

# BIOPTICS: Artisan phakic IOL and staged LASIK

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# Background

- Unable to correct high myopes  $> 12-14D$  with LASIK
- Growing interest in phakic IOL's
- Anterior chamber (haptics, iris fixated)
- Posterior chamber

# Methods

- Evaluated 12 patients with myopia  $> 10$  D
- Initial flap formation
- 2-5 days later Artisan implantation
- 6 weeks later LASIK enhancement for RE  $> 0.50$  D
- Follow-up 1D, 1Week, 1 month, 3Months, 6 Months

# Results

- 12 eyes mean RE: -14.55D
- At 6 weeks mean RE: -2.50D
- 10 eyes received enhancement
- Postoperative RE: -0.45

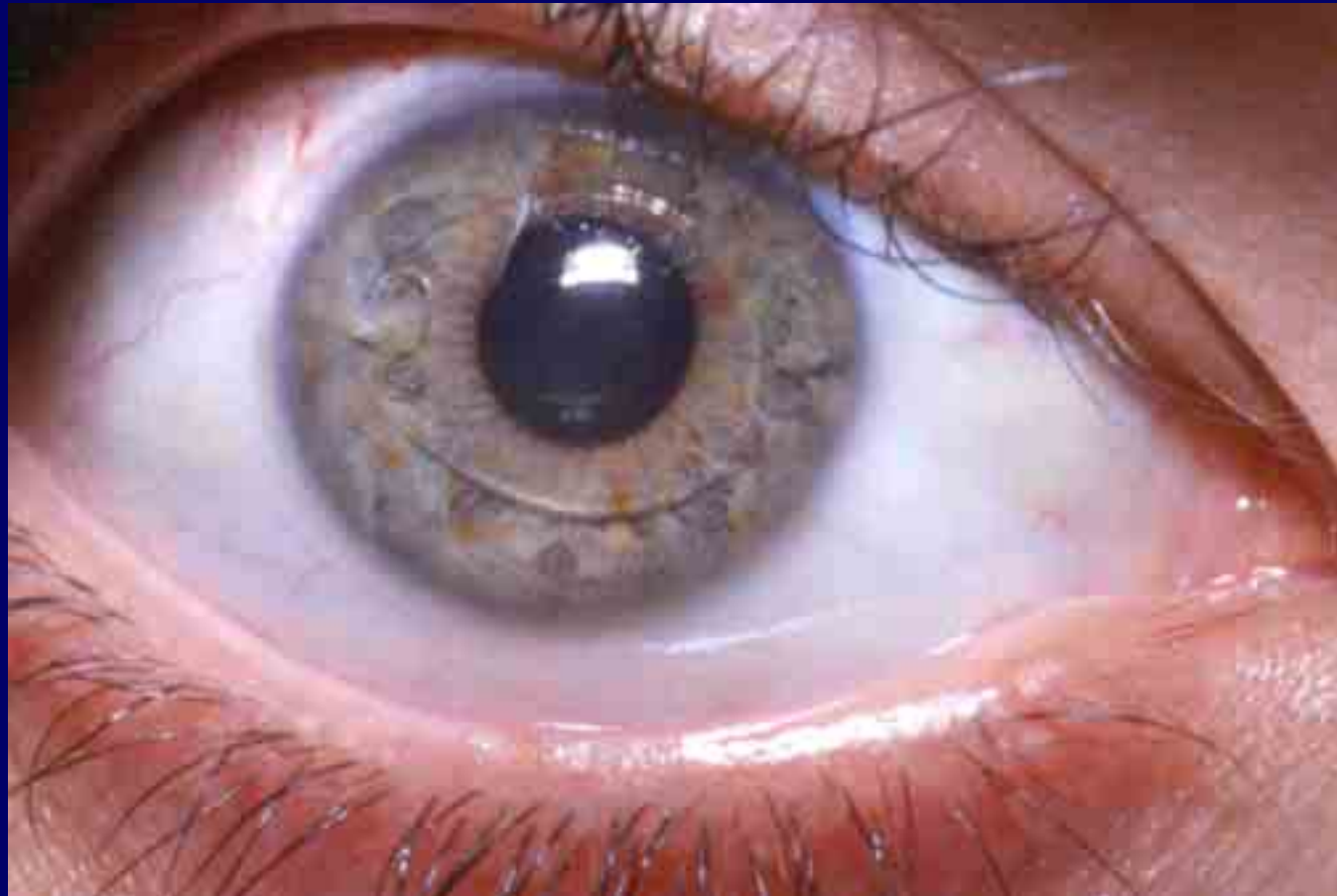
# Results Va

	BCVA	UCVA
Preop	20/45	CF
Postop	20/27	20/42

# Complications

	IOP spike s	ECC loss	Under Crctn > 0.50	Epi ingrowth	Glare Halos
Artisa n	0	+2 %!	10	0	2
Enhancement	0	+1.2%!	0	1(Ns)	2

