

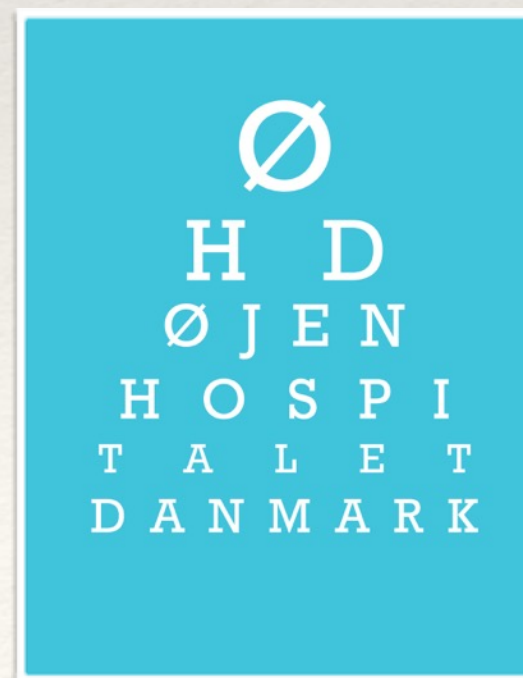
9th of September 2016

IMPLANTATION OF THE SCHARIOOTH MACULA LENS - SML -

Preliminary results of Quality Of Life Study in Patients with End-staged AMD

Niels Vesti Nielsen, MD DMSci – Eye Hospital Denmark

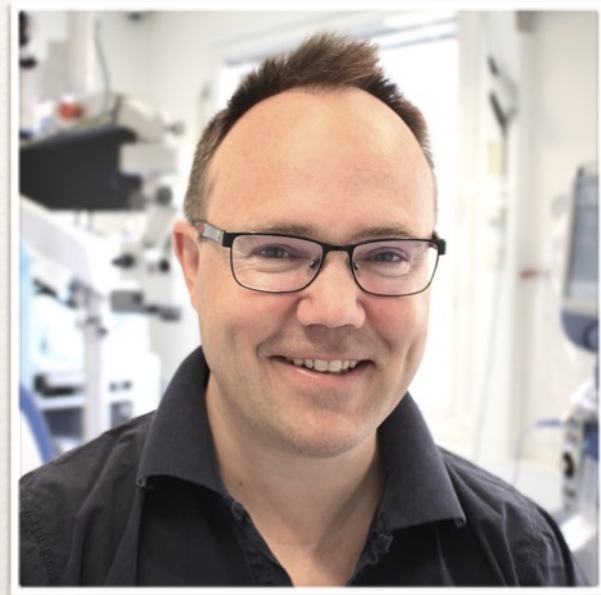
Financial disclosure : none



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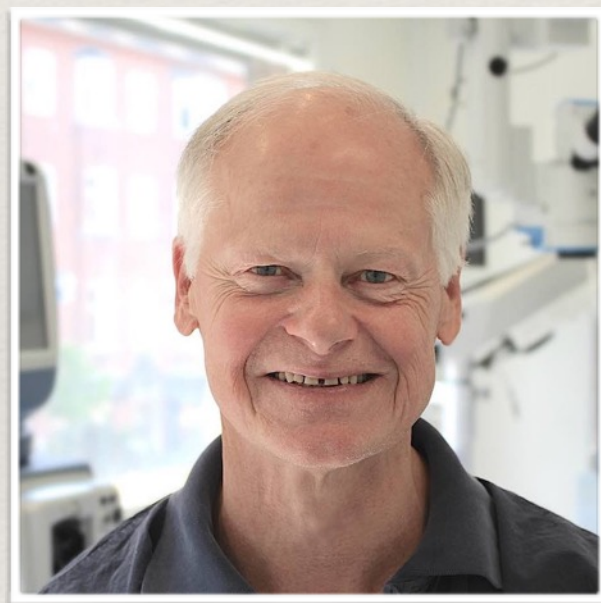
SCIENTIFIC CO-WORKERS



