SPECTACLE INDEPENDENCE AND PATIENT-REPORTED PHOTIC PHENOMENA FOLLOWING THE IMPLANTATION OF AN ENHANCED MONOFOCAL IOL: A REAL-WORLD STUDY

Presented by: Ahad Mahootchi, MD

DISCLOSURES

- None

INTRODUCTION

- Enhanced monofocal intraocular lenses (IOLs) are intended to provide a continuous range of vision allowing functional visual acuity from far to intermediate distances.[1]
- The enVista Aspire IOL is an enhanced monofocal IOL, designed to improve intermediate vision while maintaining excellent distance acuity.
- Following an IOL implantation, the assessment from the patients' perspectives is essential to evaluate the real-world effectiveness of the IOL.[2]
- The use of standardized questionnaires provides a structured way for patients to report spectacle independence and visual phenomena, such as glare or halos, which may not be apparent during an objective ophthalmic examination.[3]

1. Fernández et al. *BMC Ophthalmol*, 2023; 2. Dharmalingam et al. *TNOA J Ophthalmic Sci Res*, 2024; 3. Morlock et al. *Am J Ophthalmol*, 2017.

METHODS

STUDY DESIGN:

Retrospective study.

STUDY PROCEDURE:

87 patients underwent bilateral cataract surgery and implantation of an enhanced monofocal IOL (enVista Aspire, Bausch + Lomb). No more than .6 D of myopic offset in non-dominant eye.

OUTCOME MEASURES:

Subjective assessment of spectacle independence and incidence of visual symptoms using the patient-reported spectacle independence questionnaire (PRSIQ) and Quality of Vision (QoV) surveys.

PURPOSE

- To evaluate the spectacle independence and frequency of photic phenomena following the implantation of enVista Aspire IOL.

PRSIQ

- During the last 7 days, did you need glasses or contacts for (D,I, or N) vision? **Yes or No**
- During the last 7 days, how often did you wear glasses or contacts for (D,I, or N) ? **All of the time, Most, Some, Little or None of the time.**
- **Then asked in reverse (and hardest standard)**
- During the last 7 days, were you able to function comfortably WITHOUT glasses or contacts for (D,I, or N). **All of the time, Most, Some, Little or None of the time.**
- **D is > 5ft away. I is 1.5 to 5ft , and N is <1.5 ft**

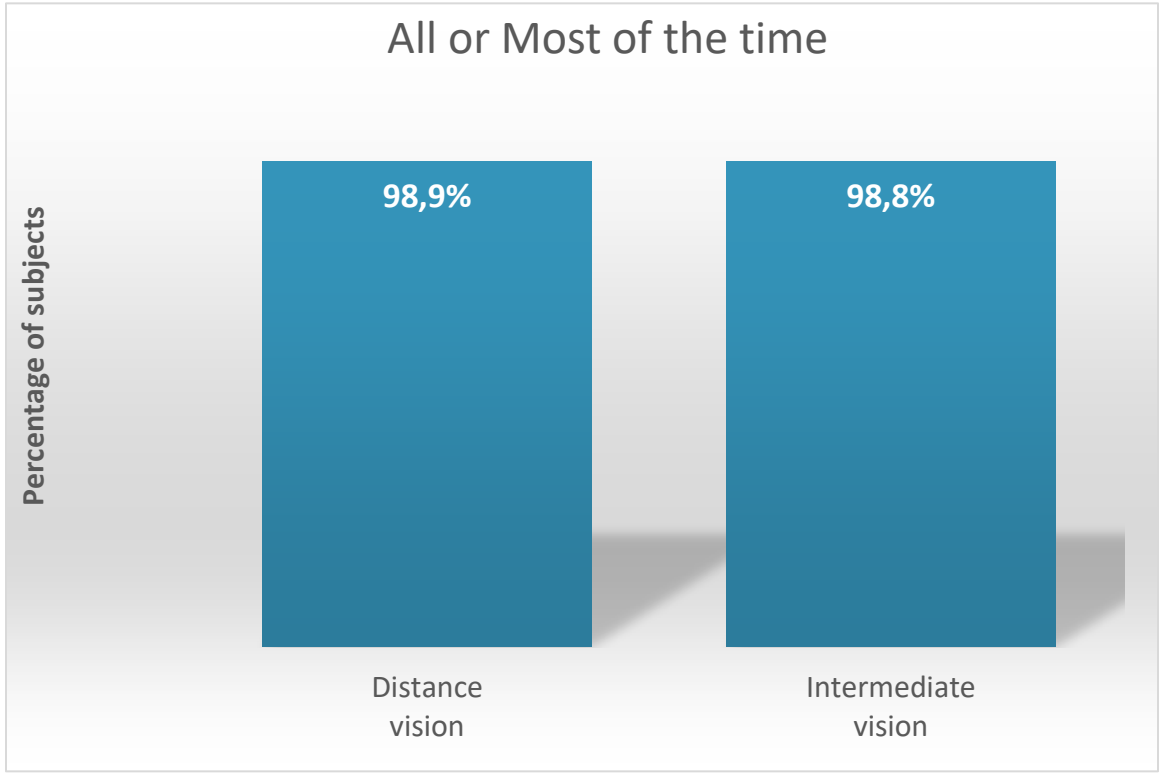
1. Fernández et al. *BMC Ophthalmol*, 2023; 2. Dharmalingam et al. *TNOA J Ophthalmic Sci Res*, 2024; 3. Morlock et al. *Am J Ophthalmol*, 2017.

RESULTS: PRSIQ QUESTIONNAIRE

- Approximately 99% of patients were able to function comfortably without glasses/contacts “all” or most of the time” for **distance and intermediate vision.**

During the last 7 days, were you able to function comfortably WITHOUT glasses or contacts for:

Higher is better



RESULTS: PRSIQ QUESTIONNAIRE

- Unexpectedly Good Unaided Near vision. Approximately 61% of patients were able to function comfortably without glasses/contacts “all” or most of the time” for near vision.

During the last 7 days, were you able to function comfortably WITHOUT glasses or contacts for:

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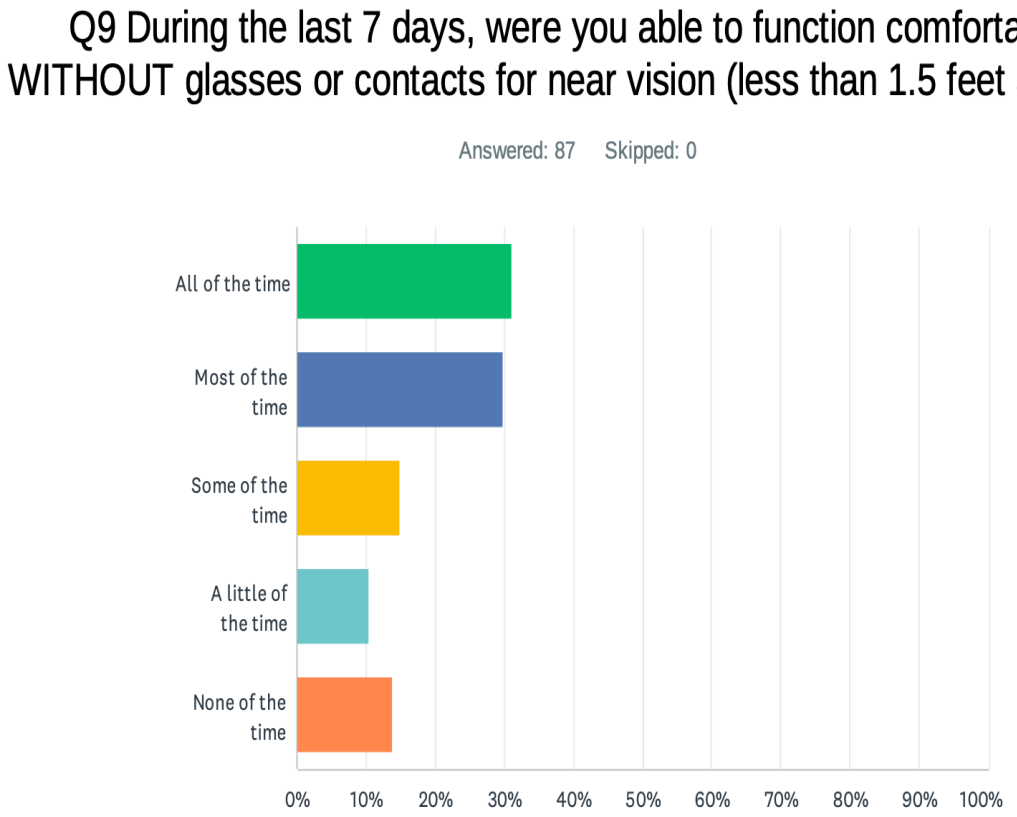
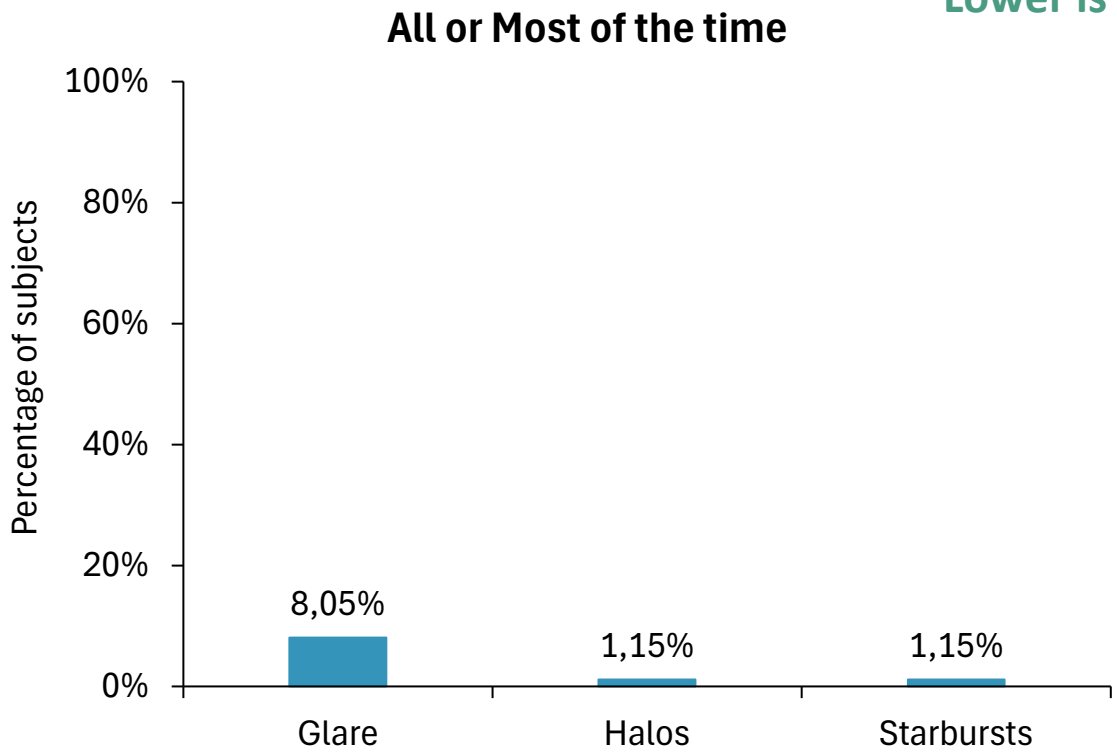


RESULTS: PRSIQ QUESTIONNAIRE

- The frequency of visual symptoms was low, with 8% of patients reporting glare, and 1.2% of the patients each reporting halos or starbursts to occur ‘all’ or ‘most of the time’.

How often do you experience:

Lower is better



DISCUSSION & CONCLUSION

- Implantation of Aspire IOL exhibited excellent spectacle independence at far and intermediate distances.
- For distance and intermediate vision, 99% of patients could function comfortably without glasses/contacts.
- For near vision ~50% or more read without glasses or contacts.
- The low frequency of photic phenomenon postoperatively may be attributed to the IOL design.
  - The Aspire IOL uses higher-order aspheric coefficients on the posterior surface to extend depth of focus, ensuring a smooth transition of light that minimizes dysphotopsias.[4]
- To conclude, following Aspire IOL implantation, patients reported excellent vision at far and intermediate distances with a low frequency of dysphotopsia.

4. enVista Aspire Hydrophobic Acrylic IOL. https://www.bauschsurgical.com/cataract/enVista-Aspire/.

