

# Hyperopic Intraocular Contact Lens

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Recently, the US FDA approved the VISX excimer laser for the treatment of hyperopia. While surface ablation techniques continue to move forward, continued progress is also being made in using intraocular lenses for the treatment of refractive errors. With this in mind, Manus C. Kraff, MD spoke on "Hyperopic Intraocular Contact Lens" at the 1998 AAO annual meeting in New Orleans, LA.

The FDA granted approval for the US study of the Hyperopic Intraocular Contact Lens (ICL) in February 1997. Inclusion criteria for entry into the study required hyperopia between +1.50 and +20.0 D with cylinder of less than or equal to +2.50 D. Age range was between 21 and 45 years of age. No cataract could be present. Initially, 10 eyes were approved for study enrollment.

Surgical technique included 2 YAG iridotomies performed 90 degrees apart, one week prior to the actual surgery. The surgical technique included a clear corneal incision of 4 mm or less, with the placement of the ICL behind the iris.

The average hyperopia treated was +6.63 D. All patients were seen at 1 day, 1 month, 3 months, 6 months, and 1 year postoperatively. There were no operative or peri-operative complications. Postoperatively at 6 months, 80% of patients were within +/- 0.5 D of emmetropia, and 100 were within +/- 1.5 D of emmetropia. "Therefore, predictability was excellent," said Dr. Kraff.

80% of patients were seeing 20/40 or better uncorrected by 6 months, and 70% of patients were 20/20 or better. Eight patients were within 1 line of BSCVA (best

spectacle corrected visual acuity). The remaining 2 cases experienced an improvement of BSCVA of 3 lines.

Dr. Kraff also mentioned his own personal data from the Phase 11 portion of the current study, in which 62 lenses are to be implanted among IO test sites in the US. His results at the Kraff Eye Institute were similar to the results from the pilot study. Uncorrected visual acuity was 20/40 or better in 100% of patients. 60% of patients had an uncorrected visual acuity of 20/30 or better, and 40% had an uncorrected visual acuity of 20/20 or better.

In summary, "the results of the first IO hyperopic ICL implantations were extraordinary," according to Dr. Kraff. Predictability was 100% at the +/- 1.5 diopter level by as soon as 1 month postoperatively. All patients surveyed in a postoperative Satisfaction Survey reported that they would have the procedure again.

Dr. Kraff acknowledged that he is a paid consultant for STAAR Surgical Company.