

MALONEY VISION INSTITUTE

CLINICAL UPDATE

COMANAGEMENT OF THE VERISYSE LENS IMPLANT

INTRODUCTION

Surgeons today are less willing to attempt LASIK in high myopes greater than -10 D. This is in large part due to higher risk of a reduction in quality of vision, particularly at night.

The recently approved Verisyse phakic IOL implant minimizes or eliminates most of the optical problems associated with corneal refractive procedures for high myopes. The Verisyse lens is an anterior chamber iris fixated phakic IOL. The lens is 6 mm in diameter, giving it an effective optical zone at the cornea of 7.0 mm. The lens sits close to the iris, giving excellent clearance from the corneal endothelium (figure 1). While the lens is FDA approved for myopia, it is not yet approved for hyperopia. We are currently conducting an FDA clinical trial of the Verisyse lens for hyperopia.

CASE REPORT

MC is a 38 year male with high myopia OU who expressed interest in vision correction surgery. His pre-op MR OD was -14.00 -0.75 x 085 (20/20) and OS was -14.50 -0.50 x 090 (20/20). One year after undergoing Verisyse lens implantation in each of his eyes the post-op refraction OD was -0.25 -0.50 x 066 (20/20), and OS was +0.25 DS (20/20) (Figure 2).

PREOPERATIVE AND POSTOPERATIVE EVALUATION

The pre-operative examination for the Verisyse lens is more involved than LASIK, because in addition to the usual examination, anterior chamber depth and corneal endothelial cell count have to be measured as well. Our practice is to do the pre-operative and first two weeks of post-operative evaluations at our office. As the comanaging doctor, you will be seeing the patient at the 4 week post-op and the visits thereafter. The sutures can be removed whenever they are loose or starting 6 weeks post-op.

Patients often talk about how clear their vision is in comparison to glasses or their contacts. For patients with small residual refractive errors, spectacles or contact lenses can be worn, but we usually recommend a LASIK enhancement which works very well after the Verisyse lens implantation. Typically we wait 6 months before performing LASIK, and all sutures must be removed.

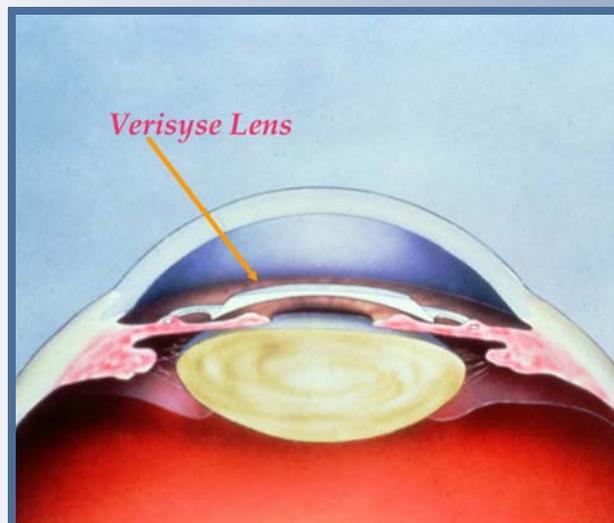


Figure 1:

Artistic rendition of the Verisyse lens attached to the iris. The lens vaults away from the crystalline lens and is far from the corneal endothelium and the anterior chamber angle.

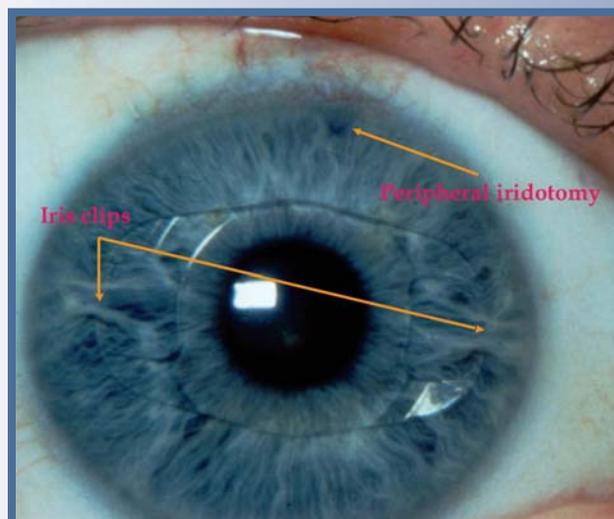


Figure 2:

A Verisyse lens in the eye of a patient. A peripheral iridotomy is present to ensure pupillary block never occurs.

MEDICATIONS AND EXAMINATION TIPS AFTER VERISYSE LENS IMPLANTATION

Time	Medications	Examination	Comments
1 day*	Antibiotic (Vigamox) QID x 1 week Steroid (Pred-forte) QID x 2 weeks, then BID for 2 weeks		Antibiotic (Vigamox) should be discontinued at one week
1 week*	Continue with the steroid drop only, discontinue antibiotic	Check wound, IOP, AC reaction,	
2 weeks*	Decrease Steroid (Pred-forte) to BID x 2 weeks	Check wound, IOP, AC reaction, Dilated fundus exam	
6 weeks*	None	Assess if a suture needs to be removed	Either if the suture is loose or causing induced astigmatism
3 months*		Managing vision, suture removal if indicated	
6 months*		Managing vision, suture removal if indicated	
1 year*		Routine comprehensive eye examination	

SUTURE REMOVAL FACTS:

- The suture that corresponds to the steepest meridian of the astigmatism should be removed.
- Removal of a suture will reduce the magnitude of the astigmatism, but does not affect the spherical equivalent.
- Removal of a loose suture will not affect the vision or the refraction.

IOP FACTS:

- If IOP is elevated please contact MVI.

INFLAMMATION FACTS:

- If still see cells or flare after 4 weeks please contact us.
- If you see posterior synechiae please contact us.

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If you have questions or need further information, please contact Dr. Robert Maloney at rm@maloneyvision.com or Dr. Farid Eghbali at dregbali@maloneyvision.com. You can also call us at (310) 208-3937 or send a fax to (310) 208-0169.