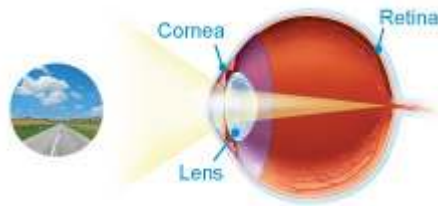
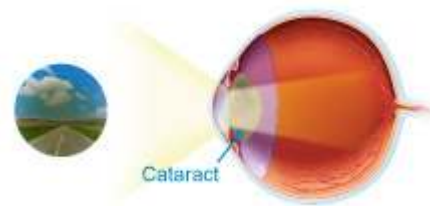


## WHAT IS CATARACT?

A cataract is formed when the normally clear lens of the eye becomes cloudy. The lens is a structure that bends (refracts) light rays to a focal point on the retina in the back of the eye which in turn sends signals to the brain for interpretation as sight. When the lens becomes cloudy, the light rays cannot pass as easily and quickly through to the retina, and blurry vision results.



NORMAL, HEALTHY EYE



SIMULATED CATARACT EYE

Cataract typically develops as part of the natural aging process, but may also be a result of:

- Systemic disease (i.e. diabetes)
- Certain medications (i.e. long term steroid use)
- Eye injury (can occur soon after, or years later)
- Congenital, inherited (present at birth)
- Inflammatory eye conditions (uveitis, etc.)

## HOW IS CATARACT TREATED?

In early cases of cataract, a simple change in your glasses may improve your vision sufficiently. There are no medications, eye drops, or exercises that will cause the cataract to disappear. In years past, the term “ripe” was used to describe the time for surgical intervention; this is no longer true. Due to advances in technology, cataract surgery has become one of the safest and most effective surgeries available.

Today, treatment depends on how significantly you are bothered by the changes in your vision, and how it affects your ability to carry out normal, everyday tasks. If you find that you are limiting your driving to daytime or familiar areas due to vision, or if you are no longer able to read as you used to, surgery may be indicated. In some cases, such as with diabetic retinopathy or wet age related macular degeneration, surgery may be indicated to improve the view for the ophthalmologist. Cataract surgery is an elective procedure, and Dr. Ballitch will observe and make recommendations, but the ultimate decision for surgery is up to you.

Laser is not used to remove cataract. Surgery, with microscopic equipment, is the only method available. A small incision is made, the contents of the natural lens removed, and an intraocular lens (IOL) is inserted through this same incision.

## WHAT CAN I EXPECT IF I DECIDE TO HAVE SURGERY? BEFORE SURGERY

A complete eye exam will be done within 90 days of the planned surgery date. This will include a refraction to determine whether a change in glasses would be helpful. Dr. Ballitch will also look at the front and back of your eyes to evaluate whether there are any other conditions that might account for your visual difficulty. If it is determined that cataract is the likely cause of your decreased vision, special tests will then be ordered to measure the length and curvature of your eyes. All testing will be done on both eyes for comparison. The length and curvature of your eyes, and your history of refractive error (glasses) will help Dr. Ballitch determine the power of the IOL to be used at the time of surgery.

Our surgery coordinator will discuss available dates and times for surgery. We will need to have a summary of your past medical history and a current, up-to-date list of medications (including over-the-counter). It is very important to know if you are on blood thinners, aspirin, arthritis medications, or if you have had a joint replacement surgery.

You are typically instructed to have nothing by mouth after midnight. You are asked to take your usual morning medications with a sip of water. If you are on insulin, be sure you discuss this with the surgical coordinator. You may be asked to hold the morning dose, or make an adjustment in the amount depending on your morning glucose reading or the time you are scheduled for surgery.

Our surgical coordinator will call you a few days before surgery to confirm an arrival time. You will need to plan for a driver on the day of surgery, and the day following surgery. You will be given prescriptions for eye drops that you will need to have filled and start three (3) days before surgery. You will need to bring these drops with you on the day of surgery.

## **WHAT IOL OPTIONS ARE AVAILABLE TO CHOOSE FROM?**

Today, more than ever, there is reason to be educated about your lens options. While Medicare and commercial insurance do not cover the premium IOLs, you may elect to pay the additional fees to benefit from being less dependent on glasses.



### **NEW TECHNOLOGY IOL (NTIOL)**

Traditionally, monofocal IOLs are used for cataract surgery. This lens is very effective at restoring visual functions at distance, but you will still require glasses to see at near. This lens option does not provide multiple ranges of vision. This lens type is typically covered by Medicare and commercial insurance.

### **MULTIFOCAL LENSES**

This lens type is designed to replace the natural lens of your eye and correct for distance and near at the same time. The goal is to restore a full range of vision, near and distance, with ranges in between.