Andreas Helgesen,
Surgeon



Else Marie Jessen
Optometrist



Finn Eisgart
Surgeon



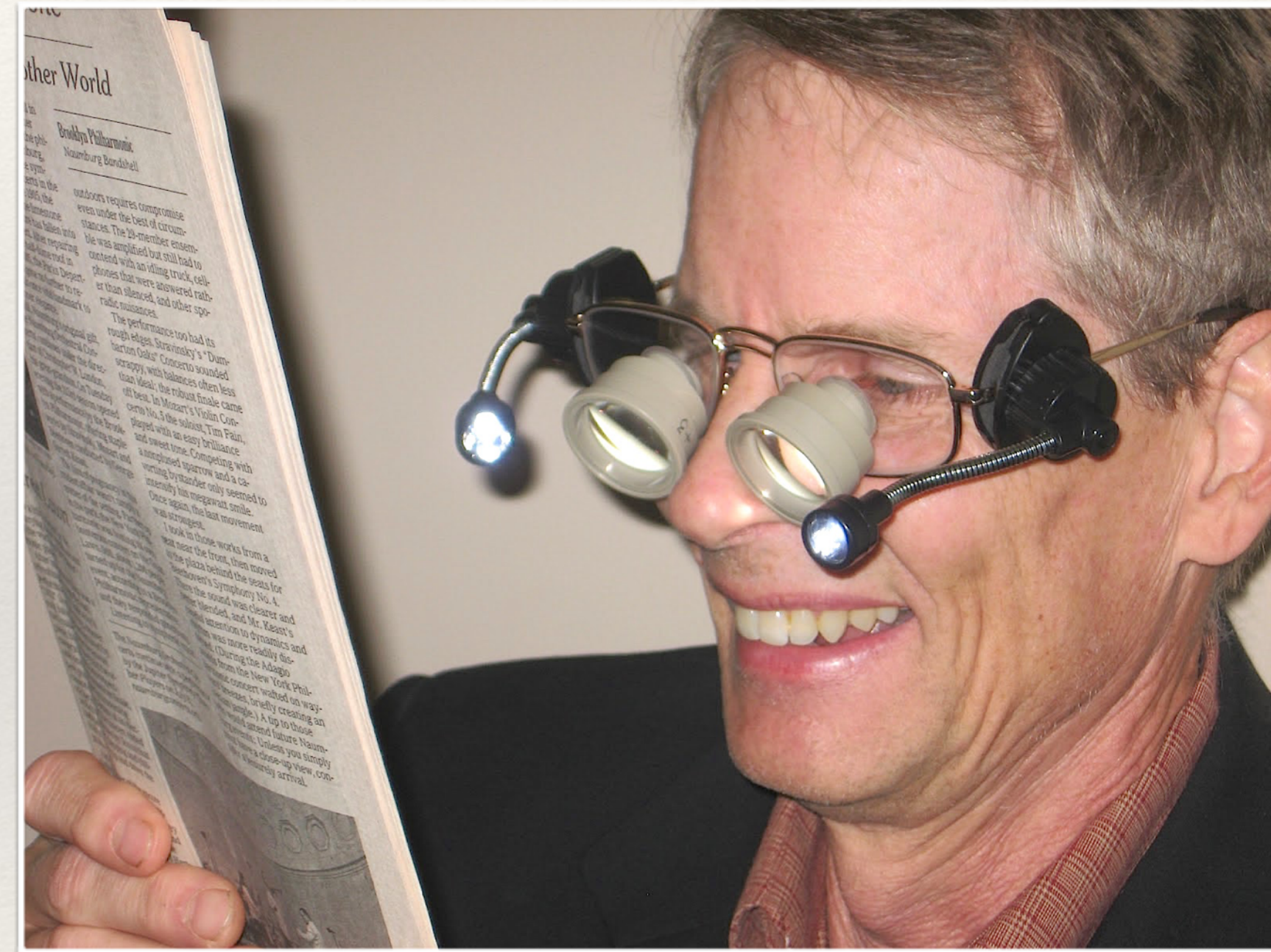
Christine Bohnsack
Optometrist



Gustav Muus
Interviewer

