

Case Report: Surgeon Gets Taste Of His Own Medicine

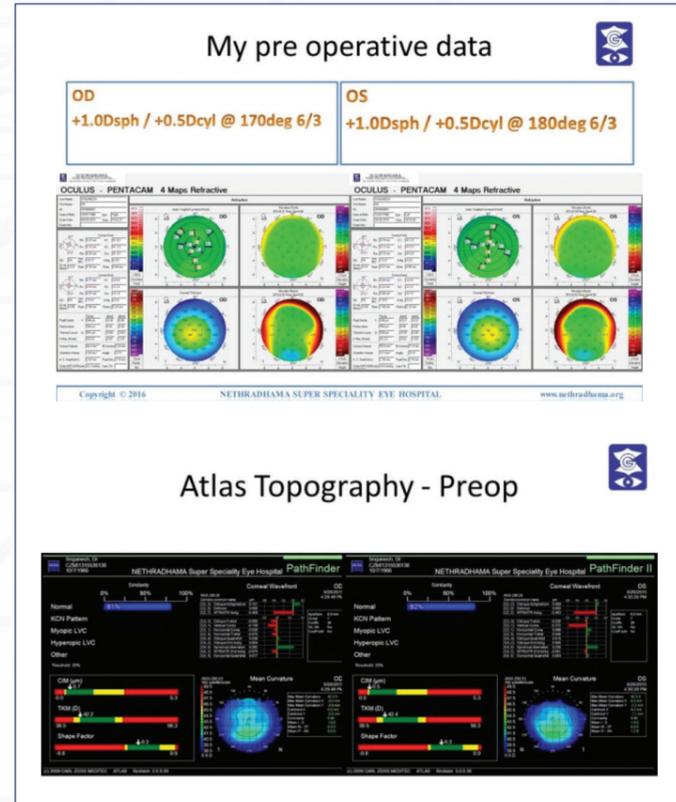


SRI GANESH, MBBS, MS, DNB
Nethradhama Super Speciality
Eye Hospital, Bangalore

I am a 50-year-old ophthalmologist who has been specializing in cataract and refractive surgery for the past 20 years. Before the age of 45, I was emmetropic and enjoyed perfect 20/10 vision. Once I reached that age, however, I started to experience difficulty reading small print in dim light and noticed changes in quality in my intermediate vision. I managed by increasing the font size on my phone and by wearing glasses, both for reading and intermediate vision. Yet I found that I was uncomfortable wearing them in front of my patients, many of whom would ask embarrassing questions about my glasses.

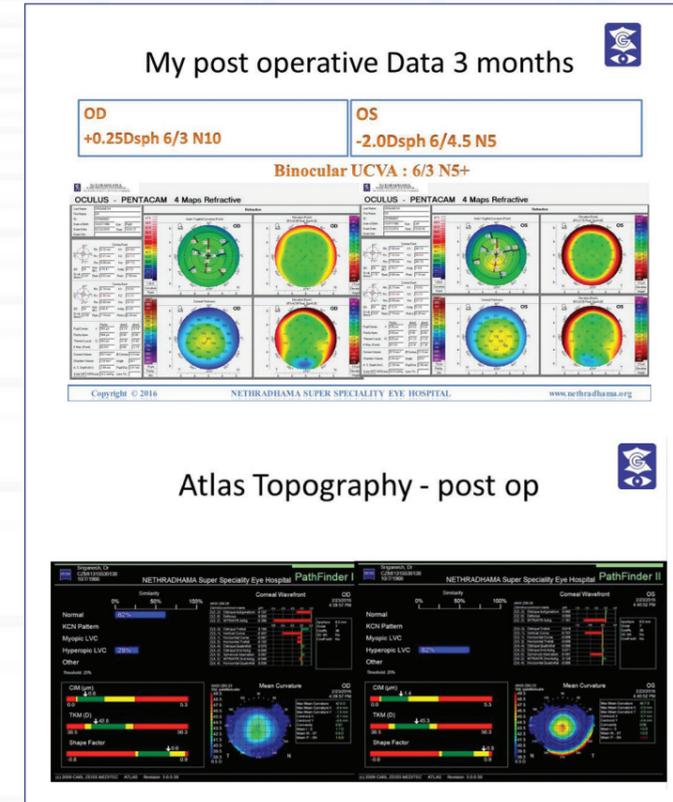
I have performed various presbyopia-correcting procedures over the last 15 years, such as conductive keratoplasty, refractive lens exchange with multifocal IOLs, and presbyopic laser vision correction; however, I found that patient satisfaction and stability of postoperative results were not great. About two years ago, we installed the MEL 90 excimer laser (Carl Zeiss Meditec AG) and I started performing PRESBYOND Laser Blended Vision. I was pleasantly surprised with the good results and high patient satisfaction, and, after operating on few of my presbyopic staff members who were all quite happy with their results, I decided to take the plunge myself and undergo presbyopia correction. By this point, doing refractive surgery had become difficult, as I had to see through the microscope and look at the monitor. Further, glasses were a nuisance during sport activities like swimming and snorkelling, and I could not wear my collection of summer shades.

