

CATARACT SURGERY

This may surprise you, but almost everyone over the age of 60 has some degree of cataract forming. Some people develop cataracts even sooner. Of course, this varies from person to person.

What is a cataract?

There is a natural lens inside the eye. It is located just behind the iris (the colored part of the eye). This lens functions similarly to a camera lens, that is, it helps the eye focus your vision. Without it, the eye would be way out of focus. A normal young lens is very clear. It can change its thickness to help the eye focus at different distances (although this worsens with age, leading most people over 45 to require bifocals). The word "cataract" means that the normally clear lens has become clouded. This clouding is usually the result of aging, but can come on at younger ages in people with prior injuries to the eye, with certain medical conditions (such as diabetes), with certain medication use (such as steroids), and with certain family tendencies.

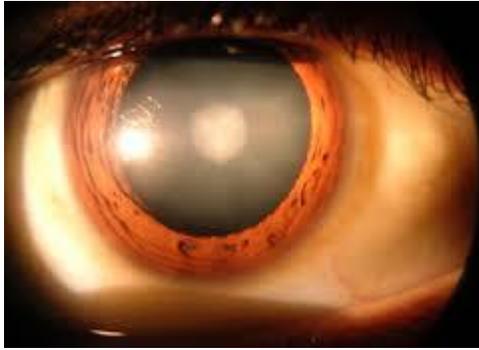


Dense cataract in right eye.

When does a cataract have to be removed?

There are many different types of clouding that can occur in the lens of an eye. But in all cases, if the clouding becomes severe enough, it can affect your vision. If the effect is only mild, then the cataract can be ignored and the vision limitation can be tolerated. If, however, the cloudy effect becomes more severe, the vision can gradually worsen to a point where daily functioning is difficult. It is typical at this point that the cataract is removed -- but it rarely has to be removed.

Think of looking through a dirty window. It does not harm you to look through a dirty window, it merely gives you a "dirty view". Likewise, a cataract "dirties" your view but does not harm you. If you don't notice that your view is dirty, or that you don't mind the view, or if you don't want your window (cataract) cleaned, then nothing needs to be done. So, your cataract rarely has to be removed. You just have to live with the consequences of your dirty window.



Small cataract within the center of the visual path.

Choosing to have cataract surgery

When you determine that you do not want to live with the "dirty view" any longer, and when your eye doctor agrees that removing your cataract would likely result in an improvement in your vision, and when your overall health is sufficient to undergo an operation, then you may elect to have cataract surgery.

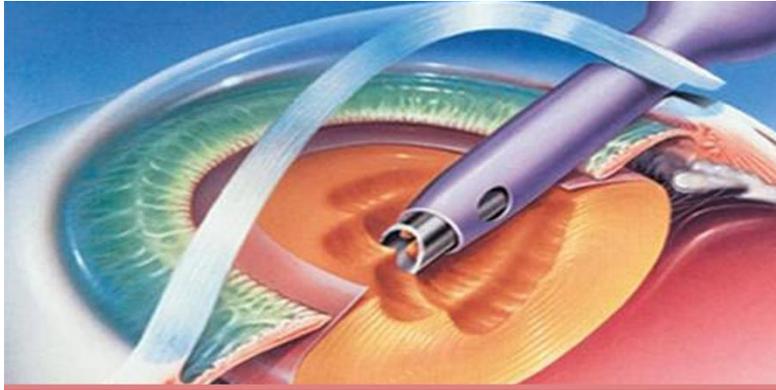
Risks of cataract surgery

You must also understand and accept the fact that cataract surgery, just like all surgeries, carries risks. There can never be a 100% guarantee of the results ahead of time. Rarely, severe complications can occur from cataract surgery which could result in permanently worsening your vision. Fortunately, this occurs in only a small percentage of cases. Some eye conditions are known to raise the risk of complications. Your eye surgeon will discuss this with you if this is the case.

Preparation for cataract surgery

If you have unstable medical conditions, you may be asked to obtain a medical clearance from your family doctor or heart doctor before having cataract surgery. Most people do not require this. If you are using blood thinners, you may be asked to discontinue them prior to the operation. Your eye surgeon will determine this for you. This may need to be coordinated with your family doctor or heart specialist. You will be required to get some medicated eye drops to use prior to and after the surgery.

Most people undergoing cataract surgery will not require any special preparation other than using those medicated eye drops beginning on the day prior to the surgery. On the day of the surgery, you should eat a light breakfast and take all your normal morning medications, unless instructed otherwise. You should wear a loosely-fitting top, no jewelry, and no make-up or perfumes.



Phacoemulsification used to remove a cataract.