THANK YOU

Patient-reported Outcomes Following Bilateral Implantation Of An Enhanced Monofocal IOL

Presented by: Evan Dackowski, MD
Morgan Micheletti, MD

INTRODUCTION

- Conventionally, cataract surgery relied on the implantation of monofocal IOLs as the standard of care.[1]
- Despite the excellent visual acuity at far distances achieved with monofocal IOL implantation, spectacle dependence for near and intermediate tasks remains a primary disadvantage.
- As digital device usage surges, intermediate vision after cataract surgery has become a crucial visual priority.
- With the development of enhanced monofocal IOLs, a broader range of vision is possible than that obtained with the standard monofocal IOLs.[2]
- enVista Aspire (enhanced monofocal IOL) is designed with intermediate optimized optics to slightly broaden the depth of focus from distance to intermediate.

1. Sridhar and Tripathy, StatPearls, 2023; 2. Fernández et al., *Eye*, 2025.

PURPOSE

- Patient-reported outcome measures are important to ensure a comprehensive assessment from the patient's perspective.
- Therefore, the present study evaluated visual symptoms and patient-reported outcomes following bilateral implantation of an enhanced monofocal IOL.

METHODS

STUDY DESIGN: Ambispective study.

STUDY PROCEDURE

82 subjects who underwent bilateral implantation of enhanced monofocal IOL were included, targeting bilateral emmetropia or micro monovision based on the surgeon's preference.

- Preoperative data were obtained retrospectively from the case records, and subjects were assessed prospectively at the scheduled follow-up visit (at least 2 months after IOL implantation in the second eye) to evaluate patient-reported outcomes.

OUTCOME MEASURES

Validated questionnaires were used to assess visual symptoms, ability to do near vision tasks, and patient satisfaction.

- Assessment of Intraocular Lens Implant Symptoms (AIOLIS) questionnaire.
- Near Activity Vision Questionnaire (NAVQ).

RESULTS: AIOLIS questionnaire

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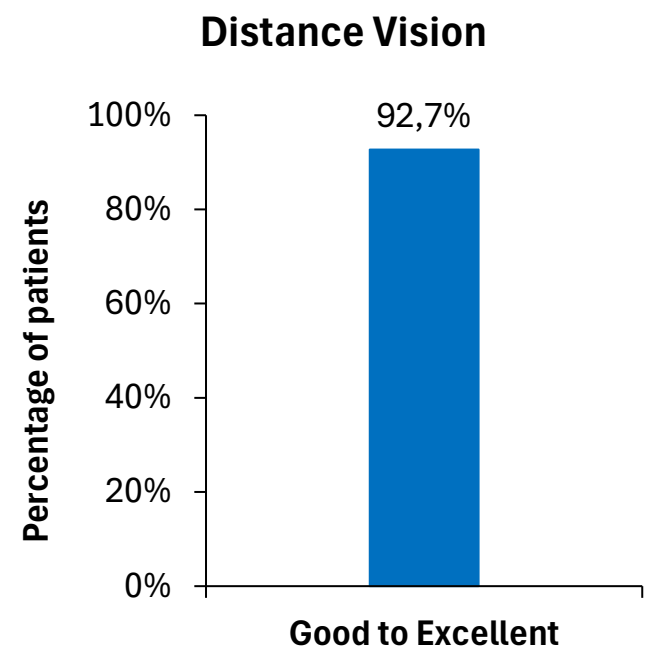

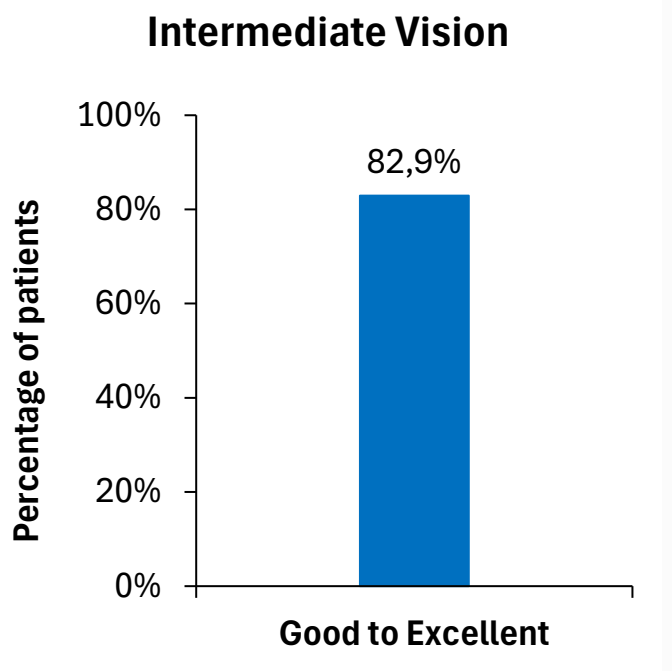

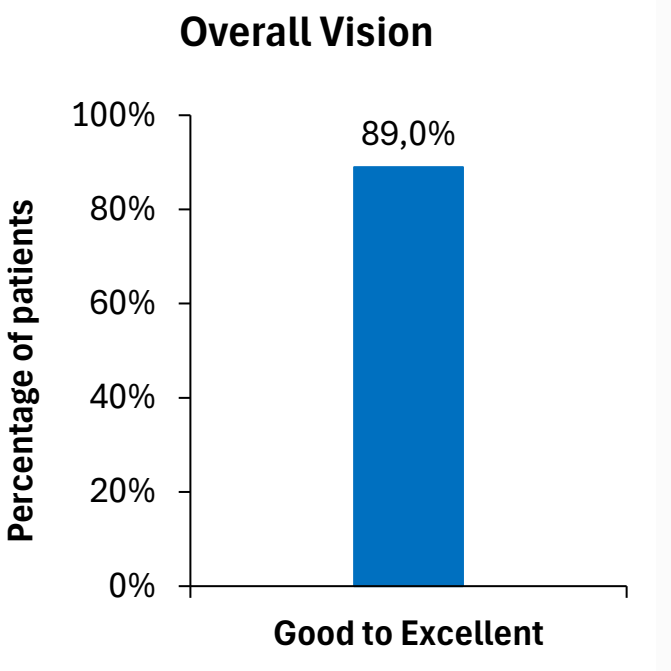

- A high proportion of patients achieved good to excellent vision at distance and intermediate. Mean MRSE of -0.38 ± 0.47 D reflected a mix of bilateral emmetropia and micro-monovision, per surgeon's preference.
- Overall vision was rated as good to excellent by nearly 90% of patients following enhanced monofocal IOL implantation.

RESULTS: AIOLIS questionnaire

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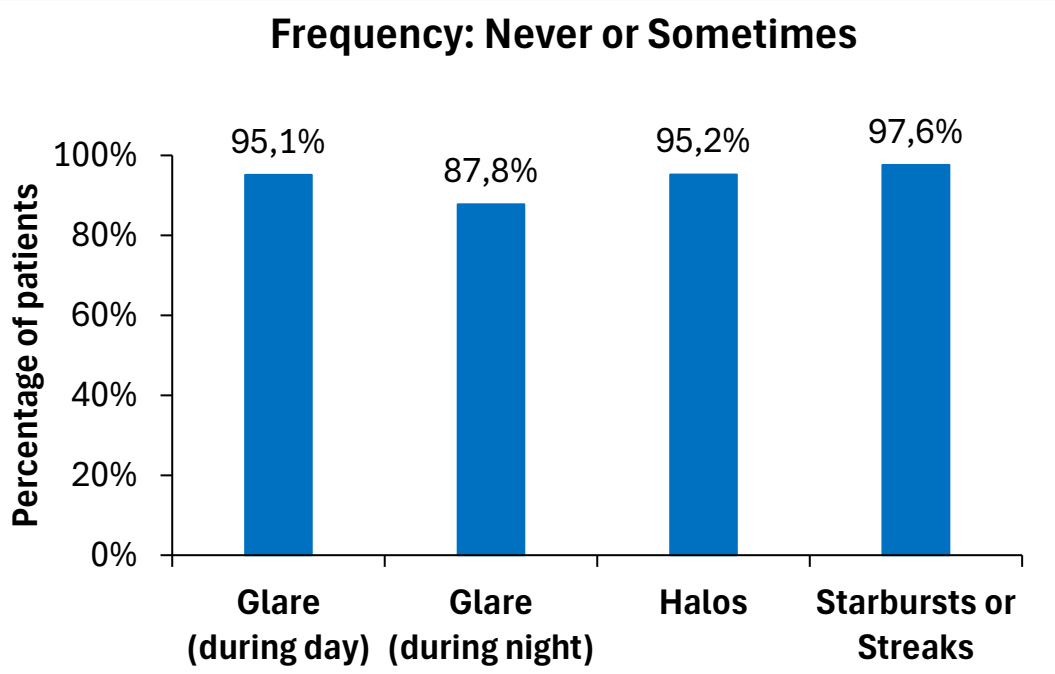

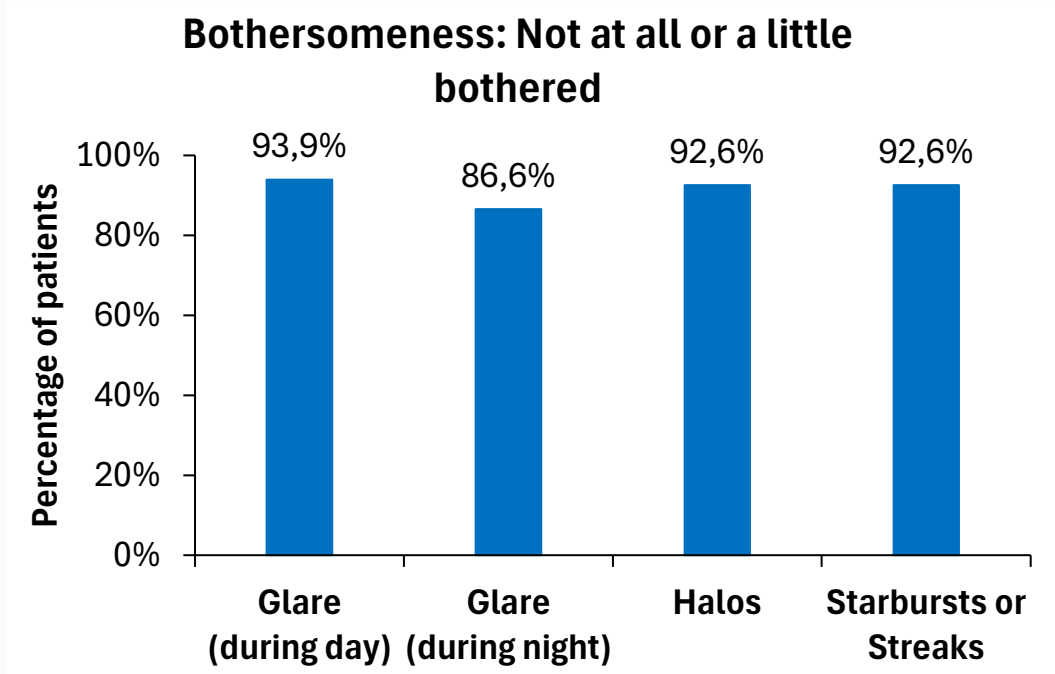

- The frequency and bothersomeness of visual symptoms were low, with more than 95% of patients reporting no or minimal halo/starburst, and more than 92% reporting ‘not at all or only a little’ bothered by them.