Before surgery, I feared that presbyopia-correction surgery might reduce my quality of vision and affect stereopsis. As a high-volume phaco and refractive surgeon, I did not want a sub-optimal result to interfere with my surgical work. I also wondered what type of presbyopic correction I should undergo and who would do my surgery. I reviewed all existing presbyopic solutions like corneal inlays, multifocal LASIK, and even refractive lens exchange with a multifocal IOL. Based on



my research and on the experiences patients in my own practice had with visual quality and satisfaction, I finally settled on PRESBYOND Laser Vision Correction with the MEL 90. In this procedure, the patient's dominant eye is corrected for distance vision to almost plano, and the nondominant eye is corrected to be slightly myopic for near vision up to -1.50 D. This micro-monovision strategy is further enhanced by an increase in the depth of field of each eye using a wavefront-optimized ablation profile to create a continuous refractive power gradient for the whole optical zone of the cornea. PRESBYOND Laser Blended Vision is an individualized treatment plan based on preoperative spherical aberrations and the functional age of the eye. As a result, a customized fusion of the two images for near and distance vision is created for each patient—the so-called Blend Zone.

What attracted me to PRESBYOND Laser Blended Vision was that: (1) it offers the highest patient satisfaction with good



functional vision and the safety and track record of Femto-LASIK; (2) it is easily adjustable and reversible, with no permanent visual effects like glare and halo (and any side effects could be correctable by glasses); (3) it closely simulates natural condition existing in patients (mild anisometropia); (4) it does not affect my surgery and stereopsis if I adjust the microscope ocular of my nondominant eye; and (5) it allows the patient to maintain the blended vision even if he or she undergoes cataract surgery later in life.

My good friend Dan Z. Reinstein, MD, MA, FRCS, DABO, FRCOphth, FEBO, of London Vision Clinic, who developed the procedure of Laser Blended Vision with Carl Zeiss Meditec, agreed to my invitation to visit our hospital during our annual conference and perform my surgery.

On November 28, 2015, with around 500 of my colleagues watching, Dan performed PRESBYOND Laser Blended Vision on my eyes. I was surprisingly quite relaxed as Dan explained



Prof. Dan Reinstein performing PRESBYOND Surgery on Dr. Sri Ganesh. Scan the below code - Dr Sri Ganesh undergoing PRESBYOND Surgery



<https://www.youtube.com/watch?v=XYMx64OeO18>

my case to the audience before starting the procedure. Surgery was comfortable and painless. First, 90-µm flaps were created with the VisuMax femtosecond laser (Carl Zeiss Meditec AG), and then the patient bed was moved to the MEL 90 excimer laser. All of my preoperative data and the PRESBYOND treatment profile were transferred from the treatment planning tool CRS-Master (Carl Zeiss Meditec) to the MEL 90. I was mildly hyperopic in both eyes and had planned for a full correction in the right eye for distance vision and a -1.75 D correction in the left eye for near.

Immediately after the procedure, as I sat up from the bed, Dan handed me a vial of eye drops and I could read the labeling (which was smaller than J1), and I broke into a smile as the audience applauded. The next day, I performed live a complex phaco surgery on an eye with a small pupil and was very comfortable; my worst fears vanished. It has been more than three months since my surgery, and I am happy with my 20/10, J1 vision and I am free of glasses. The best part is that the chair time I spend counselling my presbyopic refractive patients has decreased tremendously when they hear that I have had the procedure myself.