

Table 1: Required MF-IOL explanations.

Lens	Period	Eyes	Explanations man/women	Reasons
Amo Array	1999-2001	280	3 men 0 women	glare and halos, poor near vision
MF4	1999-2003	230	4 men 0 women	glare and halos, poor distance vision
Rezoom	2005-2008	600	0 men 1 woman	glare and halos, poor near vision
Tecnis	2004-2008	200	0 men 0 women	

Women and men obviously have different requirements regarding multifocal lenses. However, is this surprising? After all, women and men differ from each other physically. Women are generally smaller, have shorter arms, therefore hold texts closer to their eyes, and tend to sit closer to a computer.

Furthermore, women usually attach greater importance to near vision. As regards multifocal IOLs, women usually wish to be independent of reading glasses. Men, on the other hand, are more demanding about clear far vision and glare and halos are usually considered to be much more troublesome among male subjects.

"In my opinion," said Rau, "higher satisfaction may be achieved among female patients by implanting refractive multifocal IOLs with a near dominant central zone and the diffractive MF IOLs. The refractive IOL with a central distance dominant zone provides vision in the far range; the second-generation refractive Rezoom is an IOL that will give satisfaction especially among male patients."

In Dr Rau's view: "More women hold full-time jobs today, many alongside men in factories and offices or managing companies and many are still compelled to look after the household and the children. These widely varying tasks necessitate high standards of visual acuity."

Which lens for which sex?

"With male bilateral cataract patients,"

concludes Dr Rau. "I initially implant the refractive MF-IOL Rezoom into the dominant eye. Four to eight weeks later, an ophthalmological examination is performed, accompanied by an in-depth discussion. If the patient is satisfied with the already implanted MF-IOL, then I continue with this type. The calculation is optimized based on already available data. If a slight improvement of the near vision is desired, I calculate the refractive MF-IOL slightly in the minus range of -0.5. In the case of male unilateral cataract patients I also start with the Rezoom, since I have been able to achieve considerable satisfaction with this refractive MF-IOL.

In female bilateral cataract cases, I start with the non-dominant eye and implant a diffractive IOLs Tecnis or refractive lenses with a central zone for near vision (MF45, Zeiss). If the patient is still satisfied four to eight weeks later, I continue with the same IOL or – if better visual acuity in the medium or far range is desired – we combine this with a refractive Rezoom.

"My conclusions is that, taking into account the female male differences in acceptance of MF-IOLs, the option of mixing and matching gives us the possibility of satisfying a larger share of patients."



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