

A Patient Guide to Cataracts and Cataract Surgery

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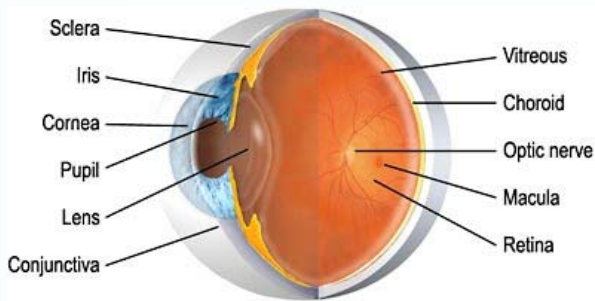
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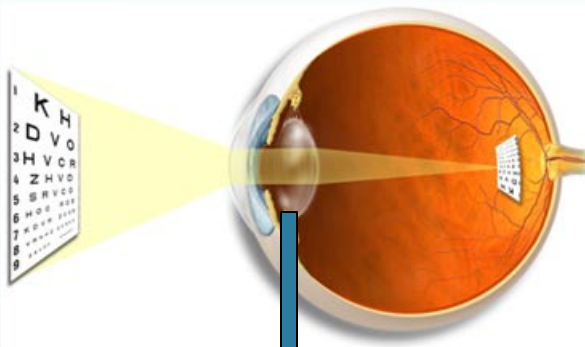
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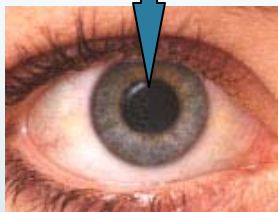
How the eye works and what is a cataract.



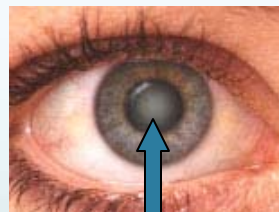
- The eye is similar to a camera in that an image is “focused” on the back of the eye by the cornea, the lens, and sometimes with the aid of your glasses.



- A cataract is a haziness in the lens of your eye. This can cause the image that falls on the back of your eye to be blurry.



No cataract



Cataract

Cataract symptoms

- Blurred vision for distance (driving) and/or near (reading)
- Glare and double vision
- Washed out color perception
- Cataracts do not usually cause vision that fluctuates or pain or irritation of the eye. If you have these symptoms, you may have a different eye condition.

Why do you have a cataract?

- The major factor in development of cataract is simply aging. About 50% of Americans aged 65-74 have some degree of cataract and 70% of those aged 75 or over.
- Genetics, diabetes, certain medications, and previous eye trauma or surgery can also play a role in the development of cataracts.

Is there a way to prevent or slow down cataract?

- Not conclusively. There are some studies suggesting that a long lifetime exposure to sunlight may increase ones risk for cataract. Smoking has been found to be a risk factor for cataracts. There are studies indicating that many years of proper nutritive factors and vitamins and possible hormone replacement therapy in women may help prevent cataracts, therefore wearing sunglasses, paying attention to good nutrition, and not smoking are all advisable. But there is nothing in the short term that appears to make a difference.

When should you consider cataract surgery?

