

Multifocal FAQs

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1. What is a Multifocal Implant?
 - a. Multifocal lens focuses light at more than one focal point
 - b. Unlike Monofocal lens that focuses light on only one focal point
 - i. The MFL can optically bend light inside the eye, creating the ability for patients to improve distance, intermediate and near vision with less dependency on glasses or contacts
2. What is the benefit of a MFL implant?
 - a. Many patient that are going to have a cataract removed, opt to have a MFL to help them decrease or eliminate their dependency on glasses after surgery.
3. How many MFL's are there to choose from?
 - a. Diffractive IOL Technology:
 - i. Restor
 1. Pros: Good functional distance vision, acceptable intermediate vision, and excellent near vision with appropriate lighting
 2. Cons: Some patients notice that in dim light, their near vision is not as good as they would like; this improves with better lighting and over time. As with all MFL's there is a small percentage of patients that complain of glare and halos at night.
 - ii. Tecnis
 1. Pros: Good functional distance vision, excellent intermediate vision, and good near vision (less likely to need extra lighting for near vision)
 2. Cons: As with all MFL's there is a small percentage of patients that complain of glare and halos at night.
4. Will a MFL eliminate my need for glasses?
 - a. Most patients do not need glasses after both eyes have been implanted with a MFL
 - b. I explain to patients that these lenses can "decrease" their dependency on glasses
 - c. Reasonable expectations usually equals happy postoperative patient
5. If I don't want to wear glasses is there anything else I can do to improve my vision after implantation of the MFL?
 - a. LASIK / PRK / LRI
 - b. Contact Lens
 - c. NOTE: Must not be any other ocular pathology: CME, Irregular astigmatism, other..
6. Will I see HALO's at night, and how serious is it?
 - a. Depends on size of pupils at night
 - i. Less problematic than glare caused by cataracts
 - ii. Do not obscure vision, but can create distracting ghost images
 - iii. Improve over time – varies in each individual – can take up to a year
 - iv. Can you treat halos?

1. Glasses, certain drops, but mostly related to the MFL
 - v. I have never EXPLANTED a MFL.
7. Is a MFL recommended for every patient that has cataract surgery?
 - a. No
 - i. Patient's with poor eye health, glaucoma, diabetic retinopathy, retinal disease are poor candidates
 - ii. Patients with a high degree of astigmatism will need an extra procedure to reduce astigmatism to increase performance of the MFL
 1. LRI during surgery
 2. LASIK or PRK after surgery
 - a. Usually a 3 months later
8. Do I need a MFL in both eyes?
 - a. Not everyone has it in both eyes
 - b. Bilateral implants give best results however
9. Who might need LASIK after MFL implant?
 - a. Patients with new or pre-existing K astigmatism
 - b. Surprise refractive error after surgery that can be corrected with phoropter
10. What other options do I have if I cannot afford or cannot have the MFL?
 - a. Monofocal IOL's
 - i. No extra fees – covered by Medicare
 - b. Blended or Monovision with Monofocal IOL's
 - i. Minimal Fees not covered by Medicare
 - c. Toric / Astigmatic correction
 - i. Toric Implants
 - ii. Limbal Relaxation Incisions
 - iii. Blended / Mono-Vision
11. Why is the out of pocket fee for MFL so expensive?
 - a. Testing
 - b. Experience
 - c. Customizing approach
 - d. IOL expense
 - e. LASIK / PRK inclusion
 - f. Yag Laser inclusion
12. How will this lens affect my relationship with my optometrist?
 - a. Important to see your optometrist at month 4, 8, and 12
 - i. No charge for these RCS Postoperative Visits
 - ii. To make sure that you are healing and adapting well to the MFL
13. What do you recommend that I do?
 - a. Patients that are excellent candidates (which is not everyone)
 - i. Understanding the pros and cons of MFL
 - ii. Understanding the limitations of MFL
 - iii. A desire to decrease or eliminate the need for postoperative glasses

- iv. Most patients do not have where glasses after surgery; however almost all have decreased their dependency on glasses after surgery
- v. I have never explanted a MFL and have put in a ton