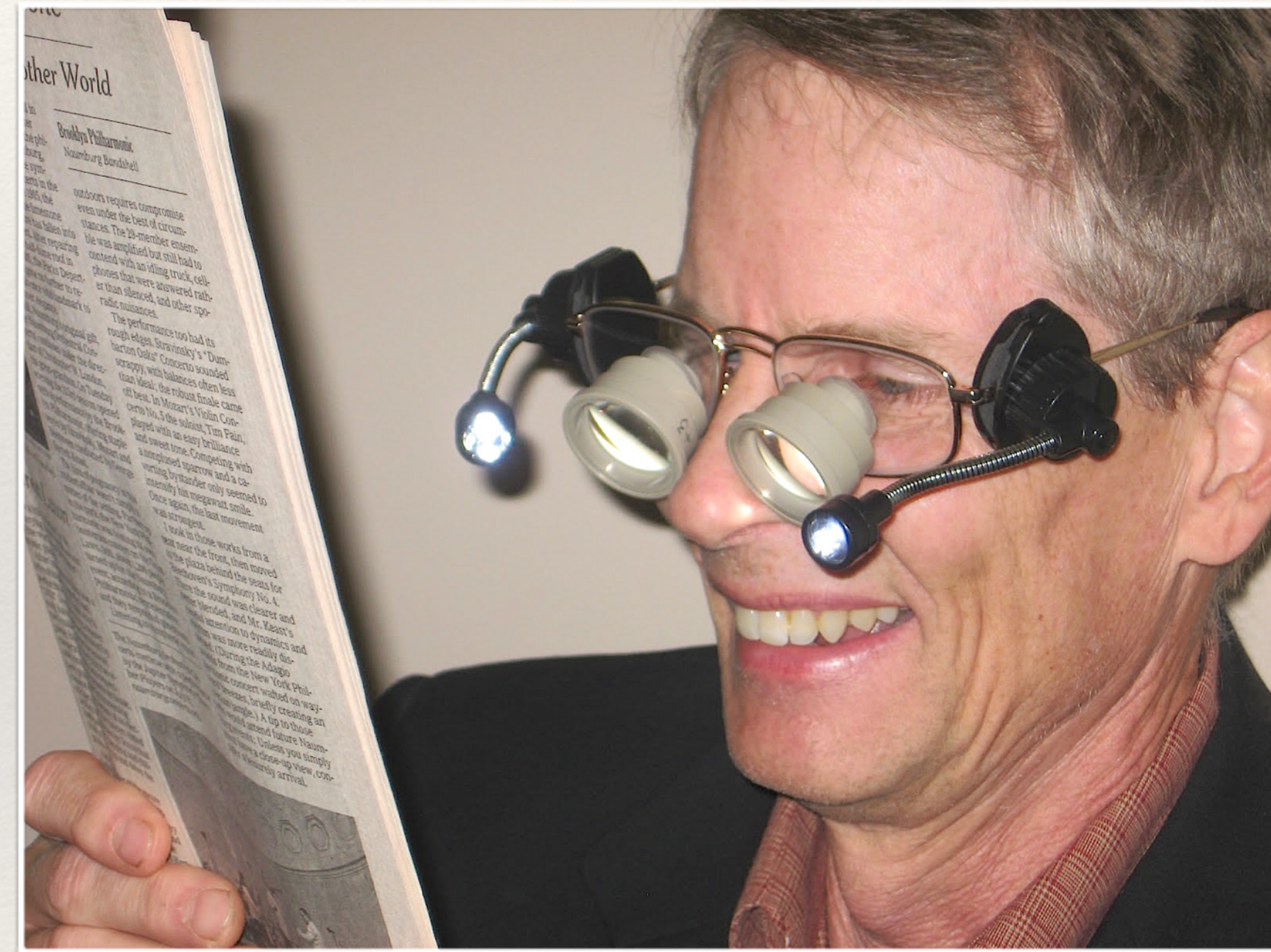
LOW VISION AIDS FOR AMD PATIENTS

- ❖ EXTERNAL LOW VISION AIDS
- ❖ UNCOMFORTABLE FOR THE PATIENTS ESPECIALLY IN PATIENTS WITH PHYSICAL HANDICAPS.