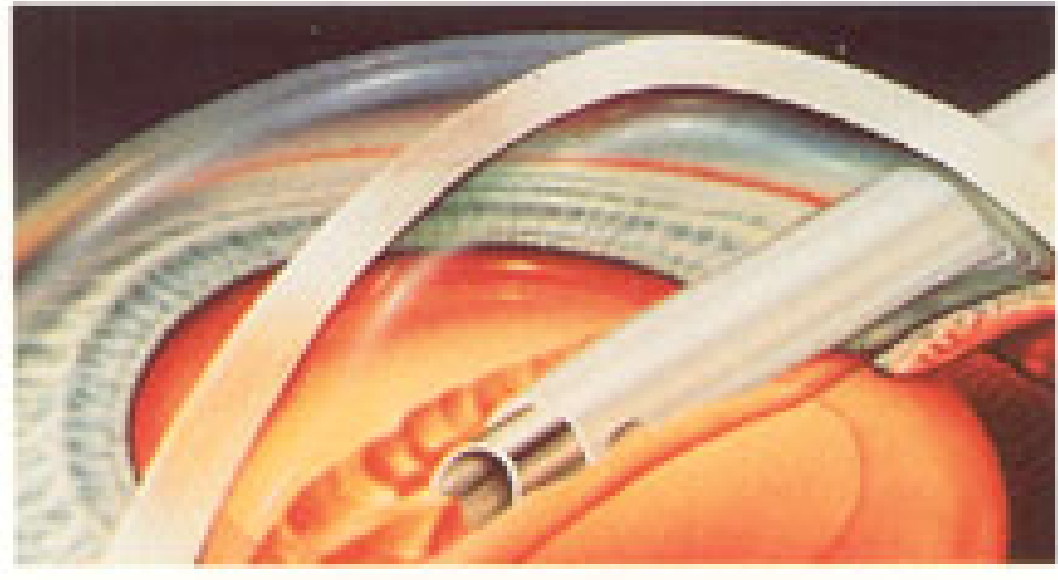
- The time to consider cataract surgery will depend on your individual needs. When your vision begins to have a significant impact on work, leisure activities, or other needs, it is time to consider having cataract surgery. However, this will vary from one person to another. For example, a pilot would need cataract surgery in the very early stages and someone with less demanding activities may not be bothered by a much more developed cataract. Each person is an individual and the goal of cataract surgery is to help you to meet your own personal needs.
- Because there are small risks in having the surgery, if your vision problems are minor and easily tolerable, it is recommended that you defer cataract surgery.
- Additionally, some insurances have specific vision requirements (20/50 or worse is a rule of thumb) before they will cover cataract surgery. If you are in a managed care insurance, your health plan may make the final decision.

What about macular degeneration or glaucoma or macular wrinkling? How will they affect your outcome?

- Cataract surgery will not correct other eye conditions. These conditions may limit how well you may see even if your cataract is removed. You should talk frankly with your doctor about how much improvement you might expect to have if you should elect to have cataract surgery and weigh the possibility of benefit with the risks involved.

How is cataract surgery performed?

- Through a tiny incision at the side of the eye, a small probe will be used to emulsify and vacuum the hazy lens from within its delicate capsule.
- An artificial lens implant will then be placed to replace the lens that was removed and providing focusing power to the eye.



How is cataract surgery performed?

- Surgery is performed on an outpatient basis in state of the art eye surgery facilities with expert caring staff.
- The surgery itself takes less than half an hour, however the whole process takes 2-3 hours. You may want to bring a book or something else to do as there is often some down time in between activities.
- Light sedatives are given to provide a relaxing experience. The eye is “numbed” for the short procedure with anesthetic solution.
- You will be required to have nothing by mouth after midnight the night before your surgery except critical medications which you can take with a few sips of water.

What are the risks of surgery?

- Although the vast majority of patients who have cataract surgery do not have serious complications, there are always risks associated with any surgery. The risks of cataract surgery include, but are not limited to:

Potentially serious

Infection

Macular swelling

Corneal swelling

Retinal detachment

Dislocated lens material

Hemorrhage

*Adverse reactions to
sedative or anesthetics*

Loss of vision

Less threatening

Abnormal light reflections

Need for glasses or CL

Lid droopiness

Dryness and irritation

Increase in floaters

Double vision

How will your glasses correction be affected?