# Artisan



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# Endothelial cell counts

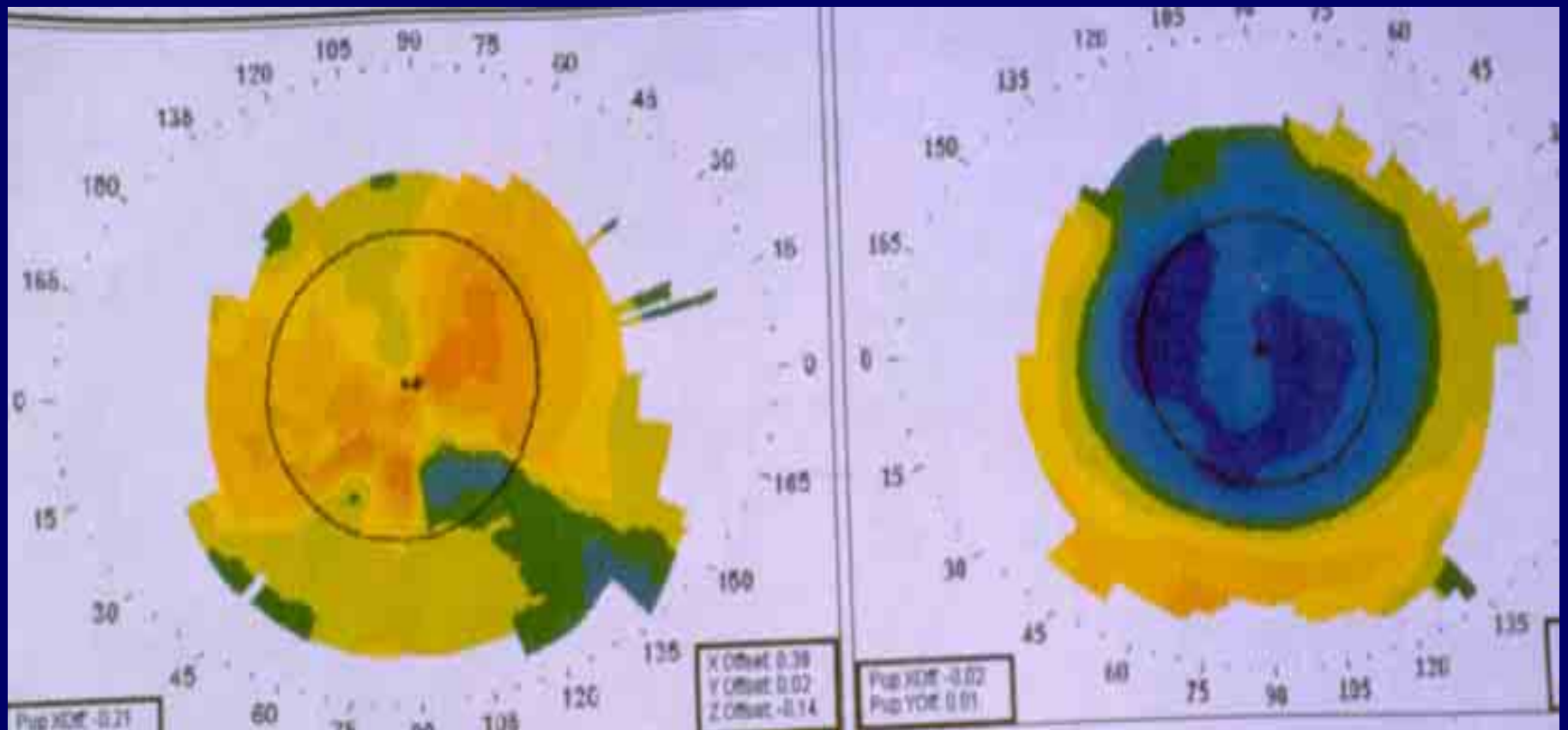




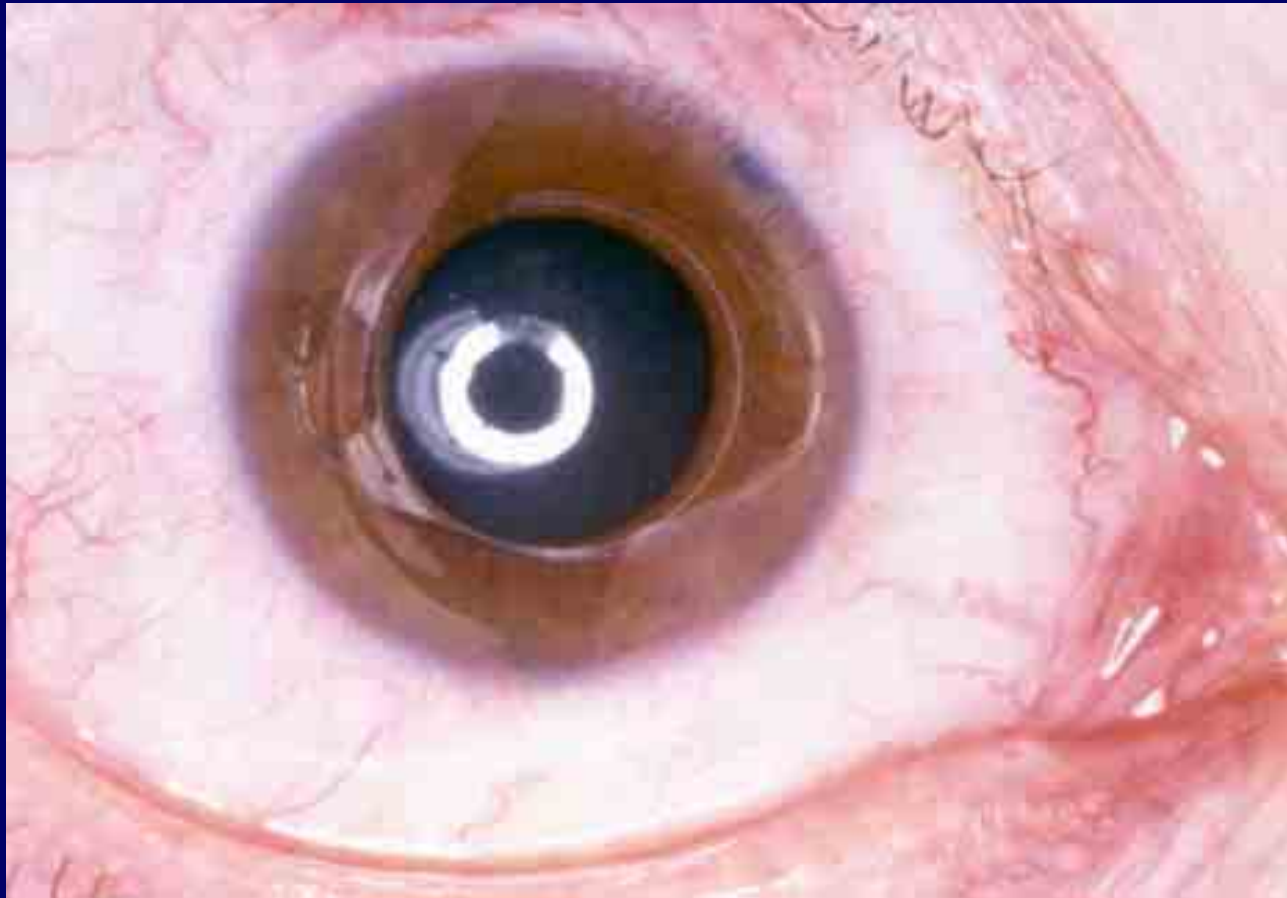
# Case report

- 1 patient randomized for one IOL each eye
- Artisan OD: -0.50 -0.50 X 90 UCVA 20/25
- ICL OS: -0.50 UCVA 20/25+
- Outflow facility: unchanged OD (0.285 to 0.286 microL/min/mmHg), **reduced from 0.287 to 0.185**) 35.5% OS

