

Synopsis

**FEOph Symposium and Roundtable Discussion during the 101th
SOI Congress Rome Saturday 19th November 2022**

“Refractive Surgery Triples the Benefits of Established Cataract Surgery”

Presidents: W. Aclimandos, P.E. Gallenga, S. García Delpech

**Panel: C. Arndt (France), R.R. Deshmukh (UK), A. Liekfeld (Germany),
A.G. Mayte (Spain), M. Piovella (Italy)**

After the talks of the junior speakers from France, Germany, Italy, Spain and the UK in the FEOph symposium, a roundtable discussion with five experts from these countries ensued.

The experts discussed the percentage of high-tech lenses (presbyopia correcting lenses (PcIOL) and toric IOL) in their respective countries, the reasons for the low proportion of these lenses, the cost coverage for these lenses within the different health care systems, the obligation of patient information about high tech lenses, the accessibility to these implants for patients and the conditions to be fulfilled for satisfying results with PcIOL.

Piovella introduced the topic and asked the experts for an estimation of the percentage of high-tech lenses in their countries, admitting that exact data are not available due to lack of central registers in the European countries.

The participants of the discussion agreed that high tech implants represent only a small amount of the total IOL volume. Arndt estimated 5% for France, Liekfeld estimated 5% to 10% for Germany, Deshmukh would not make a commitment but agreed to a similar percentage for the UK, Mayte estimated 10% for Spain and Piovella estimated 1% to 2 % for Italy.

Most of the experts thought the high costs not covered by public health systems to be the main reason for the small number of high-tech lenses. In France and in Germany, the additional costs for toric IOL or PcIOL can be paid by the patient while the surgery is covered by public health system, whereas in the UK, Spain and Italy mainly the whole procedure including the premium IOL has to be paid privately (e.g. by private insurance). All experts agreed that there is need for special equipment and technologies as well as additional examinations for successful results with PcIOL. These needs cause additional

costs not covered by the public health systems.

Nevertheless, all participants agreed that all patients must be informed about the different IOL options. In this context the roundtable discussed the importance to underline that PciOLs might not be the “best” or a “better” option for an individual patient, as these implants might produce a worse quality of image. PciOL are not implanted for medical reasons but for cosmetic as they are providing an everyday life without glasses.

Consistently all experts agreed that public health systems should not cover extra costs for premium lenses.

(Anja Liekfeld)