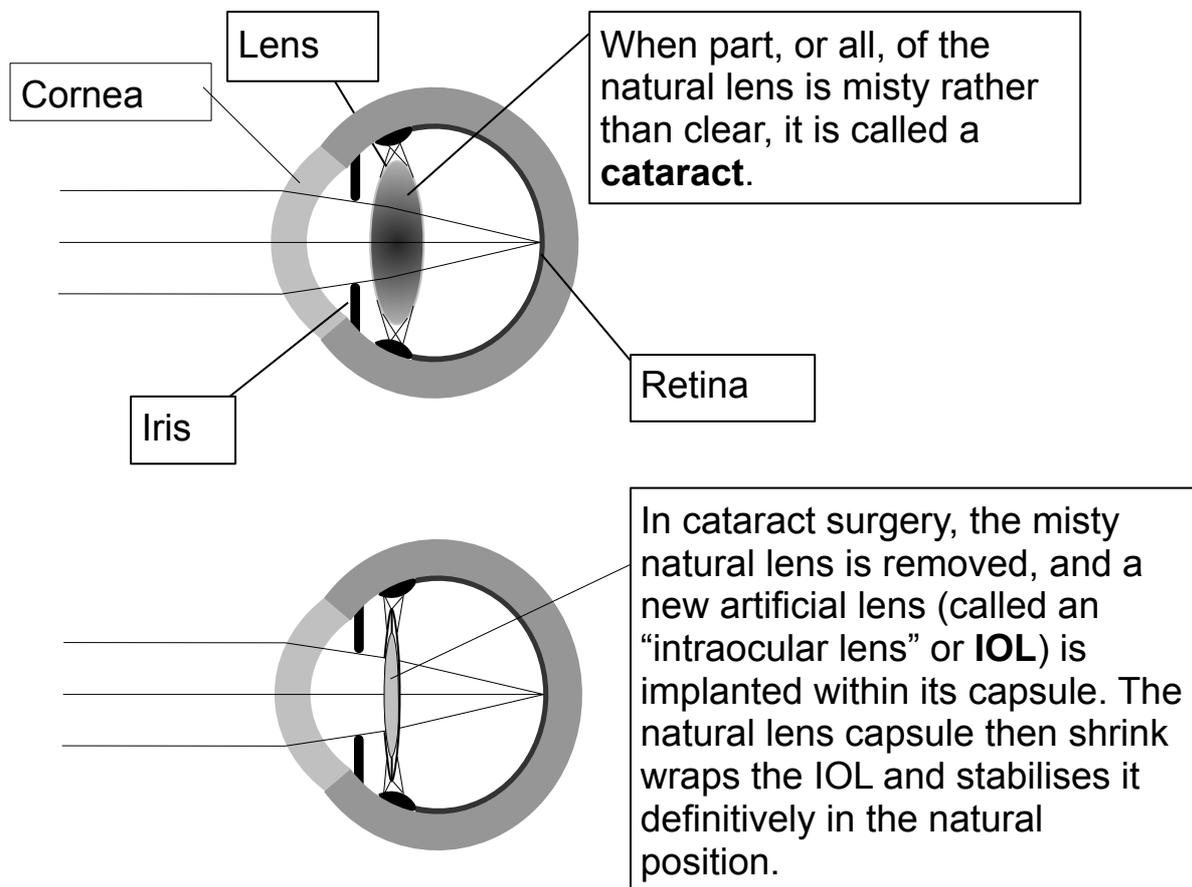


CATARACT SURGERY & REFRACTIVE LENS EXCHANGE

PATIENTS' INFORMATION

Cataract surgery is the commonest elective operation in medicine. In excess of 400,000 cataract & refractive lens exchange operations are performed annually in the UK alone. The operation involves replacing the misty natural lens (cataract) with an artificial lens called an intraocular lens (**IOL**).



Sophisticated Laser and Ultrasound measuring techniques are available to guide the choice of IOL focussing power which will

minimise your spectacle dependence after surgery. Cataract surgery effectively builds your spectacle lenses into your eyes. Any level of long or short sight can be corrected, and cataract surgery is commonly used as an alternative to laser correction or other implant techniques in refractive surgery. When the operation is used primarily to reduce spectacle dependence rather than to clear blurred vision resulting from a misty natural lens, or cataract, the operation is referred to as **refractive lens exchange (RLE)**.