RESULTS: AIOLIS questionnaire

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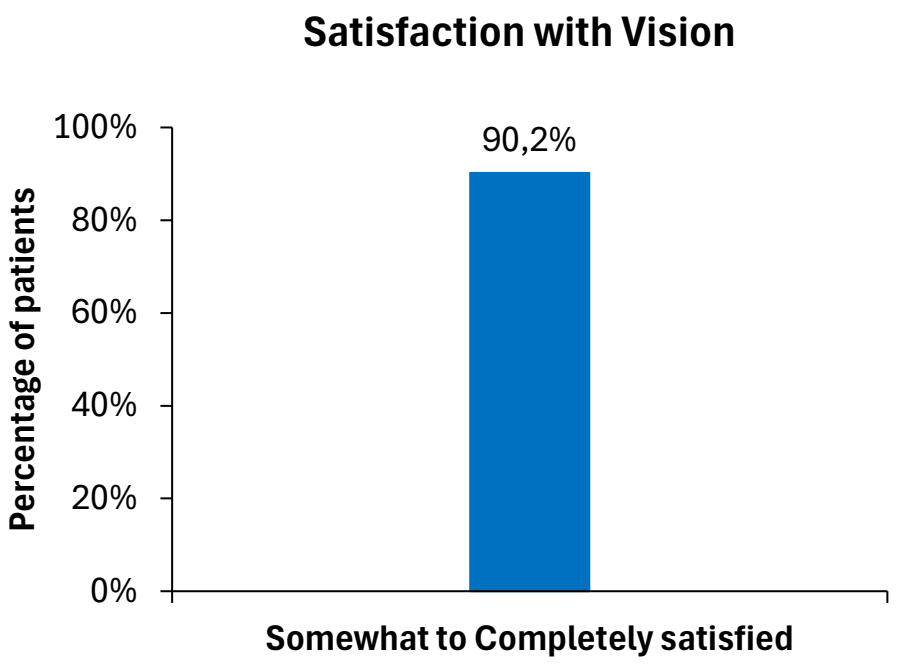

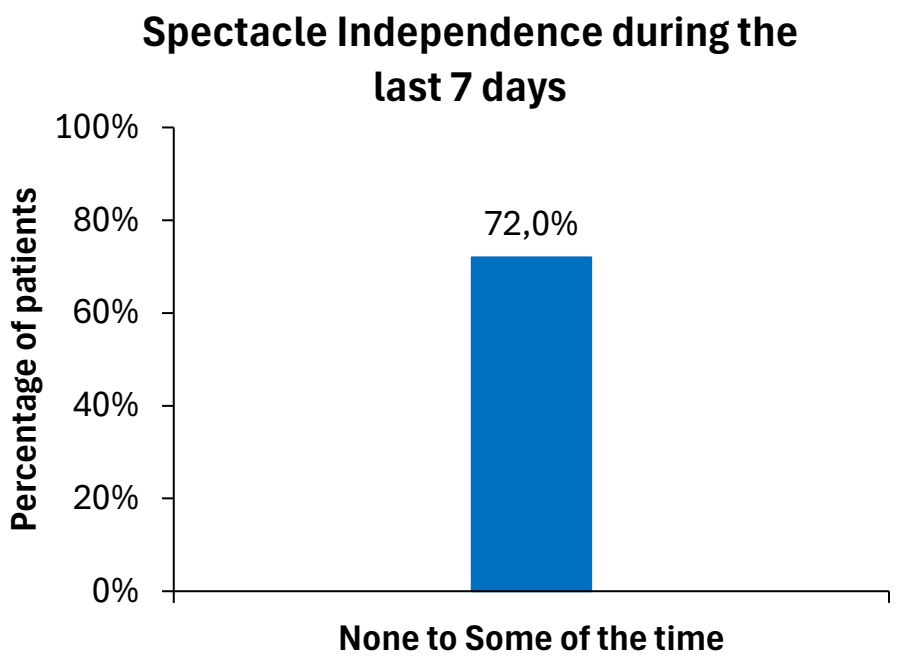

- Patient satisfaction with the postoperative vision was high (90%), with 72% patients reporting good spectacle independence following the implantation of enhanced monofocal IOL.

RESULTS: NAVQ questionnaire

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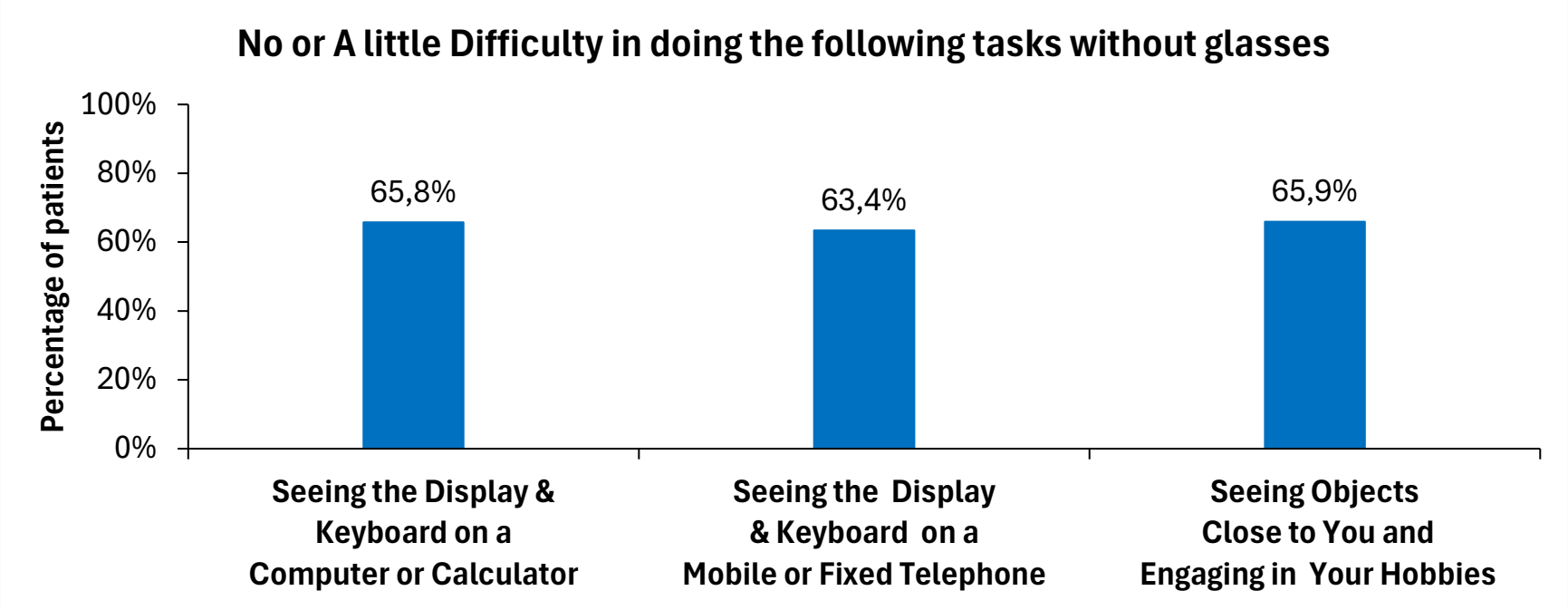

- Nearly 2/3rd of patients could do intermediate vision tasks with ‘no or only a little difficulty’ without using spectacles.

RESULTS: NAVQ questionnaire

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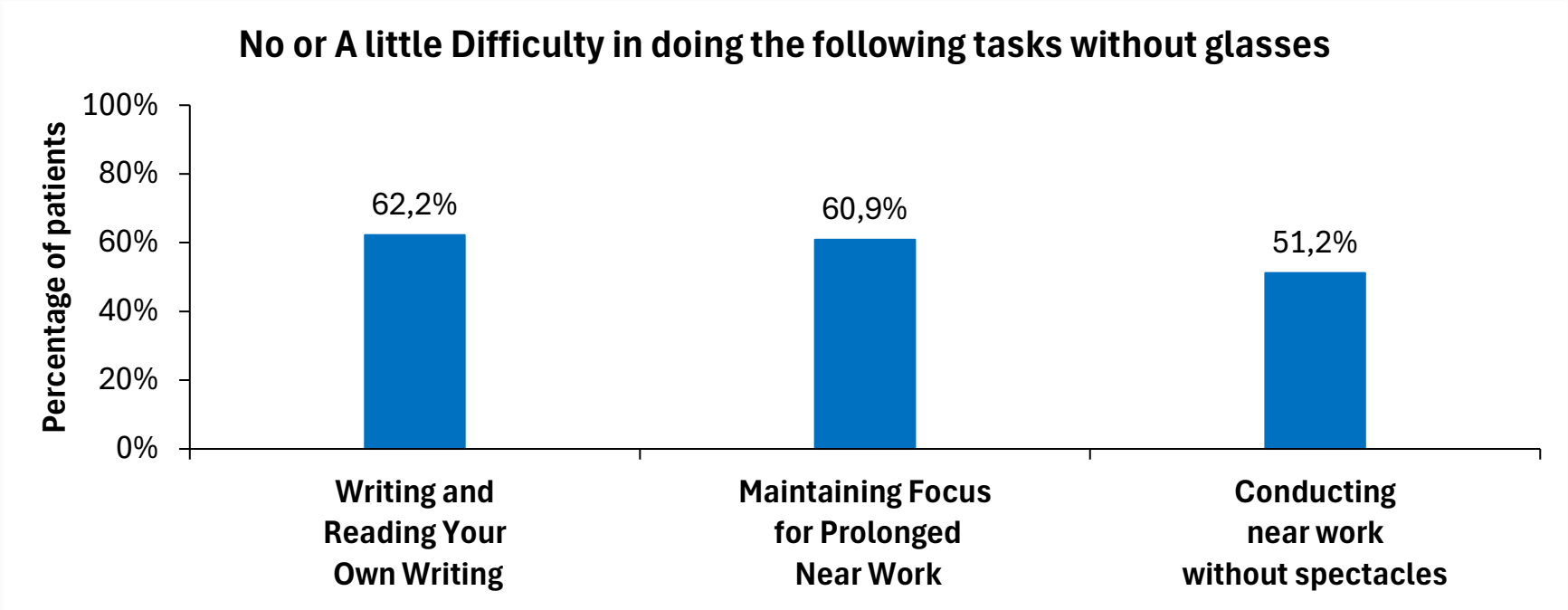

- The enhanced monofocal IOL provided functional near vision, with >51% of patients reporting ‘no or only a little difficulty’ in doing near vision tasks or maintaining focus for prolonged near work.

DISCUSSION & CONCLUSION

- While objective visual metrics are important, assessing surgical outcomes from the patient's viewpoint via patient-reported outcome measures is also essential.[3]
- Using validated patient-reported questionnaires, AIOLIS (which assesses the frequency/bothersomeness of visual disturbances) and NAVQ (which assesses the ability to do near vision tasks), the present study found good patient-reported outcomes.
  - Frequency and bothersomeness with most of the visual symptoms were low.
  - Approximately 93% and 83% of patients rated their unaided vision as good to excellent at far and intermediate distances, respectively.
  - Almost two-thirds of patients were able to perform intermediate vision tasks without glasses and experienced little or no difficulty.
  - Overall, 90% of subjects were satisfied with their postoperative vision.

3. Billig et al., *Ann Surg Oncol*, 2020.

THANK YOU

A retrospective real-world evidence study of the performance of an enhanced non-toric monofocal intraocular lens in patients undergoing cataract surgery

202900

Cathleen McCabe, MD
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Background and purpose

- Enhanced monofocal IOLs provide a broader depth of focus at intermediate distances versus standard monofocal IOLs, which correct distance vision only.[1]
- enVista ASPIRE (EA) is a hydrophobic acrylic enhanced monofocal non-toric IOL indicated for primary implantation in the capsular bag of the eye in adult patients for the visual correction of aphakia following the removal of a cataractous lens.[2]

This study aims to explore the real-world clinical performance and HCP satisfaction with the EA and EA Toric (ETA) IOLs; this sub-analysis focuses on outcomes with the EA IOL.

Methods

- This was a multicenter, retrospective, cross-sectional survey and case series study of 54 patients (88 eyes) implanted with EA or ETA IOLs by cataract surgeons in the USA.
- Inclusion criteria for HCP participants included currently licensed ophthalmologists in the USA with ≥3 years' experience treating patients and conducting cataract surgery using monofocal and/or toric IOLs.
- Using a standardized CRF, eligible HCPs provided a deidentified convenience sample of ≥5 patient cases of EA and/or ETA implantation following cataract extraction. The HCPs also completed a retrospective user-experience survey.
- Outcomes included distance and intermediate visual acuity (CDVA, UDVA, UIVA), refractive outcomes, and safety outcomes.
- Surgeon satisfaction with EA vs other monofocal plus / enhanced monofocal IOLs was also assessed.
- This poster reports a sub-analysis of patients implanted with the EA IOL between October 24, 2023, and December 5, 2024, by six HCPs.

Results

Baseline characteristics

- This sub-analysis includes CRF data for 54 patients (88 eyes; **Table 1**).
- Patients were followed for up to 4 months.

Vision outcomes

- Of eyes implanted with the EA IOL, 97% (70/72) achieved monocular CDVA 20/25 or better, 71% (62/87) achieved monocular UDVA 20/25 or better, and 77% (59/77) achieved monocular UIVA 20/32 or better (**Figure 1**).
- Binocularly, 100% (12/12) of patients achieved CDVA 20/25 or better, 86% (24/28) achieved UDVA 20/25 or better, and 100% (27/27) achieved UIVA 20/32 or better (**Figure 1**).
- Mean postoperative MRSE ± SD was −0.06 ± 0.30 D (n=79) (**Figure 2**), mean ± SD SEQ difference was −0.02 ± 0.30 D (n=79), and the absolute mean ± SD residual cylinder was −0.48 ± 0.67 D (n=78).

