PATIENT INFORMATION

Clareon PanOptix® Trifocal Intraocular Lens

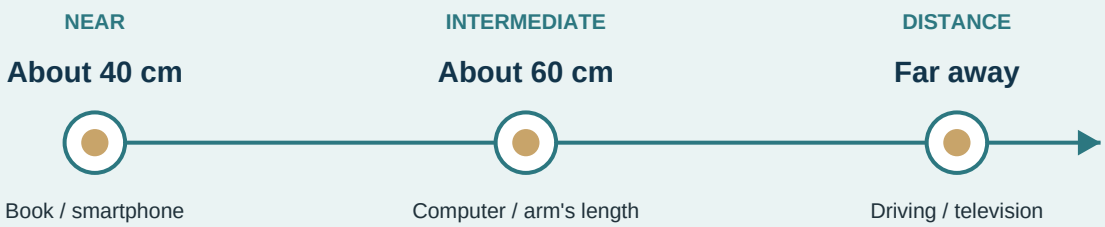
A clear guide to the intended benefits, visual compromises, surgical risks and realistic expectations.

George Voyatzis FRCOphth
Consultant Ophthalmic Surgeon
Moorfields Eye Hospital / Moorfields Private

01

What this lens is designed to do

The Clareon PanOptix is a trifocal intraocular lens designed to provide useful vision at three principal ranges. It aims to reduce dependence on glasses across everyday activities, but it cannot guarantee complete freedom from glasses, a particular standard of vision or complete satisfaction.



Viewing distances measured from the eyes. Schematic only - not to scale.

Three visual "sweet spots"

A useful way to think of this lens is as offering three main "sweet spots" of optimal focus: near at about 40 cm, intermediate at about 60 cm, and distance for far-away objects. These are the intended focal distances, rather than three exact points that everyone will experience in the same way. Useful vision may extend between them, but clarity may vary with viewing distance. Moving a book or screen slightly closer or further away may help you find your clearest position.

The diagram shows the intended viewing distances, not a prediction of your vision. Your own clearest distances and quality of vision will depend on your eyes and the surgical result; glasses may still be needed.

Distance information: Alcon, The Landscape of Presbyopia Correction with IOLs, p. 5. Original patient diagram; not an Alcon illustration.

How the lens works

A conventional monofocal lens has one principal point of focus and is usually selected to provide clear distance vision. Glasses are then commonly required for reading and intermediate tasks.

The Clareon PanOptix lens distributes light between distance, intermediate and near focal points. This may enable a wider range of activities without glasses. Because light is divided between several focal points, the quality of vision may differ from that experienced with a monofocal lens, particularly in dim lighting or where contrast is reduced.

This leaflet supports the discussion with your surgeon. It does not replace individual clinical advice or the formal consent process.

02

Expected vision and reading ability

Although the lens is designed to provide vision across several distances, individual results vary. Some patients may not obtain the level of near or reading vision they expected, even when surgery has been uncomplicated and the lens is functioning as intended.

The final result can be affected by:

- the individual characteristics and health of the eye
- the accuracy and limitations of preoperative measurements
- the eye's response to surgery and healing, and the final position of the lens
- residual long-sightedness, short-sightedness or astigmatism
- the distance, size and contrast of the material being viewed
- the available lighting and the patient's ability to adapt to the new optical system

Reading glasses may still be required for very small print, prolonged reading, detailed close work or tasks undertaken in poor lighting. Glasses may also be required for some intermediate or distance activities.

Comfortable reading in everyday life

Being able to identify small letters on a test chart is not the same as reading a book comfortably for a long time. Reading speed, print size, contrast and lighting all matter. A well-positioned reading light, larger text on a phone or tablet, and adjusting the viewing distance may help. Some patients still prefer reading glasses for sustained reading, even when they can read short passages without them.

The lens provides several fixed focal ranges; it does not restore the natural focusing ability of a young eye. It is therefore realistic to aim for less dependence on glasses, rather than the effortless vision you may remember from youth.

