Letters

Why Multifocal IOLS May Get a Bad Rap

n ASC business partner, friend, and nationally respected retina surgeon recently asked me how much of my practice was refractive. When I shared the answer, he was surprised at how much. Then he asked me why I even want to do refractive surgery, since refractive patients are quite difficult to satisfy and add extra stress and liability to many practices. Later, I realized his comments were based on his experience as a second opinion for many

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unhappy multifocal lens patients—hopefully, not mine.

I simply answered that these were many of the happiest and most satisfied patients in our practice. I also said that we try to carefully select appropriate patients and use laser vision correction (LVC) postop to improve our outcomes. We don't "upsell" but instead educate patients as to their options.

We frequently reject those who come to our practice seeking multifocal lens implantation but are simply not good candidates. As we know, these patients have high expectations. We explain to them that not all postop patients are happy with their advanced-technology results but that we have over 95 percent satisfaction, and about a 5 to 10 percent re-treatment rate (LVC at no charge).

I recently noticed that there seems to be a hint of disdain for advanced-technology lenses among some ophthalmology colleagues who have written in the Letters section of EyeNet, as evidenced by nitpicking terms such as "premium" lenses (Letters, November). They appear to base their criticism on two issues: their perception of some practices "upselling" and the small but real incidence of patient dissatisfaction.

We can all agree that there is no justification for

misleading or pressuring patients for the purpose of "upselling." However, I believe the two major causes of unhappy refractive cataract patients are 1) the lack of appropriate patient selection, including screening and patient education as to pros and cons, and 2) the lack of follow-through to achieve near-plano outcomes. These principles are recognized by successful refractive practices. Are ophthalmologists with sparse experience in refractive surgery (i.e., those who are not performing LVC) who dabble in advancedtechnology lenses disproportionately contributing to the patient dissatisfaction rate reported?

> Sanford L. Moretsky, DO Phoenix

Ceiling Fans, Lagophthalmos, and Dry Eye

very much enjoyed the October article "Are We Missing Dry Eye in Children?" As a pediatric ophthalmologist, I appreciate each of the contributors' knowledgeable discussion points regarding causes of dry eye from systemic conditions.



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My experience is that the most common cause of complaints regarding irritation from dry eyes in the pediatric age group is lagophthalmos. And the use of ceiling fans in the bedroom during sleep hours combined with lagophthalmos accentuates the dry eye symptoms as well as the findings.

The use of fans is not limited to the pediatric age group, nor is lagophthalmos. I suggest that ophthalmologists be aware of these two together or separately in patients of all ages as a very common factor in dry eye symptoms.

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