

CLINICAL AID: PC-IOL candidate selection



1

PATIENT GOALS & EXPECTATIONS

Does the patient's lifestyle and expectations align with presbyopia-correcting (PC) intraocular lens (IOL) trade-offs?



Assess:

- ☐ High desire for reduced spectacle dependence
- ☐ Willingness to accept trade-offs in visual quality
- ☐ Night driving demands
- ☐ Realistic expectations for:
 - Halos / glare
 - Adaptation period
 - Possible glasses use

✓ YES > Proceed to step 2

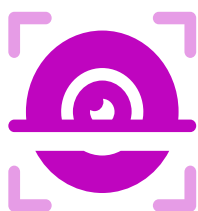
✗ NO > Counsel and reassess before proceeding



2

OCULAR SURFACE & BIOMETRY

Are measurements accurate and the ocular surface optimized?



Assess:

- ☐ Tear film / dry eye
- ☐ Repeatable keratometry
- ☐ Axial length reliability

Action:

- ☐ Stable surface?

Requirement: High-quality, reproducible measurements

✓ YES > Proceed to step 3 (next page)

✗ NO > Treat first, re-measure



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3

CORNEA ASSESSMENT

Is corneal optics suitable for advanced IOL performance?

Evaluate:

- ☐ Corneal topography (regular vs irregular astigmatism)
- ☐ Prior refractive surgery [laser in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), radial keratotomy (RK)]
- ☐ Higher-order aberrations

Action:

- ☐ Regular astigmatism - correctable?
- ☐ Irregular cornea/high aberrations - correctable?

Ideal: Regular cornea with low aberration profile

✓ YES > Proceed to step 4

✗ NO > Consider limitations and proceed cautiously

4

RETINA & OCULAR HEALTH

Is retinal function sufficient for multifocal performance?

Assess:

- ☐ Macular pathology (age-related macular degeneration, epiretinal membrane)?
- ☐ Diabetic retinopathy?
- ☐ Optic nerve disease?

Action:

- ☐ Normal retina?
- ☐ Mild disease?
- ☐ No significant pathology?

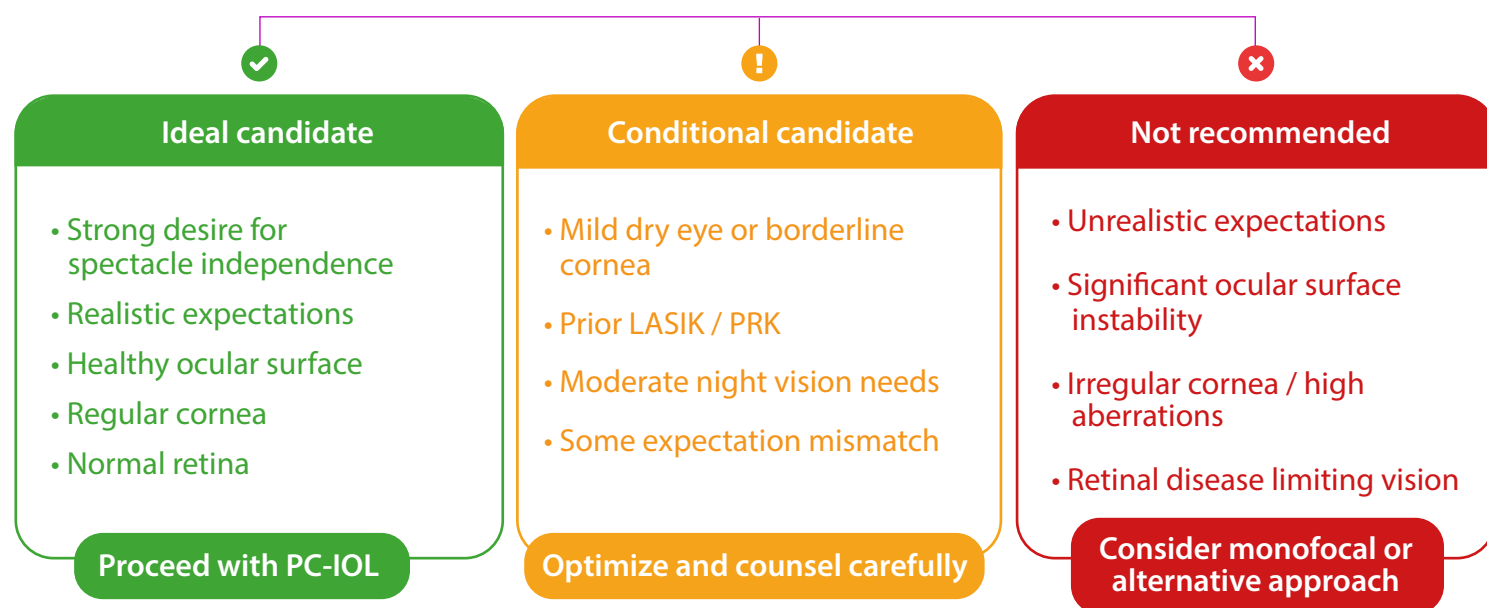
Principle: Multifocal optics require a healthy eye

✓ YES > Proceed to step 5 (next page)

! If mild disease, use selectively

✗ NO > Avoid PC-IOL

5 FINAL CANDIDACY STRATIFICATION



5 COUNSELING CONSIDERATIONS ACROSS THE CARE PATHWAY



Range of vision increases may reduce contrast



Halos and glare can be common early but often improve with time



Night vision performance varies by lens



Adaptation can take weeks to months



Glasses may still be needed for certain activities

- Expectation alignment is the strongest predictor of satisfaction
- Successful PC-IOL outcomes require alignment between patient expectations, ocular health, and optical quality, supported by accurate diagnostics and structured counseling.

References

1. Park CY. Factors Affecting Postoperative Satisfaction After Presbyopia-Correcting Intraocular Lens. *J Clin Med*. 2026;15(1):336. [PubMed ID 41517585](#)
2. Jeon W, Yoon CH, Oh JY, et al. Risk factors in dissatisfied patients with presbyopia-correcting IOLs. *BMC Ophthalmol*. 2025; 25:82. [PubMed ID 39972278](#)
3. Xu W, Khandelwal SS. *Avoiding and Addressing Unhappy PC-IOL Patients*. 2023. [Ophthalmologymanagement.com/issues/2023/august/avoiding-and-addressing-unhappy-pc-iol-patients](https://ophthalmologymanagement.com/issues/2023/august/avoiding-and-addressing-unhappy-pc-iol-patients)
4. McNeely RN, Moore JE, Mehta JS, Ting DSJ. Presbyopia-correcting intraocular lenses in eyes with corneal conditions: an update. *Curr Opin Ophthalmol*. 2026;37(1):16–24. [PubMed ID 40920465](#)

Co-developer Dr. Jennifer Loh, Loh Ophthalmology Associates, Miami, FL

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