Table 1. Patient demographics and characteristics

Demographic	Patients (N=54)
Age, mean ± SD years*	71.7 ± 6.6
Presence of ocular comorbidities, n (%)†	
None, any comorbidity‡	23 (74) | 8 (26)
Characteristic	
Patients treated, unilateral EA¶ | bilateral, **n (%)**	20 (37) | 34 (63)
Preoperative SEQ target, mean ± SD (n eyes)	−0.08 ± 0.16 (88)
Preoperative Delta K, mean ± SD (n eyes)	0.72 ± 0.46 (56)

*Not reported in 39 patients; †Not reported in 23 patients; ‡Ocular comorbidities are for EA-implanted eyes only and included one case each of guttata, cicatricial ectropion with dry eye, suspected glaucoma with narrow angles, and macular drusen OU, and two cases each of dry eye and mild primary open-angle glaucoma (Kahook Dual Blade goniotomy / endoscopic cyclophotocoagulation); ¶Unilateral EA group included the EA-implanted eye from bilateral EA/ETA, bilateral EA/other IOL and unilaterally implanted EA cases. Patients with mixed EA/ETA implantation (n=5) were included in the binocular outcomes for the EA group.

Figure 1. Monocular and binocular visual outcomes at last available postoperative visit

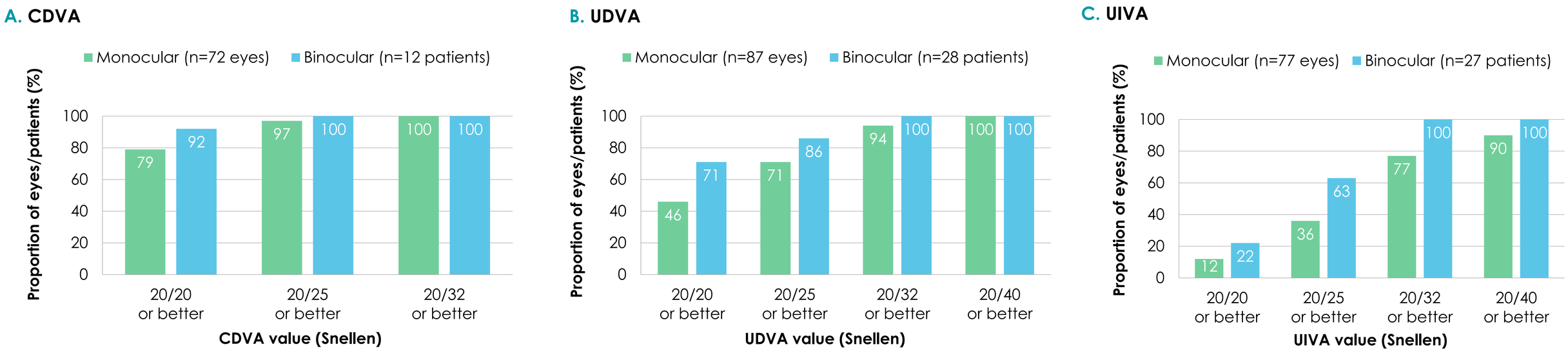
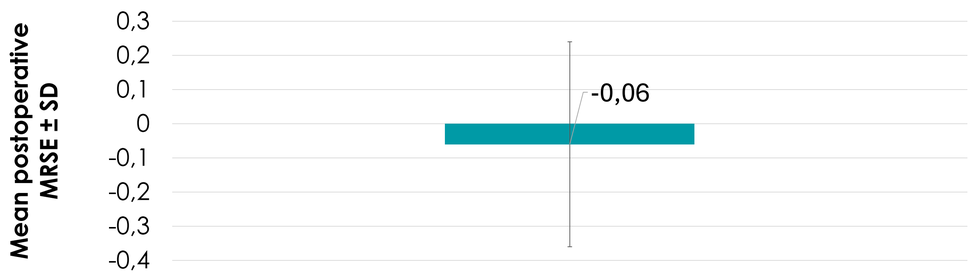


Figure 2. Mean postoperative MRSE



HCP satisfaction

- The mean surgeon satisfaction score was 9.2/10 for lens qualities and 9.3/10 for lens outcomes across all parameters assessed (10=very satisfied; N=6).
- All surgeons surveyed would recommend the EA IOL to friends and family.

Safety outcomes

- Blurred vision (five eyes, three patients) was the most common visual change.
- No glistening or serious adverse events were reported.

Conclusions

In this real-world retrospective case review, EA delivered good distance and functional intermediate vision for most patients following cataract surgery, with minimal occurrences of visual changes or adverse events. Surgeons reported high levels of satisfaction with the lens.

Acknowledgments

Medical writing support was provided by Peter Bowman at Panacea85 Ltd, funded by Bausch + Lomb, Inc.

Financial disclosures

The study was sponsored by Bausch + Lomb, Inc. Cathleen McCabe, MD, is Strategic Medical Advisor for Bausch + Lomb.

ABBREVIATIONS: CDVA, corrected distance visual acuity; CRF, case report form; EA, enVista ASPIRE; ETA, enVista ASPIRE Toric; HCP, healthcare professional; IOL, intraocular lens; K, keratometry; MRSE, manifest refraction spherical equivalent; OU, oculus uterque (both eyes); SD, standard deviation; SEQ, spherical equivalent; UDVA, uncorrected distance visual acuity; UIVA, uncorrected intermediate visual acuity.

REFERENCES: 1. Lau G, et al. Invest Ophthalmol Vis Sci 2023;64(8):2518; 2. enVista ASPIRE™ Instruction for Use. Available by country from: https://ifu.bausch.com/ (Accessed December 2025).

PERFORMANCE OF AN ENHANCED MONOFOCAL INTRAOCULAR LENS IN PATIENTS UNDERGOING CATARACT SURGERY: RETROSPECTIVE REAL-WORLD STUDY

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BACKGROUND

- Enhanced monofocal IOLs provide a broader depth of focus at intermediate distances versus standard monofocal IOLs, which correct distance vision only[1]
- Envista ASPIRE (enhanced monofocal non-toric IOL) is a hydrophobic acrylic enhanced monofocal non-toric IOL indicated for primary implantation in the capsular bag of the eye in adult patients for the visual correction of aphakia following the removal of a cataractous lens[2]

This study aims to explore the real-world clinical performance and HCP satisfaction with the enhanced monofocal non-toric IOL and Envista ASPIRE Toric (enhanced monofocal toric IOL); this sub-analysis focuses only on clinical outcomes with the non-toric IOL

HCP, healthcare professional; IOL, intraocular lens

1. Lau G, et al. Invest Ophthalmol Vis Sci 2023;64(8):2518; 2. enVista ASPIRE™ Instruction for Use. Available by country from: https://ifu.bausch.com/ (Accessed January 2026)

METHODS

This was a multicenter, retrospective, cross-sectional survey and case series study of 54 patients (88 eyes) implanted with enhanced monofocal non-toric and toric IOLs by 6 cataract surgeons in the USA

Inclusion criteria for HCP participants included currently licensed ophthalmologists in the USA with ≥3 years' experience treating patients and conducting cataract surgery using monofocal and/or toric IOLs

Using a standardized CRF, eligible HCPs provided a deidentified convenience sample of ≥5 patient cases of enhanced monofocal non-toric IOL and/or toric IOL implantation following cataract extraction. The HCPs also completed a retrospective user-experience survey

Outcomes included distance and intermediate visual acuity (CDVA, UDVA, UIVA), refractive outcomes, and safety outcomes

Surgeon satisfaction with the enhanced monofocal non-toric IOL vs other monofocal plus / enhanced monofocal IOLs was also assessed

This poster reports a sub-analysis of patients implanted with the enhanced monofocal non-toric IOL between October 24, 2023, and December 5, 2024, by six HCPs

CDVA, corrected distance visual acuity; CRF, case report form HCP, healthcare professional; IOL, intraocular lens; K, keratometry; MRSE, manifest refraction spherical equivalent; OU, oculus uterque (both eyes); SD, standard deviation; SEQ, spherical equivalent; UDVA, uncorrected distance visual acuity; UIVA, uncorrected intermediate visual acuity

RESULTS: BASELINE DEMOGRAPHICS AND CHARACTERISTICS

Demographic	Patients (N=54)
Age, mean ± SD, years*	71.7 ± 6.6
Presence of ocular comorbidities, n (%)†	
None, any comorbidity‡	23 (74) | 8 (26)
Characteristic	
Patients treated, unilateral enhanced monofocal non-toric IOL¶ |bilateral**, n (%)**	20 (37) | 34 (63)
Preoperative SEQ target, mean ± SD (n eyes)	−0.08 ± 0.16 (88)
Preoperative Delta K, mean ± SD (n eyes)	0.72 ± 0.46 (56)

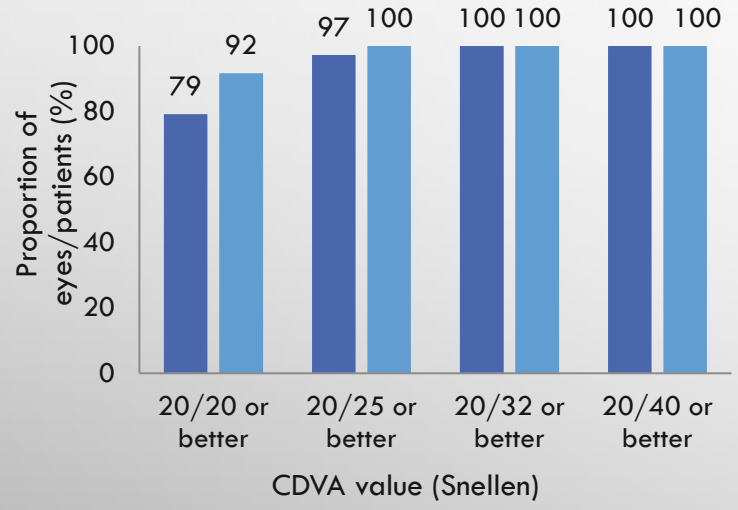
- This sub-analysis includes CRF data for 54 patients (88 eyes)
- Patients were followed for up to 4 months

*Not reported in 39 patients. †Not reported in 23 patients; ‡Ocular comorbidities are for enhanced monofocal non-toric IOL-implanted eyes only and included one case each of guttata, cicatricial ectropion with dry eye, suspected glaucoma with narrow angles, and macular drusen OU, and two cases each of dry eye and mild primary open-angle glaucoma (Kahook Dual Blade goniotomy / endoscopic cyclophotocoagulation); ¶Unilateral monofocal enhanced non-toric IOL group included the enhanced monofocal non-toric IOL-implanted eye from bilateral enhanced monofocal non-toric / toric IOL, bilateral enhanced monofocal non-toric IOL / other IOL and unilaterally implanted enhanced monofocal non-toric IOL cases. Patients with mixed enhanced monofocal non-toric / toric IOL implantation (n=5) were included in the binocular outcomes for the enhanced monofocal non-toric IOL group

CRF, case report form; K, keratometry; OU, oculus uterque (both eyes); SD, standard deviation; SEQ, spherical equivalent

