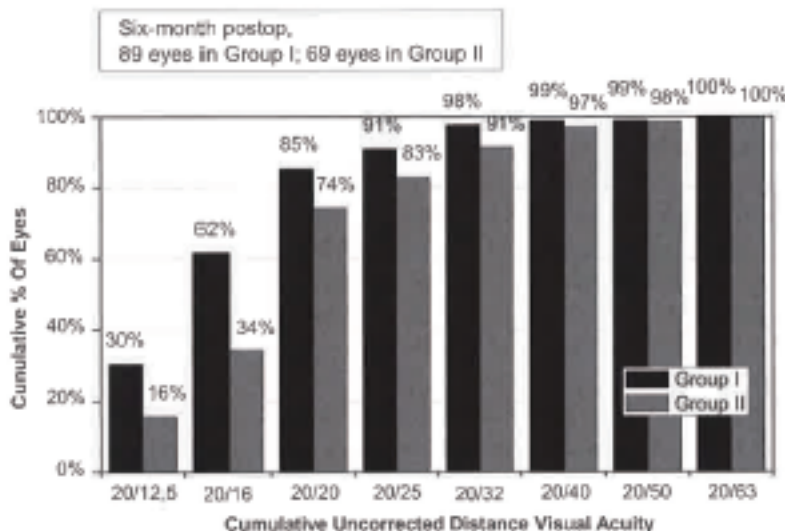


Fig. 10.1 A general view of the Acryva^{LD} Reviol MFM 611 lens (left) and the Acryva^{LD} Reviol MF 613 IOL (right)

Fig. 10.2



2012 to May 2013 at the Shinagawa LASIK Center, Tokyo, Japan, were assessed. A total of 158 eyes of 107 patients were included in this study. These eyes were randomly divided into two groups and implanted with multifocal IOLs: Acryva^{LD} Reviol MFM 611 for Group I and Acryva^{LD} Reviol MF 613 for Group II. Group I consisted of 89 eyes of 62 patients aged between 47 and 76 years (mean age, 60.74 ± 5.92 years) and Group II, 69 eyes of 45 patients aged between 45 and 73 years (mean age, 61.13 ± 5.46 years). All surgeries were performed by the same sur-

geon (M.T.) using femtosecond laser-assisted phacoemulsification [8]. After topical anesthesia and adequate dilation, femtosecond laser (CatalysTM Precision Laser System, OptiMedica Corp., Sunnyvale, California, United States) was used for the continuous curvilinear capsulorhexis (CCC) and lens fragmentation of all cataracts. The incision was created on the steepest corneal meridian. Viscoelastic material (ProViscTM, Alcon Corp., Fort Worth, Texas, United States) was injected, and the cut capsule was removed. Phacoemulsification was performed using the