### **ASTIGMATISM CORRECTING LENSES**

This option is for those patients with corneal astigmatism (irregular shape of the cornea) prior to surgery. They are similar to monofocal lenses, and provide quality distance vision and less dependence on glasses. Most patients will still need glasses for near.

## **WHAT CAN I EXPECT ON THE DAY OF SURGERY?**

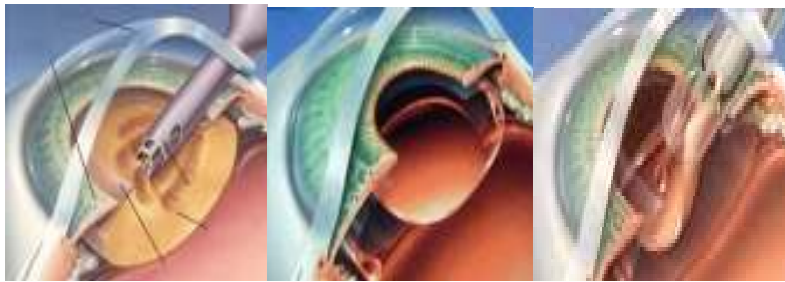
Surgery is done on an outpatient basis in our onsite AAAHC certified ambulatory surgery center. You typically arrive an hour or more prior to the actual surgery time. This time allows us to administer eye drops to dilate your pupil, and start an IV in order to give you medicine to relax you during your surgery. You will also be seen by the anesthetist on duty who will review your medical history and answer any questions that you have regarding anesthesia.

Once you are taken to the operating room, topical anesthetics will be given to numb your eye. You will not feel any pain during the surgery, but will be able to see light and movement. The operating room staff will position you comfortably, and cleanse the area around the operative eye. A sterile drape will then be placed over the eye area. Dr. Ballitch will complete your surgery, and insert the intraocular lens. He will place a clear, protective shield over the eye, and you will return to the recovery area. The staff will review your discharge instructions and give you a post-op kit that has a pair of sunglasses, and the drops you will need to use. Written instructions will be reviewed and sent with you. Once your vital signs have been checked, and you are stable, you will be ready for discharge.

Any discomfort you experience following surgery should be mild. Pain or discomfort not relieved by Tylenol should prompt a call to Dr. Ballitch. Our office provides 24/7 phone service.

### **HOW IS SURGERY DONE?**

Dr. Ballitch uses microsurgical instruments to perform cataract surgery. Under the microscope, a small incision is made through which the instruments used to fragment and suction the lens material are inserted. The posterior membrane that envelops the natural lens of the eye is intentionally left in place to aid in the support of the IOL. Generally, the wound is self sealing, and no stitches are necessary.



### **WHAT CAN I EXPECT FOLLOWING SURGERY?**

You will be scheduled to see Dr. Ballitch the day after surgery. You will continue using the eye drops, and written instructions will be provided.

Typical instructions include:

- Using the eye drops as prescribed
- Be careful not to rub or bump the eye
- Tylenol or non-aspirin products as needed for discomfort
- Avoid heavy lifting or strenuous activity until instructed to resume normal activity
- Ask Dr. Ballitch if you are able to resume driving
- Wear your glasses or sunglasses while awake, and tape the clear shield over the eye when sleeping for the first week

Your second post-operative visit will be scheduled for the following week.

### **WILL CATARACT SURGERY IMPROVE MY VISION?**

Today's cataract surgery is much improved over years past, but is not without risk. In better than 95% of the cases, everything goes well, and patients are happy with the result. A small number of patients may experience complications ranging from minor to serious. These include, but are not limited to:

- |                                    |                          |                               |
|------------------------------------|--------------------------|-------------------------------|
| • Ptosis (droopy eyelid)           | • Hemorrhage             | • Infection                   |
| • Double vision                    | • Retinal detachment     | • Complications of anesthesia |
| • High or low intraocular pressure | • Loss of vision         | • Cloudy posterior membrane   |
| • Swelling                         | • Retained lens material |                               |

Pre-existing conditions may limit the vision after surgery. Complications from glaucoma, diabetic retinopathy, macular degeneration, and corneal disease are among some conditions that may limit the outcome of surgery. Dr. Ballitch will counsel you prior to surgery if these conditions are noted. In some cases, mild cases may not be visualized prior to surgery due to the limited view from cataract.

**IS LASER USED FOR CATARACT SURGERY?**

No, LASER is not used for initial cataract surgery. The membrane left in place at the time of surgery can become cloudy over time and require treatment. Again, this is an elective procedure and is dependent on the limitations you notice due to decreased vision. This procedure is easily done on an outpatient basis, and requires no anesthesia.