

YOUR EXTENDED DEPTH OF FOCUS (EDOF) LENS IMPLANT

A Special Guide for EDOF IOL Patients

Understanding Your New Lens · Dry Eye Care · Neuro-Adaptation · Maximising Your Outcome

1 — HOW YOUR EDOF LENS WORKS

A standard (monofocal) IOL focuses at one distance only — usually far away — so glasses are still needed for reading and intermediate tasks.

An Extended Depth of Focus (EDOF) IOL works differently from both a monofocal and a multifocal lens. Instead of splitting light into separate focal points, it stretches a single focal point into one continuous, elongated range of clear vision. The result is excellent distance vision that flows smoothly into strong intermediate vision, with functional near vision for everyday tasks.

The trade-off to understand: EDOF lenses are designed to prioritise smooth, high-quality vision from far through arm's length. Very small print at close range is the one area where many EDOF patients still reach for low-power reading glasses. This is a designed characteristic of the lens — not a complication.

Important: Unlike your natural lens, the EDOF IOL does not auto-focus. Your brain refines how it uses the new continuous range of focus — a process called **neuro-adaptation**, covered in detail in Section 3. Most patients find this adjustment gentler with an EDOF lens than with a multifocal lens.

	Focus Zone	Distance	Examples	What to Expect
	DISTANCE	> 6 metres	Driving, watching TV, sport, recognising faces across a room	Excellent — comparable to a standard lens
	INTERMEDIATE	60–80 cm	Computer, laptop, tablet, dashboard, cooking, supermarket shelves	Excellent — a key strength of EDOF lenses
	NEAR	35–45 cm	Reading a book, phone, medication labels, fine print	Functional for everyday tasks; low-power readers often used for small print or prolonged reading

Most EDOF patients are glasses-free for distance and intermediate activities, and many manage day-to-day near tasks without glasses. Low-power reading glasses for small print or long reading sessions are common and expected. An EDOF IOL **DOES NOT** guarantee that you won't need glasses after surgery. Please speak with your surgeon if you have any questions.

A note on "mini-monovision": To further boost near vision, your surgeon may recommend targeting the non-dominant eye for a very slightly closer focus. This small offset is usually well tolerated with EDOF lenses because the continuous range of each eye overlaps smoothly. Your surgeon will discuss whether this strategy suits you.

2 — DRY EYE OPTIMISATION

Why dry eye matters for EDOF patients: The quality of your vision with any premium lens depends on a smooth, stable tear film — the first optical surface of your eye. Even a mildly unstable tear film — often invisible to you — causes fluctuating, hazy, or filmy vision and can blunt the sharpness your EDOF lens is capable of delivering. **Dry eye is one of the most common causes of**

dissatisfaction after premium lens surgery. Treating it consistently before and after surgery is not optional — it is essential to your outcome.

Using Artificial Tears — Non-Negotiable

- Use preservative-free (PF) artificial tears at least 4 times daily — e.g., Refresh Optive PF, Systane Ultra PF, or HyloFresh.
- Use drops before screen time and reading, not only when symptoms appear. Prevention is more effective than relief.
- Continue drops for a minimum of 3–6 months post-surgery, and long-term if you have chronic dry eye.
- If eyes feel dry within 1–2 hours of a dose, increase frequency — more is better.

Warm Compresses & Lid Hygiene

- Apply a warm compress (e.g., EyeGiene mask, warm damp facecloth) to closed eyelids for 10 minutes each morning. This melts the oils in your meibomian glands, improving tear film stability.
- Immediately follow with gentle lid margin cleaning using a lid wipe (Ocusoft) or cotton tip. This unblocks gland openings and reduces bacterial load.
- Do this routine every day — it takes 12 minutes and is one of the most effective dry eye treatments available.

Nutrition & Hydration

- Take omega-3 fatty acids (1–2 g/day of EPA+DHA from fish oil or algae) to reduce eyelid inflammation and improve tear film oil quality. Allow 6–8 weeks to notice benefit.
- Drink 6–8 glasses of water daily. Even mild dehydration measurably worsens dry eye symptoms.

Reduce Environmental Triggers

- Apply the 20-20-20 rule during screen use: every 20 minutes, look 20 feet away for 20 seconds.
- Position screens at or below eye level — looking slightly downward reduces the area of exposed eye surface.
- Use a humidifier in your bedroom and workspace, especially in air-conditioned or heated environments.
- Avoid air vents, fans, or car heater vents blowing directly at your face.
- Wear wraparound sunglasses outdoors to block wind and UV evaporation of tears.