27y/o F -14.00, -9.00

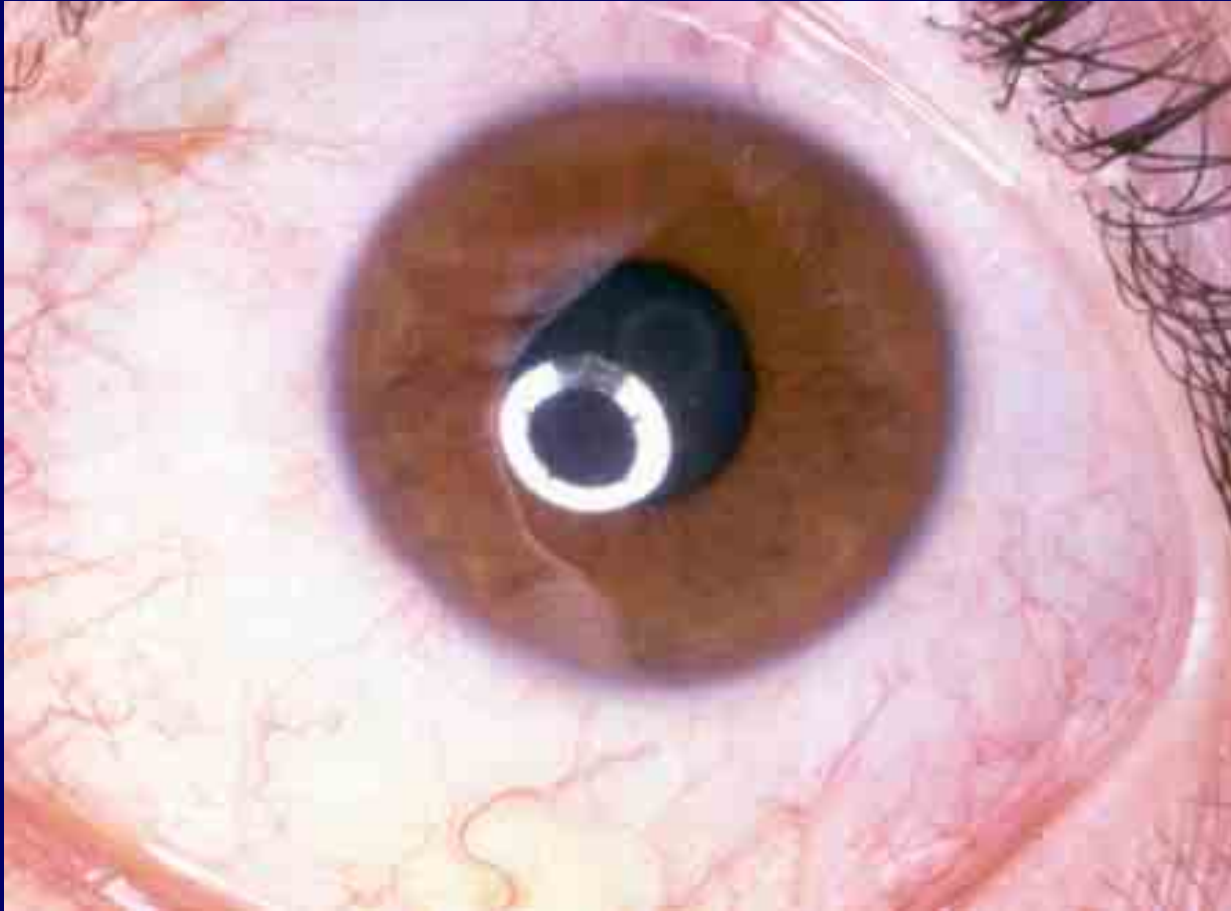


# OD Bioptics 6 months postop 20/20



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OS Lasik 8 months postop  
20/25



# Conclusions

- Good predictable approximation of emmetropia
- Artisan require more surgical skill and elaborative technique
- Away from K, angle, crystalline lens
- Minimal if any ECC loss

# Conclusions

- LASIK for  $> 10D$  usually requires enhancement
- Lengthy staged technique
- High risk for aberration problems
- Unknown future for iatrogenic ectasias

# Conclusions

- Worrisome outflow facility compromise with ICL
- Worrisome anterior capsular opacification with ICL
- Current technique BIOPTICs: Artisan lens and staged LASIK