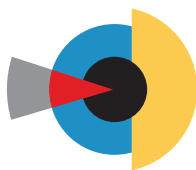


cataracts



TASMANIAN EYE CLINICS

EYE DOCTORS SPECIALISING AND CARING FOR YOUR EYES

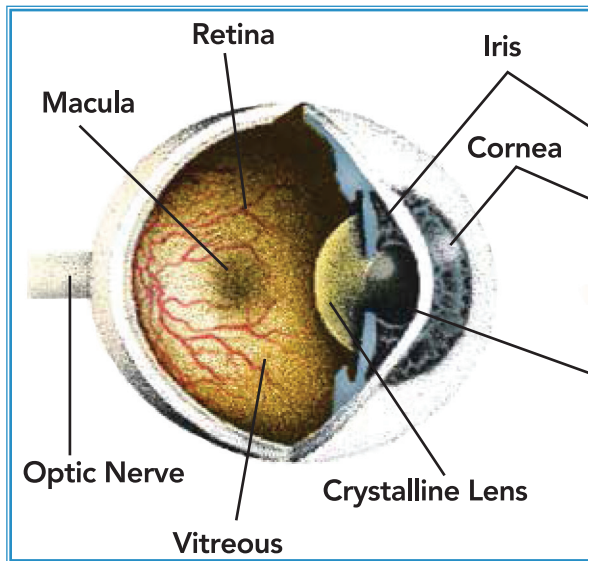


cataracts

cataracts



taseye.com.au



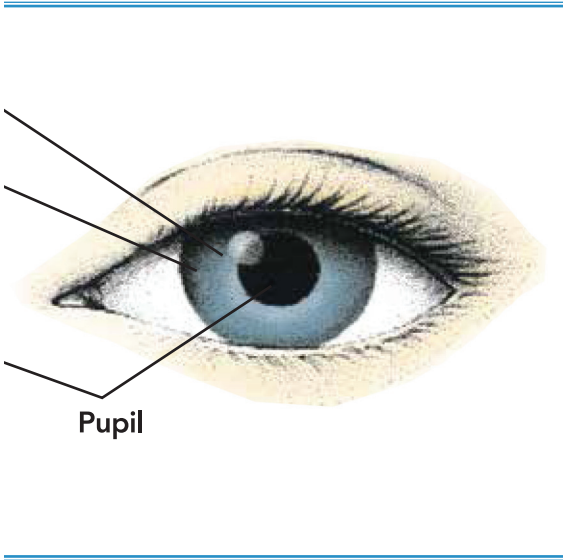
The Eye functions like a Camera

A healthy eye captures and focuses light before converting it into tiny electrical impulses. These are transmitted along the optic nerve to the brain where the sensation of vision is created.

The eye has lenses (the cornea and the crystalline lens) which focus the light on the retina behind. The retina is a layer of nerve cells. It converts light to electrical impulses.

For a sharp picture on the retina both the cornea and the crystalline lens must be clear, colourless and of the right shape.

The crystalline lens also provides accommodation, which is the ability of the eye to zoom in and focus on near tasks such as reading. This lens deteriorates with time and accommodation is lost. This explains why many people need reading glasses after age 45. Continued deterioration of this lens with time results in cataract in 90% of people over 70 years of age.

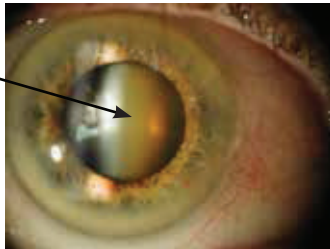


Anatomy of the eye

Cataracts and Your Vision

Cataract is a clouding of the normally clear crystalline lens. The lens is situated behind the iris, which is the coloured part of the eye.

**A dense
Cataract**



A Cataract in an Eye

As we grow older, the lens dulls and increases its cloudiness. Over many years it may develop various imperfections which limit our sight. This condition is called cataract.

