bent, then you're going to certainly lose less light."

RANGES OF VISION

The ClearView 3 provides "ranges of vision," notes Dr. Whitsett, who was one of the principal investigators in an FDA study on the premium lens. His practice was also the first to implant the lens after its FDA approval in July 2022.

Dr. Whitsett feels this refractive multifocal lens provides "for some patients a little better opportunity to see at distance, intermediate as well as near, in ranges of vision vs points of vision. That's really where this lens stands out, giving you ranges of vision vs specific points of vision."

"There's a distance, there's a near and there's a transition zone, and those effectively work to encompass kind of a continuum of vision from distance all the way to near," he adds. "It's a little more real-world vision."

Dr. Whitsett explains to his patients that this IOL works like their progressive glasses. "It's a concept they are already familiar with, so they understand it quickly. I tell them, the lens is built so they can see the road signs when they drive (distance), their

cell phones when they get a text (intermediate) and a book or magazine when they read (near)."

To help patients understand the concept of ranges of vision, Dr. Whitsett will usually articulate to patients activities that coincide with distance, intermediate and near. Oftentimes, he will use driving, computer work, and reading an iPad or smartphone.

According to Sebastian B. Heersink, MD, FACS, Eye Center South, Dothan, Ala., who was a principal FDA investigator for the lens, "It's trying to find that balance between quality distance, quality near, where patients are happy. They're happy with the quality, and they're spectacle-free for almost all the up-close tasks that they have to do. I think it strikes a really good balance."

NIGHT SIGHT

The ClearView 3 can make an especially apt choice for patients who need excellent night vision. "Certainly the night vision profile of this lens is better than many of the diffractive optics that we've been working with," says Dr. Whitsett. "In our study, it was almost equivalent to a monofocal lens as far as the night vision dysphotopsia profile."

Dr. Heersink agrees. "The nighttime driving glare/halos seem to be much less of a challenge for the ClearView 3 lens patients."

Besides patients who need clear nighttime vision, the ClearView 3 lens also works well for patients who have a positive angle kappa, according to Dr. Whitsett. Many times, he notes, these are hyperopic patients whose visual axis falls close to the nasal edge of the pupil. With the ClearView 3, the surgeon can rotate the distance zone to be able to encompass a patient with a positive angle kappa, he says.

Additionally, Dr. Whitsett says he looks for patients with healthy eyes, or minor comorbidities with cata-

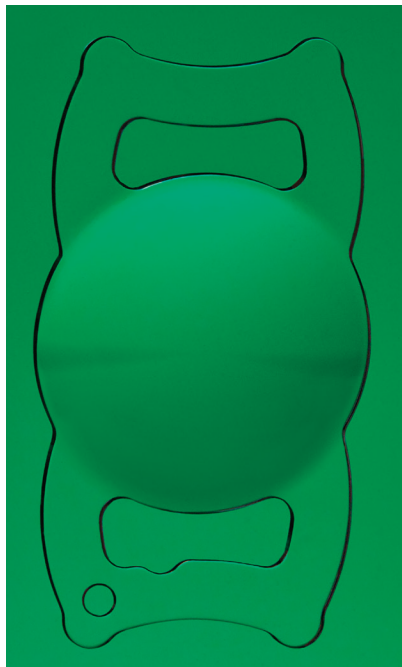


IMAGE COURTESY, LENSTEC

Lenstec's ClearView 3 multifocal IOL uses a "segmented" design to allow more light to reach the retina.

racts, and photopic pupil sizes of about 3 mm or greater. “This isn’t required, but we like to give the patients the greatest chance to have the most light make it to the retina.” And while selecting patients based on personality traits is still relevant, he finds it is less so than with the diffractive optic lenses. “The ClearView 3 tends to be more forgiving than what we have had before,” he says.

QUARTER POWERS

With an optic size of 5.75 mm, the ClearView 3 is available in 0.25-D power increments. “With a quarter, you can generally be quite happy and confident that you’re getting the results that you need,” says Dr. Heersink. The lens is available in a quarter-diopter range of +15.0 to 25.0 and a half-diopter range of +25.5 to +30.0.

The lens also offers manufacturing tolerances of +/- 0.11 diopters from the

labelled power. “I don’t know anybody who’s unhappy with having more options or more ability to be more precise,” says Dr. Heersink.

SURGICAL PEARLS

The ClearView 3 offers a four-point fixation and design, which helps to prevent tilt or shift, notes Dr. Heersink. “Having four-point fixation, I find the lens centers very well and have not had issues with tilt or decentration,” he says.

Because of the large-diameter lens, the surgeon may want to make a 5.5-mm capsulorhexis, notes Dr. Heersink. If the capsulorhexis is small, the surgeon may need to use more force to place the lens into the capsular bag, he says.

Most important, says Dr. Whitsett, at the end of the case, when the lens sits in the capsular bag, the surgeon needs to ensure to have the lens rotated where that the patient’s visual axis falls

within the distance segment of the IOL. “If the visual axis is within the transition zone or falls within the near segment, that patient’s going to have disappointing distance vision,” he says.

LOOKING FORWARD

Currently, the ClearView 3 does not come in a toric version, so this lens probably is not the best choice for patients who have significant astigmatism, notes Dr. Whitsett.

Even before their second lens is implanted, patients have been extremely encouraged about their results, according to Dr. Whitsett. “It’s really been quite gratifying for both the patient and myself to have these patients seeing well after their first eye and really looking forward to their second surgery.” **OM**

Dr. Whitsett and Dr. Heersink have no relevant disclosures.