REALISTIC EXPECTATIONS

Most people are very happy with their vision following surgery. Although every effort is made to achieve the best possible visual outcome, I cannot guarantee that you will be satisfied with your vision following surgery.

Satisfaction is personal

A procedure may be clinically successful and performed to an appropriate professional standard without achieving every patient's preferred outcome or complete satisfaction. Expectations, priorities and perception of vision differ from one person to another.

03

Possible optical effects and limitations

Glare, halos and starbursts

Glare means dazzle or excessive brightness; halos are rings around lights; starbursts are rays or streaks extending from lights. These effects arise from the way a trifocal lens distributes light and may occur even after an uncomplicated operation. They are often most noticeable around headlights and streetlights at night. Noticing an effect does not necessarily mean finding it troublesome: published PanOptix studies report these effects more often than severe or very bothersome symptoms. However, some patients find them significantly disruptive.

Night driving and reduced contrast

Optical effects may make night driving more difficult. Vision may also be less crisp in dim lighting or where an object does not stand out clearly from its background. You may achieve good results on a conventional eye chart while finding real-world tasks more difficult. If night driving is essential to you, discuss this before choosing your lens. Resume driving only when your vision meets the applicable legal standard and you feel safe to do so.

Adaptation to the lens

The brain may become less aware of the optical effects over time, a process called neuroadaptation. The duration and success of adaptation vary; symptoms may persist indefinitely, and improvement cannot be promised. A small number of patients remain unable to tolerate the effects.

Persistent blur, ghosting or troublesome symptoms

A faint secondary image or shadow around letters or objects is sometimes called ghosting. Persistent blur or optical symptoms should be assessed rather than simply attributed to adaptation. Dry eye, a residual prescription or astigmatism, lens position and clouding of the supporting capsule can contribute. Treating an identified cause may help, but cannot guarantee complete resolution.

Residual refractive error

Despite careful measurements and lens-power calculations, the final prescription may differ from the intended target. This is sometimes called a refractive surprise and does not necessarily mean that an error has been made. Depending on its nature and severity, it may be managed with glasses, contact lenses or, where clinically appropriate, an additional procedure. No further intervention can guarantee the desired result.

Floaters - when to seek urgent advice

Pre-existing floaters may become more noticeable after surgery because vision is clearer. New floaters can also occur. A sudden increase in floaters, flashing lights, a curtain or shadow in the vision, or a sudden reduction in vision requires urgent ophthalmic assessment.

Lens exchange

If visual symptoms remain severe and cannot be managed satisfactorily by other means, removal or exchange of the trifocal lens may be considered. Lens exchange is additional intraocular surgery and carries its own risks. It cannot guarantee that all symptoms will resolve or that you will be completely satisfied.

04

General risks of cataract surgery

Cataract surgery is commonly performed and most patients have a good outcome. However, no operation is without risk. Complications may occur during surgery or afterwards, even with appropriate care, and may require additional treatment or surgery. Some can leave vision permanently worse than before the operation.

This list is not exhaustive

The following are examples of recognised complications, not a complete list of every possible risk. Other uncommon, rare or unexpected complications can occur. This leaflet supports, rather than replaces, a discussion of the risks that matter to you personally.

- Infection inside the eye
- Bleeding or inflammation
- Raised or reduced eye pressure
- Corneal swelling or loss of clarity
- Retinal swelling
- Retinal tear or detachment
- Tear in the lens capsule or damage to its supports, sometimes with loss of vitreous gel
- Retained lens material
- Incorrect position, movement or dislocation of the implant
- Drooping eyelid, double vision or a change in pupil shape
- An unexpected refractive outcome
- Posterior capsule opacification
- Need for medication, laser treatment or further surgery
- Permanent reduction or, rarely, severe loss of vision

Your individual risk

Risk depends on your eyes, general health and the complexity of surgery. For example, high short-sightedness can increase retinal detachment risk; diabetes or previous eye inflammation can increase the risk of swelling at the centre of the retina. Previous eye surgery, weak lens supports and other eye disease may also affect risk or limit visual improvement. Mr Voyatzis will discuss the risks of particular relevance to you. Risks associated with anaesthesia, sedation or medicines will be discussed where applicable.