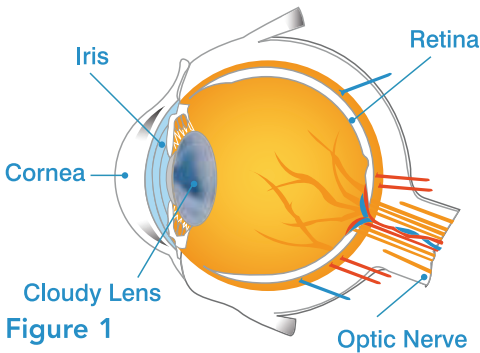
To understand how this clouding can affect vision, you should think of the eye as a camera. Both the eye and camera have a lens to focus images. The camera lens focuses images on the film; the cornea and the lens of the eye focus the images on the retina. When the lens is clear, light passes easily and the image is clear and distinct. If the

lens is cloudy, light is blocked and the image becomes faint, blurred and hazy.

Most cataracts occur in people from middle life onwards but they can occur in young children or young adults through an inherited gene.

Cataracts and Poor Vision

Cataract is a loss of clarity of the crystalline lens. The most common causes are age, disease (such as diabetes mellitus), medication and trauma. Changes in the lens cause light entering the eye to be blocked or scattered, so that a good quality image cannot form on the retina. Poor vision is the result.



Symptoms

The most frequent symptom of cataract is misty or blurry vision. Glare frequently causes problems. Reading may become difficult and you may have trouble driving, especially at night because of the glare of headlights. Another clue is a frequent need for changes in the strength of your glasses. Occasionally, double vision with one eye also occurs.

Cataracts in the elderly are associated with an increased risk of falls and motor vehicle accidents. Studies show there is a five times greater chance of falling and three times greater chance of large bone fracture. This is more likely to occur in females.

Once you have been diagnosed as having

cataracts, you should have regular eye examinations. Your ophthalmologist (eye doctor) can check the progress of the cataracts at each visit by checking your visual sharpness and, after dilating your pupils, examining the cataracts. These ongoing visits will help you and your ophthalmologist make an informed decision about the need for surgery. Often, however, surgery is scheduled following the first examination.

When to operate

Because of the increased safety of modern cataract surgery it is no longer appropriate to wait until the eye is near blind before having cataract surgery. Neither do you have to wait until the cataract has “grown over”.

The decision to have surgery is reached by you and your ophthalmologist together. It is based on your visual function. Your ophthalmologist will offer recommendations about the best time for surgery.

At examination, your doctor can describe the progress of the cataracts and you can discuss how much the loss of vision actually affects you.

Your decision to have surgery depends on how much you feel the cataracts are interfering with your normal way of life and whether or not they are preventing you from doing the things you like or need to do.

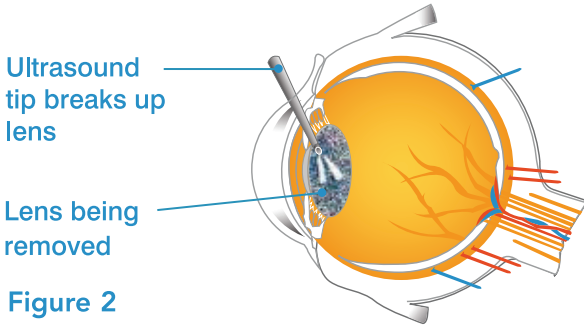
For some people, even a slight loss of vision is unacceptable. They like to sew, read, or drive and the decision to operate may come early. Others may choose to delay surgery because the cataracts do not seriously interfere with their lives.

It is largely up to you to decide when you will benefit from surgery. Remember that age is no barrier to successful cataract surgery.

Surgery

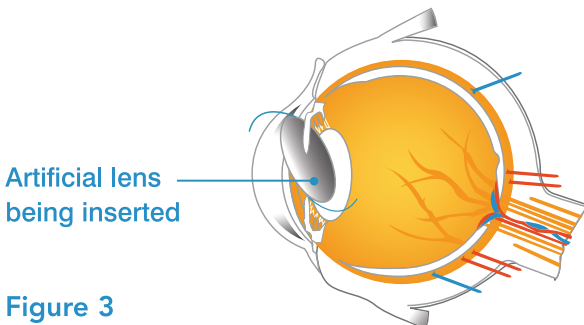
The treatment of cataract is surgical removal of the clouded lens and its replacement with an intraocular lens implant (IOL). The eye cannot

focus without a lens, so vision would be indistinct unless a replacement lens is inserted. IOLs were first developed in the 1970s and since that time these tiny plastic lenses have been inserted with great success.