Cataract surgery is a day case procedure which is normally performed under local anaesthetic. The surgery is virtually painless, and there is little postoperative discomfort. Patients can expect to see quite well very soon after surgery (usually within 1 or 2 days from surgery). The aftercare is simple (just eye drops 4x per day) and there are few restrictions on activity.

Modern cataract surgery is a form of key-hole surgery in which the natural lens is removed through a 2.0 to 3.0mm valve incision (3.0mm is less than a quarter the width of your little finger nail). High frequency ultrasound energy delivered through a probe is used to liquify the natural lens in a process called phacoemulsification. The lens material is washed out and then a flexible IOL is folded for delivery through the same small incision. Once inside the eye, the IOL unfolds within the lens capsule to lie in the natural position, focussing light accurately on the retina. The small valve incision used in modern cataract surgery is self-sealing, and does not affect the strength of the eye wall.

Femtosecond laser assisted cataract surgery is a latest development in the field of cataract surgery whereby surgical precision is enhanced with the use of femtosecond lasers to complete the initial surgical steps prior to removal of the cataract lens. For further information of patient suitability and availability, kindly discuss with your surgeon and his team.

When is cataract surgery performed?

The patient no longer need to wait for the lens to harden in order to be shelled out. In private practice, cataract surgery is now commonly performed at a much earlier stage than previously. But waiting for cataract surgery does not harm the health of your eye, and equally good results can be obtained from cataract surgery performed at an early or a late stage. Typical early symptoms of

cataract are light scatter, (e.g. dazzle from oncoming car headlights during night driving) and a progressive shift towards short sight (changing spectacle prescription). Later, the vision becomes blurry and colours are dulled.

Who needs cataract surgery?

Cataract surgery is not required in everyone with lens opacity. Mild, asymptomatic lens opacities are common in patients of all ages. Although, technically, these lens opacities are cataracts, surgery is not required if vision is unaffected. Broadly speaking, cataract surgery is beneficial for patients whose visual impairment is bothering them or interfering with important aspects of their life such as the ability to work, play sports, drive or read.

Risks and benefits

- In the absence of other eye problems which may limit vision, around 99% of patients having cataract surgery will be able to see at the level of the driving standard or better. .
- Reading glasses are normally required after surgery, but dependence on spectacles for near vision can be reduced by choosing a multifocal lens or targeting better distance vision in one eye and better near vision in the other (monovision).
- IOLs do not deteriorate after implantation and, in the absence of any new problems in the eye, vision should stay good permanently once the recovery from cataract surgery has been completed. The commonest reason for visual deterioration after cataract surgery is posterior capsular opacification (PCO): a frosting over of the tissue surrounding the IOL. This is treated by YAG laser capsulotomy (see below).
- In **1 in 5000** patients, cataract surgery can result in visual loss. Complications that can cause serious visual loss after cataract surgery include untreatable retinal detachment, infection, or spontaneous rupture of sub-retinal blood vessels during surgery (choroidal haemorrhage). All these