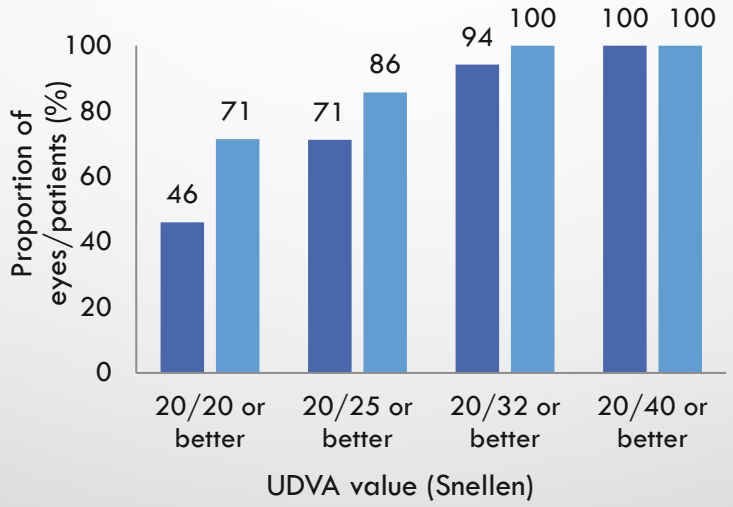
RESULTS: VISUAL OUTCOMES

CDVA



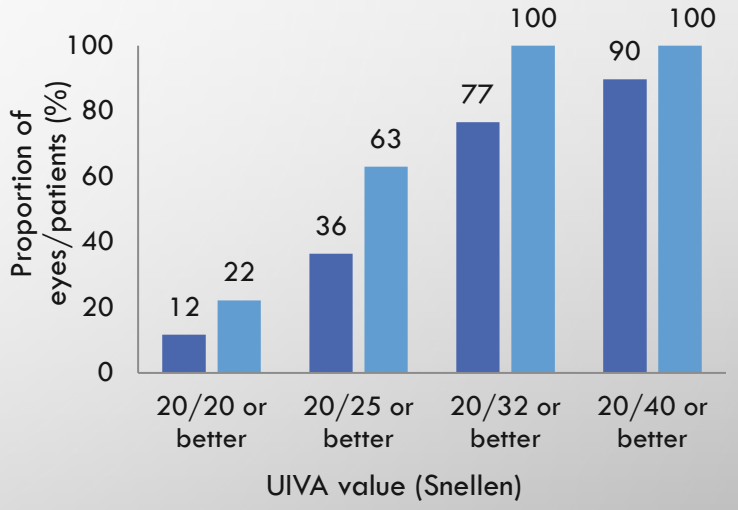
- 97% (70/72) achieved monocular CDVA 20/25 or better
- 100% (12/12) achieved binocular CDVA 20/25 or better

UDVA



- 71% (62/87) achieved monocular UDVA 20/25 or better
- 86% (24/28) achieved binocular UDVA 20/25 or better

UIVA

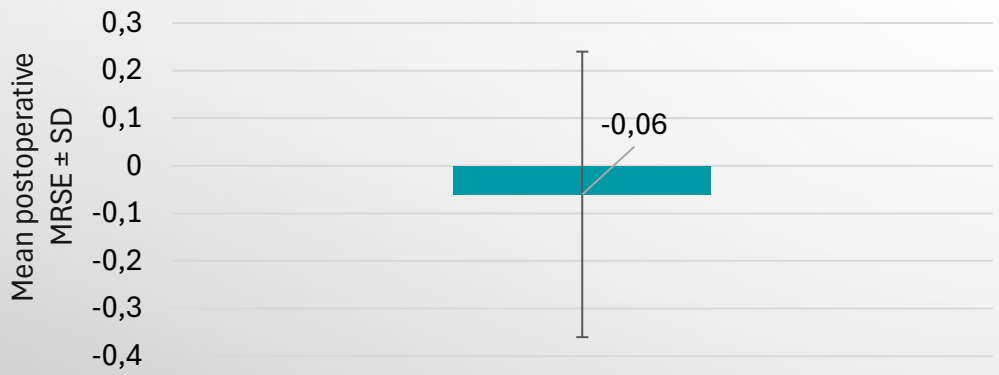


- 77% (59/77) achieved monocular UIVA 20/32 or better,
- 100% (27/27) achieved binocular UIVA 20/32 or better

CDVA, corrected distance visual acuity; IOL, intraocular lens; SD, standard deviation; SEQ, spherical equivalent; UDVA, uncorrected distance visual acuity; UIVA, uncorrected intermediate visual acuity

RESULTS: REFRACTIVE, SAFETY, AND HCP SATISFACTION OUTCOMES

Mean postoperative MRSE



- Mean postoperative MRSE ± SD was −0.06 ± 0.30 D (n=79)
- Mean ± SD SEQ difference was −0.02 ± 0.30 D (n=79)
- Absolute mean ± SD residual cylinder was −0.48 ± 0.67 D (n=78)

HCP satisfaction

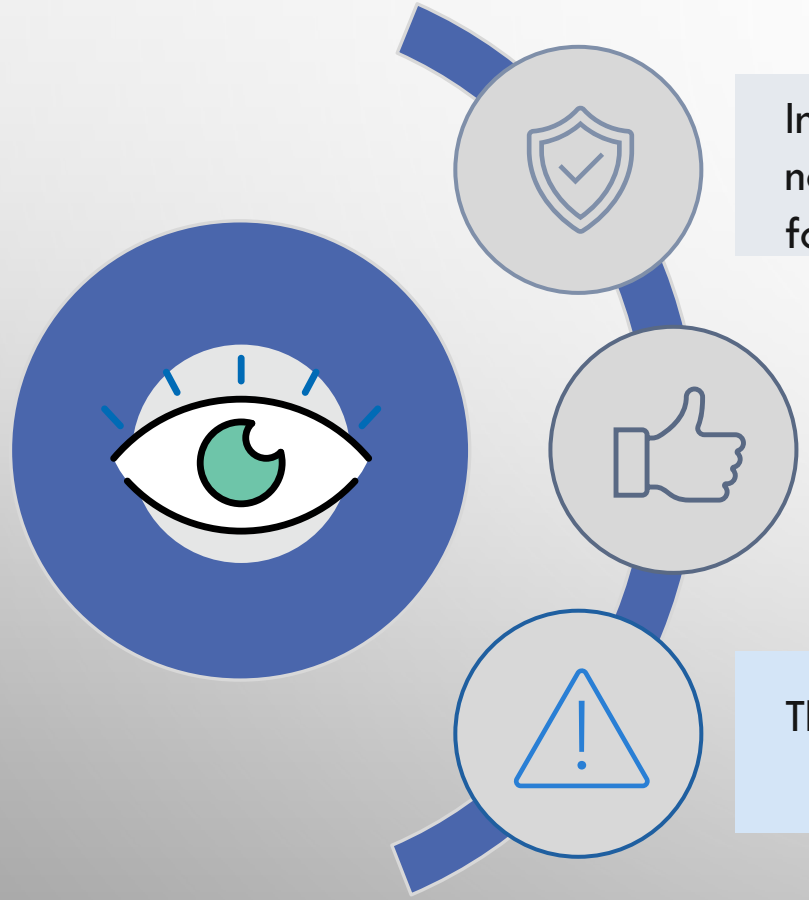
- Mean surgeon satisfaction score was **9.2/10** for lens qualities and **9.3/10** for lens outcomes across all parameters assessed (10=very satisfied; N=6)
- All surgeons surveyed would recommend the enhanced monofocal non-toric IOL to friends and family

Safety outcomes

- No glistening or serious adverse events were reported

HCP, healthcare professional; IOL, intraocular lens; MRSE, manifest refraction spherical equivalent; SD, standard deviation; SEQ, spherical equivalent

CONCLUSIONS



In this real-world retrospective case review, the enhanced monofocal non-toric IOL delivered good distance and functional intermediate vision for most patients following cataract surgery

Surgeons reported high levels of satisfaction with lens quality and patient outcomes

There were minimal occurrences of visual changes or adverse events

Safety And Efficacy of a Novel Monofocal Plus Intraocular Lens with Intermediate Optimized Optics: A Real-World Study

Presented by: Dr. Kamran Riaz

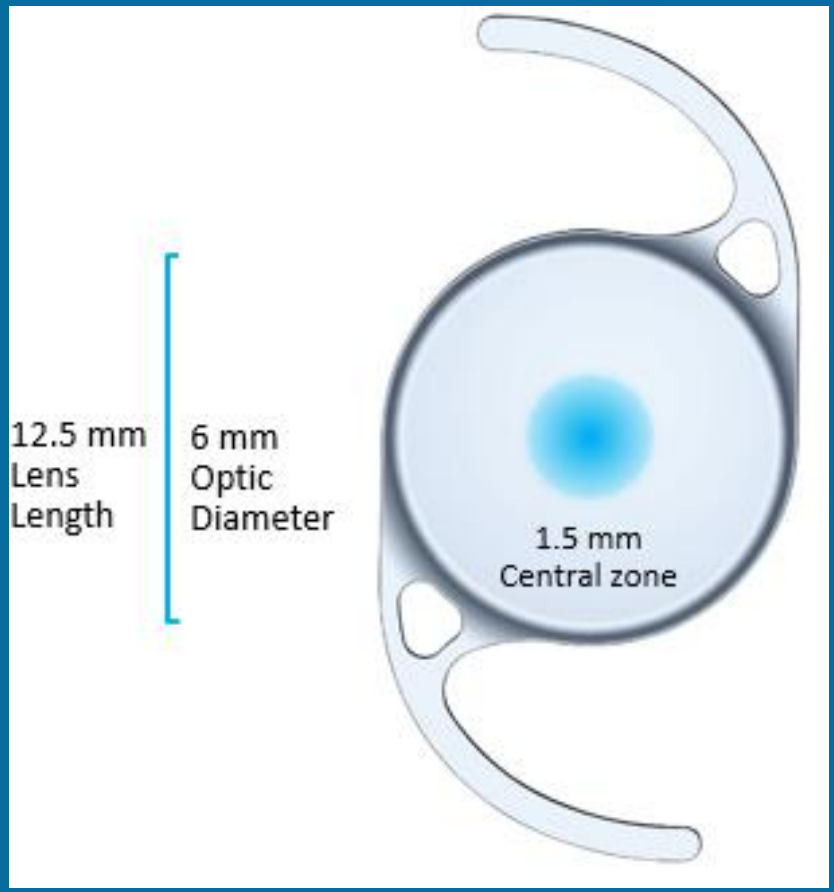
Introduction

- Monofocal IOLs provide excellent vision only at distance and patients need to rely on spectacles for looking at intermediate and near.
- Monofocal plus also called as enhanced monofocal IOLs have been designed to enhance the range of vision possible with standard monofocal IOLs.[1]
- These IOLs provide functional intermediate vision while maintaining the dysphotopsia profile similar to the standard monofocal IOLs.

1. Borkenstein and Borkenstein. *Adv Ther* 2023.

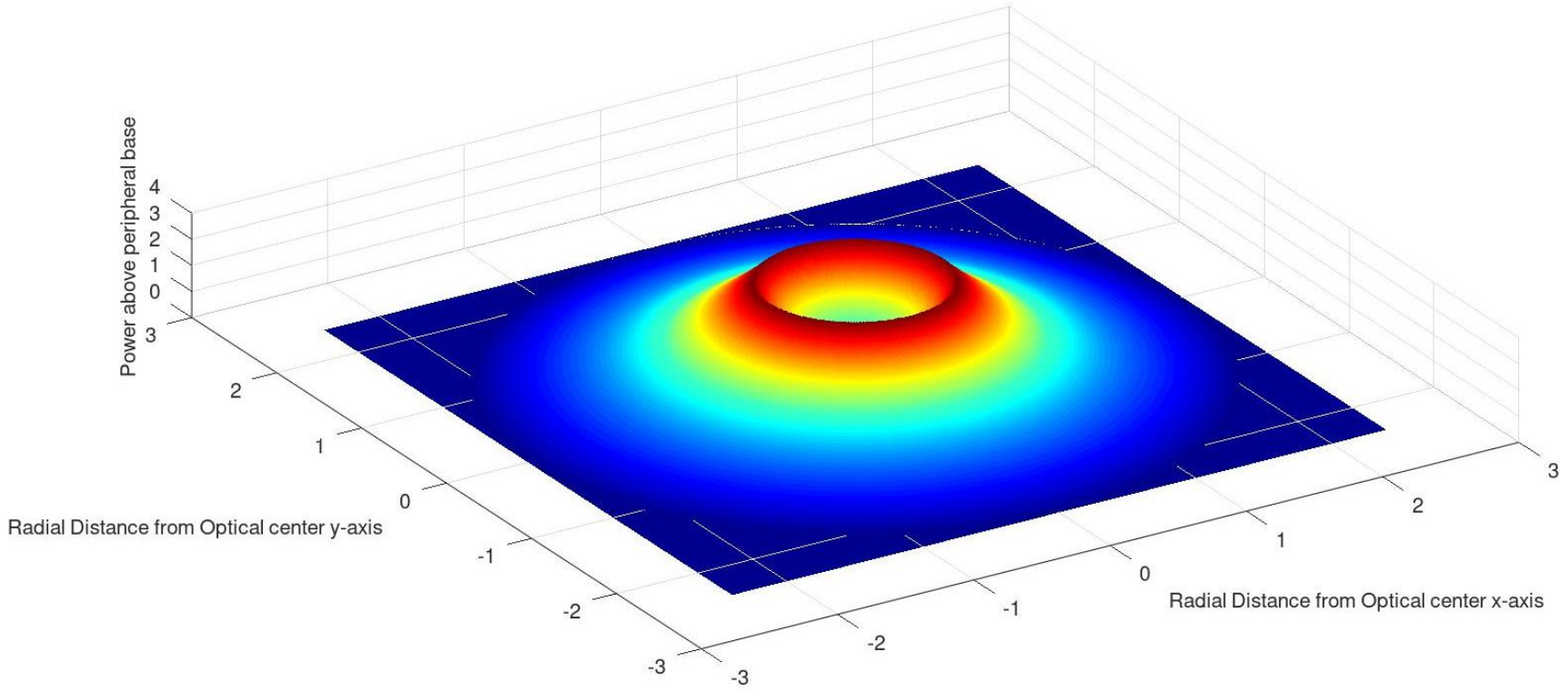
Introduction

- enVista Aspire IOL (EA, Bausch + Lomb) is a one such novel enhanced monofocal IOL that uses higher-order aspheric coefficients on the posterior surface to create a broad depth of focus.[2]
    - The unique optic of enVista Aspire™ creates a gradual transitional distribution of light energy from the center to the periphery, to minimize dysphotopsias.



