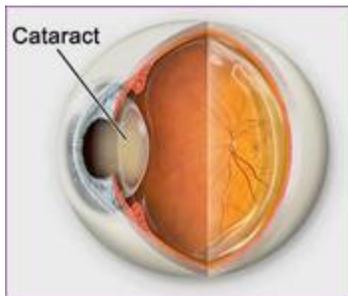


Cataract Surgery

If you have been told that you have a cataract, there is no need to be overly concerned as you are not alone. Each year in the United States, more than 2.5 million people have cataract surgery. Thanks to advanced surgical procedures and technology, cataract surgery is not only one of the most frequently performed surgical procedures in the United States, but it is also one of the safest and most successful surgical procedures that you can have. A study by the American Society of Cataract and Refractive Surgery recently reported that more than 98 percent of cataract patients had their vision successfully improved following surgery.

Cataract surgery is performed on an outpatient basis and usually only requires a few hours of your time from beginning to end. The procedure itself can take as little as ten minutes. In most cases, daily activities such as driving and reading can be resumed almost immediately.

During the surgery, the cloudy lens is removed from the eye. This is done most frequently with an ultrasonic probe that softens the cataract in order to remove it in small pieces from the eye. This method is called phacoemulsification. In almost all cases, the focusing power of the natural lens is restored by replacing it with a permanent intraocular lens implant or IOL. Once removed, cataracts will not reoccur.



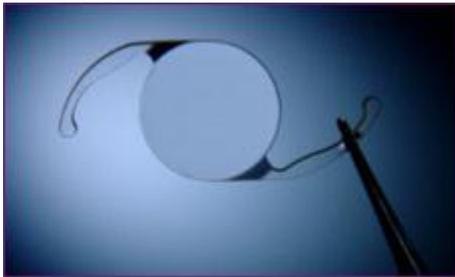
Cataract removal is generally performed as an outpatient procedure under local or topical anesthesia. You will be fully awake, but you will be comfortable and should feel little or no pain.

1. To remove the cataract, your surgeon will use a technique called phacoemulsification, or “phaco” for short. The phaco procedure begins with a very small, self-sealing incision that allows the surgeon to insert a tiny probe into the eye.
2. Next, the thin front surface of the capsular bag that contains the crystalline lens is opened to provide access to the cataract.
3. Your surgeon then uses the probe to gently break up the cataract and vacuum it out in tiny pieces – making way for the placement of the Intraocular Lens implant.
4. The Intraocular Foldable Lens is then inserted through the small incision and into the lens capsule where your natural crystalline lens (with the cataract) was previously located.
5. Following the procedure, the Intraocular lens implant may provide sharper vision, more like your own natural lens did when you were a younger adult.

Selecting the Right Intraocular Lens

Intraocular lens choices

When a cataract is removed, it is replaced with an artificial intraocular lens (IOL). A variety of IOLs may be used in both cataract surgery and refractive lens exchange. Each one has different characteristics and its own set of advantages and disadvantages. No one lens is right for everyone. The FDA approval process for IOLs is among the most rigorous in the world. Rest assured that IOLs used in the U.S. have undergone extensive testing for safety and ability to produce the desired results.



Fixed Focus Monofocal IOLs

This common IOL type has been used for several decades.

- Monofocals are set to provide best corrected vision at near, intermediate or far distances.
- Most people who choose monofocals have their IOLs set for distance vision and use reading glasses for near activities. On the other hand, a person whose IOLs were set to correct near vision would need glasses to see distant objects clearly.
- Some who choose monofocals decide to have the IOL for one eye set for distance vision, and the other set for near vision, a strategy called "monovision." The brain adapts and synthesizes the information from both eyes to provide vision at intermediate distances. Often this reduces the need for reading glasses. People who regularly use computers, PDAs or other digital devices may find this especially useful. Individuals considering monovision may be able to try this technique with contact lenses first to see how well they can adapt to monovision. Those who require crisp, detailed vision may decide monovision is not for them. People with appropriate vision prescriptions may find that monovision allows them see well at most distances with little or no need for eyeglasses.
- Presbyopia is a condition that affects everyone at some point after age 40, when the eye's lens becomes less flexible and makes near vision more difficult, especially in low light. Since presbyopia makes it difficult to see near objects clearly, even people without cataracts need reading glasses or an equivalent form of vision correction.

