The goal of cataract surgery with a presbyopia-correcting intraocular lens (PCIOL) is to allow patients to wear glasses less often for a range of activities postoperatively. Achieving this goal requires correction of all refractive error. Astigmatism, like myopia and hyperopia, is a refractive error that affects the visual outcome after cataract surgery. Therefore, management of preexisting astigmatism is as important as correcting sphere for delivering best outcomes with PCIOLs.

Among the options available for intraoperative correction of astigmatism, a toric intraocular lens (IOL) has the advantage of better predictability than arcuate incisions or limbal relaxing incisions. With the availability of toric PCIOLs, cataract surgeons can offer the opportunity for reducing postoperative spectacle wear to patients with astigmatism.

Counseling patients with astigmatism
Many patients are aware that they have astigmatism, because they have been wearing glasses or contact lenses with astigmatism correction for many years. Nevertheless, it is useful to provide patients with some simple education about astigmatism to help them understand why correcting it as part of their cataract surgery operation is important.

As a visual aid, I use a model of the eye that shows the cornea and the lens, explaining how the curvature of the cornea and lens bends incoming light to focus on the retina (figure). I tell patients with astigmatism that, ideally, the cornea has a round shape like a basketball, but in their eyes, the cornea is oblong like a football. As a result, incoming light rays do not converge to a single point, and objects at any distance can look blurry. Then I show them models of IOLs and say that depending on the technology they choose, I can correct their astigmatism.

With that approach in mind, I tell patients with significant astigmatism that a basic IOL will not address their astigmatism, and they will likely need to wear glasses to see clearly at distance and bifocal glasses for distance and near. I then share the benefits of a toric IOL for astigmatism correction with these same patients. The astigmatism correction and range of vision offered by the TECNIS Symfony® Toric IOL gives my patients the opportunity to select an IOL that will correct their astigmatism and allow them to wear glasses less often for many activities. As a result, the TECNIS Symfony® Toric IOL may better fit the lifestyle/goals of some astigmatic patients.

The TECNIS Symfony® Toric IOL
I use the TECNIS Symfony® Toric IOL for patients with astigmatism who are willing to invest in an advanced technology IOL that will allow them to wear glasses less often. Results of clinical trials and my personal experience show that the TECNIS Symfony® Toric IOL provides excellent uncorrected vision at far and intermediate distances and good uncorrected vision at near. Further, it has demonstrated a low incidence of night vision symptoms and no clinically significant difference in contrast sensitivity compared with a monofocal lens.

Optimizing outcomes
Appropriate preoperative counseling to establish realistic expectations for postoperative outcomes...
is part of my strategy for having satisfied patients after cataract surgery with the TECNIS Symfony® Toric IOL. I tell patients they may need glasses to read up close and that their optometrist can help them after surgery by writing a prescription for glasses that will give them good quality vision at near. Thus, I would encourage cataract surgeons to talk with their optometry colleagues about the features and outcomes of the TECNIS Symfony® IOL and TECNIS Symfony® Toric IOL. Optometrists are important partners in preoperative counseling and postoperative management of cataract surgery patients. It is important they understand that the TECNIS Symfony® IOL is not just a new multifocal IOL. Rather, it represents unique technology with a novel optic design and a different performance profile.

I inform patients who plan to have a TECNIS Symfony® IOL or TECNIS Symfony® Toric IOL implanted that they can experience night vision symptoms, such as starbursts and halos. Patients who have an accurate understanding of what they might see are less likely to be disturbed if these symptoms occur postoperatively, so I make descriptive gestures with my fingers to illustrate what starbursts and halos look like.

I operate on one eye at a time. When patients return for their postoperative visits at day 1 and week 1 after their first-eye procedure, I ask specifically about night vision symptoms. If anyone has concerns, I try to determine how significant the problem is, and if necessary, I would delay the second eye surgery to make certain the symptoms have improved. That said, I have yet to have a patient defer a TECNIS Symfony® IOL implant in the second-eye because of bothersome night vision symptoms after first-eye surgery.

Careful patient selection is essential for achieving surgical success and patient satisfaction with any PCIOL. I do a thorough preoperative examination to rule out existing ocular pathology that will limit quality of vision. I am also careful in selecting patients with low myopia and functional uncorrected near vision, because these patients may not be happy to find an increased need for wearing glasses at near postoperatively.

Accurate preoperative biometry is critical for achieving the targeted refractive outcome that is needed for patients to achieve the full benefit of their extended-depth-of-focus IOL. When implanting a PCIOL or toric IOL, I use the latest-generation swept-source optical biometry device with telecentric keratometry to obtain at least 2 sets of measurements, preferably on separate days, to ensure reproducibility and accuracy. I will have patients return a third time if these sets of data do not agree. If there is further variability with the third measurement, the patient may not be a good candidate for a PCIOL or toric IOL.

Conclusion
Since the TECNIS Symfony® IOL and the TECNIS Symfony® Toric IOL have become available, I have doubled the rate at which I am implanting a PCIOL in my cataract surgery patients. I attribute this increase to several factors. First is the performance profile of the technology. The excellent distance and intermediate vision provided by the TECNIS Symfony® IOL meets the vision goals sought by many of today’s cataract surgery patients. Further, because night vision symptoms occur at a low rate, I am comfortable recommending the TECNIS Symfony® IOL to patients who I previously might have hesitated to offer presbyopia-correcting lenses.

In addition, the availability of the toric version of the TECNIS Symfony® IOL has opened up the opportunity for presbyopia correction to a wider pool of patients with preexisting astigmatism.

The most telling aspect, however, about my positive experience with the TECNIS Symfony® Toric IOL given the ability to correct presbyopia in the presence of astigmatism is my choice of this lens for members of my family. I implanted the TECNIS Symfony® Toric IOL in my mother during her recent cataract surgery, and I plan to do the same in my father in his upcoming surgery. Extended depth of focus in the TECNIS Symfony® IOL and the TECNIS Symfony® Toric IOL is a technology that gives me great confidence and one that I trust for my patients, my family, and my friends.

REFERENCES
4. TECNIS Symfony® DFU