



Functional evaluation of Accomodative IOL Soleko FIL-618A



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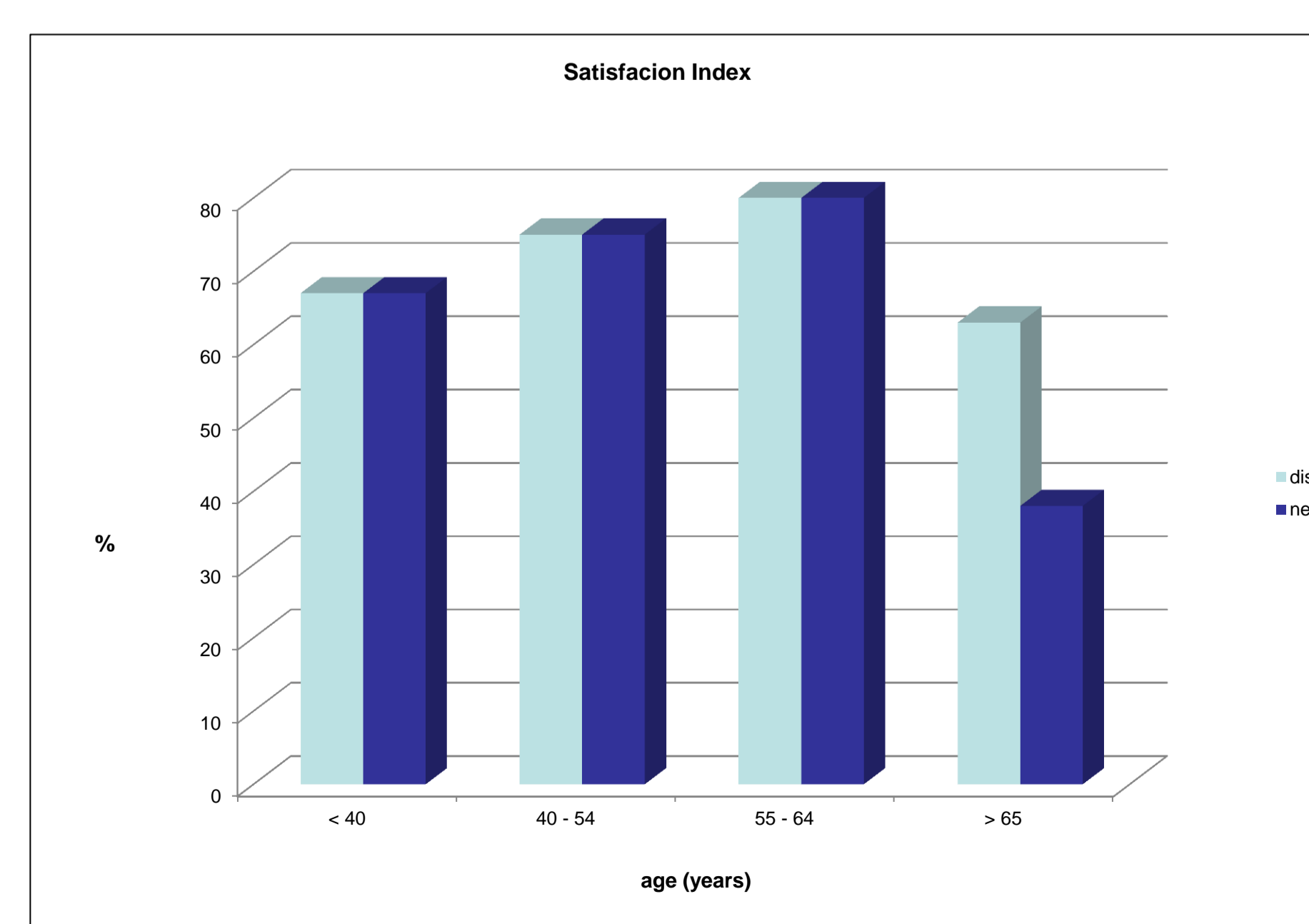
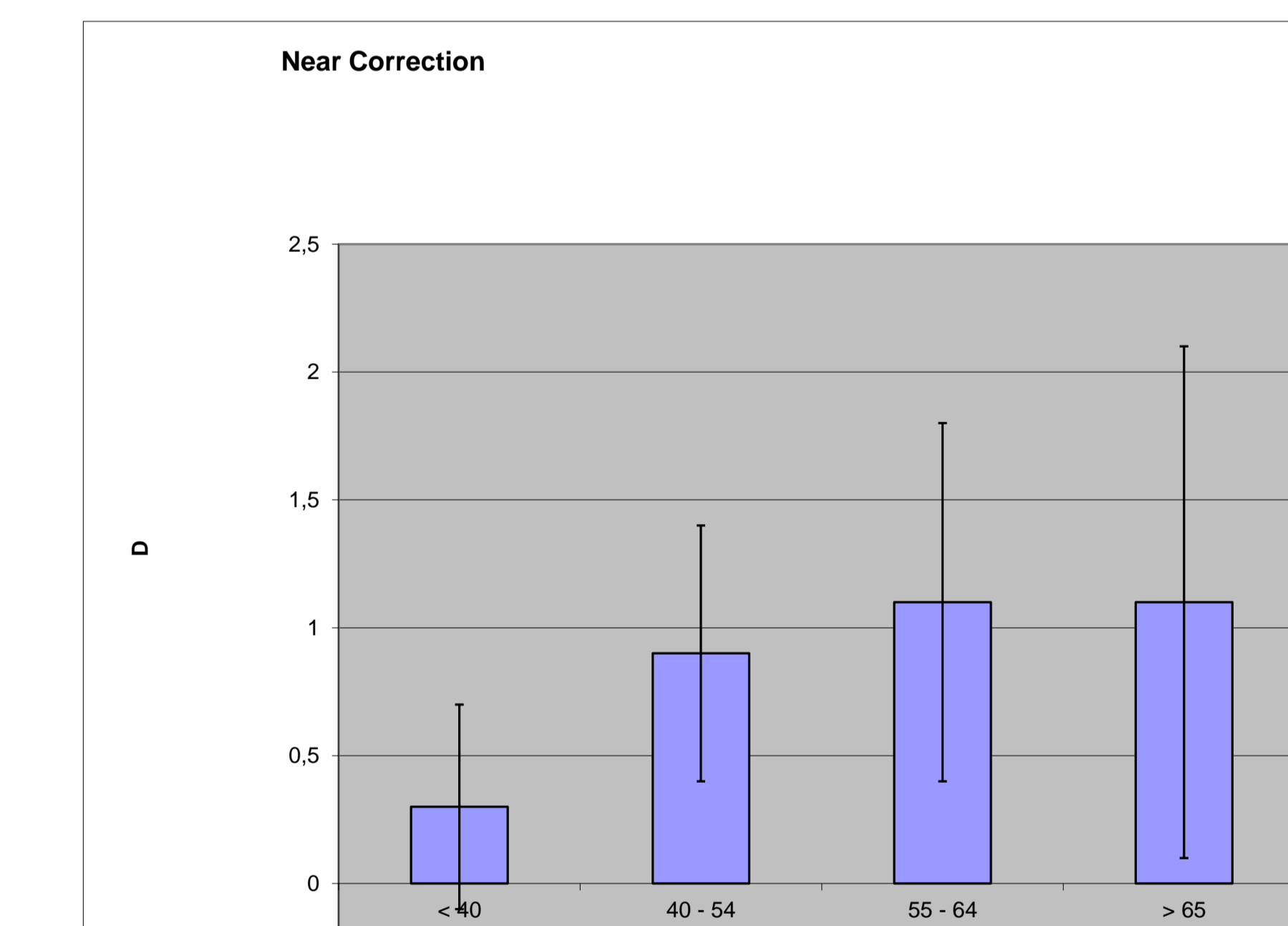
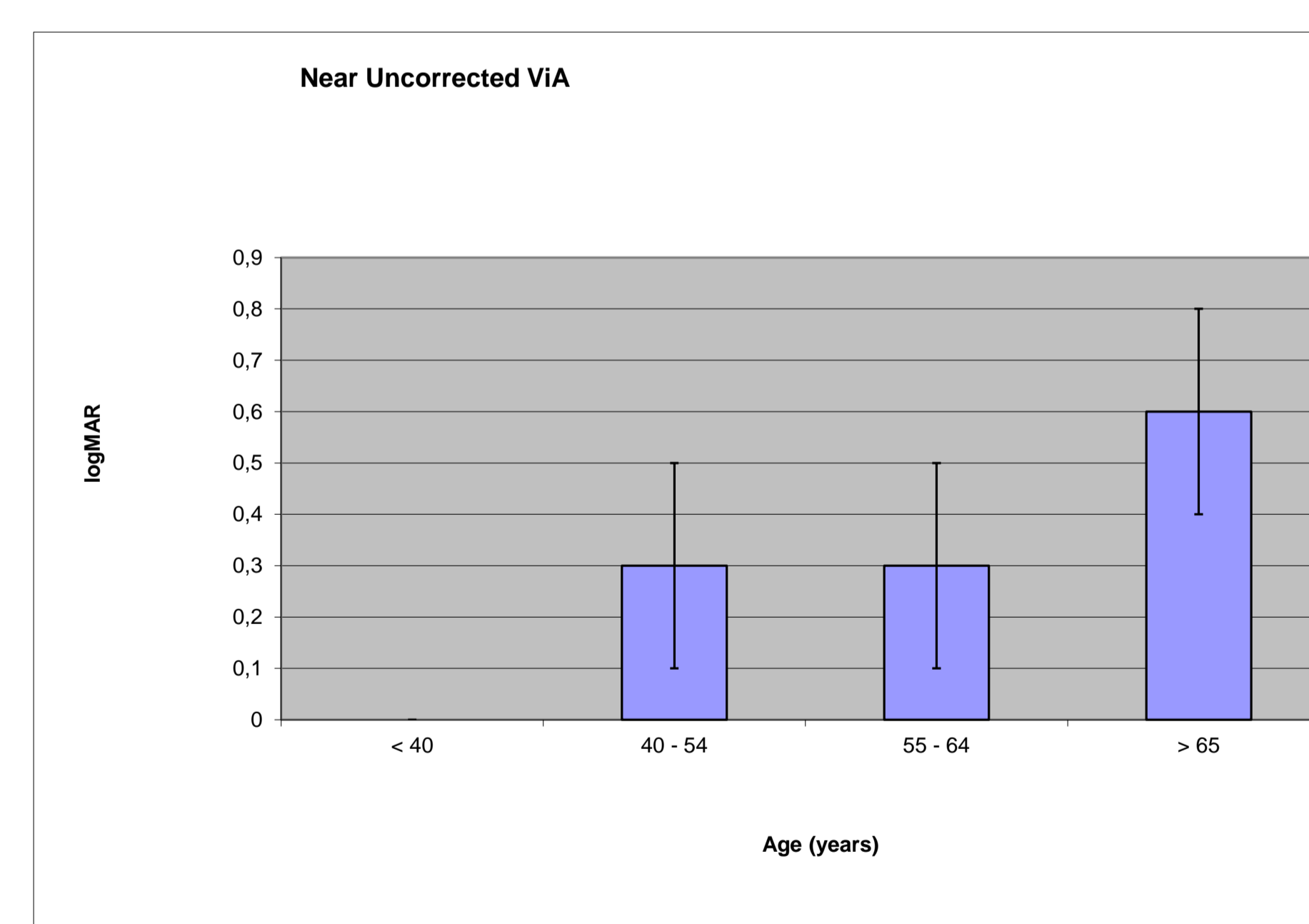
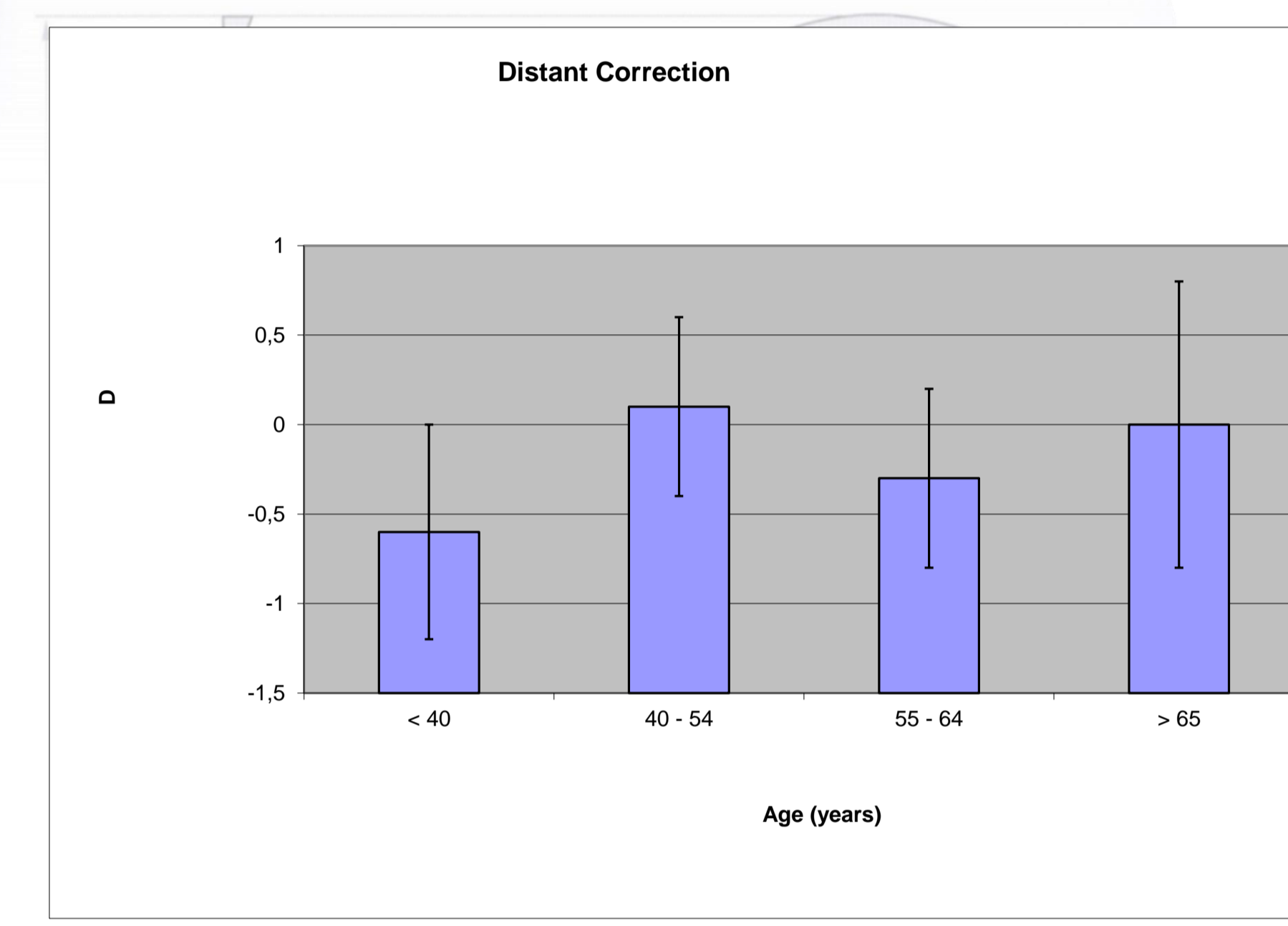
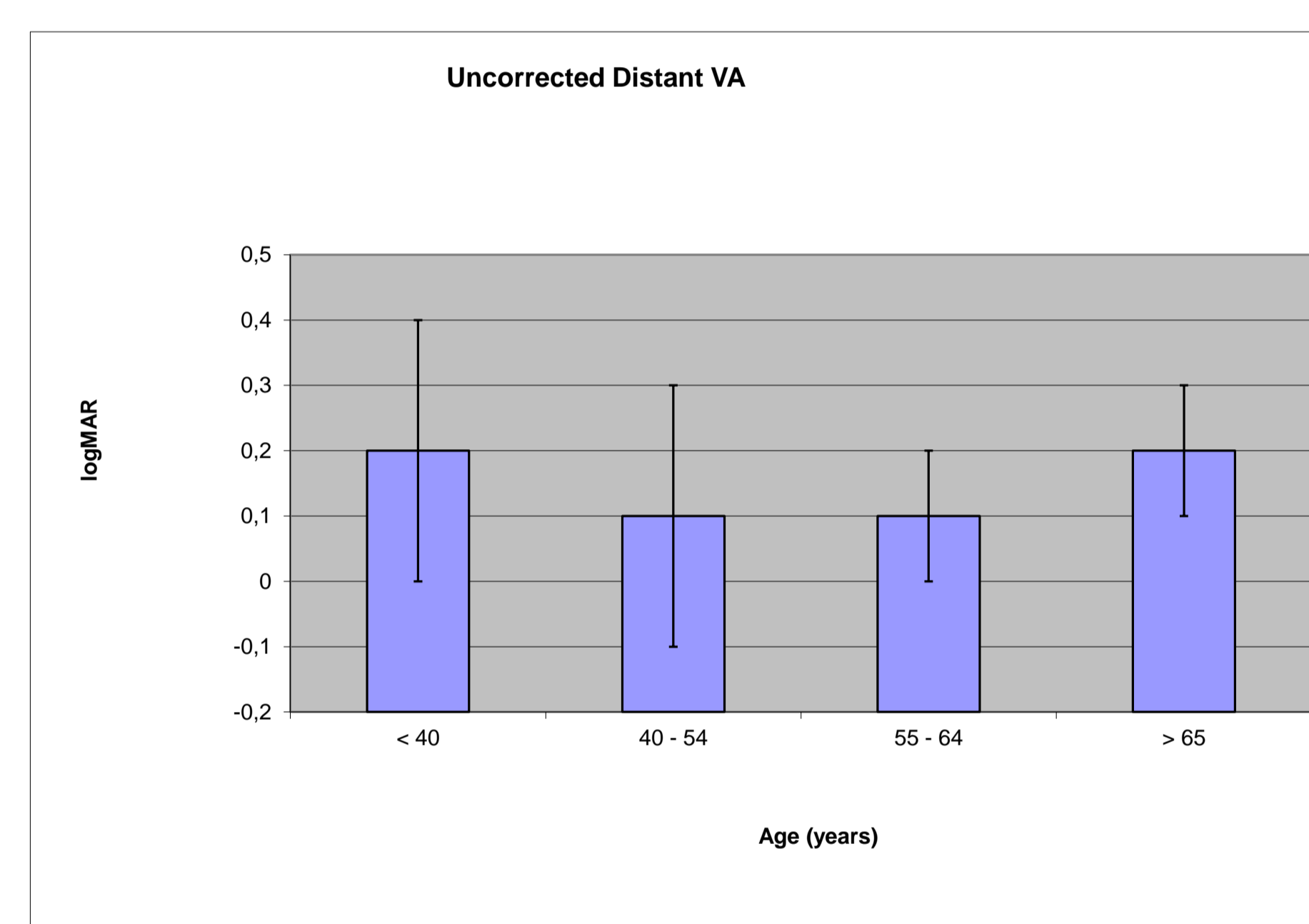
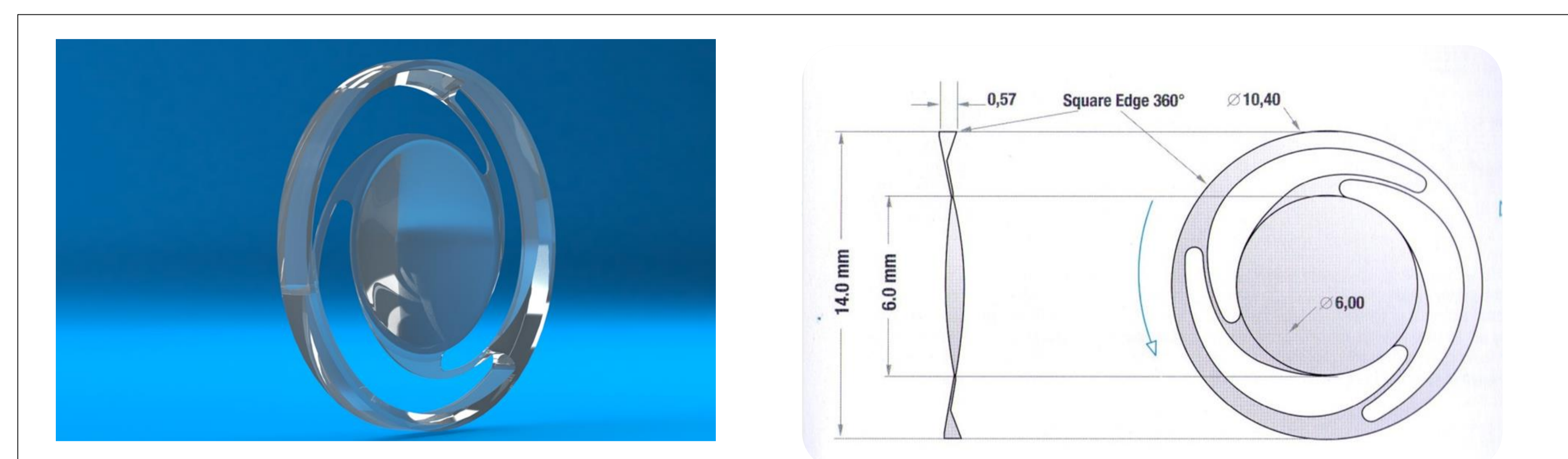
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PURPOSE: To evaluate visual performance