In fact IOLs were first invented in 1949 but it took some years for them to be perfected and widely introduced into practice.

The cataract is usually removed by first making a small incision in the outer wall of the eye at the edge of the cornea. A machine, called a phacoemulsifier is then employed to remove the cataract. This is a difficult word for people to remember, so many patients call it “the laser” as a shortcut. However, this machine uses sound waves to remove the clouded lens (see figure 2) whereas a true laser would use light waves. An IOL is then introduced into the eye. The new lens is placed into the position previously occupied by the clouded lens. IOLs are designed to last a lifetime (see figure 3).



Visual rehabilitation after this procedure is usually very quick and most patients can see well within a short time after the surgery.

The Artificial Lenses (Intraocular Implants - IOLs)

IOLs come in different sizes and powers. They have improved over the years in both the quality of the image they produce and the choices of visual options they offer. For example, multifocal IOLs offer both distance and reading vision without the need for reading glasses for most purposes. They can have some advantages for patients who wish to be less dependent on spectacles, but are not ideal for driving and computer work. Please discuss this option with your ophthalmologist if it interests you.

Monovision

Another method of providing reduced dependence on glasses is to implant a stronger than usual lens in the non-dominant eye. This allows the patient to read with the non-dominant eye and to see in the distance with the dominant eye. The dominant eye is also preferred for tasks such as sighting with a camera or a telescope.

Toric IOLs to Correct Astigmatism

In many patients who have astigmatism, Toric intraocular lenses are recommended. These implants are specially designed to incorporate astigmatism correction, eliminating the need for an additional surgical procedure. This means a faster, more comfortable recovery than ever before. Also, for patients with an unusually high degree of astigmatism, implanting a Toric lens means that less surgery is needed to achieve the same amount of correction. There may be an additional expense involved for the Toric IOL but for patients with significant astigmatism who want the best postoperative result it is definitely worthwhile.

IOLs come in different strengths or powers. The power of the IOL to be inserted is calculated

using an IOL Master. This is a laser device with an inbuilt computer designed to measure the eye and calculate the IOL power (see figure 4).

Artificial lens

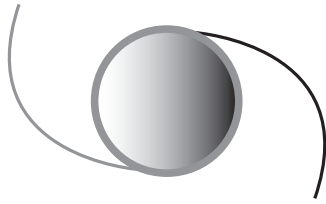


Figure 4

Please note: Past Lasik, Lasek, PTK or RK surgery to correct vision without the need for glasses can interfere with lens power estimation. Please let your ophthalmologist know if you have had any of these forms of visual correction in the past. It may not always be apparent from the examination.

Day Surgery

Cataract surgery usually takes about twenty minutes. It is performed in a day surgery and the total length of stay is about 3 to 4 hours. Hospitalisation is not necessary.

General Health Issues

It is no longer necessary to stop Aspirin or Warfarin or other blood thinners before cataract surgery. You should also continue any blood pressure or other medications. Diabetics will be advised by the Day Surgery about their diabetic medication regime for the day of the surgery.

Costs

Patients are advised of all costs involved in cataract surgery including hospital costs. If you want more information about any aspect of the cost of your surgery our booking clerk will be only too happy to help you.

After the Surgery

After the operation there are no major limitations on the patient. The patient uses 2-3 types of eye drops 3 or 4 times a day to encourage healing and prevent infection and inflammation. There are no particular restrictions on activity although swimming should be avoided for 3 weeks. Reading and watching television are not restricted, but any direct trauma to the eye should be avoided at all costs.

On discharge from the day surgery please make sure you know the dates and times of your follow-up visits. You should bring all the drops to each appointment.

If your eye remains sore or becomes more irritable or if you are concerned about something in relation to the operation, please telephone the practice and speak to one of our nursing staff. They will answer your queries and, if necessary, contact your doctor.

As you may experience problems with glare, we suggest you wear sunglasses, which do not have to be prescribed. Glare problems are self-limiting and will wear off as the eye heals in the first few weeks following surgery.

As a rule, vision improves rapidly, usually within a few days after the operation. Glasses are usually necessary for reading and sometimes for distance, or a combination of these functions. Glasses are usually prescribed about three or four weeks after surgery when the eye has healed.

Can the Cataract Return and Require Reoperation?

