Intra Ocular Lens (IOL) Comparison Chart ©

	CRYSTALENS®	***RESTOR®***	***REZOOM®***
Name Detail	Crystalens® by Eyeonics Accommodating IOL for Cataracts	AcrySof® ReSTOR® IOL	ReZoom® by Advanced Medical Optics
Other Names	Refractive Lens Exchange, CrystaLens, Crystal Lens, Crystal-Lens, Crysta-Lens	N/A	N/A
Corrective Uses	Replaces lens damaged by cataracts, presbyopia, and refractive lens disease. Alternative to unaccommodating IOL which causes monovision.	Replaces lens damaged by cataracts, presbyopia, and refractive lens disease. Alternative to unaccommodating IOL which causes monovision.	Replaces lens damaged by cataracts, presbyopia, and refractive lens disease. Alternative to unaccommodating IOL which causes monovision.
Procedure Length	15-45 minutes per eye. Standard operations perform on one eye, then allow 3-8 days before operating on the second eye.	A few hours are required for the entire procedure. Within this time, one eye is worked on at a time.	15-45 minutes per eye. Standard operations perform on one eye, then allow 3-8 days before operating on the second eye.
Healing & Recovery	Overall healing time is longer than with monovision IOL, but patient is typically capable of returning to full activity by the next day. General distance recovery is immediate, with computer and reading distance recoveries taking one or more weeks.	Only requires local anesthesia; can return to daily activities within the next day but 1-2 day suspension from work-related activities is recommended. General, computer and reading distance recoveries are immediate.	Requires only local anesthesia; can return to daily activities within the next day while complete vision recovery takes 1-2 weeks while the patient adjusts to new lenses. General, computer and reading distance recoveries are immediate.
Benefits	Long term outcomes are stable, measurable improvement in accommodation, vision quality comparable or superior to regular IOL, best clarity of vision, eyes focus similarly to natural focus, good general distance vision, good computer distance vision, good night vision and clarity.	Near and far focusing may eliminate need for corrective eyewear such as glasses and contacts, better for close reading and small print, good distance vision, good reading range vision.	Requires only local anesthesia; can return to daily activities within the next day while complete vision recovery takes 1-2 weeks while the patient adjusts to new lenses. General, computer and reading distance recoveries are immediate.

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Potential Drawbacks	Poor improvement for reading-range vision, has a limited range of accommodation, more difficult procedure, requires a well experienced surgeon, more expensive than IOL, some insurance pays only part or none of the high-tech procedure, may take up to one year to fully adapt, may need reading glasses for smaller print.	Poor improvement for computer distance vision, poor improvement for night vision and clarity, may still need glasses for small print.	Only moderate computer distance vision, moderate reading range vision, poor night vision and clarity, may see temporary halos or glare, may still need glasses for small print.
Indications for Procedure	Cataracts, presbyopia, requirement/desire for good night vision, reading glasses not an issue.	Cataracts, presbyopia, do not require good night vision, frequent reader.	Cataracts, presbyopia, poor near vision, unstable prescriptions, bifocals, do not rely on good night vision, frequent reader, glasses for computer reading not an issue, good physical eye health.
Contradictions to Procedure	Weak ciliary muscle contractions, damaged zonules, incomplete pupil dilation, diabetes or infections. Procedure may still be possible or recommended for those with these afflictions.	Diabetic retinopathy, glaucoma, corneal disease, abnormal pupil size, macular degeneration. Not recommended for those who rely on good night vision for driving or flying.	Diabetic retinopathy, glaucoma, corneal disease, abnormal pupil size, macular degeneration. Not recommended for those who rely on good night vision for driving or flying.
Procedural Notes	The natural lens of the eye is removed and replaced with a single-focus accommodating IOL. The eyes' muscles actually move the lens to accommodate the change in focus. Differs from monofocal IOLs by focusing near and far	Is a convex "apodized" lens that eliminates need to move lens to refocus. Gradually changes focus over surface of lens. Appropriate distribution of light over various distances. Increases range of high quality vision. Differs from monofocal IOLs by focusing near and far.	Distributes light over 3-5 concentric optic zones with the central zone dominant for distance, and the others graduated for increasingly closer ranges. Differs from monofocal IOLs by focusing near and far.
Risks	May see halos, less than 1% risk of infection. Loss of vision due to infection is uncommon, but the risk does exist.		
How to Avoid Problems	Find a surgeon with extensive experience with intra ocular lenses, preferably someone who has performed numerous clear lens exchange or cataract surgery procedures. Have your pre-surgery exams include routine eye exam, slit-lamp, fundus, corneal thickness, topography and pupillometry, and a Shirmer test. Request wavefront diagnostics or reason why this is not recommended. Follow instructions carefully after surgery. Replace your old makeup and do not use until several days after surgery. Avoid strenuous exercise for one week.		