- After the cataract is removed, an intraocular lens is required to replace the focusing power of the natural lens. Your doctor will review your measurements, analyze them with mathematical equations and choose a lens implant power for you prior to your surgery.
- The standard implant provides clearest vision at a single focal distance. This means that an eye focused for distance will have sharpest vision for distance activities such as driving, but would still require glasses for reading. Conversely, an eye focused for close range activities such as reading, will see best close-up rather than at a distance and require glasses for optimal distance vision. You will need to decide which distance you feel is preferable and let your doctor know prior to surgery. If you are interested in special “multifocal” or “accommodating” lens implants that will give you the convenience of using glasses less for both distance and near, see next page.
- Standard lens implants do not correct for existing astigmatism. However there are special “toric” lens implants that do. If you have astigmatism that warrants this type of lens, your doctor will give you more information about this lens option.

Are there lens implants that will enhance my ability to see without glasses?

- **Multifocal** and **accommodating** lens implants do offer the **convenience** of less dependence on reading glasses compared to standard lens implants. These lens implants do not usually entirely eliminate eyeglasses. There may always be situations where the print or the images are simply too small or too far away to see without glasses.
- A **multifocal** lens has part of the lens is set for distance focus, and part of the lens is set for near. The design is entirely different from bifocal eyeglasses where you look through the top portion for distance and the bottom area for near. With a multifocal lens implant the brain automatically finds the correct focus. Because the multifocal effect is produced by concentric rings in the lens, halos or ghost images around lights at night are common but the vast majority of patients feel they are minor.

- The **accommodating** lens implant, the Crystalens, is hinged, to allow it to flex slightly to give additional variable focus power. However, there is individual variability in the ability of the eye muscles to move the implanted lens. While the Crystalens does increase ones capacity to change focus relative to a standard lens implant, the ability to read without glasses has been more inconsistent and unpredictable from one patient to the next compared to the multifocal. However, because it does not have the rings of the multifocal design, it is better for certain patients in which the rings are not desirable.
- These special lenses require more precise focus points and therefore some patients end up needing a LASIK-type of correction to fine tune their result after the surgery for the most optimal function of the lens.
- Unfortunately insurance— whether a PPO, HMO, or Medicare – will not cover the additional fee to upgrade your lens implant. Insurance does cover a cataract operation with a standard lens implant when the cataract is bad enough. The additional fee to upgrade the lens implant is not covered, because the added convenience of reducing your dependence on eyeglasses is not considered “medically necessary”. We ask that you pay this premium out-of-pocket fee in advance, because we will be ordering the special lens implant in your specific power for you.

What you can expect in the weeks following surgery

- You are expected to have minimal to no pain following the surgery. There can be mild irritation as the eye is healing.
- The clarity of vision is generally noticeably better starting a few days following surgery. New glasses are not prescribed until several weeks following surgery. In the meantime, often “dime-store” reading glasses are often helpful.
- The use of eye drops is necessary for 3-6 or more weeks following surgery.
- Physical restrictions are minimal. We ask that heavy lifting and very strenuous activity be avoided for a week following surgery. You can return to work a few days following the procedure unless they involve the above activities.

Insurance coverage of cataract surgery

- Most medical insurances cover cataract surgery costs per plan specifications. If you are in a managed care plan, your insurance plan may need to authorize the surgery. If you have Medicare coverage, please note that they cover the surgery and a pair of glasses following the surgery, but not for the refraction (\$40-\$50).

Steps to schedule surgery

1. Call your insurance company to confirm your eligibility, if necessary, and discuss possible copays or deductibles that you may be responsible for.
2. Call Mary at 503-292-0848 to discuss surgery dates. We generally schedule 2-8 weeks in advance.
3. If you have not had your eyes measured for the lens implants, you will need to return for this at least 1 week prior to surgery. You need to be out of your contact lenses for at least 1 week for this measurement sometimes more depending on what type of contact lenses you have worn and for how long.
4. Make an appointment with your PCP for a preoperative history & physical prior to your surgery date.
5. Arrange for someone to bring you and take you home (hospital policy will not allow you to go home unaccompanied due to the sedatives you are given during the surgery).

Frequently Asked Questions

- I take a blood thinner and several other prescription medications. Should I continue this before surgery?