Prescription Options (If Recommended by Your Surgeon)

- Cyclosporine drops (Restasis / Cequa) — reduce chronic eyelid inflammation. Requires 3–6 months for full benefit; do not stop early.
- Lifitegrast drops (Xiidra) — reduces dry eye inflammation. Use exactly as directed.
- Punctal plugs — tiny inserts in the tear drainage duct that keep tears on the eye surface longer. Simple, effective, and reversible.

⚠ Warning — signs of undertreated dry eye: Vision that fluctuates more in the afternoon, a filmy or hazy quality that comes and goes, or persistent eye fatigue with reading are all signs dry eye is not yet controlled. Contact our clinic if these develop or persist beyond 4–6 weeks post-surgery.

3 — NEURO-ADAPTATION: TRAINING YOUR BRAIN TO SEE

What is neuro-adaptation? Your brain must learn to use your new lens. The EDOF IOL delivers one continuous, elongated range of focus, and your visual cortex refines how it interprets this new way of seeing — including deciding when an image is "sharp enough" across the range. Because EDOF lenses do not split light into competing images the way multifocal lenses do, adaptation is typically smoother and faster, with a milder night-vision adjustment. It is still a genuine neurological learning process that rewards

active effort, patience, and time — and it remains an important factor in your long-term satisfaction.

Visual Recovery Timeline

WHEN	PHASE	WHAT TO EXPECT
Days 1–7	Early Healing	Vision is blurry and variable. Some glare or faint halos and starbursts may be noticeable. This is normal — your eye is healing. Do not judge your result yet.
Weeks 1–4	Fluctuation	Clarity improves day by day but is inconsistent. Distance and computer vision usually sharpen first; near vision often lags behind. Mild halos or starbursts at night are common and expected — typically fainter than with multifocal lenses.
Months 1–3	Active Adaptation	Significant improvement for most patients. Night-time visual effects soften. Computer work and everyday near tasks become easier. Most patients drive and function without glasses for distance and intermediate.
Months 3–6	Refinement	Fine-tuning continues. Near vision consolidates and you learn where your comfortable reading range sits. Night glare becomes much less noticeable. Many patients settle into their long-term pattern — largely glasses-free, with readers on hand for small print.
Up to 12 mo	Full Adaptation	Some patients continue improving for up to 12 months, especially those with stronger prescriptions. Satisfaction with EDOF lenses is consistently high.

✓ What Accelerates Neuro-Adaptation

- 1. Resist glasses.** The single most powerful action you can take. Even if near vision feels slightly soft at first, your brain learns only when it works with the lens. Wearing glasses as a crutch interrupts the neurological learning loop — save readers for genuinely fine print.
- 2. Vary your visual tasks.** Read a book. Use your phone. Work at your computer. Watch TV. Walk outdoors. The broader the range of visual input, the faster the brain learns to use the full continuous range of focus.
- 3. Prioritise sleep.** The brain consolidates visual learning during deep sleep. Aim for 7–8 hours nightly. Sleep deprivation measurably slows visual adaptation.
- 4. Control dry eye.** A healthy, stable tear film is essential. Dry eye and adaptation problems reinforce each other — treat both aggressively together (see Section 2).
- 5. Stay positive and patient.** Anxiety and frustration alter how the brain processes visual signals. Patients who were counselled on expectations and remained patient report consistently higher satisfaction scores.

⚠ What Slows Neuro-Adaptation

- 1. Reaching for glasses too readily.** Every time you put on glasses for a task the lens can handle, you interrupt the learning loop. Reserve readers for genuinely small print or prolonged fine work.
- 2. Poor tear film / dry eye.** Unstable vision from dry eye prevents the brain from forming a stable visual reference to adapt to. It cannot adapt to a moving target.
- 3. Judging night vision too early.** Faint halos or starbursts around lights are most noticeable in the first weeks and are the hardest condition for an adapting visual system. They typically fade to a non-bothersome level — and are generally milder than with multifocal lenses.
- 4. Comparing to before surgery.** Pre-operative vision included the haze and glare of a cataract — patients often forget this. The EDOF IOL, once adapted to, typically provides significantly better visual quality.
- 5. Missing follow-up visits.** Early detection of residual refractive error, dry eye, or posterior capsule opacity (PCO) can dramatically change your outcome. Attend all scheduled appointments.

Posterior Capsule Opacity (PCO): If vision that was improving becomes blurry or hazy again weeks to months after surgery, this is most likely a PCO — a thin, harmless film that can form on the lens capsule behind your IOL. It is treated with a painless in-clinic laser (YAG capsulotomy) and has no recovery time. Contact us promptly if this occurs — it is very treatable.