2. Bausch + Lomb. enVista Aspire Hydrophobic Acrylic IOL.

Aspire power distribution profile



- For the entire diopter range, each IOL provides a 1.2 D increase in power at the darkest red point in this illustration.

Purpose

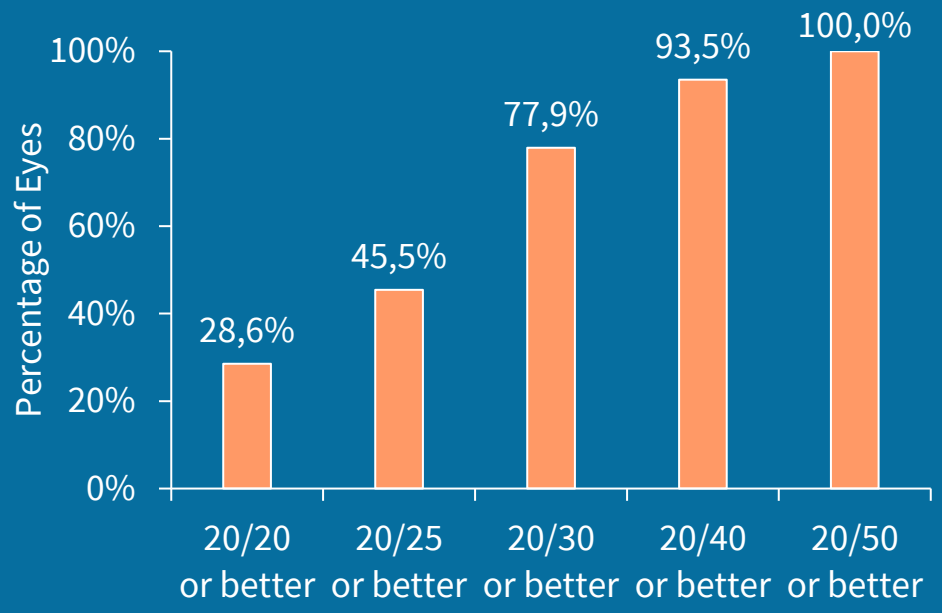
To evaluate the real-world safety and effectiveness of a novel enhanced monofocal (enVista Aspire) IOL implanted in patients undergoing cataract surgery.

Methods

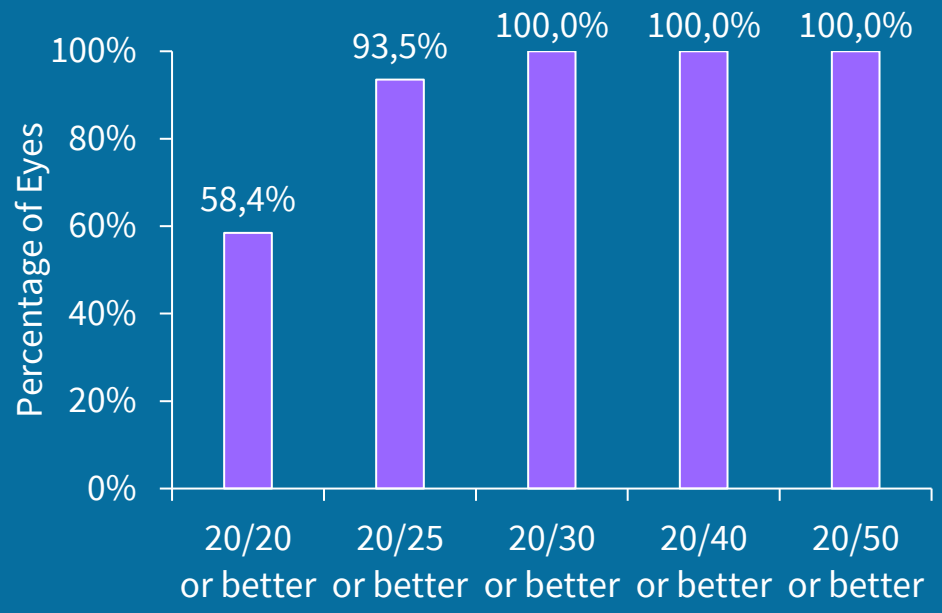
STUDY DESIGN	STUDY PROCEDURE	OUTCOME MEASURES
Retrospective chart review.	Consecutive case records of 94 eyes that underwent implantation of a monofocal plus IOL (enVista Aspire, Bausch + Lomb) between October 2023 to April 2024. The data included: • eyes targeted for emmetropia (N = 77). • eyes with a myopic offset of >0.75 D (near-targeted eyes) (N = 17).	• UDVA and CDVA; • UIVA; • UNVA; • MRSE; • Postoperative complications.

Results: Emmetropia-targeted Eyes

Mean Postop UDVA: 0.15 ± 0.12 logMAR



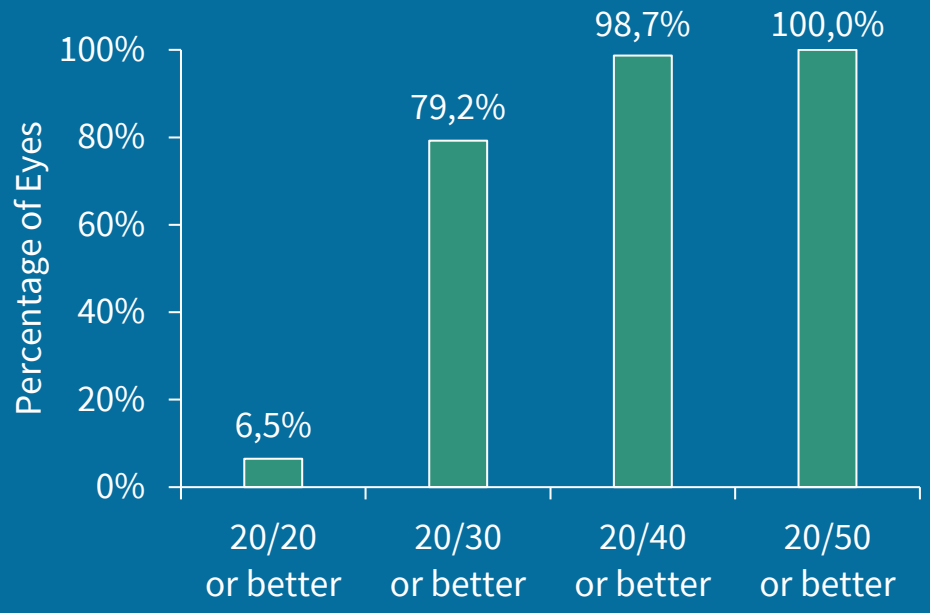
Mean Postop CDVA: 0.03 ± 0.08 logMAR



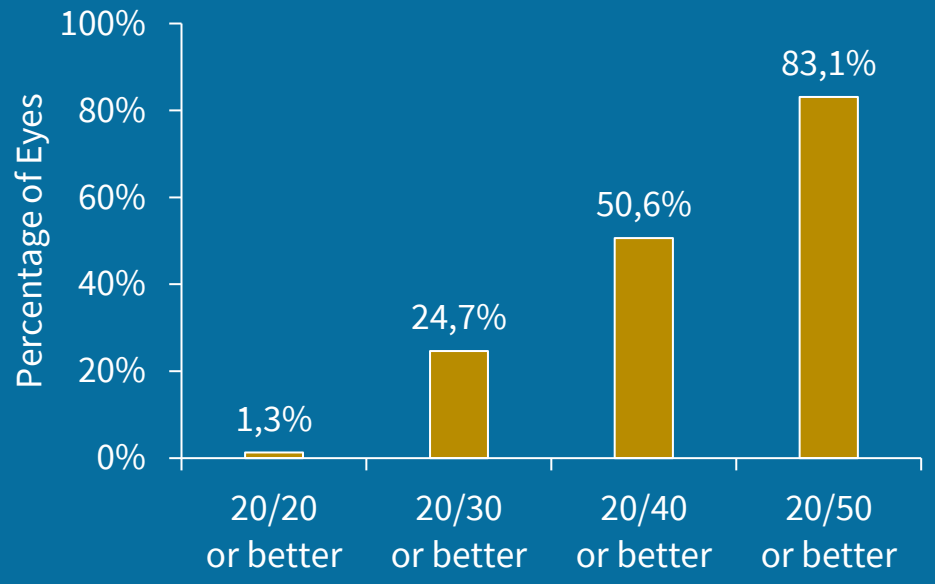
- Among eyes targeted for emmetropia, 78% of eyes achieved a UDVA of 20/30 or better, and all (100%) achieved a CDVA of 20/30 or better.
- The mean MRSE for these eyes was -0.38 ± 0.38 D.

Results: Emmetropia-targeted Eyes

Mean Postop UIVA: 0.17 ± 0.09 logMAR



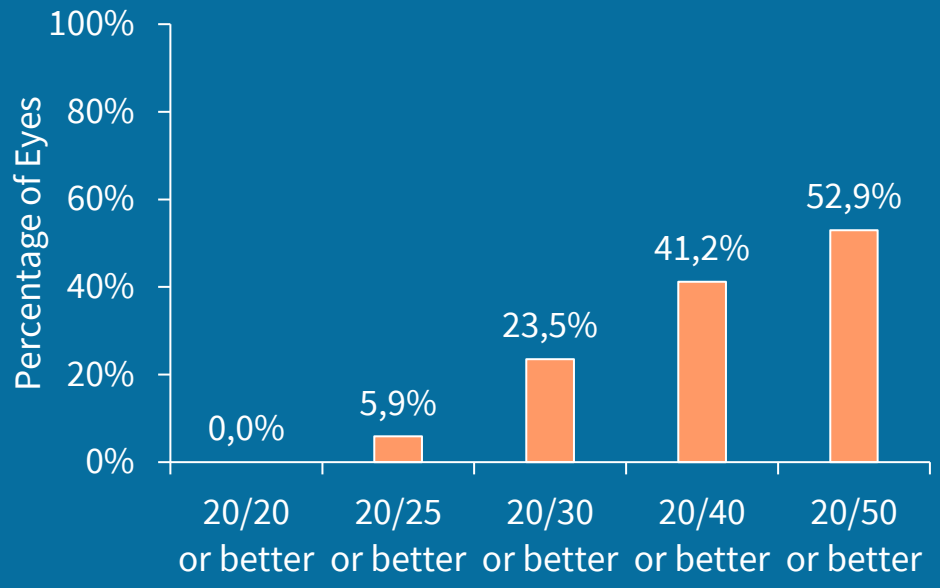
Mean Postop UNVA: 0.32 ± 0.12 logMAR



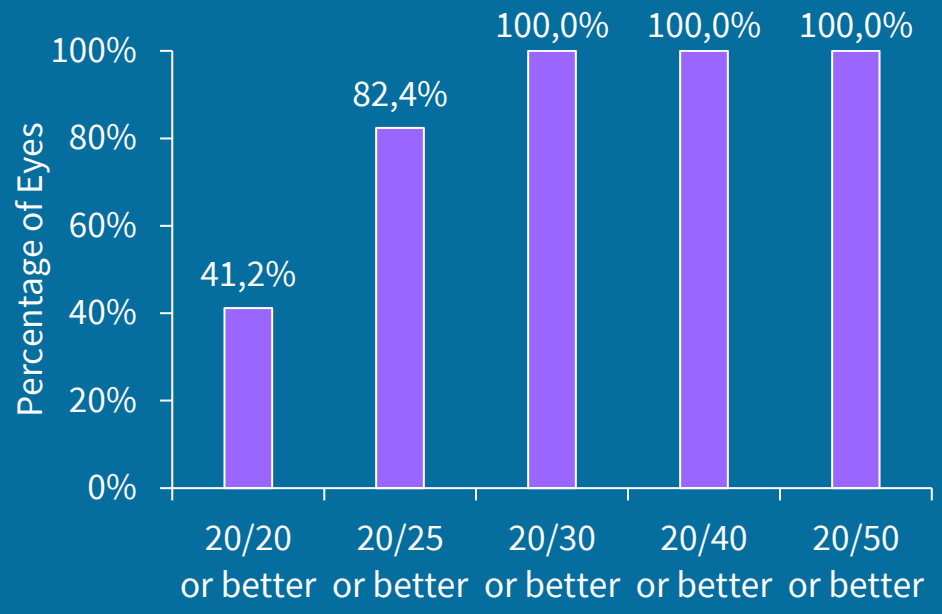
- Among eyes targeted for emmetropia, 79% of eyes achieved UIVA of 20/30 or better and 51% of eyes achieved UNVA of 20/40 or better.