Yes. Take all prescription medications as you normally would before surgery with a few sips of water, EXCEPT for diabetic medications including insulin, which you should NOT take the morning of surgery.

- I have heard that Flomax can affect my surgery. What shall I do about this?

Make sure your doctor knows you are on this medication but you will not be required to stop it.

- I am a contact lens wearer. May I wear my contacts until the day of surgery?

Soft contact lenses need to be out for a period of time as specified by your doctor prior to your eye measurements. After the measurements you may wear the contact lenses right up until your surgery. Hard contact lenses may need to be out for longer than that.

- May I wear makeup?

No. Please do not wear any makeup on the day of surgery. After surgery, please avoid eye makeup for 1 week following the surgery.

Frequently Asked Questions

- What do I feel and see during surgery?

Most patients feel only gentle pressure. Although one cannot actually see the surgery being done, there are bright lights.

- Would a cough prevent me from having surgery?

It is important that you don't cough unexpectedly during surgery, but with some warning, we can allow you to cough if necessary.

- I was told that I need to take antibiotics before dental work. Is this true for eye surgery also?

No. However, we sometimes administer preoperative antibiotic eye drops prior to surgery based on your doctor's preferences.

- How soon can I have surgery on my second eye?

The same criteria in deciding whether to have surgery on the first eye is applicable to the second ("medical necessity"). Based on this, if you decide you desire surgery on the second eye, this can be performed in 2 or more weeks after the first eye.

Frequently Asked Questions

- When do I need to return for my first checkup?

The following day, or in some cases, at the end of the same day of surgery. The second checkup is usually 1-3 weeks later. If there is difficulty in returning for the second checkup, you should be seen by a qualified local eye doctor near you – discuss this with us, if necessary.

- What is the implant made of?

Acrylic is the most common, but sometimes silicone or other advanced lens materials. Each lens has specific indications and the doctor determines which lens is best suited for you based on a number of factors.

- How long will my implant last?

The intraocular lens is placed permanently in your eye and will not “wear out”. Rarely, if the lens implant moves out of position or is the wrong power, it is removed and replaced.

- Can my eye reject the lens implant?

No. Since the intraocular lens is not living tissue, the body cannot reject it.

- Is a laser used to remove the cataract?

No. Ultrasound (sound waves) are used. Sometimes months to years after cataract surgery a hazy film develops over the back of the lens implant that requires a laser surgery to remove it.

Frequently Asked Questions

- How soon can I resume driving after surgery?

Most patients can drive within a few days of their surgery. You may drive when you feel comfortable that you are safe. Consult your doctor, if in doubt.

- Is it safe to fly after surgery?

Yes.

- When can I take a shower or bath after surgery?

The following day. Do not immerse your head in dirty water such as a swimming pool or a bathtub.

- Is it safe to have my hair done or get a permanent?

Just like before your surgery, you should avoid any chemical contact with the eyes. Take sensible precautions.

Frequently Asked Questions

- The eye drops given to me after the surgery sting my eye. Is this normal?

It is common for some eyedrops to burn or sting upon instillation. You should continue to use your eyedrops as prescribed. However, if your discomfort seems to be worsening, or you experience a decrease in vision, call your doctor. Sometimes using “artificial tears” can help the symptoms of burning, stinging, and/or scratchiness.

- I occasionally notice halos or streaks of lights at night after surgery. What causes this?

The first 24 hours after surgery, the eye is still dilated and can cause halos, as can some temporary swelling after surgery. The lens implant can also cause reflections when there are lights at oblique angles to the eye. This often subsides with time over the first few months after surgery.

- I see more or new floaters since surgery. Is this abnormal?

It is very common to have an increase in floaters after cataract surgery. There is now no more blur masking the floaters and the surgery itself can cause floaters to move, making them noticeable. None of these are generally serious. If there are flashes of light in your vision associated with new floaters, please discuss it with us.