4 — GETTING THE BEST FROM YOUR EDOF LENS

Reading & Near Work

- Hold reading material at 40–50 cm — slightly farther than a traditional reading distance often works best with an EDOF lens, letting you use the strongest part of its near range.
- Ensure bright, even overhead lighting for reading. Good lighting narrows your pupil, which naturally extends your depth of focus — it makes a significant difference.
- Increase font size on phones, tablets, and computers during the adaptation period.
- Low-power reading glasses (+1.00–+1.50) for small print, dim lighting, or prolonged reading are common with EDOF lenses and perfectly normal — this does not mean the surgery has failed.

Driving

- Most patients can drive after 7 days — your surgeon will confirm clearance.
- Daytime driving is typically excellent within the first few weeks, and the dashboard sits comfortably within your intermediate range.
- Faint halos or starbursts around headlights and streetlights may be noticeable at night early on and fade with adaptation. Night-vision disturbances with EDOF lenses are generally milder than with multifocal lenses. Take it gradually with highway night driving in the first 2–4 weeks.
- Avoid driving in heavy rain at night during the first month if possible.

Screens & Digital Devices

- Computers and tablets sit in the heart of the EDOF focal range — expect this to be one of the strongest parts of your vision.
- Use the 20-20-20 rule to prevent eye fatigue and reduce dry eye during screen use.
- Increase screen brightness and consider a high-contrast display theme during adaptation.

Sunglasses & Light Sensitivity

- Wear UV-400 sunglasses outdoors — your new lens is optically clear and your eyes are more light-sensitive in the early weeks.
- Polarised lenses significantly improve comfort in bright, high-glare conditions.
- Photochromic (transition) lenses are an excellent long-term option if you move frequently between indoor and outdoor environments.

Activity & Sport

- Light activity such as walking and gentle stretching can resume from Day 2.
- Swimming, water sports, and contact sports: wait at least 4 weeks, or until surgeon clearance.
- Precision sports (golf, shooting, cricket): allow 3–6 months of full adaptation before making judgements about performance impact. Many EDOF patients find these activities a strength, as distance clarity and contrast are well preserved.

5 — FREQUENTLY ASKED QUESTIONS

Question	Answer
Will I still need glasses?	Most patients are glasses-free for distance and intermediate tasks — driving, TV, computer, cooking. Many also manage everyday near tasks like phones and price tags unaided. Low-power readers (+1.00–+1.50) for small print, dim light, or prolonged reading are common and expected — this is a designed characteristic of the lens, not a failure.
How is this different from a multifocal lens?	A multifocal lens splits light into separate distance and near focal points, giving stronger fine-print reading but more night-time halos and a longer brain-adaptation period. An EDOF lens stretches focus into one smooth, continuous range — prioritising crisp distance and intermediate vision, better night-vision quality, and an easier adaptation, in exchange for occasionally needing readers for small print.
Are halos and glare permanent?	No. Any halos or starbursts diminish significantly over 3–6 months as the brain adapts, and they are generally milder with EDOF lenses than with multifocal lenses. Most patients describe any residual effects as faint and non-bothersome. Debilitating glare is rare.
Why does vision seem worse than right after surgery?	Two common causes: (1) Dry eye fluctuation — increase your artificial tear use. (2) Posterior capsule opacity (PCO) — a thin film behind the lens treated with a painless in-clinic laser. Contact us if this happens.
Can the lens be removed if I'm unhappy?	IOL exchange is possible but more complex than the original surgery. The vast majority of initially dissatisfied patients improve significantly with time, dry eye treatment, and neuro-adaptation support. We work through all options with you before considering exchange.
What if I want more near vision?	Once vision stabilises, options include a small "mini-monovision" offset in the second eye (if not yet operated), low-power readers for specific tasks, or — for a suitable residual prescription — a laser enhancement (LASIK/PRK). Your surgeon will discuss what fits your eyes and goals.
When is the second eye done?	Typically 1–2 weeks after the first, once your surgeon confirms healing is progressing well. Having both eyes done significantly speeds up neuro-adaptation, and the two eyes work together to widen your overall range of clear vision.
Can cataracts come back?	No — the natural lens has been permanently removed. However, a posterior capsule opacity (PCO) can develop months to years later and is easily treated with an in-clinic laser procedure.

Your partnership with our team makes the difference.

An EDOF IOL is a premium technology — but the outcome is a collaboration. The lens provides the optical potential; your commitment to dry eye management, neuro-adaptation, and attending follow-up care unlocks it. The vast majority of patients who follow this guide achieve outstanding results.

This handout is a clinical education aid only and does not replace personalised advice from your surgeon and surgical team.