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Dr. Matossian discusses the parameters that she considers when recommending a particular IOL to a patient. A clinical questionnaire becomes part of the patient's chart.

## Personalized approach key to best IOL selection

by Erin L. Boyle EyeWorld Editor

Lifestyle—including occupation and hobbies—as well as any prior ocular problems or surgery should play a significant role as to which IOL is selected in cataract surgery, a physician said.

“As an ophthalmologist, my goal is to try to achieve the best potential visual outcome for each eye of every patient,” said Cynthia Matossian, MD, Matossian Eye Associates, Doylestown, Pa.

“I don’t try to force a technology on a patient,” she said. “Instead I evaluate the patient’s interests and hobbies. I look at the ocular health and any comorbidities that the eye has such as a history of ocular injury, amblyopia, ocular diseases, or previous surgery.”

“Based on that history, the patient’s hobbies, work requirements, and the variety of data that I collect from a broad array of instruments, I recommend what I think is the best choice of implant for that patient,” she said.

In this process, she has each patient answer a lifestyle questionnaire that she created, to determine his or her visual needs, and then offers the best potential lens option for each patient.

This kind of personalized approach to care can lead to excellent visual results and highly satisfied patients postoperatively, she said.

### Individualized approach

Lifestyle is a key component of best IOL selection in the cataract patient population, Dr. Matossian said. For example, a limousine driver who performs frequent late-night drives to the airport would most likely not be the best candidate for a multifocal implant. The potential for increased halos with these lenses may not be ideal in that specific patient.

“On the other hand, someone who is a hair stylist is working at the intermediate range, where their hands are cutting or shaping hair, and they need an intermediate range focus implant. That person may do well with a Crystalens [Bausch + Lomb, Rochester, N.Y.],” she said.

It is also important to know if patients work in the medical profession, she said. Dr. Matossian takes the possibility of exposure to hospital-acquired MRSA seriously for patients who have worked in medical facilities, including nursing homes. She uses a double prep preoperatively in these cases.

“We use SteriLid Eyelid Cleanser [Akorn, Lake Forest, Ill.],” Dr. Matossian said. “We have a very specific approach where we apply the foam from SteriLid for 60 seconds to the ocular surface/eyelash area with the eye closed, and after that, we proceed with our normal betadine prep.”

### Ocular surface

She very carefully checks the ocular surface of each patient at the cataract consultation, looking for a host of issues including meibomian gland dysfunction. All of her patients have a minimum treatment of preservative-free artificial tears for two weeks before returning for their biometry, topography, and keratometry measurements. Not only does this provide the most accurate measurements, it also gives patients a chance to learn how to instill drops before surgery, she said.

Again, she applies the personalized approach: Patients with more severe dry eye have different treatments and longer wait times until their keratometry and topography appointments.

“Because I start off with reliable data, my refractive outcomes are very close to target,” Dr. Matossian said.

*Editors’ note: Dr. Matossian has no financial interests related to this article.*

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