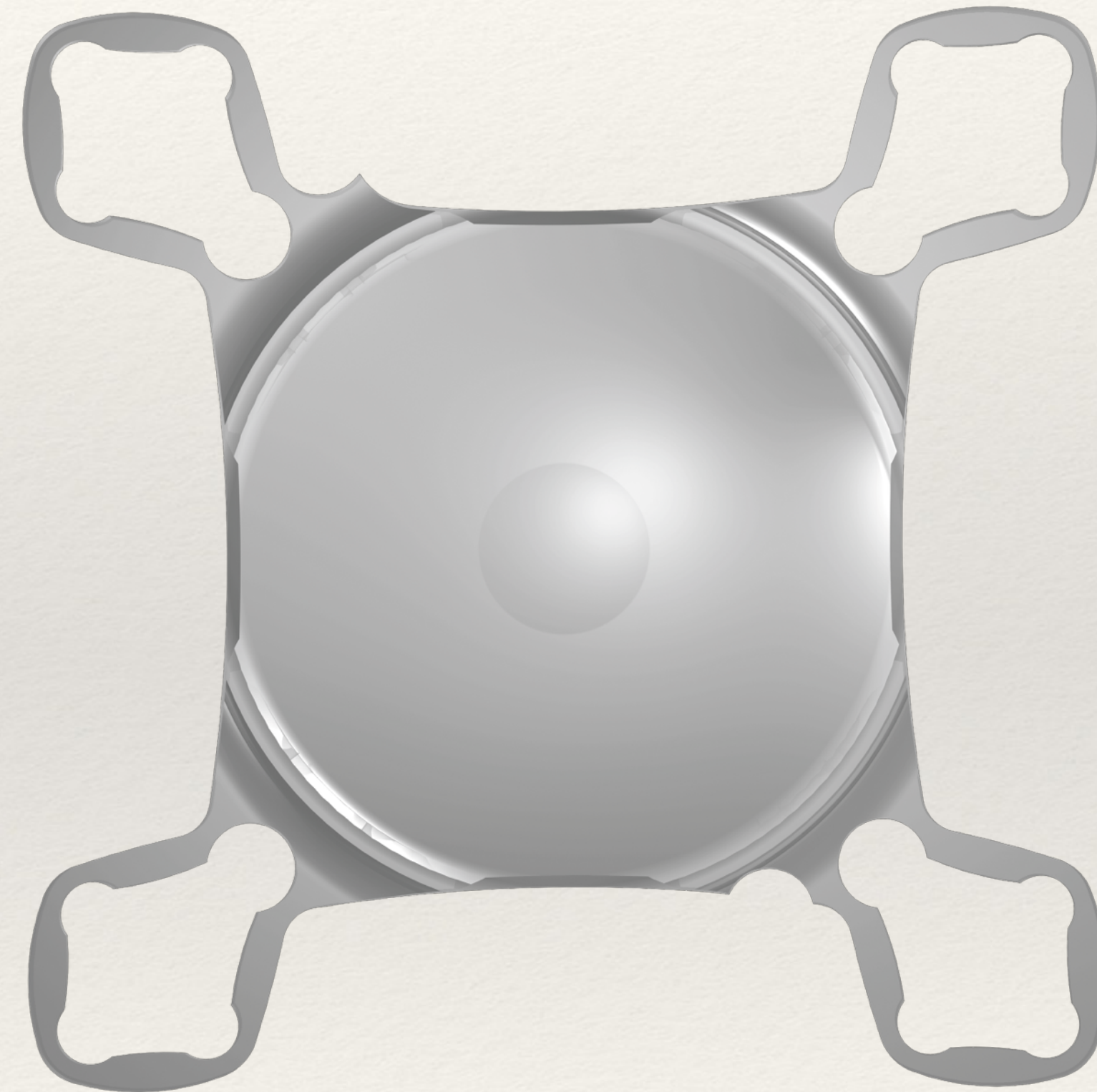
LOW VISION AIDS FOR AMD PATIENTS

- ❖ CANNOT BE WEARED CONTINUOUSLY DUE TO DIZZINESS AND RESTRICTED VISUAL FIELD.
- ❖ STIGMATIZING PATIENTS IN PUBLIC.



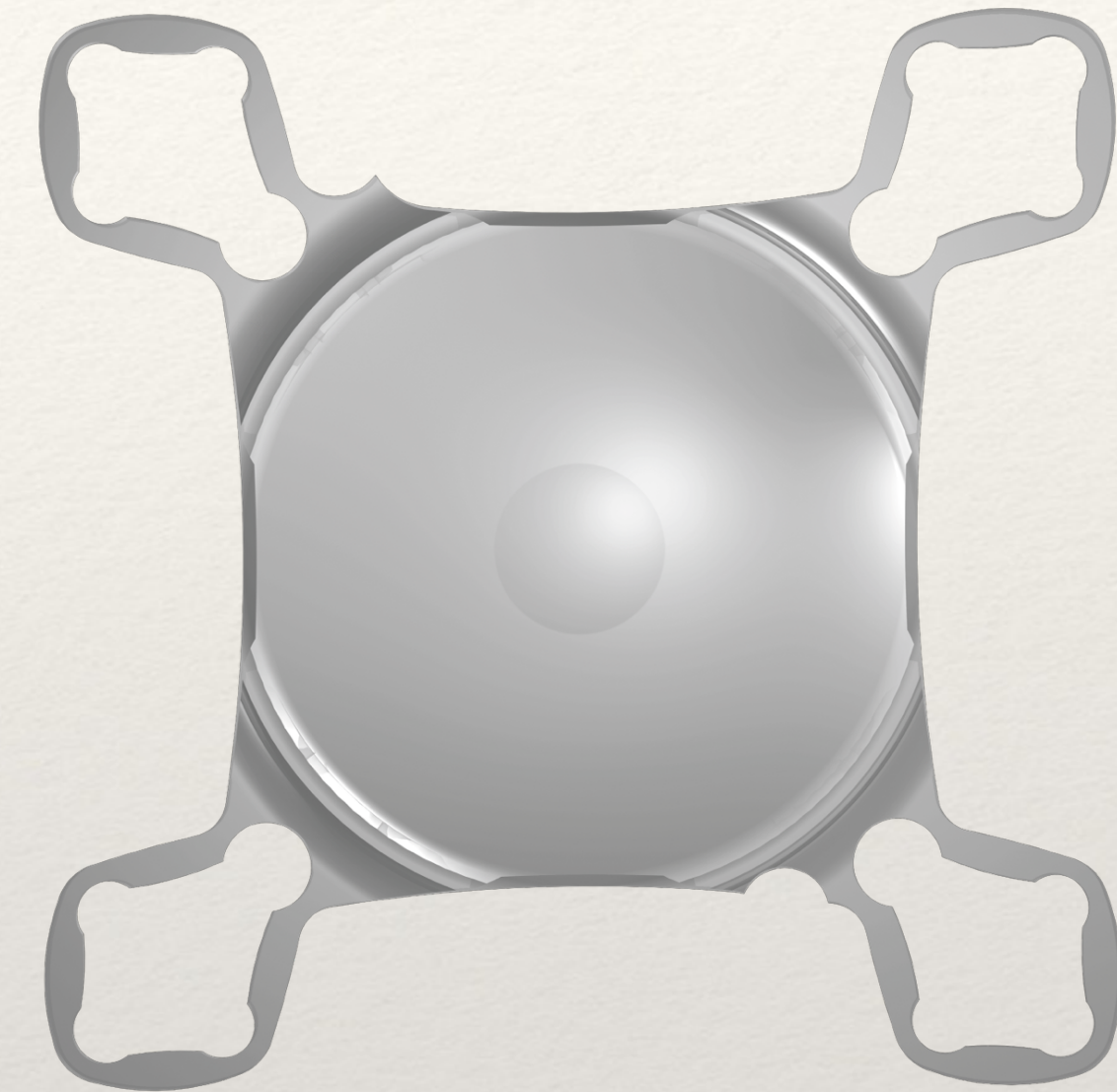
WHY SHOULD A SURGEON CHOOSE SML?

