

## MEETING REPORTER

## CSCRS on presbyopia: An overview of the 'final frontier'

by Chiles Aedam R. Samaniego EyeWorld AP Senior Staff Writer

Despite 20 years of development, said **W. Bruce Jackson, MD**, FRCSC, Ottawa, Canada, "we still haven't conquered the final frontier of presbyopia." The condition was the focus of yesterday's Combined Symposia of Cataract and Refractive Societies (CSCRS), sponsored by the Alliance of Cataract and Refractive Specialty Societies, comprising representatives from ASCRS, the Asia-Pacific Association of Cataract and Refractive Surgeons (APACRS), the European Society of Cataract and Refractive Surgeons (ESCRS), and the Latin American Society of Cataract and Refractive Surgeons (ALACCSA-R/LASCRS).

It's not that the last two decades have produced no options. In fact, the structure of the CSCRS itself—12 talks divided into four categories (corneal laser correction, intracorneal inlays, intraocular implants, scleral surgery)—attests to the multiplicity of choices. However, as the combined symposia also made clear, none of the currently available options are without compromise and, as long as the right approach is selected for the right patient, in most cases—such as with currently available approaches for correction via laser ablation, according to Dr. Jackson—they achieve largely similar outcomes.

Not that there aren't significant

differences. Dr. Jackson took turns with **Sri Ganesh, MD**, Bangalore, and **María José Cosentino, MD**, Buenos Aires, Argentina, to describe these differences between the various presbyLASIK options. Drs. Jackson and Ganesh focused on profiles for the monovision options—including central near add, peripheral near add, laser blended vision, and transitional off-center ablation—while Dr. Cosentino talked about the bilateral SUPRACOR (Technolas Perfect Vision/Bausch+Lomb, Munich/Rochester, NY, USA) approach.

Dr. Ganesh said that the newer generation biphosphoric central near approach shows promising results, while Dr. Cosentino has had satisfactory long-term outcomes with SUPRACOR, but added that "selection criteria is critical."

Dr. Jackson agrees. "Patient selection is the key to success with presbyLASIK," he said.

**Günther Grabner, MD**, Salzburg, Austria, **Ioannis G. Pallikaris, MD**, PhD, Heraklion, Greece, and **Roger F. Steinert, MD**, Irvine, Calif., USA, described their respective experiences with three devices in the next category: the Kamra (AcuFocus, Irvine, Calif., USA), the Flexivue micro-lens (Presbia, Los Angeles, Calif., USA), and the Raindrop (ReVision Optics, Lake Forest, Calif., USA).

The Kamra is a small aperture inlay made of polyvinylidene

fluoride while both the Flexivue and Raindrop are hydrogel inlays. The Flexivue incorporates a bifocal system with the central area of the optic optimized for distance while the Raindrop has a smooth focal gradient with the central area optimized for near.

In the intraocular implants category, **Cesar C. Carriazo, MD**, Barranquilla, Colombia, talked about a new phaco tip he and his colleagues have been developing called the "Tip-Chop," which has a parabolic profile designed to support a chopper; **Hiroko Bissen-Miyajima, MD**, Tokyo, Japan, compared three iterations of the ReSTOR multifocal IOL (Alcon, Fort Worth, Texas, USA/Hünenberg, Switzerland) to determine "How much [correction] is enough" with these lenses ("Final answer—one does NOT fit all," she concluded); **Luis Izquierdo, Jr., MD**, Lima, Peru, described the trifocal FineVision IOL (Physiol, Belgium); **Graham D. Barrett, MD**, Perth, Australia, championed his modest monovision approach, which he said provides all patients functional vision with the least compromise; and **Louis "Skip" D. Nichamin, MD**, Brookville, Pa., USA, described the FluidVision fluid-controlled accommodating IOL (Powervision, Inc., Belmont, Calif., USA), designed to "capture the natural muscular forces of the ciliary bodies" using annular fluid-filled hollow haptics.