Multifocal IOLs

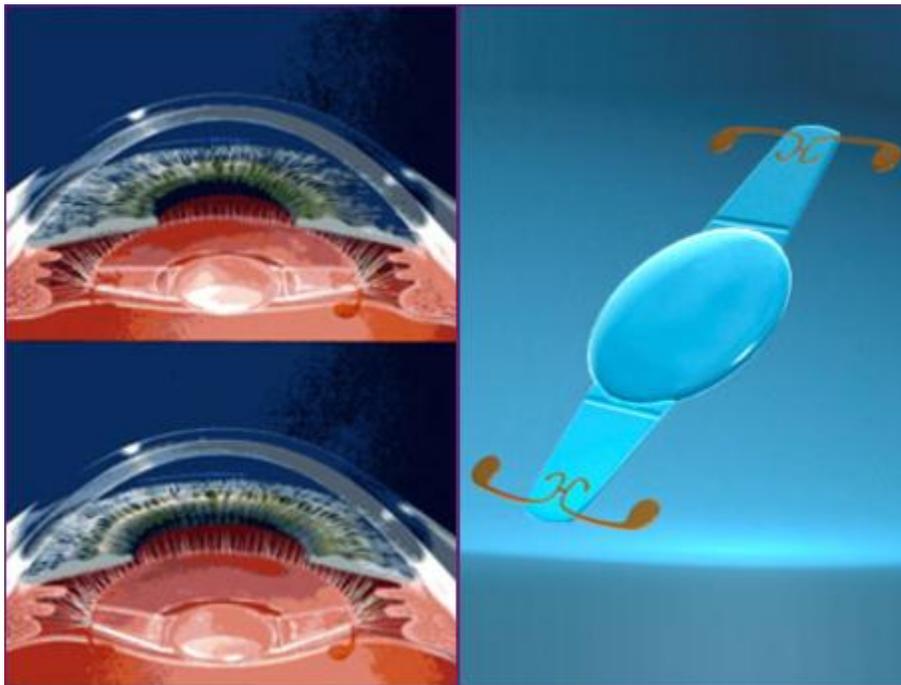
Multifocal IOLs use a different strategy to achieve good distance and near vision, eliminating or reducing the need for glasses. These lenses have highly specialized optical properties that can

divide light to bring it into focus at more than one point at the same time. This allows the eye to see both near and far, usually without glasses. These specialty lenses use a patented diffractive optical design to divide light into two focal zones so that near and distance objects can both be seen without glasses.

Multifocal IOLs have a slightly greater tendency to cause night vision problems than other IOLs, so those who drive a great deal at night may wish to consider a different IOL.

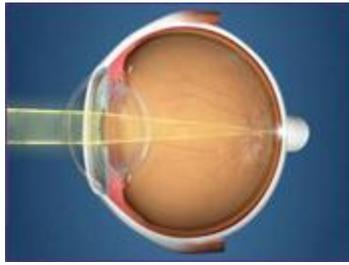
Accommodating Multifocal IOLs

Accommodating Monofocal IOLs behave much like the natural eye. They are used when both good distance and good near vision are desired without the use of spectacles. These IOLs have a single focal point; however the focal point can shift. This means that objects at distance are clear when the eye focuses on them, but when the eye looks at a near object the IOL will shift its focal point to bring the near object into focus. The lens achieves this by physically moving inside the eye in response to the focusing action of the muscles of the eye. The only FDA approved IOL of this type is called the Crystalens™. Patients implanted with the Crystalens™ IOL generally enjoy near vision without glasses that is much better than those implanted with Fixed Focus Monofocal IOLs. Vision at the intermediate (computer screen) distance is superb with the Crystalens™, making this an excellent IOL for those who spend a great deal of time on a computer.

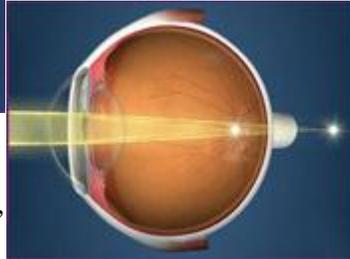


No implant can guarantee that after cataract surgery you will not need any glasses. However, approximately 85 percent of patients that have elected to have these newer IOL's described above state they no longer need glasses for distance or reading.

Astigmatism Correcting Lens Implants



When the surface of a normal eye has a round curve, like a basketball, light rays passing through it bend towards its center and focus on one spot.



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Following cataract surgery, experience blurred and "standard" lens implanted astigmatism. If you do have astigmatism, you may require eyeglasses, contact lenses, or further surgery to achieve quality distance vision.

if you have astigmatism, you may still distorted vision. This is because, the as part of your surgery does not correct

The toric intraocular lens is made of the same material already successfully implanted in more than 25 million eyes since 1991.

Implanting this lens does not at all influence the risks of cataract surgery.

YAG Laser Capsulotomy

A posterior capsulotomy is a surgical laser procedure that may be necessary after cataract surgery. During cataract surgery part of the front (anterior) capsule that holds the lens is removed. The clear back (posterior) capsule remains intact. As long as that capsule stays clear one has good vision. But in 10 to 30% of people, the posterior capsule loses its clarity. When this happens, an opening can be made in the capsule with a laser (posterior capsulotomy) to restore normal vision. A posterior capsulotomy is painless and takes five minutes. Eye pressure is taken a half hour after the operation to make sure it is not elevated. Vision should improve within hours. Before the laser procedure, we do a thorough ophthalmic examination to make sure there is no other reason for vision loss. Potential but rare complications following laser posterior capsulotomy are increased intraocular pressure and retinal detachment.