- ❖ EASY AND SAFE SURGERY WITH SMALL INCISION
- ❖ ADD-ON IOL FOR PSEUDOPHAKIA
- ❖ NO DECENTRATION
- ❖ EASILY EXPLANTED, IF NEEDED



WHY CHOOSE SML FOR THE PATIENTS?

- ❖ NO REDUCTION OF DISTANCE VISION
- ❖ NO REDUCTION OF VISUAL FIELD
- ❖ SUFFICIENT MAGNIFICATION (2X)
- ❖ CONVENIENT FOR PATIENTS TO READ IN A DISTANCE OF 15 CM
- ❖ NO INTERFERENCE OF RETINAL DIAGNOSTICS AND CONTROLS OF THE AMD



QUALITY OF LIFE (QOL) - MATERIAL AND METHODS

- ❖ IN 20 OUT OF 46 SML PATIENTS WITH END STAGED AMD PARTICIPATED QOL STUDY.
- ❖ MEDIAN AGE 81 YEARS, INTERVAL 69-90 YEARS.
- ❖ 14 WOMEN AND 6 MEN WITH AN FOLLOW-UP 6 MONTHS.
- ❖ PSEUDOPHAKIA IN 14 EYES (70%).

QUALITY OF LIFE (QOL) - MATERIAL AND METHODS (1/3)

INCLUSION:

- ❖ VISUAL ACUITY < 0.4 IN THE BETTER EYE.
- ❖ AGE 60-90 YEARS.
- ❖ SIGNIFICANT IMPROVEMENT OF NEAR VISION WITH + 6.0 D ON BETTER EYE.
- ❖ REALISTIC EXPECTATIONS OF THE VISUAL RESULTS.
- ❖ ACCEPTANCE OF LEARNING PROGRAMME PRE- AND POSTOPERATIVELY.
- ❖ **NO**: CORNEAL DYSTROPHY, GLAUCOMA, OTHER MACULAR DISEASE,
INTRAOCULAR INFLAMMATION.

QUALITY OF LIFE (QOL) - MATERIAL AND METHODS (2/3)

- ❖ PREOPERATIVE EXAMINATIONS (1.5 HOUR) ALWAYS IN CONJUNCTION WITH A COMPANION.
- ❖ VISUAL ACUITY ON DISTANCE AND NEAR ON ETDRS CHARTS.
- ❖ SIMULATION TESTS FOR READING WITH + 2.5 D (40 CM) AND + 6.0 D (15 CM).
- ❖ AMSLER GRID CHART
- ❖ SLITLAMP EXAMINATION, OCULAR TENSION.
- ❖ FUNDOSCOPY AND OCT (TOPCON 3D 1000).
- ❖ THE DANISH VERSION OF “VISUAL FUNCTION QUESTIONNAIRE 25” WAS USED FOR EVALUATION OF QOL.
- ❖ THE SAME COLLEAGUE OF OUR STAFF CONDUCTED THE QUESTIONNAIRE PRE- AND POSTOPERATIVE.

QUALITY OF LIFE (QOL) - MATERIAL AND METHODS (3/3)

- ❖ PROFOUND INFORMATIONS WERE GIVEN BY THE OPTOMETRIST AND OPHTHALMOLOGIST
- ❖ POSSIBLE IMPROVEMENT OF NEAR VISION IN THE DISTANCE OF 15 CM RELATED TO EXPECTATIONS FROM THE PATIENTS WERE ANALYSED AND DISCUSSED WITH THE PATIENTS.
- ❖ POSTOPERATIVE LEARNING PROGRAMME FOR USE OF THE LENS WAS MANDATORY.
- ❖ THE PATIENTS MADE NOT A CONCLUSION OF SURGERY BEFORE A DIALOGUE ALSO WITH RELATIVES WAS PERFORMED.
- ❖ THE PATIENTS GAVE INFORMED CONSENT , IF SURGERY WITH SML WAS SELECTED.