Results: Monovision (Eyes with myopic offset)

Mean Postop UDVA: 0.46 ± 0.25 logMAR



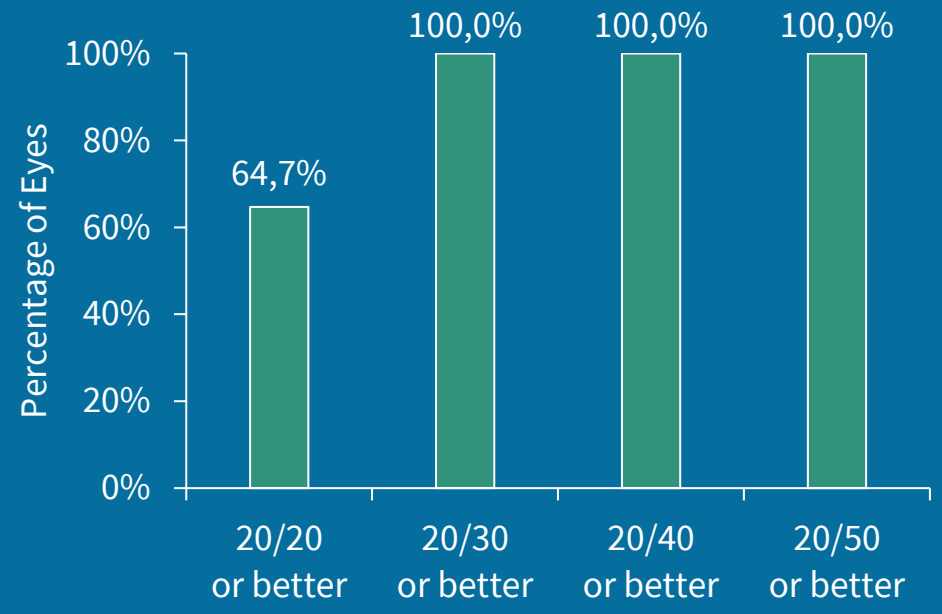
Mean Postop CDVA: 0.07 ± 0.07 logMAR



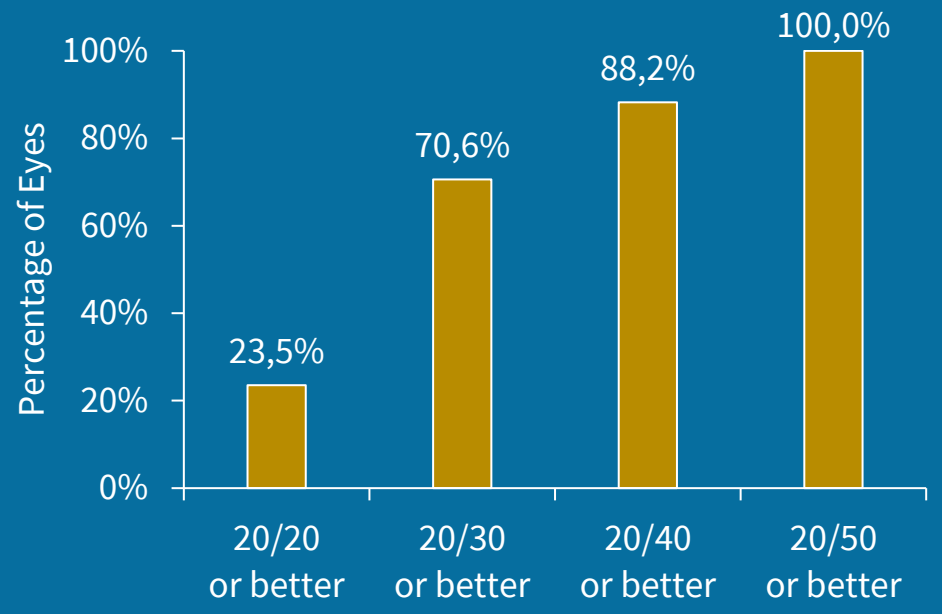
- The mean MRSE for near-targeted eyes was -1.47 ± 1.01 D.

Results: Monovision (Eyes with myopic offset)

Mean Postop UIVA: 0.02 ± 0.08logMAR

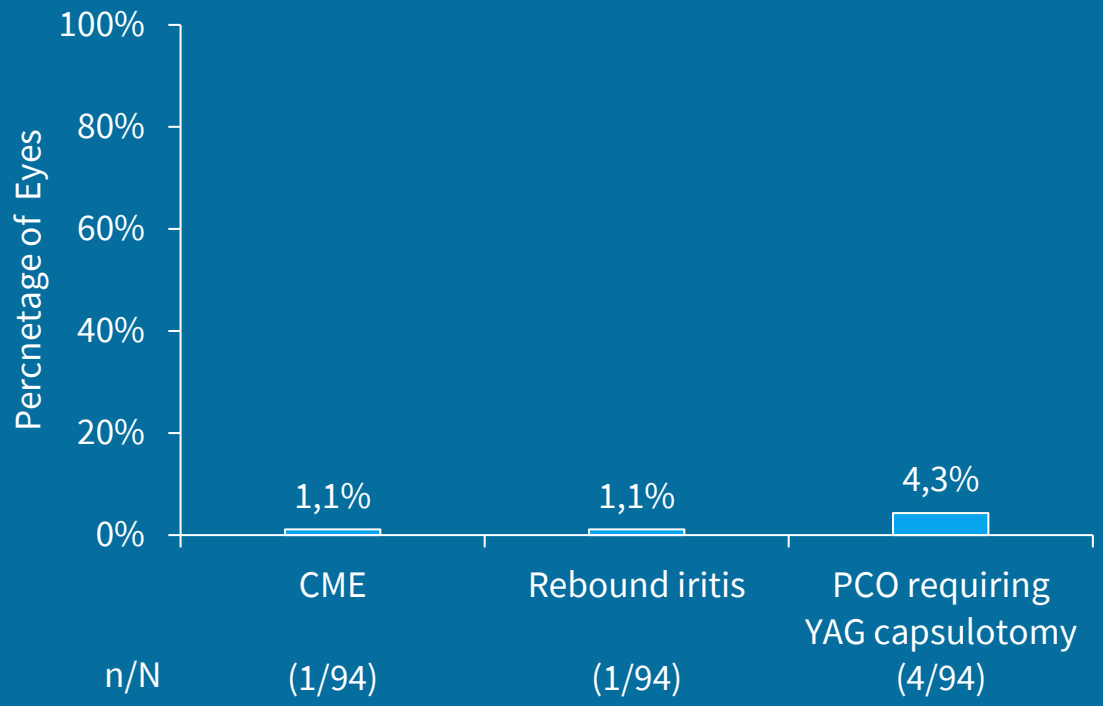


Mean Postop UNVA: 0.14 ± 0.15 logMAR



- As expected, these eyes had good intermediate and near visual outcomes, with 100% of eyes achieving UIVA of 20/30 or better and 88.2% achieving UNVA of 20/40 or better, postoperatively.

Results: Safety



- Implantation of enVista Aspire was safe with no eyes requiring IOL exchange postoperatively.
- The incidence of postoperative complications such as rebound iritis and incidence of CME were within the reported ranges of 1.72 to 4.86% (for iritis)[3] and 0.1 to 4.5% (for CME).[4-8]

3. Visco and Bedi. *J Cataract Refract Surg* 2020; 4. Chu et al. *Ophthalmology* 2016; 5. Packer et al. *J Cataract Refract Surg* 2012; 6. Powe et al. *Arch Ophthalmol* 1994; 7. Ursell et al. *J Cataract Refract Surg* 1999; 8. Wielders et al. *J Cataract Refract Surg* 2018.

Discussion

- Patients targeted for emmetropia achieved good distance and intermediate vision, along with functional near vision.
  - With slight myopic offset (monovision), the outcomes at intermediate and near improved further.
  - Study results are attributed to the IOL design that uses higher-order aspheric coefficients on the posterior surface to create a broader depth of focus
- According to previous optical bench studies, enVista Aspire IOL enhances the range of vision without compromising the image quality and risk of photic phenomena.[9,10]
  - Patients who are intolerant to photic phenomena or are not the ideal candidates for presbyopia-correcting IOLs can also benefit from monofocal plus IOLs.

9. enVista Aspire Directions for Use.; 10. Data on file. enVista Aspire.

Conclusion

- Cataract patients implanted with the novel Aspire IOL demonstrated good vision at distance and intermediate, along with functional near vision.
- With a slight myopic offset, better intermediate and near vision outcomes can be achieved.
- The Aspire IOL demonstrated an excellent safety profile.

THANK YOU

Poster #122616

Bascom Palmer Eye Institute
UNIVERSITY OF MIAMI HEALTH SYSTEM

Real-World Case Series: Performance of a Non-Toric Enhanced Monofocal Intraocular Lens in Patients Undergoing Cataract Surgery

CAROLINA L. MERCADO, MD **(PRESENTING AUTHOR)**
ERIC D. DONNENFELD, MD, FACS

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Background

- Monofocal IOLs focus light at a single, fixed distance, and are typically used to correct distance vision to support activities such as driving or outdoor tasks
- More recently, enhanced monofocal IOLs are designed to extend depth of focus into intermediate vision[1]
- enVista Aspire (EA) is an enhanced monofocal IOL that has demonstrated up to 1.25 D of continuous depth of focus[2]

This study evaluated real-world visual and safety outcomes following implantation of EA IOL in patients undergoing cataract surgery

EA, enVista Aspire; IOL, intraocular lens.

1. Lau G, et al. Invest Ophthalmol Vis Sci 2023;64(8):2518;
2. Bausch + Lomb. enVista Aspire Hydrophobic Acrylic IOL. Available from: https://bauschsurgical.bl-inte.com/cataract/enVista-Aspire/ (Accessed January 2026).

Methods

- This case series reports clinical outcomes from individuals implanted with EA IOL by two ophthalmologists at two centers in the United States (November 2023 to November 2024)
- Each HCP provided ≥5 deidentified electronic medical record cases of patients implanted with enVista Aspire IOL (toric or non-toric) following cataract extraction
  - HCPs were asked to provide convenience samples reflective of standard practice, with discretionary inclusion of complex cases
  - This analysis reports outcomes from patients who received the EA non-toric IOL only

Key outcomes reported included CDVA, UDVA, and UIVA, refractive outcomes, and adverse events

EA, enVista Aspire; CDVA, corrected distance visual acuity; HCP, healthcare provider; IOL, intraocular lens; UDVA, uncorrected distance visual acuity; UIVA, uncorrected intermediate visual acuity.