The operation

You should bring all your eye medications with you to the operation. Once checked in at the surgery center, you will be taken into the pre-op holding area where you will be given lots of eye drops to numb and dilate your eye. You will also get an IV line placed into your arm. When ready, you will be taken to the operating room. You will not have to transfer to another bed, but will be required to lie flat on your back. Your eye will be cleansed and your eye and upper body will be covered with a sterile drape. Although covered, you will have plenty of oxygen to breathe comfortably. A small device will be placed under your eyelids to keep your eye open. Your three main jobs are to RELAX and to HOLD STILL and to SMILE. To assist you in this, you will likely be given a medication relaxer through the IV line. Your surgeon will then sit next to your head. You will feel his (her) hands on your cheek and forehead. They will make a small cut into the outside corner of your eye and vacuum out your hazy lens. This process is known as phacoemulsification (see above). A clear plastic lens implant called an IOL (see below) will be put into the eye to replace the natural lens that was removed. The entire operation will typically take between 15 and 30 minutes. Once completed, you will be taken to the recovery area, given written and verbal instructions, and released to go home shortly afterwards. You will see the surgeon in our Baton Rouge Avenue office on the following day.



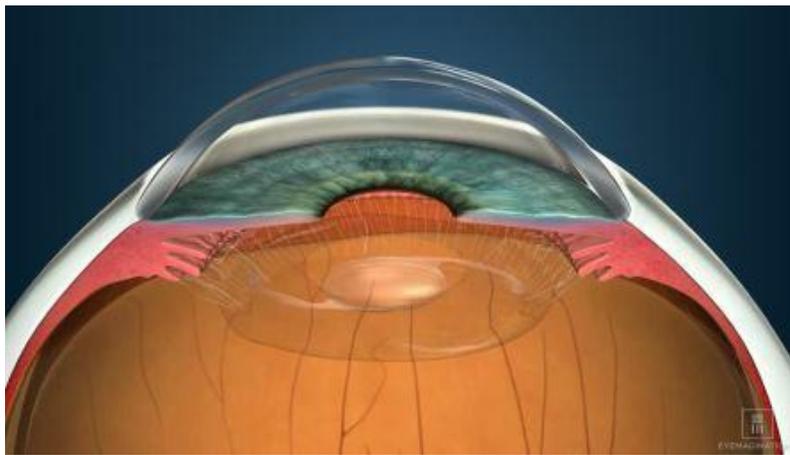
One type of IOL.

Lens implant (IOL)

As mentioned above, when your cataract is removed, it is replaced with a plastic lens known as an Intraocular Lens Implant (IOL). This is done because removing the cataract is the same thing as removing the lens from your eye. This means that the eye would be out of focus without a replacement lens. These IOLs are made of different types of plastic materials and are made in a variety of ways.

1. STANDARD IOL - Good to correct for distance prescription or for near prescription, but not both.
2. TORIC IOL - This is for correction of astigmatism as well as the usual distance prescription.
3. EXTENDED DEPTH OF FOCUS IOL - The only brand of this type is the Synfony IOL. This is most useful for those who want freedom from their glasses for distance as well as for near, although very close viewing may still require glasses.
4. ACCOMMODATING IOL - The most common brand of this type is the Crystalens. This works well in some people seeking independence from their glasses, but may be less predictable than the Extended Depth of Focus IOL.
5. MULTIFOCAL IOL - There are several brands that provide multiple different focus rings built into the center of the plastic implant. The rings can, however, result in halos around lights and variable results in different lighting conditions.

Note that while all IOLs that are available in the U.S. are approved and safe, each brand has advantages and disadvantages. Your surgeon will help you decide which one is best for you. Note also that IOL #1 (Standard) is included in your insurance payment covering cataract surgery whereas IOLs #2, 3, 4, and 5 have an additional out-of-pocket charge of up to \$2400 over and above insurance payment. Again, your surgeon will help you decide which option is best for you.



IOL in position following cataract extraction.

After care

Following surgery, you will be using medicated prescription eye drops for a number of weeks (typically five weeks). These are to reduce the risk of infection, pain, swelling, and inflammation. You will be asked to avoid dust and fumes and dirty water in your eye for the first few weeks following your surgery. Otherwise, you may resume most normal activities right away. Most people can drive within a few days of their surgery. In most cases, your glasses prescription will change. Some people find that they can function well without glasses after cataract surgery or they may merely require reading glasses to fine-tune their close vision.

Follow-up exams

If your surgery goes normally, your surgeon will examine your eyes on the day following the surgery, a week or so later, and a month later. Typically, if you request cataract surgery on the second eye, that will be scheduled 2-3 weeks following surgery on the first eye. Once healed, if you regularly see an optometrist for your eye care, you will be sent back to them for continued routine eye care and for glasses, if needed. Of course, if you have any problems or concerns, the surgeon will be happy to examine you more frequently. You should not hesitate to call or go back to the surgeon for questions, concerns, or problems.