

했고, 여자는 딸기나 바느질, 요리를 위해서 근거리 시력이 더 필요했다는 생각과, 여자가 남 자보다 평균 더 체격이 작고 팔도 짧으므로 근거리 독서거리도 더 짧을 거라는 생각이다.

어쨌든간에 다초점 인공수정체의 삽입에 있어서 남자가 근거리를 잘 보이게 하는 Diffractive IOL후 불만족들이 높고,

야간빛번집이나 달무리에도 더 민감하므로 상담에 훨씬 더 주의를 기울여야 하고, 남자에서 다 초점 인공수정체를 삽입할때는

Diffractive IOL(예,Technis)보다는 중-장거리가 더 잘보이는 Refrative IOL(예, Re Zoom)이 더 좋으리라 생각된다. (여자는 Diffractive Technis IOL)

Do gender differences affect patient satisfaction after implantation of multifocal IOLs? By Magda Rau, MD

Some behavioral scientists speculate that certain gender-based behavioral patter ns are largely unchanged since the Ice Age. As hunters men were required to sea rch for wild animals, which required clear distance vision. As the gatherers wome n spent their time collecting berries, sewing and cooking meals – tasks that require good near vision.

After prescribing reading glasses for thousands of patients, I have observed that men and women continue to demonstrate different requirements. On average wo men tend to request prescriptions that are between +0.25 and +0.50 higher than men of the same age group.

We compared the optimum distance for reading books or magazines favored by women aged 28 to 50, with the distance preferred by men of the same age grou p. We examined the optimal desired reading distance of 100 men (average age 3 8 years) and 100 women (average age 36 years).

For men, the result was 43 cm (17 inches), and for women it was 38 cm (15 inch es), a statistically significant difference. What accounts for the 5 cm (2 inch) diffe rence? Younger women have a tendency to hold reading materials closer to their face, and as a rule women are generally smaller than men, with shorter arms.

Our theory that gender affects multifocal IOL (MFIOL) satisfaction is not strictly b ased upon assumptions about prehistoric populations, but on valid data. From 19 99 to 2007, we evaluated and compared the satisfaction rates of men and wome n after implantation of various multifocal IOLs.

Our Approach

We always use a two-phase approach (staged implantation), with implantation in the second eye performed four to eight weeks after implantation in the first eye.

When male patients request a clear lens exchange, I initially implant the refractiv e MF IOL ReZoom into the dominant eye, followed by an exam four to eight week s later, and an in-depth discussion about options.

If the patient is satisfied with the MFIOL, I continue with the same type of lens. T he calculation is optimized based on available data. If the patient is only intereste d in a slight improvement in near vision, I calculate the refractive MFIOL slightly i n the minus range of -0.5.

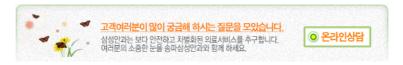
For clear lens exchange in female patients, I begin with the non-dominant eye an d implant a diffractive Tecnis IOL, or refractive lens with a central zone for near v isjon (ReZoom). If the patient is still satisfied four to eight weeks later, I continue with the same IOL or if the patient prefers better visual acuity in the medium to f ar range, I combine this with a refractive ReZoom lens.

Women and men obviously have different requirements regarding multifocal lens es. Is this surprising? With smaller size and stature, women tend to hold reading materials closer to the eye and sit closer to computers. Women often attach grea ter importance to near vision and wish to be independent of reading glasses. Me n, on the other hand, are more demanding about clear distance vision, and appe ar to be more troubled by glare and halos.

In my experience, dissatisfaction after Refractive ReZoom IOL implantation is hig hest among male patients, therefore I suggest that male patients be counseled $\ensuremath{\mathsf{m}}$ ore carefully, the desired reading distance should be discussed, and potential glar e and halos must be explained in great detail.

Taking gender differences into account as a factor for patient acceptance allows y ou to optimize IOL mixing and matching and results in greater patient satisfactio n.

목록



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