



Westport Eyecare

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CATARACT SURGERY:

Approximately 3 million cataract procedures are performed annually in the United States. A cataract is a progressive clouding of the eye's natural lens that interferes with light passing through to the retina. Individuals with cataracts usually describe their vision as being similar to looking through a piece of wax paper and a gradual blurring or dimming of vision. Other symptoms may include increased glare or sensitivity to light.

Currently, there is no medical treatment to reverse or prevent the development of cataracts. Once they form, the cloudy lens is physically removed and replaced with one of several types of intraocular lenses (IOLs). This will help to achieve clear vision again. Cataract surgery is successful in the vast majority of patients. According to a survey conducted by the American Society of Cataract and Refractive Surgery, more than 98% of cataract patients had excellent outcomes with their vision successfully improved after surgery.

REFRACTIVE LENS EXCHANGE:

The primary difference between cataract surgery and Refractive Lens Exchange (RLE) is that while cataract surgery is performed to move a patient's cloudy lens, RLE is usually performed to reduce one's dependence on glasses or contact lenses. In both procedures, the eye's natural lens is replaced with an IOL.

RLE is an alternative procedure to laser vision correction and other refractive surgery procedures. RLE may be the procedure of choice for patients who are too nearsighted, too farsighted, or have corneas that are too thin for laser vision correction. It is also a viable alternative for those over the age of 40 who wish to eliminate their dependence on bifocals or reading glasses.



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NEW TECHNOLOGY IOLS:

Exciting advances in IOL designs now give patients the options to choose a Monofocal, Multifocal, Accommodating, or Toric IOL to replace the eye's natural lens. Both Monofocal or Toric IOLs can correct nearsightedness and farsightedness, and usually provide excellent vision at one point of focus, typically in the distance. Toric IOLs also correct for astigmatism. Both of these lens types can also be used to provide "monovision" or "blended vision," where one eye is corrected more for distance and the other eye is corrected for intermediate or near.

In contrast, Multifocal and Accommodating IOLs provide a full range of clear vision at multiple distances (near, intermediate, and far), thereby allowing a person to perform most of their daily activities with reduced or no dependence on glasses.

SURGERY:

Surgery is usually performed as an outpatient procedure. The eye is anesthetized to ensure patient comfort during the procedure. Today's modern surgical techniques allow surgeons to remove the natural lens from the eye using ultrasonic vibrations through a microincision of 3mm or less. The natural lens is replaced by the intraocular lens, which is inserted through the micro-incision. Once inside the eye, the lens spontaneously unfolds as it is placed into its permanent position. No sutures are required because the microincision will self-heal.

ENHANCEMENT PROCEDURES:

Monofocal, Multifocal, and Accommodating IOLs cannot correct astigmatism and some patients with astigmatism will require additional correction, either with laser vision correction or Limbal Relaxing Incisions (LRIs). LRIs are made in the outer margins of the cornea to alleviate astigmatism during your initial procedure.

Everyone heals differently, and therefore, some patients will require an additional enhancement procedure to fine tune their post-operative vision.



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COSTS:

If you are over the age of 65 and have significant cataracts, Medicare will cover the cost of cataract surgery along with a Monofocal IOL. However, the additional cost of upgrading to a newer technology IOL is not covered by Medicare nor by private insurance companies because these lenses are not considered medically necessary. RLE surgery is considered to be an elective procedure and is not covered by most insurance companies.

WHICH IOL IS RIGHT FOR YOU?

The implant that is best for you depends on the unique characteristics of your eye as well as your lifestyle needs. Each type has its strengths and weaknesses. Together you and your doctor will decide which IOL is the best choice to meet your post-operative visual objectives. If the objective is achieved with the chosen IOL for your first eye, you will most likely have the same type of IOL implanted when you have surgery on your second eye. If the objective is only partially achieved, another type of IOL may be chosen for the second eye. This mixing and matching of IOLs is quite common and could provide a better outcome for some individuals.

Our doctors and staff will be happy to answer any questions you may have about the risks and complications of lens replacement surgery. Be sure to have all of your questions answered before giving your consent for surgery.