Maximizing Patient Satisfaction after Inlay Implantation
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Patient Satisfaction
- Careful Patient Selection
- Diligent Counseling
  - Benefit of having the inlay myself
  - Differentiate from LASIK healing
- Aggressively manage Dry Eye pre-op, intra-op and post-op:
  - TearLab testing for everyone (my preference)
  - Punctal plugs pre-op
  - Treat any Blepharitis
  - Lubricate Heavily & Restasis® often indicated

Patient Satisfaction - Key Factors
- Refractive target
- Femtosecond laser Selection & Pocket Settings
- Inlay Centering – Microscope & Technique
- Minimal manipulation
- Dry Eye Status
- Steroid taper?
- Other factors?
FOUR SURGICAL PROCEDURES:
1. CLK: Combined LASIK KAMRA™
2. PEK: Pocket Emmetropic KAMRA
3. PLK: Post-LASIK KAMRA
4. PLK2: Planned LASIK KAMRA – 2-Step
100% Pocket Procedures

- Faster Visual Recovery
- Less Dry Eye
- More Stable Cornea
- Ability to place Inlay deeper
- Flaps for LASIK remains at 100 microns

Ziemer Z4 Femtosecond Laser

Takagi Coaxial Microscope and AcuTarget HD for Centration
KAMRA™ Inlay Placement

- Target inlay placement over the 1st Purkinje
- If there is a significant difference > 400 microns between 1st Purkinje and pupil center, place inlay in between
- The guideline for inlay placement is to target within 300 microns from desired position BUT I believe needs even greater precision

Clinical Case – Pre-op AcuTarget

Post-op AcuTarget
First Stage LASIK Procedure
- LASIK 100 micron flap for Ametropia even +0.25D to target -0.50D to -0.75D
- Day 1 Wow Factor
- Understand Presbyopia

Second Stage Pocket KAMRA Procedure
- At 1 week, Confirm Refractive Endpoint
- Eye Quiet
- Ziemer Pocket at 250 microns, with insertion of KAMRA inlay

PLK2: Most Patients Staged 2 Step LASIK then Pocket KAMRA procedure

- Insert the KAMRA™ inlay in a quiet eye
  - Achieves a LASIK-like “Wow” factor
  - Separate out the issues of distance correction and presbyopia
  - Procedure times are close enough to not upset the patient experience

- Patients are having surgery for reading vision
  - Even if +0.25D, we perform PLK2 and target -0.50D to -0.75D

- Push Lubrication, add Restasis®
  - Even with normal TearLab osmolality reading, Restasis has demonstrated visual benefit in KAMRA patients
After experimenting on myself, I now taper topical steroids over 9 months:
- Month 1: Pred Forte q2h x 48 hours, then QID for 5 days then FML 0.1% QID x 3 weeks
- Month 2: FML 0.1% BID
- Months 3 & 4: FML 0.1% QD
- Months 5 & 6: FML 0.1% Q2D
- Months 7-9: FML 0.1% Q1Week

We have only seen one compliant patient with late hyperopic shift and a hyperopic red toporing.

Summary
- There has been considerable evolution to the surgical procedure for implanting the KAMRA™ inlay
- Global movement toward pocket-based procedures based on the following advantages:
  - Improved refractive stability and less dry eye
  - Improved “wow” factor
  - Simplified intraoperative centration process
- This is not LASIK, but the potential for happy patients is equally powerful!