No, but quite a number of patients develop clouding of the membrane behind the IOL. Called posterior capsular opacification (PCO), it causes symptoms which are often very much like the original cataract. The use of modern “square edge” IOLs has been shown to reduce the incidence of PCO.

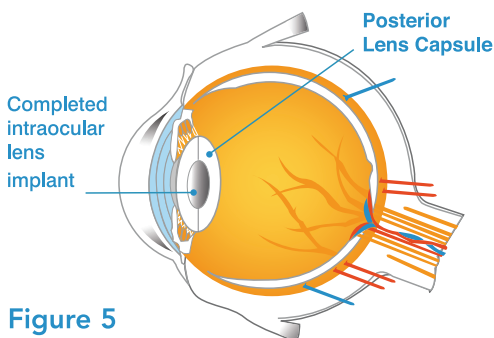


Figure 5

Posterior Capsular Opacification (PCO)

Sometimes, even years after the operation, vision may start to fade again and this can cause alarm. This is often due to a thickening of the posterior capsule (see figure 5) of the eye which tries to regrow some of the cells of the old cataract. Please do not be alarmed by this as it is very simply dealt with by YAG laser treatment. The capsule can be incised using the YAG laser in a simple procedure in the consulting rooms. This does not represent a failure of the cataract operation and is so common that it has necessitated the production of a special instrument for its correction called the YAG laser.

Will my eye look normal after the surgery?

Your eye will look no different after the surgery. The implant cannot be seen by others, and the small sutureless incisions will not show. Some patients do feel, or others comment, that their eyes look a little brighter after surgery.

Cataract surgery is safe

Cataract surgery is the commonest and one of the safest surgeries performed in Australia.

Complications




It is not possible to give a full list of the possible complications of cataract surgery. However please see the separate sheet for further details.

Anaesthesia

Most surgery for cataract extraction is done using topical anaesthesia and sedation. Occasionally, a general anaesthetic is used. Your anaesthetist and your ophthalmologist will discuss the most suitable type of anaesthetic with you. The major advantage of topical anaesthetic is patient safety.

Risks Of Anaesthetic

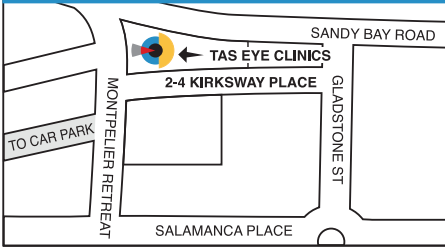
Usually “topical” (drops) anaesthesia and sedation are required to anaesthetise the front surface of the eye and to produce relaxation during the procedure. Problems with these drugs are very uncommon. The risks include:

-  Allergic reaction
-  Corneal abrasion or ulceration
-  Rash around the eye

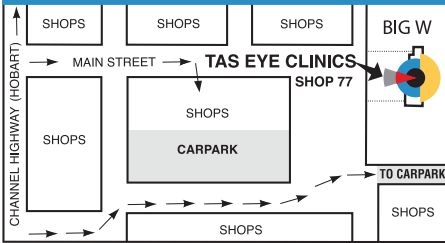
Conclusion

If you have any questions regarding the information contained in this leaflet or if you have concerns regarding the actual treatment or after-care procedures, please do not hesitate to speak to your ophthalmologist or the booking and nursing staff.

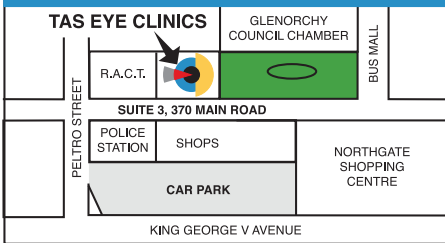
HOBART - PHONE: 6214 0599



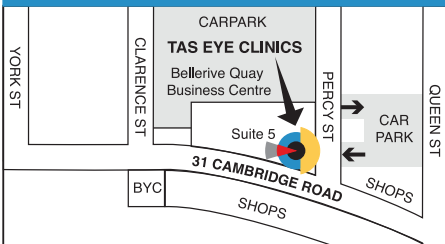
KINGSTON - PHONE: 6211 8333



GLENORCHY - PHONE: 6230 7444



BELLERIVE - PHONE: 6211 4788



We care - We treat - We prevent.