

# ZEISS IOL Power Calculation Service



ZEISS IOL Power  
Calculation Service

February 2022



## 01 Our offering - ZEISS IOL Power Calculation Service

## 02 How to use ZEISS IOL Power Calculation Service

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# ZEISS IOL Power Calculation Service

This is what we offer



A **quick** and **reliable** post-operative **outcome prediction** by using a specifically for **ZEISS IOLs** optimized **proprietary algorithm** (Z CALC)

- **complete** portfolio, toric & non-toric, multifocal, EDoF and monofocal

High **quality standards** due to a secure process consolidated over years

- **Every calculation** is checked by 2 **independent consultants**

**Extensive expertise** in calculation of **ZEISS IOLs**

- **Post-LVC** patients, patients with **corneal irregularities/ pathologies**
- > 20.000 calculations per year, >100 calculations per day

A **general service turn-around** for every request if possible

- **We will answer** your requests **within 48hours** if possible

An easy-to-read **IOL calculation overview (\*.pdf)** including the calculation results, **expert comments** and order information

- Available in **English** and **German**

ZEISS IOL Power Calculation Service is an expert service performed by optometrists intended to support a customer in selecting intraocular lenses by calculation of IOL power and predicted residual refraction even for extreme patient conditions.

[iolcalculations.meditec@zeiss.com](mailto:iolcalculations.meditec@zeiss.com)

# ZEISS IOL Power Calculation Service

This is what we offer



The ZEISS IOL Power Calculation Service offers **many advantages:**

- Extensive **expertise** in the **calculation** of ZEISS IOLs and available options
- Personal **contact with experts** (optometrists) and their clinical experience
- Individual notes and **comments for every calculation** request



The ZEISS IOL Power Calculation Service **offers support** in the analysis of **unexpected postoperative** results



The ZEISS IOL Power Calculation Service is **free of charge** for all ZEISS customers in order to expand our cataract solutions

The form is titled "ZEISS IOL Power Calculation Service" and includes the ZEISS logo. It is divided into several sections:

- Patient Information:** Includes fields for Patient ID, First Name, Last Name, Date of Birth, and Address.
- Biometric Data:** Includes fields for AL (mm), K1 (mm), K2 (mm), and Sph (mm).
- Calculation Results:** Includes fields for IOL Power (D), IOL Type, and IOL Model.
- Comments:** A large text area for additional notes.
- Signature:** A line for the optometrist's signature.
- Footer:** Includes the ZEISS logo and contact information.

# ZEISS IOL Power Calculation Service

These are the conditions



## Availability

Our service is offered **globally**. Our standard communication languages are **English** and **German**.



## Quality check

We adhere to **ZEISS quality standards**: Each calculation is verified within a short time frame by two independent professional IOL Calculation Consultants.



## Service time

We will answer your request **within two working days** if possible (48h).

# ZEISS IOL Power Calculation Service

This is the team



**Tobias Gutzeit**  
Head of IOL Power  
Calculation Service

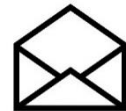


**Andrea Baresel**  
IOL Calculation  
Consultant



**Steffen Meier**  
IOL Calculation  
Consultant

In addition to their clinical or practical experience, **the professional IOL Calculation Consultants** at our Berlin site have **extensive expertise in the field of IOL power calculation** gained through their work as optometrists.



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# ZEISS IOL Power Calculation Service

## This is where you can get the templates



### Form sheet – basic cases

To ensure **completeness** and **compactness** in **data transmission**, please complete the below form:

The form sheet for basic cases includes sections for Patient information, Surgeon information, and IOL type. It contains fields for refractive index, keratometry, and axial length. A table at the bottom lists various IOL types and their corresponding calculations.

CZM - IOL Power Calculation Service  
- Form sheet (\*.pdf file)

### Questionnaire – special cases

For **special cases** inc. **irregular** corneal astigmatism or previous treatments, please complete the below questionnaire:

The questionnaire for special cases includes sections for Patient information, Surgeon information, and IOL type. It contains fields for corneal irregularities, previous treatments, and additional information. A table at the bottom lists various IOL types and their corresponding calculations.

CZM - IOL Power Calculation Service  
- Questionnaire for corneal irregularities or previous treatments (\*.pdf file)



Please download the templates in the download area of <https://portal.zeiss.com/product-insights/products/iols-ovd> and send the filled sheets to [iolcalculations.meditec@zeiss.com](mailto:iolcalculations.meditec@zeiss.com)



[iolcalculations.meditec@zeiss.com](mailto:iolcalculations.meditec@zeiss.com)

# ZEISS IOL Power Calculation Service

This is how our templates need to be filled (Form sheet – basic cases)



**ZEISS IOL Power Calculation Service**  
Calculation request

**Customer information**

\*Surgeon  

\*Clinic  

\*Address  

\*Phone/ E-Mail

**Patient information**

\*Patient  

\*\*Date of birth   \*Age  

\*\*Name  

\*IOL   OD (right) OS (left)

Please choose IOL type Please choose IOL type

**Biometry values (to be filled in by customer)** Date  

**OD (right)**

Surgery date  

r [mm]   D [D]   Axis [°]  

\*K1  

K ☐ TK ☐

\*AL [mm]   ☐ Optical/ immersion ☐ Contact-US

\*ACD [mm]   ☐ from epithelium ☐ from endothelium

LT [mm]  

\*Target ref. [D]  

Incision [D]   Position [°]  

Devices

**OS (left)**

Surgery date  

r [mm]   D [D]   Axis [°]  

\*K2  

K ☐ TK ☐

\*AL [mm]   ☐ Optical/ immersion ☐ Contact-US

\*ACD [mm]   ☐ from epithelium ☐ from endothelium

LT [mm]  