and patient satisfaction of Soleko FIL-618A aspherical acrylic accomodative IOL.

SETTING: Department of Ophthalmology at A. Moro University, Bari, Italy.

METHODS: 20 patients (27 eyes) were divided in 4 groups according to age (< 40, 40-54, 55-64 and >65 years old [y.o.]). All of them underwent a clear cornea lens phacoemulsification and “in the bag” IOL implant. Uncorrected and corrected, distant and near, best visual acuity were performed at baseline, one, two, seven days, 3 and 6 months post-op. Satisfaction index was recorded after 6 months.

RESULTS: Distant uncorrected visual acuity were 0.2 ± 0.2 logMAR for patients younger than 40 y.o and older than 65 y.o.; the remaining patients reached 0.1 ± 0.2 logMAR. Distant corrected visual acuity was 0 logMAR for all patients except the ones older than 65 y.o. who reached 0.1 ± 0.1 logMAR. Distant visual acuity correction was -0.6 ± 0.6 D for patients younger than 40 y.o., 0.1 ± 0.5 D for the ones aged between 40 and 54 y.o., -0.3 ± 0.5 D for patients comprised between 55 and 64 y.o., and finally -0.0 ± 0.8 D for the patients older than 65 y.o. Near uncorrected of 0 logMAR visual acuity was recorded in patients younger than 40 y.o. Patients with an



age comprised between 40 and 54 years revealed an uncorrected visual acuity of 0.3 ± 0.2 logMAR, that was totally corrected with 0.9 ± 0.5 D. Patients aged between 55 and 64 y.o. achieved the same results recorded in the previous group but near corrected visual acuity needed a refractive correction of 1.1 ± 0.7 D. Near uncorrected visual acuity decreased in patients older than 65 y.o. (0.6 ± 0.2 logMAR), who benefited of lens correction of 1.1 ± 1 D to achieve a corrected visual acuity of 0.1 ± 0.1 logMAR. Satisfaction index was superb among young people (<40 y.o., 67%), discrete in patients aged between 40 and 64 y.o. (40%) and poor for the elderly (>65 y.o. 25%).

CONCLUSION: Distant uncorrected and corrected visual acuity were similar among the groups. Uncorrected near visual acuity was good for patients younger than 65 y.o. probably because of progressive weak of accommodative process of elderly. This could justify the poor satisfaction index recorded among those patients.

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