When to seek urgent advice

Contact the surgical team or an emergency eye service urgently if you develop increasing pain, increasing redness or worsening vision after surgery. New flashes, a sudden increase in floaters, or a curtain or shadow in your vision also require urgent assessment. Do not wait for a routine follow-up appointment.

Posterior capsule opacification

The membrane supporting the implant may become cloudy months or years after surgery. This may cause blurred vision, glare or reduced contrast. When clinically appropriate, it can usually be treated with Nd laser capsulotomy. This is a separate procedure with its own benefits, risks and possible charges.

05

Further treatment, costs and alternatives

Further treatment and costs

If further intervention is required because of a surgical complication, most associated surgeon's charges may be waived. This does not necessarily include hospital, facility, anaesthetic, medication, investigation or other consultant charges.

Treatment intended to alter an otherwise uncomplicated refractive result, improve spectacle independence or address dissatisfaction with the optical characteristics of a trifocal lens will attract additional charges. This may include laser vision correction, supplementary lens implantation, lens exchange or other procedures.

The likely management options, their risks and any anticipated charges will be discussed before further elective treatment is undertaken. Where additional charges apply, Mr Voyatzis will endeavour to minimise them.

Balancing benefits and compromises

Choosing a trifocal lens involves balancing the potential for reduced dependence on glasses against the possibility of glare, halos, reduced contrast or other optical effects.

Your decision should take account of:

- eye health and previous eye treatment
- occupation and driving requirements
- lifestyle and visual priorities
- expectations and tolerance of visual imperfections

You are encouraged to ask questions and make sure you understand the alternatives, including a monofocal lens, before deciding whether a Clareon PanOptix trifocal lens is appropriate for you.

Questions you may wish to ask

1	What level of spectacle independence is realistic for my eyes?
2	How might glare or halos affect my night driving?
3	Are there features of my eyes that increase risk or reduce suitability?
4	What alternatives should I consider?

06

Important acknowledgement

Whilst most patients undergoing cataract surgery have very good outcomes, individual results vary and may be less favourable than expected or intended. Satisfaction is inherently subjective and depends on each patient's expectations, priorities and perception of the result.

Mr George Voyatzis will use reasonable professional skill and care and will endeavour to achieve the best outcome reasonably possible. However, biological, optical and physical limitations, together with factors specific to the individual patient, mean that a particular result, complete freedom from glasses or complete patient satisfaction cannot be guaranteed.

Mr Voyatzis therefore does not provide a money-back guarantee, a guarantee of complete satisfaction or a warranty of 100% perfection.

YOUR RIGHTS AND YOUR DECISION

This leaflet is provided to support an informed discussion. Reading, retaining or signing any acknowledgement of receipt does not waive or restrict your legal rights, and does not replace the consent discussion with your surgeon.

George Voyatzis FRCOphth
Consultant Ophthalmic Surgeon
Moorfields Eye Hospital / Moorfields Private

Please contact the clinical team if you have questions about this information or if your symptoms change.

Selected references and further reading

General surgical risks: NICE NG77, Cataracts in adults: management, individual risk and patient information; Royal Free London, Cataract surgery patient information. Accessed 22 October 2026. Published general estimates are not a substitute for individual risk assessment.

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Woodward MA, Randleman JB, Stulting RD. Dissatisfaction after multifocal intraocular lens implantation. *J Cataract Refract Surg.* 2009;35:992-997. PubMed:19465282. Retrospective referral series of older multifocal lenses; informs assessment of symptoms, not PanOptix incidence.

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