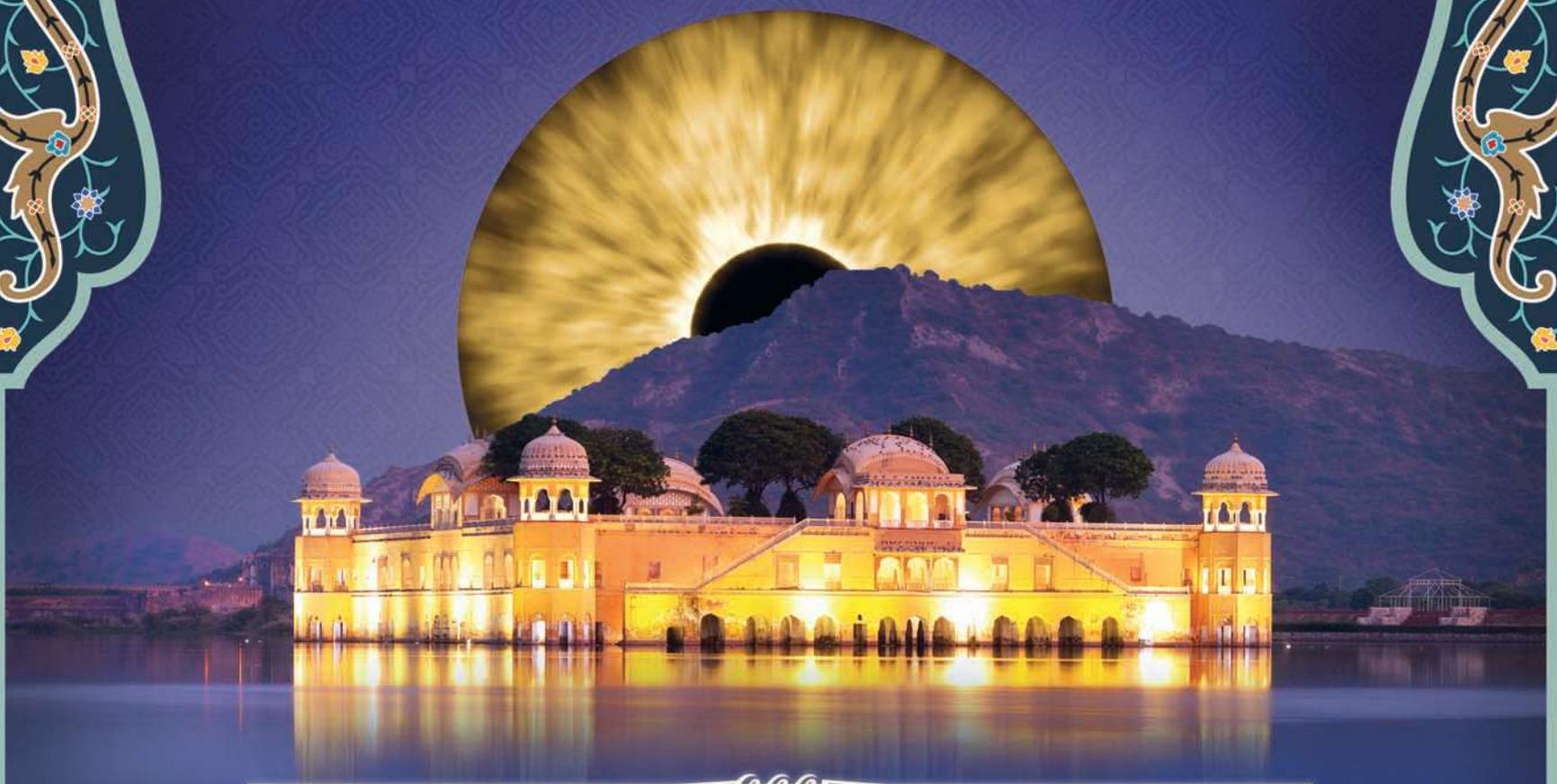
In the final category, **Sheri L. Rowen, MD**, Baltimore, Md., USA, described a singular approach that seeks to restore natural accommodation. LaserACE (Ace Vision Group, Silver Lake, Ohio, USA) operates on the idea that age-related scleral rigidity results in biomechanical dysfunction, producing a cascade effect on the dynamics of the lens.

By creating patterns of fenestration in the sclera, essentially softening the tissue, making it more pliant, LaserACE, said Dr. Rowen, potentially delays the progression of presbyopia and, uniquely among the approaches to presbyopia examined during the CSCRS, represents a rejuvenation rather than a correction procedure. **EWAP**

*Editors' note: Drs. Barrett and Bissen-Miyajima are consultants for Hoya (Chino Hills, Calif., USA). Dr. Carriazo has financial interests with Moria SA (Antony, France) and Schwind (Kleinostheim, Germany). Dr. Ganesh is a consultant for Schwind. Dr. Grabner receives a travel grant from AcuFocus. Dr. Nichamin has financial interests with Powervision. Dr. Pallikaris is a medical monitor for Presbia. Dr. Rowen is a consultant for the Ace Vision Group. Dr. Steinert is a medical monitor for ReVision Optics. Drs. Cosentino, Izquierdo, and Jackson have*



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