

The 18th Annual Downeast Ophthalmology Symposium

SEPTEMBER 20-22, 2019

Bar Harbor, Maine



ACRYSOF® IQ TORIC IOL IMPORTANT PRODUCT INFORMATION

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate. Optical theory suggests that high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder Power IOLs. Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

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Letters

Progress for Ophthalmic Research

It was a pleasure to read “Why Advocate for Increased Research Funding?” (Opinion, December), in which Dr. Ruth Williams crystallized the many reasons for society to invest in vision research. Basic and translational research

underpins development of the treatments that future ophthalmologists will use to help patients. The completion of the human genome code in 2001 provided powerful new tools and approaches that are speeding our progress along.

I also quite liked the verbal efficiency and clarity used to describe the funding environment. Medical research overall has done well in recent years. Unfortunately,

much of this funding is still devoted to erasing the sparse funding environment of the previous decade, and the current buying power of the NEI budget is mired at levels equivalent to nearly two decades ago (2000-2002).

As Dr. Williams noted about the BRAIN Initiative, vision research is also front and center in trans-NIH fundamental research in neuroscience. The BRAIN Initiative currently receives nearly \$400 million in annual support. Of that amount, 42% goes into projects involving retinal neural-circuitry and brain central visual processing and projects involving vision researchers who are on BRAIN project

teams. This is remarkable and emphasizes the importance of the visual system, both retina and brain, in neuroscience research.

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On the translational side, I am glad the NEI Audacious Goals Initiative in Regenerative Medicine is moving quickly toward cell therapy, gene therapy, and retinal cell replacement therapies for age-related macular degeneration and glaucomatous vision loss.

This editorial helps all of us as ophthalmologists celebrate the work that astute ophthalmic clinicians, basic scientists, and clinician-scientists are accomplishing.

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