\*Target ref. [D]  

Incision [D]   Position [°]  

SIA

**Anamnesis** ☐ no corneal irregularities

☐ keratoconus/ PMD ☐ corneal scar

☐ post corneal refractive surgery: ☐ post keratoplasty

☐ LASIK/ LASEK/ PRK ☐ RK ☐ SMILE ☐ contact lenses:

☐ LVC myopic ☐ LVC hyperopic ☐ rigid ☐ soft ☐ Ortho-K

Comments

- 1 Include **surgeon** name, **clinic** name and **location**
- 2 Include anonymized **patient information** (for example ID + age)
- 3 Select **IOL** via **dropdown** menu
- 4 Complete **biometric values** and **target** refraction
- 5 Include **SIA** and **incision position** (if available)
- 6 Add all relevant pre-existing **conditions/** prior **treatments**
- 7 If necessary, space for **additional** information

**!** In order to avoid any doubts please send us the **biometry** print-out in addition (e.g. IOLMaster)



Please note: In case of doubts and in order to avoid any mistakes or misunderstandings we may ask for more information.



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# ZEISS IOL Power Calculation Service

This is how our templates need to be filled (Questionnaire – special cases)



**ZEISS IOL Power Calculation Service**  
Questionnaire for corneal irregularities or previous treatments

**1** Customer information

\*Surgeon: \_\_\_\_\_

\*Clinic: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Phone/ E-Mail: \_\_\_\_\_

**2** Patient information

\*Patient: \_\_\_\_\_

\*\*Date of birth: \_\_\_\_\_

\*\*Name: \_\_\_\_\_

Date of surgery: OD \_\_\_\_\_ OS \_\_\_\_\_

**Instructions for use**

Please complete this questionnaire if your patient has **corneal irregularities** and/ or **previous treatments**. Both can cause an irregular astigmatism and consequently need a special handling in IOL power calculation.

\* Please select the effected eye (OD and/or OS) and provide us with the necessary details.  
\* Therefore please use the drop down menu rightmost.

Corneal irregularities/ pathologies	OD	OS	Details
Keratoconus	<input type="checkbox"/>	<input type="checkbox"/>	
Pellucid marginal degeneration (PMD)	<input type="checkbox"/>	<input type="checkbox"/>	
Pterygium	<input type="checkbox"/>	<input type="checkbox"/>	
Corneal scar	<input type="checkbox"/>	<input type="checkbox"/>	
Corneal dystrophies	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

Previous treatments	OD	OS	Details
LASIK/ LASEK/ PRK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LVC myopic <input type="checkbox"/> LVC hyperopic
SMILE	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Phakic intraocular lens	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Penetrating keratoplasty	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Crosslinking	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Intrastromal corneal ring segments	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Radial keratotomy (RK)	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Astigmatic incisions	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Others:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____

Additional information	OD	OS	Details
Planned surgeries after IOL implantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> rigid <input type="checkbox"/> soft <input type="checkbox"/> Ortho-K
Contact lenses (CL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 2 <input type="checkbox"/> > 2 <input type="checkbox"/> > 4
Weeks without CL before measurement	<input type="checkbox"/>	<input type="checkbox"/>	
Colored topography attached (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	

**7** \_\_\_\_\_

- 1** Include **surgeon** name, **clinic** name and **location**
- 2** Include anonymized **patient information** (for example ID + age)
- 3** Select pre-existing **irregularities or pathologies** (add/ select details, relevant comments)
- 4** Select previous **treatments** (add/ select details, relevant comments)
- 5** Add **dates**, select relevant **details via dropdown**
- 6** Select **additional** information (e.g. information regarding **contact lenses**)
- 7** If necessary, space for **additional** information

**!** In order to support the calculations please send us a **coloured topography** in addition.



Please note: In case of doubts and in order to avoid any mistakes or misunderstandings we may ask for more information.



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# ZEISS IOL Power Calculation Service

Checklist to make sure you provided all necessary information



- ☐ Send calculation requests in the **request form** via [E-Mail](#)
- ☐ For **urgent requests** please put **surgery date in subject line** and priority „high!“
- ☐ Include **surgeon name** and **clinic name** and **location**
- ☐ Include **anonymized patient information** (ID + age AND/OR initials +age)
- ☐ Identify **precise IOL** requested for calculation (e.g. 709/ monofocal toric)
- ☐ **Ensure readability** of all data sent in
- ☐ Ensure completeness of **biometric values**: (ideally: digital + original **biometry print-out** or legible hand-writing)
  - ☐ **K1 and K2** filled in ( r in mm or dpt + refractive index // toric: with rotational axis)
  - ☐ **Axial length** (AL) in mm
  - ☐ **Anterior chamber depth** (ACD) in mm
  - ☐ **Target refraction** (except for multifocal IOLs)
- ☐ Add **all relevant information in case of irregular and pretreated corneas** (e.g. post LVC, keratoconus)
- ☐ If there are multiple biometric measurements → **prioritization of data to be used for calculation**

## Optional:

- ☐ Topography (mandatory in case of irregular astigmatism)
- ☐ Refraction and spectacle values
- ☐ Questionnaire for corneal irregularities or previous treatments (mentioned on previous page)

# ZEISS IOL Power Calculation Service



This is what we need from you in order to provide a postoperative analysis

## Unexpected postoperative result?

### Necessary information:

- ☐ Preoperative & postoperative IOLMaster printout
- ☐ Preoperative & postoperative topography
- ☐ Postoperative ACD
- ☐ Implanted IOL power
- ☐ IOL position (axis) in case of toric IOL
- ☐ Surgery date
- ☐ Subjective refraction (after 4 weeks) and date
- ☐ Serial number of implanted IOL



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Seeing beyond