Our clinical application team will be on-hand to support you in understanding the patient selection processes, treatment planning and managing patients expectations. This will help you to ensure the best post-refractive outcomes and happy patients.

**Patient Selection for SMILE Procedures:** Exclusive to the ZEISS Visumax femtosecond laser

Small incision lenticule extraction or SMILE is the 3rd generation of laser vision correction beyond PRK and LASIK and is redefining refractive surgery as we know it. Until now, ZEISS is the only company to offer a way for treating patients with this unique, minimally invasive and flapless SMILE procedure – with ReLEx® SMILE from ZEISS.

**Patient Suitability Criteria:**
- Myopia from -1.5 D up to -10.00 D of sphere and -5.00 D of astigmatism (SEQ up to -12.50 D)
- More precise correction of high myopia
- Optical Zones 6.5 – 7.0
- Active patients who may be exposed to eye trauma; such as rugby players, netball players, martial artists and members of armed forces and police
- People at risk of dry eye symptoms after surgery.

**Patient Selection for PRESBYOND Treatments:** Exclusive to the ZEISS MEL90 excimer laser

PRESBYOND Laser Blended Vision from ZEISS is an advanced method for treating presbyopia. It combines the simplicity and accuracy of corneal refractive surgery, with the benefits of increased depth of focus in retaining visual quality. As a surgical solution based on the naturally occurring spherical aberrations of the eye, PRESBYOND extends the scope of customised ablation beyond the limits of conventional monovision.

**Patient Suitability Criteria:**
- Patients aged 45-60
- Inclusion criteria the same as for LASIK
- Myopia, Emmetropia, Hyperopia
- CDVA no worse than 20/25 in either eye
- Errors between -8.00 D to +2.00 D with up to 2.00 D of astigmatism (SEQ: -8.00D to +2.00D)
- Tolerance of micro-monovision test.
Our dedicated team of Account Managers will be on-hand to support you in understanding the patient selection processes, treatment planning and managing patient’s expectations. This will help you to ensure the best post-refractive outcomes and happy patients.

**Patient Selection for Refractive Cataract Procedures:** ZEISS Advanced Technology IOL Platforms

Patients with the following profiles have been shown to be particularly suitable:

- A positive attitude and leading an active life
- A strong desire to be less dependent on glasses for reading and intermediate distances
- Interested in using innovative products and exploring future advances in life enhancing technology
- High but realistic expectations, not a perfectionist.

The surgeon should know as much as possible about the personal situation of the patient, their expectations of correction and fully understand the preferred working distance of the patient. 30 mins chair time pre-surgery can save significant time and effort post-surgery!

**Ensuring Positive Outcomes:**

**Useful points to consider for Refractive Cataract Procedures**

- Refractive cataract surgery should be managed very differently from standard cataract procedures
- The goal is always emmetropia
- Accurate IOL calculations are critical to success
- Biometry has been one of the most common reasons for poor post-operative results and unhappy patients
- Be encouraged to optimize your own A-constant with your IOLMaster
- Use Z-Calc and the ULIB optimized lens-constant for toric implantations
- Astigmatism is not a contraindication, but we recommend the bilateral implantation of AT LISA tri toric 939MP for patients having a corneal astigmatism of 1,0 D or more.

**Next Steps for Refractive Cataract Procedures:**

**Post-Operative Check-Ups and Further Treatment**

Post-operative checks should ideally be performed one day, one week and four weeks after surgery. These appointments should aim to:

- Obtain a subjective refraction for distance, intermediate and near (it is not recommended to use an auto refractometer when a multifocal IOL has been implanted)
- Perform a corneal topography analysis
- The second eye should be typically treated within three weeks of the first eye.