RESULTS VISUAL ACUITY - DISTANCE

PREOPERATIVE

- ❖ MEDIAN 0.8 (LogMAR)
- ❖ INTERVAL 1.5 - 0.5 (LogMAR)

POSTOPERATIVE

- ❖ MEDIAN 0.8 (LogMAR)
- ❖ INTERVAL 1.5 - 0.3 (LogMAR)
- ❖ N.S. Mann Whitney U

RESULTS VISUAL ACUITY - NEAR

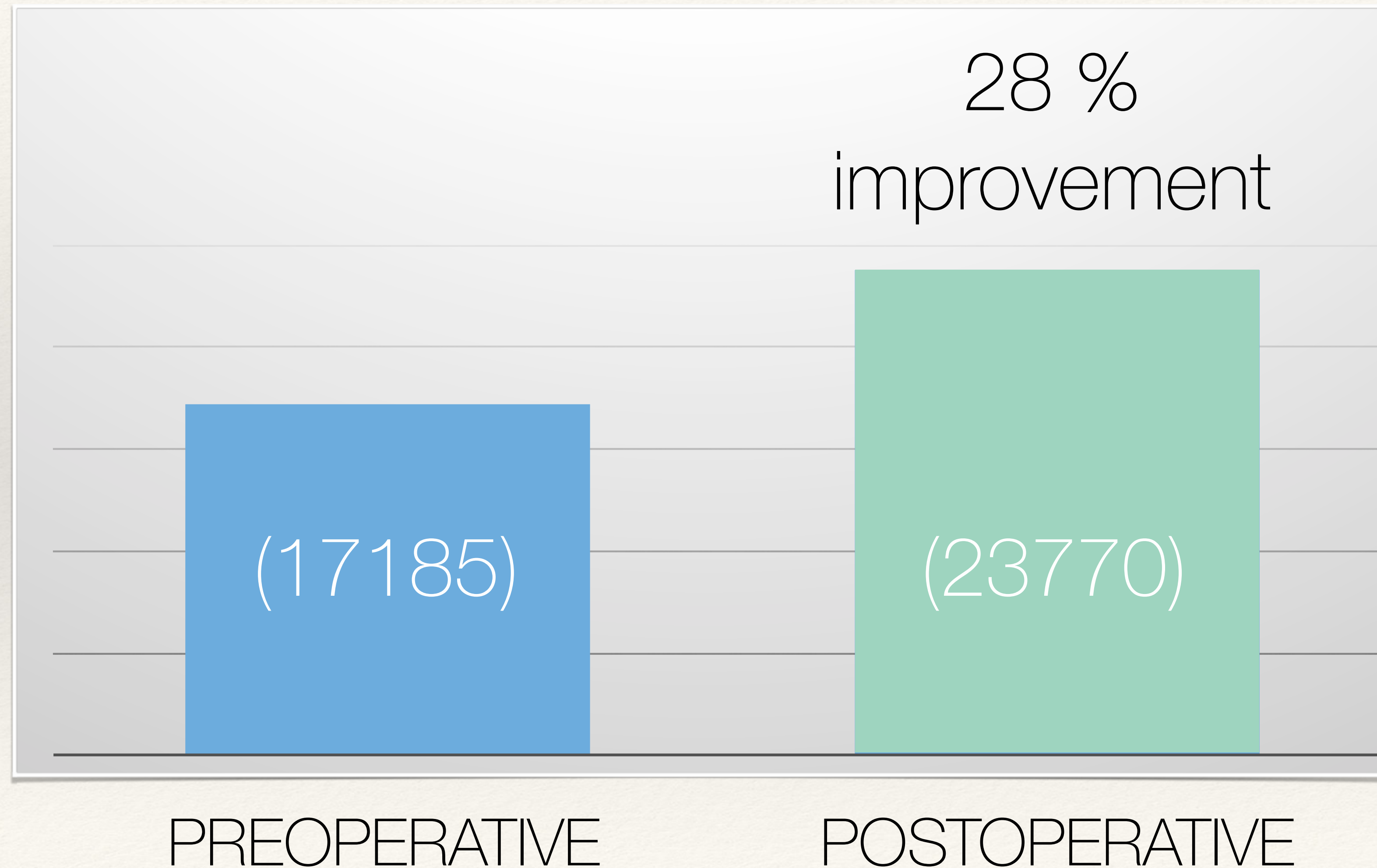
PREOPERATIVE

- ❖ MEDIAN 0.9 (LogMAR)
- ❖ INTERVAL 1.6 - 0.4 (LogMAR)

