

Calhoun Vision talks to Dr. Sylvia Paulig, Director at Paulig Augenklinik | Praxis, Cottbus Germany, about her experience with the Light Adjustable Lens (LAL®)

What do you see as the most important considerations for maximising patient outcomes in Cataract surgery?

For me, it all starts with the pre-surgical measurements. For example, using an IOL Master for biometry measurements allows for better outcomes after surgery. The surgical procedure itself must be performed in a safe and exact manner. Patient expectations must also be correctly managed at the outset.

How long have you been using the Calhoun LAL® for?

Just under two years and in that time I have implanted over 100 LAL®'s.

Why have you chosen to use the Calhoun Vision LAL®?

Every patient has a different capsular bag. Therefore no surgeon can accurately predict where the lens will sit after implantation. This unpredictability can lead to induced refractive error. I have chosen to use the Calhoun Vision LAL® because it allows me to correct for refractive errors that may occur after surgery, and it also allows me to correct even low amounts of astigmatism.

Can you tell me about your experience of using the LAL®?

Even from the beginning, I have never had any patients who were unhappy with their results. Therefore, I have been very happy with the LAL®. It gives the patients lots of satisfaction knowing that our office is offering such a premium product. We consider the best option for them, we take a great deal of time, and work hard to get the best results. Now that we have more experience with the LAL®, we are performing an approach that I have called »Binovision« which allows my patients to see far, intermediate, and near while keeping their depth perception intact.

What do you see as the LAL®'s particular strengths? What are the do's and don'ts?

Obviously, the LAL® has its strength in the fact it can correct refractive error after surgery. The LAL® is particularly useful in the correction of low astigmatism. I am very keen on my »Binovision« approach as it gives me such flexibility and confidence of achieving my target outcome and achieving excellent vision at all distances and a happy patient. One limitation for the LAL is eyes with very high astigmatism. For astigmatism of more than 3D, it is difficult to correct completely.

How do you position it in your practice?

I position the LAL® in my practice as a real premium lens. I take my time with my patients to discuss the differences between Multifocal lenses and the LAL®. They usually end up deciding on the LAL® because they see that I truly believe it is a better option for them over a multifocal lens.

How does the technology compare with other options in terms of safety, results and precise correction

In terms of results and precise correction, the LAL® is wonderful. With multifocal lenses, the patients can get good results. However, with the LAL®, my patients can achieve excellent far, near and intermediate acuity. Therefore, in my opinion it is more safe and precise.

Would you recommend the technology to other surgeons?

Absolutely, yes.

What advice would you give to a surgeon who is not yet using the LAL®?

What about a surgeon who is about to start using the LAL®?

I would tell other surgeons that they should seriously consider the LAL® for their patients because I think it is the best option available. For surgeons about to start using the LAL®, I would recommend contacting other experienced LAL® surgeons for clinical pearls and pointers.

Do you have a patient story to share?

We had a patient recently who came in to us, and she already had a Multifocal IOL in one eye. She was not able to see her computer clearly so she asked for a lens with good intermediate vision. We told her the best option was the Light Adjustable Lens, and she agreed. However, immediately post-op, the patient already noticed that the overall visual acuity with the LAL® was better than that with her Multifocal IOL eye. This was even before we had a chance to adjust the LAL®. The patient changed her mind and wanted just to be corrected for distance in that eye. With the LAL® we had this flexibility, so we adjusted the LAL for optimal distance vision, and found that she still had a good range of intermediate vision. This led us to develop »Binovision«. This patient also reported that the LAL® has better contrast sensitivity than with the Multifocal IOL, and she does not have any glare and halos with the LAL®.

What results has it brought you from a clinical perspective?

These great results make me want to tell everybody about this procedure. The patient should decide whether they want the procedure themselves after considering all the options available to them.

What results has it brought you from a commercial perspective?

Has it gained exposure for your practice and driven additional patient interest?

I have more publicity, of course, because I have over 100 happy LAL® patients and word of mouth recommendation is very powerful. The LAL® technology is premium priced and I am not situated in a particularly wealthy area. However, even in a practice that is not in a large city it is very pleasing how many patients choose the LAL®. It does take more time but with good organisation the effect is very manageable. The patients enjoy the extra doctor contact too.

How has the LAL® changed your practice? What impact has it had?

For you and your patients?

The LAL® has changed our practice in that if patients want access to the best products and service, they can confidently come to the Paulig Augenklinik | Praxis. Even if patients don't have a lot of money, they still come because they believe they will be offered access to the most modern technology and get the best results and care.

How could the LAL® technology be improved?

I would like to be able to treat even more astigmatism and higher refractive errors. +/- 2D of sphere and +/- 2D Cylinder is fantastic but to have even more macromer in the lens would be great. This would allow for the possibility to correct for even more refractive error, especially astigmatism.