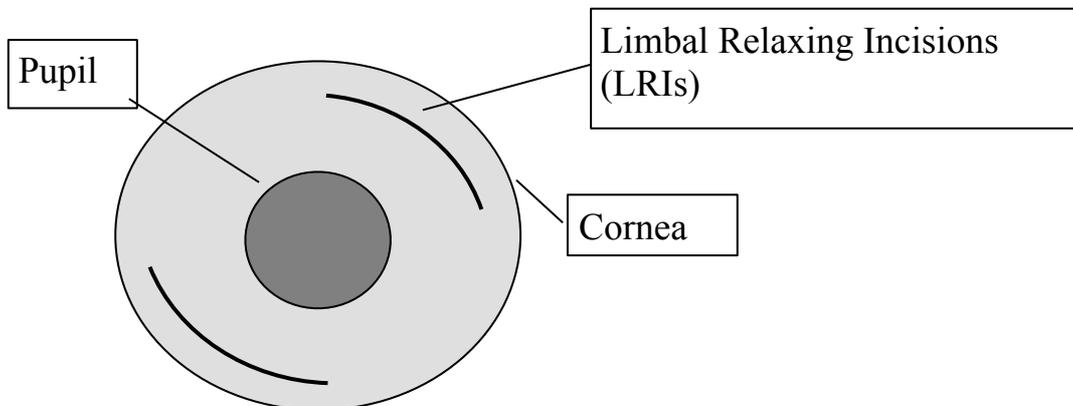
- complications are extremely uncommon; but it is important to be aware that cataract surgery may result in total loss of sight and that you should go to a Casualty Department for an emergency eye examination if you experience either a progressive increase in pain or sudden loss of sight after cataract surgery. Sight threatening complications such as retinal detachment or infection can often be treated successfully if they are caught at an early stage. The risk of posterior capsule tear during surgery could delay visual recovery and has been reported in **1%** of cases and postoperative macula edema in **2%** of patients.
- Approximately **1 in 300** patients will require a second operation to correct problems resulting from cataract surgery. IOL opacification has been reported as a delayed complication which would require an IOL exchange to restore vision. In the vast majority of patients, the final visual outcome is good, but visual recovery may be delayed.
 - Approximately **1 in 20** patients will require a laser procedure to restore vision after surgery (YAG capsulotomy) or, less commonly, to reduce spectacle dependence (LASIK or EpiLASIK).
 - Cataracts can occur at any age, but the older you are, the more likely you are to develop one. Around 1 in 3 people over 65 will require cataract surgery at some stage. Other eye problems are also more common with age. 1 in 3 patients undergoing cataract surgery will have some other problem with eye health that may influence vision after surgery. A common example would be age related macular degeneration (ARMD), a condition in which function in the central part of the retina (the macula) has deteriorated, causing problems with reading vision and the discrimination of fine detail. Although unrelated problems such as ARMD may limit the visual improvement that can be obtained from cataract surgery, treating the cataract will still normally result in a worthwhile visual gain.

Common additional procedures

- *Limbal relaxing incisions (LRI) to treat astigmatism*

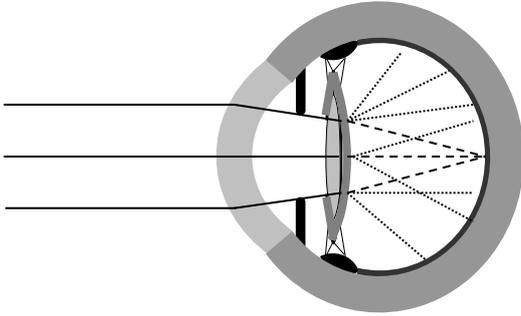
Cataract surgery does not correct astigmatism, but the procedure can be combined with Limbal Relaxing Incisions (LRI), a simple, safe surgical method for reducing astigmatism in which 1 or 2 partial thickness cuts are made in the wall of the eye at 90° to the steeper radius of corneal curvature. These cuts are placed at the

edge of the cornea next to the white of the eye (the limbus) and heal quickly, but the shape of the cornea and the amount of astigmatism is changed permanently. LRIs are normally performed in addition to cataract surgery where more than 1.0 D of astigmatism is present prior to the procedure. Smaller amounts of astigmatism can be corrected simply by adjusting the position of the wound through which the IOL is implanted.

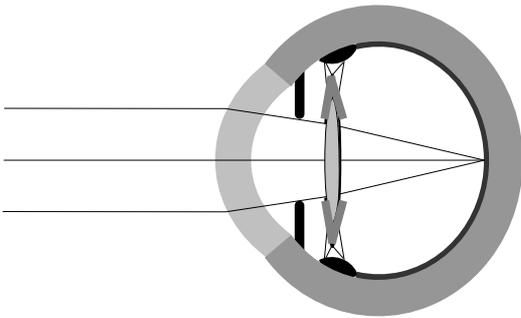


- *Toric IOL for astigmatism correction*

Another development in combined cataract and astigmatism correction has been the introduction of toric IOL (can also correct the astigmatism since the IOL has an astigmatic correction built into it). These IOL's can correct well up to 5 Diopters of astigmatism.



In **PCO**, thickening and opacification of the lens capsule just behind the IOL degrades vision and scatters light within the eye. Excessive dazzle from oncoming car headlights is a typical complaint in affected patients



YAG Capsulotomy is an effective treatment for PCO. The YAG laser is used to remove the opacified tissue from behind the IOL restoring a clear pathway for light transmission and good quality vision.