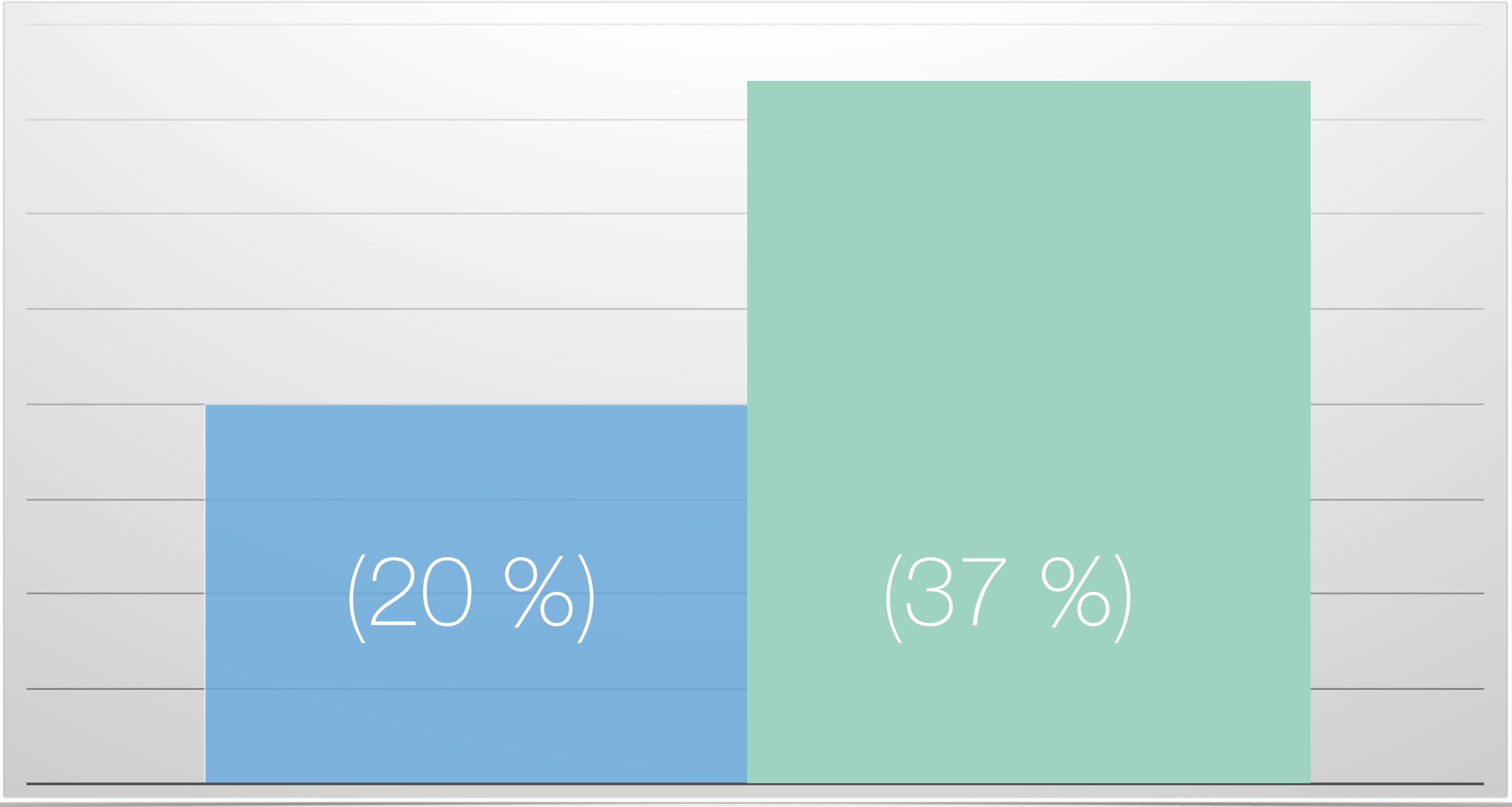
POSTOPERATIVE

- ❖ MEDIAN 0.4 (LogMAR)
- ❖ INTERVAL 1.7-0.04 (LogMAR)
- ❖ $P < 0.01$ Mann Whitney U

POSTOPERATIVE IMPROVEMENT - VFQ 25



POSTOPERATIVE IMPROVEMENT DAILY ACTIVITIES (SOCIAL LIFE)