Results: Baseline Characteristics

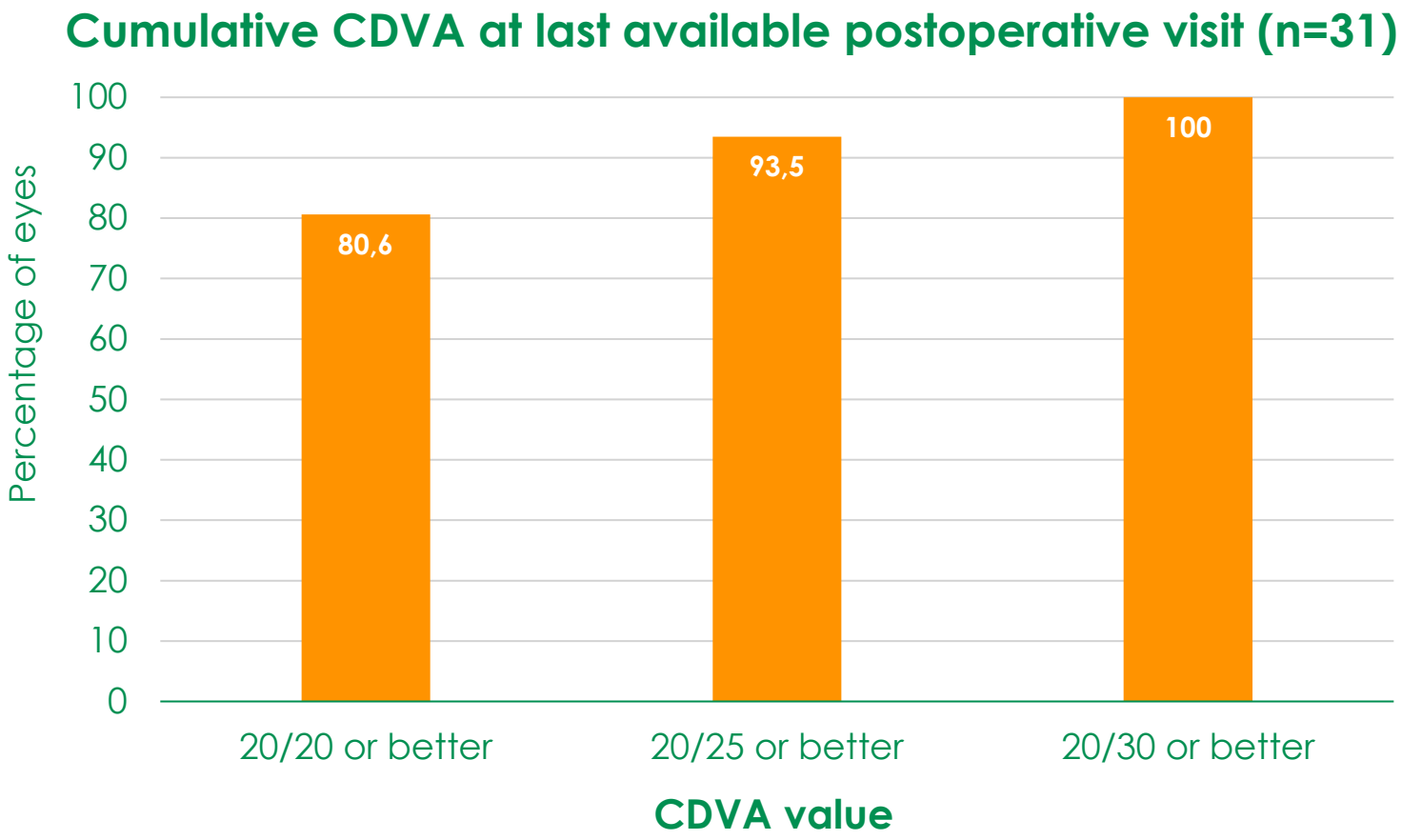
A total of 37 eyes from 23 individuals were implanted with the EA IOL

Characteristic	Patients (N=23)
Patients treated, n (%)	
Unilaterally	9 (39.1)
OD	3 (13.0)
OS	6 (26.1)
Bilaterally	14 (60.9)

Characteristic	Eyes (N=37)
Preoperative data, mean ± SD	
SEQ target	-0.04 ± 0.20
Flat K	43.66 ± 1.66
Steep K	44.45 ± 1.81

EA, enVista Aspire; IOL, intraocular lens; OD, oculus dexter (right eye); OS, oculus sinister (left eye); SD, standard deviation; SEQ, spherical equivalent.

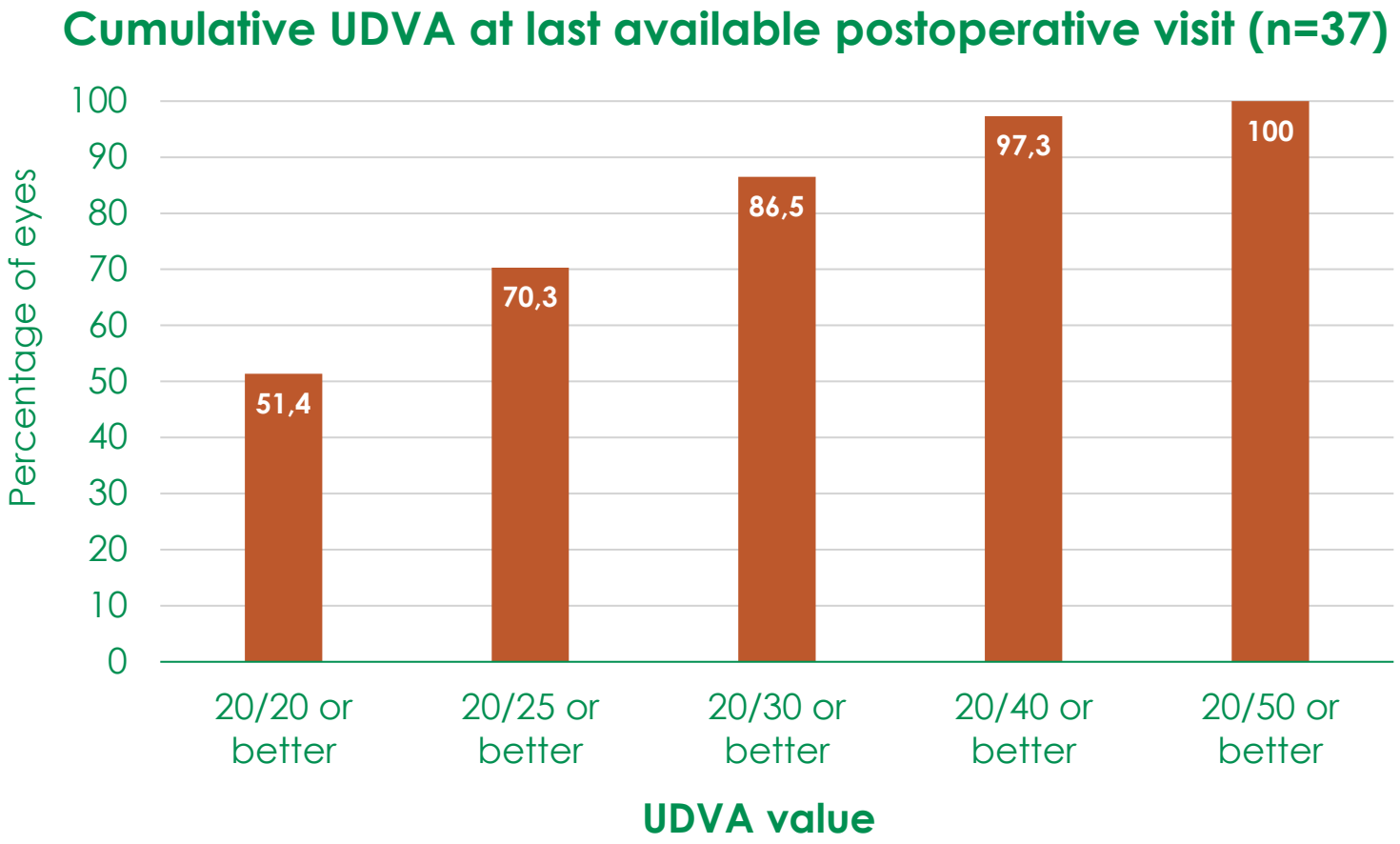
Results: Postoperative CDVA



93.5% (29/31) of eyes achieved 20/25 monocular CDVA or better

CDVA, corrected distance visual acuity.

Results: Postoperative UDVA

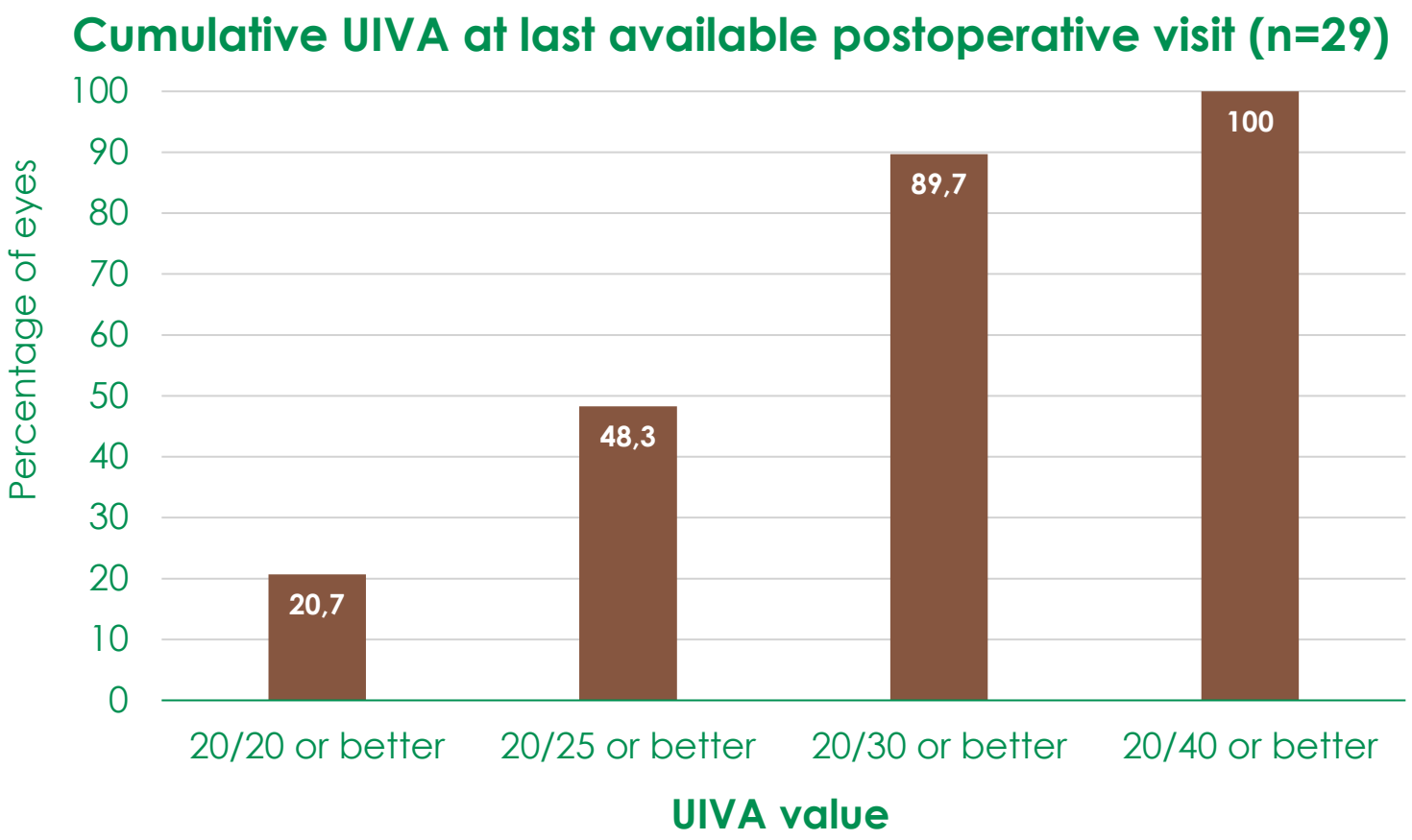


70.3% (26/37) of eyes achieved 20/25 monocular UDVA or better

Postoperative data, mean ± SD (n)	
Manifest refraction spherical equivalent	0.01 ± 0.33 (30)
Residual cylinder	-0.60 ± 1.00 (29)

SD, standard deviation; UDVA, uncorrected distance visual acuity.

Results: Postoperative UIVA



89.7% (26/29) of eyes achieved 20/30 monocular UIVA or better

UIVA, uncorrected intermediate visual acuity.

Conclusion

- **In this real-world retrospective case review, the EA IOL achieved good distance visual acuity in the majority of patients following cataract surgery**
  - 93.5% of eyes achieved a monocular CDVA of 20/25 or better
  - 70.3% of eyes achieved a monocular UDVA of 20/25 or better
- **Functional intermediate vision was also achieved in most patients**
  - 89.7% of eyes achieved a monocular UIVA of 20/30 or better
- **Only one case of zonulopathy was reported**

EA, enVista Aspire; IOL, intraocular lens; CDVA, corrected distance visual acuity; UDVA, uncorrected distance visual acuity; UIVA, uncorrected intermediate visual acuity.