# RLES AI® PRESBYOPIA PLANNING REPORT
## COMPLEX CASE: PRESBYOND CANDIDACY & PLAN — DEMO

REFRACTIVE LASER EYE SURGERY – ARTIFICIAL INTELLIGENCE ASSISTED

**DEMO REPORT — FICTITIOUS PATIENT**

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## 1 · THE CASE — A 52-YEAR-OLD EMMETROPE WHO DRIVES AT NIGHT

DEMO PATIENT J (fictitious) · 52 · +0.25/plano · reading-glasses dependent · three long night drives a week. Presbyopia is a negotiation: distance clarity against near function. This profile (night driving + emmetropia) is the worst candidate for full monovision — the right question is which METHOD fits this life.

## 2 · CANDIDATE SCREEN — METHOD SELECTION, NOT EXCLUSION

| Test | Result | Effect on plan |
|---|---|---|
| Dominance + strength (+1.50 suppression) | OD dominant · strong | the target split is tolerable |
| Strabismus/suppression | none | no absolute exclusion |
| CL monovision trial (12 days) | tolerated | the strongest predictor ✓ |
| Tissue budget | all floors pass in both eyes | ✓ |
| Scotopic pupil | 6.4 mm | night driving + a large pupil → NOT full monovision; a blended profile (PRESBYOND) instead |

## 2b · TISSUE BUDGET · SCREENS — BOTH EYES

| Check | OD (plano) | OS (−1.25) | Status |
|---|---|---|---|
| Pachymetry · flap · ablation | 552 · 100 · 9 µm | 549 · 100 · 24 µm | the blended profile costs little tissue |
| RSB / RCT / PTA | 443 / 543 / %19.7 | 425 / 525 / %22.6 | all floors ✓ ✓ |
| Postop K window | 43.1→43.0 | 43.3→42.3 | 36–49 ✓ ✓ |
| Ectasia set · Rule 13 · Rule 16 | all normal · 0/9 · ORA 0.2 | same | clean — the full set runs at 52 too |
| Dry eye + medication + ACA | normal · clear · 31° | normal · clear · 32° | the surface is what breaks blended optics first — deliberately screened |

Expectation management IN NUMBERS: with blended vision roughly 95-97% of patients reach 20/25 and J2 binocularly; for the small minority who cannot adapt, the reversal ablation is RESERVED in the budget (undoing the OS −1.25 target needs ~24 µm more ablation — RSB drops to 401, still passing the floor).

## 3 · SURGICAL PLAN — READY FOR APPROVAL

| Item | Plan |
|---|---|
| Method | PRESBYOND Laser Blended Vision — device card verified: MEL 90 + CRS-Master registered (an unavailable method is never planned) |
| Targets | dominant OD: plano · non-dominant OS: −1.25 (the age-52 band); full monovision (≥−2.50) deliberately NOT chosen |

| Item | Plan |
|---|---|
| Expectation management | published tolerance/reversal figures go into the patient information as numbers, not adjectives |
| Reversal gate | the tissue budget already covers a possible reversal ablation — the plan was built with that reserve |

## CONCLUSION

This night-driving emmetrope would be unhappy with the wrong method; trial + dominance + pupil data selected the right one, and the plan was built with a reversal reserve. The decision rests with the surgeon (Rule 11).

## SURGEON'S SIGNATURE & AI VERIFICATION

This report is clinical decision support; the plan is finalised by surgeon approval. Signature: _____ Date: _____