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### Defocus curve assessment in eyes implanted with multifocal IOLs

#### Poster Details

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#### Abstract Details

##### Purpose:

To evaluate defocus curve in eyes implanted with multifocal versus monofocal IOL.

##### Setting:

Isha Netralaya, Kalyan, India

##### Methods:

It was a prospective study where subjects implanted with Multifocal IOL (Acrysof IQ PanOptix, Triphobic ) and Monofocal IOL (Acriol) as control group, aged between 40-75 years, post-operative best corrected visual acuity 0.2logMAR or better, pre operative corneal astigmatism <1.50D and cataract grade NS I-III were included. Subjects with any ocular pathologies, irregular astigmatism, previous refractive surgery, and intra-operative or post operative complications were excluded. Post operatively 30±7 days, monocular distance corrected defocus curve measured in each subject using logMAR chart. The visual acuity with each defocus lens ranging from +2.00 to -3.5D (0.5D steps) was measured in randomized order.

##### Results:

Forty four, 65 and 21 eyes were implanted with Panoptix, Triphobic and Acriol IOL respectively. The mean± SD age in Panoptix, Triphobic and Acriol IOL group was 59.08±7.05, 60.04±5.89 and 61.80± 4.72 respectively. Non statistical significant difference was noted for

defocus levels ranging from +2.00D to -1.00D across all IOLs (One way ANOVA, P>0.001) whereas statistical significant difference was found for defocus levels ranging from -1.5D to -3.5D (One way ANOVA, P<0.001). At defocus levels of -1.50, -2.0 and -2.5D Panoptix IOL performed better whereas at defocus level of -3.00 and -3.5D Triphobic IOL resulted in better visual acuity.

##### Conclusions:

Understanding the defocus curve for different IOLs helps select the best IOL for the patient. This can help fulfill individual visual acuity need to perform specific task, thus achieving patient satisfaction.

##### Financial Disclosure:

None

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