

SELECTION OF PATIENTS IOL-Vip Standard or Mixed

INDICATIONS

From the beginning (2001) of this procedure, there was no evidence of inclusion or exclusion criteria related to size or shape of the lesion. One of the critical elements in the preoperative assessment is the functional improvement reported by the simulation tests by the magnification and the prismatic effect offered by the two IOLs. The simultaneous presence of other diseases may lead to exclusion criteria (eg, glaucoma or RP). Currently, this procedure is recommended in cases of patients pseudo-phakic or which require a higher magnification than the standard (in this case should be considered an amputation of the visual field of about 20%).

PATIENT ASSESSMENT

In order to obtain a good evaluation of the patient, the examinations to be performed are:

- natural visual acuity of the patient
- best corrected visual acuity
- tonometry
- keratometry
- auto-refractometry
- biometry
- Slit lamp examination
- visual field examination
- fundus examination
- endothelial cell count
- anterior chamber depth
- corneal diameter

SAVA PLUS SOFTWARE PROCEDURES

The **SAVAplus** software is devoted to support all the procedures (surgical and rehabilitative) created by Lenspecial-Subvision. All data collected and loaded in the program are mandatory to automatically obtain the patient's suitability for intervention, the rehabilitation path pre-op and/or post-op digitized and customized to each individual patient and, finally, the correct placement of the IOLs in eye in order to obtain the improvement tested with the simulator.

EXCLUSION CRITERIA

- active forms of exudative macular degeneration
- glaucoma
- progressive visual field defects
- goniosynechia
- cornea guttata

INCLUSION CRITERIA

- atrophic macular degeneration, macular holes, Stargardt
- cataracts and atrophic macular degeneration, macular holes, Stargardt
- pseudophakia and atrophic macular degeneration, macular holes, Stargardt

SURGICAL PROCEDURE (in addition to the normal procedures for cataracts)

- Iridotomy a week before (oppositely positioned to the aptics of the IOL in AC)
- Local or topical anesthesia
- Capsulorhexis 6mm
- Enlargement of the incision to 7.2 mm
- Inserting IOL-Vip P with IOL-Vip forceps for IOL-BCC
- Acetylcholine
- Inserting IOL-Vip A with IOL-Vip forceps for IOL-BCX
- Suture (in the opinion of the surgeon)

PHARMACOLOGICAL THERAPY

- The same used for cataract

CONTROLS AND REHABILITATIVE THERAPY

- Day after the implant
- 8 days after the implant with prescription of the rehabilitation therapy (NeWinFlash Software)
- 6 weeks after the beginning of the first cycle of the rehabilitative therapy (NeWinFlash Software)
- 6 weeks after the beginning of the second cycle of the rehabilitative therapy (NeWinFlash Software)

TIPS FOR THE INFORMED CONSENT

In cases of cataracts and macular degeneration with implantation of IOL-Vip Revolution could be added, to the normal informed consent, the following information:

Dear Madam/Sir, you are affected by cataracts and macular degeneration, that are responsible for your loss of sight.

Macular Degeneration:

macular degeneration is a disease of the retina, which consists in the alteration of the macula, namely, the central part of the retina, resulting in an irreversible reduction of the ability to see details (such as faces, writings, prices, etc..).

The surgery:

In the case of implantation of IOL-Vip, is inserted a double artificial lens: one in the seat of the natural lens that will be removed, behind the pupil, and the other one in front of the iris, so as to form a tiny telescope able to slightly enlarge the images as simulated in the test pre-operatively. During the surgery are performed one or more iridectomie, small holes in the iris to facilitate the circulation of fluid inside the eye. Your eye doctor may propose to carry out these small holes with the laser a few days before surgery. The incision must be sutured.