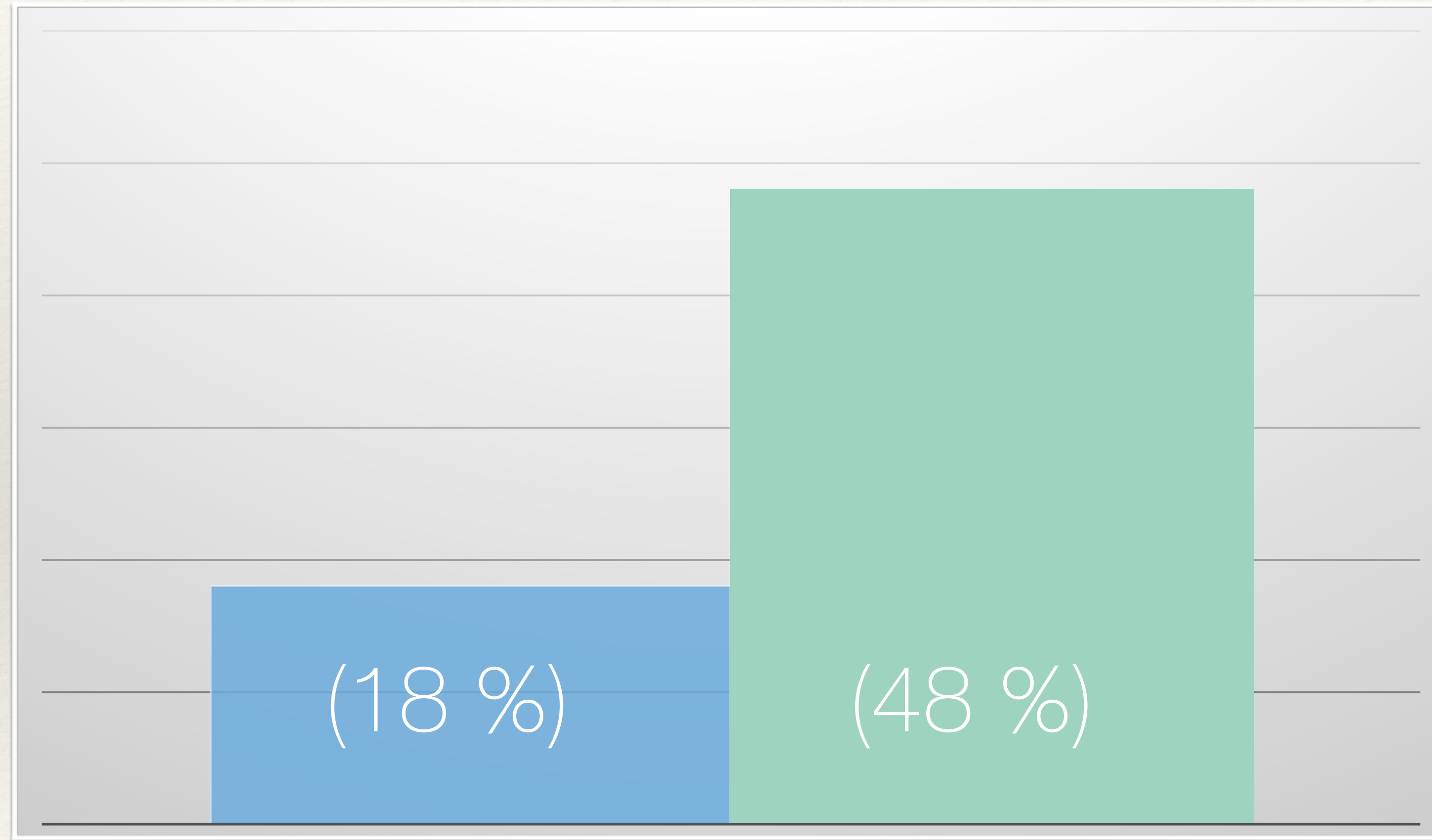


LOW VISION 0.4 > 0.1

LEGAL BLIND ≤ 0.1



POSTOPERATIVE IMPROVEMENT VISION PROBLEMS (PSYCHOSOCIAL)



LOW VISION $0.4 > 0.1$

LEGAL BLIND ≤ 0.1



CONCLUSION # 1

IMPROVED QUALITY OF LIFE IN
OUR STUDY

CONCLUSION # 2

LEGAL BLIND SURPRISINGLY SHOWED BEST
RESULTS IN VFQ-25

CONCLUSION # 3

TEAMWORK

VS.

EXPECTATIONS

INFORMATION

COMPLIANCE

LEARNING

SELECTION

...IS THE KEY TO SUCCESS

THE GREATEST CHALLENGE

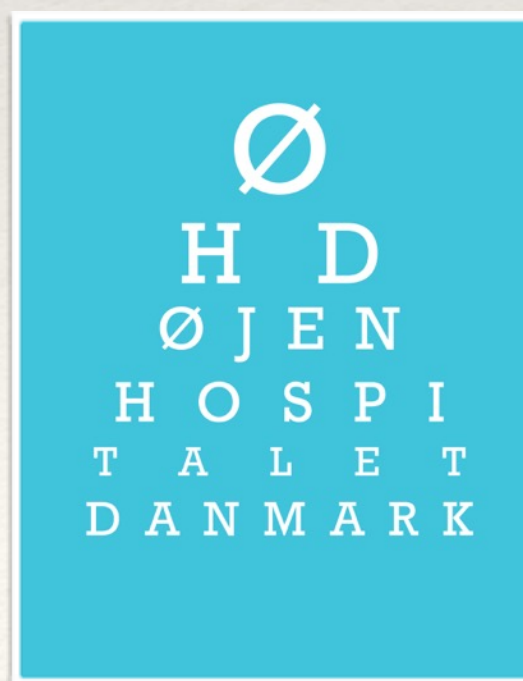
FOLLOW-UP CARE
FOLLOW-UP CARE
FOLLOW-UP CARE

TIMECONSUMING
DOCTOR'S PATIENCE

9th of September 2016

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THANK YOU FOR YOUR ATTENTION



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