

Our focus on your vision



eyemedics
ophthalmologists

CATARACT SURGERY PATIENT INFORMATION

The following information is to help you make an informed decision about having cataract surgery. After reading this you may want to ask additional questions about the proposed operation before choosing to undergo surgery.

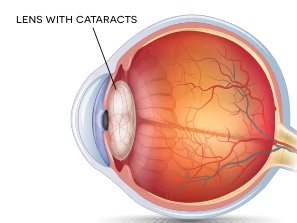
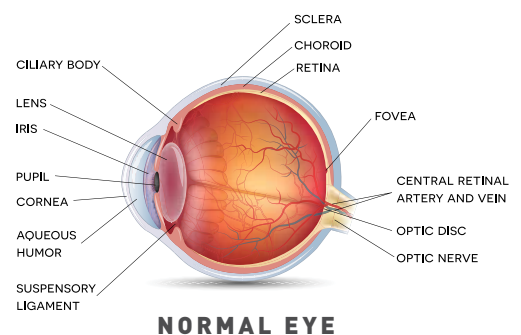
What is a cataract?

A cataract is formed as a part of the natural ageing process. It is not a growth or a film, but the clouding of the eye's natural lens.

The transparency of the natural lens allows clarity of vision. As this lens becomes cloudy, quality of vision will be affected.

Cataracts continue to form, as we get older, developing at different rates in different individuals.

Whilst previous eye injuries and certain medications may accelerate the process, lifestyle changes such as altering diet will not prevent or slow the cataract formation.



How are cataracts treated?

Cataracts form within the eye and therefore need to be removed surgically. This is usually undertaken when the patient feels his/her reduced vision is impacting on daily activities (i.e., driving, reading, computer work or watching television).



A cataract operation can be considered when your vision is not satisfactory for your day-to-day activities and stronger glasses won't help. This decision is made in conjunction with your eye surgeon and should be based upon your visual needs, medical considerations and the overall health of your eye.

Cataract surgery is a very common procedure, with very few complications. Your Ophthalmologist will discuss any risks with you, based on your individual case.

The procedure itself is done in a day patient setting, so most patients may return home on the same day of their operation (a driver is required on the day).

What to expect after the surgery

Upon removal of the patch, most people find that their vision has improved somewhat, and as the eye recovers their vision continues to improve. You will need to see your Ophthalmologist for check ups after 1-7 days and at 4-6 weeks post surgery.

Your eye may be sensitive to the touch for a few days, and you should avoid strenuous activity and rubbing your eye. It is important to avoid heavy lifting or straining that may increase pressure on your eye.

In some cases, the lens capsule may become cloudy some time after surgery. This cloudiness is easily remedied by laser treatment that is quick and painless and may be performed in the consulting rooms.

Once past the initial healing stage, having an IOL implant provides no restriction on activities or lifestyle, and provides many years of clear vision.

Please note: Not all patients are suitable for each choice of IOL and options including risks, benefits and cost needs to be discussed with your surgeon.

If your eye's focusing power after surgery is NOT what was planned, it can usually be 'corrected' with glasses or contact lenses (assuming there is no other eye pathology). If you feel strongly that you would like to minimise the need for glasses a replacement of the IOL or corneal refractive surgery such as LASIK or PRK may be considered.

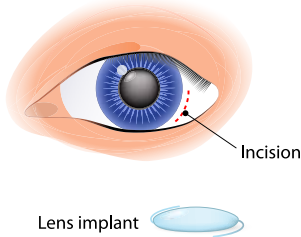
Again, not all patients are suitable and the risks and benefits need to be discussed with your surgeon. For these surgical alternatives, additional charges may apply and may not be covered by insurance.



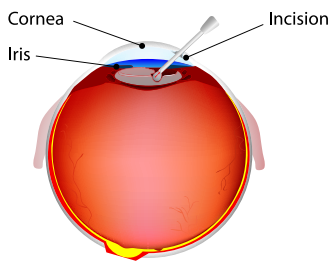
What happens in the surgery?

Generally most patients have local anaesthesia for their cataract surgery. Occasionally, if a patient is very anxious, claustrophobic or cannot lie flat, a general anaesthetic may be considered. Anaesthetic drops, and for some patients a local anaesthetic injection will be used to ensure the eye is numb.

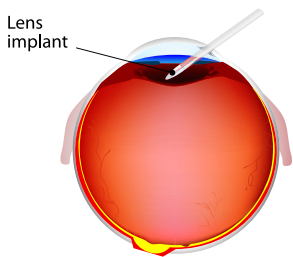
Eye with cataract



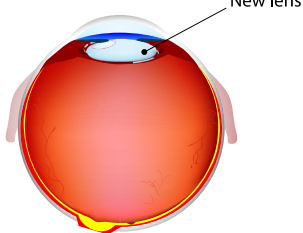
The cloudy lens is removed



The implant is inserted



Lens implant into position



The cataract is removed via an incision in the eye. A device that uses ultrasound waves breaks up the cataract and removes it from the eye. A new, plastic lens (known as an intraocular lens (IOL) implant) is then positioned in the eye, taking the place of the old lens in the lens capsule. The incision used to perform the surgery is so small that, in most cases, no stitches are required and the eye heals the site itself.

The surgery usually takes around 10-20 minutes, and when completed a patch will be placed over the eye. You will need to wear this patch until the anaesthetic has worn off. You will be sent home with some drops to use for a period after the surgery, instructions on their use will be given on the day.

Which (Intraocular lens) IOL is suitable for me?

There are several different designs of IOLs including monofocal, toric and multifocal.

An A-scan measures the eye prior to surgery to determine the length of the eye and the curvature at the cornea (front surface of the eye). Unequal corneal curvature is known as astigmatism, which affects both distance and near vision and is corrected with glasses or contact lenses. These measurements along with your personal visual needs then determine which IOL is best suited for you.

Patients who have had previous refractive eye surgery such as LASIK or PRK are especially difficult to calculate precisely. Also patients who are highly nearsighted or farsighted are also more difficult to predict the exact IOL prescription.

Monofocal IOLs as the name suggests is a single focus IOL. This is the most commonly used lens and can be focused for distance or near, but not both.

Monovision is used in patients with cataracts who wish to be less dependent on glasses post surgery. Monofocal lenses are used and one eye is focused for distance and the other eye is focused for near. Not all patients can tolerate this option since monovision can impair depth perception to some extent. Therefore, previous experience with monovision is advised.

Multifocal IOLs allow for focus at distance, intermediate and near. A high degree of spectacle independence is usually achieved. It is desirable to have minimal astigmatism and both eyes need to be suited for implantation for optimum results. Post surgery, glasses still may need to be worn for certain tasks, e.g. night time driving and sewing. Also, "haloes" are experienced by some patients when looking at lights at night, e.g. when driving, but in most cases this is minor and becomes less noticeable with time.

Toric IOLs are lenses that correct for astigmatism.