Risks associated with YAG laser capsulotomy are well contained and extremely rare. Briefly, these are: IOL damage – correctable with an operation similar to cataract surgery in which the damaged IOL is exchanged for a new one; cystoid macular oedema (approximately 1 in 100 patients) – a mild waterlogging response in the retina which causes a temporary reduction of vision lasting, typically, 3 to 6 months; and retinal detachment (approximately 1 in 350 patients). Some floaters (appearing like moving flies/cobwebs in the field of vision) in association with capsular debris displaced into the (vitreous) gel behind the lens are normal after YAG capsulotomy. But a sudden new shower of floating opacities, lightning flashes, or a curtain like loss of the visual field are danger

signs that a retinal detachment may be in progress. If you experience sudden visual loss after either cataract surgery or YAG capsulotomy, you should always go straight to a Casualty Department for an emergency eye examination with your pupils dilated. 9 out of 10 retinal detachments are repaired successfully at the first attempt, but the chances of success are enhanced by intervention at an early stage.

IOL choice

A range of different IOLs is available to suit different requirements in modern cataract surgery. Most of these lenses can now be folded or injected for use in modern, sutureless, keyhole techniques. Current IOLs fall into 2 main categories:

- *Conventional IOLs - MONOFOCAL*

Conventional lenses have a uniform focus and provide excellent image quality for distance, but do not provide reading acuity. Therefore patients will require reading glasses following surgery with monofocal IOL's.

In a surgical strategy called **monovision**, IOL power choices could be altered to render one eye for good distance acuity and the second eye for reading vision. Typically, for patients with good vision in both eyes, the aim will be to focus one eye in the distance and the other at arms length. This helps to minimise spectacle dependence for most activities. But reading glasses could still be required for prolonged reading or very fine print, and a distance prescription may be preferred for some activities – especially in low ambient lighting conditions (e.g. theatre, cinema, night driving).

- *Multifocal IOLs*

A variety of different types of multifocal lens has been implanted in cataract surgery over the last 20 years. Recently newer design have improved considerably the outcomes of multifocal IOLs implantations and number of patients opting for them is ever increasing. Multifocal IOL allow to see without glasses for both distance and reading providing maximal spectacle independence. These lenses produce a greater depth of focus than conventional lenses, however a subgroup of patients could still require reading glasses for small print or close up reading. Some patients report light scatter symptoms (e.g. glare and haloes) and therefore not ideal if you are predominantly a night driver. Otherwise multifocal

IOLs are a great choice to achieve the utmost spectacle independence.

Mr Rajan will advise you about multifocal IOL's that would benefit your visual requirements.

Planning Treatment

Cataract surgery is a day case procedure: you do not need to stay in hospital overnight after surgery. We do not normally operate on both eyes at the same session. For patients requiring surgery in both eyes, we typically schedule the operations one week apart.

- *Time off work*

Although the visual recovery after cataract surgery is rapid: you can expect to see quite well within 2 days of surgery, we advise a week off work after each procedure. This is not obligatory, and provided you are able to put drops in 4x per day, a return to work 3-4 days after surgery will not damage the eye. Dusty environments are unlikely to damage the eye, but may be irritating, and should be avoided for 1 week after surgery. Patients who are having refractive lens exchange, or cataract patients who were dependent on distance glasses prior to surgery, will have difficulty obtaining balanced vision in spectacles in the week between having the first and second eye operated on.

The alternatives for this stage are wearing a contact lens in the unoperated eye, or leaving one eye relatively blurred (simply removing one spectacle lens creates problems with unequal image size). Once the second eye is operated on, there is normally a swift return of balanced vision, and patients on a tight schedule can usually return to work 3-4 days following surgery provided that they are able to continue administering drops 4x per day.

- *Minimum time in the UK for patients coming from abroad*

For patients with cataracts coming from overseas, we recommend a minimum of 1 weeks in the UK. An initial consultation should be scheduled prior to surgery on the first eye. It is normally safe to fly out after a review consultation after surgery on the second eye.

Other limitations on activity

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You can be as active as you like after modern cataract surgery. Bending over and lifting heavy weights are no problem, and flying is permissible from the day after surgery. The main limitations are: no swimming for 3 weeks after surgery and no eye make up for one week after surgery. Driving is fine once you can read a number plate at 70 feet. If you are in doubt, Mr Rajan will check that your vision is at the driving standard. Driving with good vision in only one eye (between operations) is legal, but you should obviously exercise caution until you feel confident, and drive short distances by day in familiar surroundings before branching out.

Contacts

To arrange a consultation or a date for surgery, please contact Ms Julie Wright, Private secretary to Mr Rajan.

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