



DAVID D. RICHARDSON, MD, INC.

DAVID RICHARDSON, M.D. • SAN MARINO EYE

2020 Huntington Drive
San Marino, CA 91108

Telephone: (626) 289-7856
Fax: (626) 284-6532

Would You Like Your Cataract Surgery With A Double Shot?

Cataract surgery and coffee have something in common. Five to ten years ago they shared this attribute: there were few, if any options. You wanted coffee? OK, would you like that with cream or sugar? Had cataracts? Would you like... Actually, there were no real options five to ten years ago. If you needed surgery it was scheduled and your surgeon chose the intraocular lens (IOL) for you.

Now, however, there is a dizzying array of options available to anyone who saunters up to the barista or the cataract surgeon. Coffee? Would you like that in a Grande or Venti? Cream, lowfat milk, or soy? Vanilla, sugar-free vanilla, caramel, mocha, or flavor-of-the-week? The same is now true of cataract surgery. Would you like a spherical or aspheric IOL? Astigmatism correction? How about the ability to see distance, intermediate, and up close? , You can now select for two out of the three -- a major improvement over just a few years ago.

So how do you choose? As a cataract surgeon who has performed over 2,000 cataract surgeries, I can tell you it is not an easy decision. You only have



two eyes so it's an important decision to make if you are presently in need of cataract surgery. (If you're not in need now, you should be assured that the technology improves every year – increasing your menu of choices by the time ready.). The best way to begin is to consider your goals.



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With coffee, there is one initiating decision: caffeinated or decaf? With cataract surgery there is one key question: “Do you mind wearing glasses?” If the answer is “No,” then you're done. Stop reading this article because the rest is not applicable to you.

If you dream of throwing away your glasses after cataract surgery, keep dreaming. There are currently no IOLs that will allow you to do that. If, however, you have certain activities that you would like to do without glasses and wouldn't mind wearing glasses “occasionally,” then read on - because the newer advanced IOLs can provide for that. Following is a list of available alternatives sorted by need. Simply find the description that fits you best to find the IOL for you.

One caveat: all of the options except the first will require an out-of-pocket expense. Medicare and most insurances do not pay for the IOL “upgrades.” If you want your insurance to cover the entire tab then Option #1 is for you.

Option #1: You don't mind wearing glasses all the time.

Congratulations. The standard IOL covered by insurance will meet your needs just fine and with the money you've saved you can upgrade your coffee for a year or so at your local barista. Take note, however, Medicare does not cover the fee for refraction (an exam to determine what glasses you will need after surgery), so save back \$50-100 (plus the cost of those designer frames) for this.

Option #2: You would like good distance vision without glasses but

don't mind wearing glasses to use the computer and read. You may be a candidate for either an aspheric or toric IOL. The aspheric IOL corrects what are called “higher order aberrations” resulting in excellent distance vision. However, if your cornea has any significant astigmatism, this will have to be corrected with either a “toric” IOL or corneal refractive surgery. Both of these would be at an additional cost.

Option #3: You would like good distance and intermediate (computer) vision without glasses but wouldn't mind wearing glasses for reading. You have two options available to you: the ReZoom® multifocal IOL or the Crystalens® accommodating IOL. The ReZoom IOL simultaneously focuses two images onto your retina so you can see both distance and intermediate objects at the same time. The trade-off, however, is that there will be small circles (halos) around lights at night. Most people get used to this with time but a small number of people (about 5%) find these halos to be a significant distraction. The Crystalens uses what is called pseudo-accommodation: it uses tiny muscles in the eye to move the lens back and forth changing the focusing power of the IOL. Although there are no halos associated with this IOL, not all people are able to “train” their eye muscles sufficiently after surgery to get the desired range of vision.

Option #4: You would like good distance and reading vision without glasses but wouldn't mind glasses for intermediate (computer) vision. You also have two options available to you: the Alcon ReSTOR® IOL or the AMO Tecnis® IOL. Both use what is called “diffractive optics” to split light into both a distance and a near image. Since two images are simultaneously focused on your retina, there will be small circles (halos) around lights at night. As with multifocal IOLs, most people get used to this with time but a small number of people (about 5%) find these halos to be a significant distraction. Glasses are often still required for intermediate (computer) work.

An additional caveat: no matter which IOL you choose, you may still need night-time glasses. The reason for this is that your pupil dilates in the dark allowing rays of light from the edges of your cornea into the eye. These rays are focused at a different strength than those from the center of the cornea so you end up a little near-sighted when driving. Generally, a simple pair of night-driving spectacles correct this condition.

If you are currently considering cataract surgery I hope this helped you make this ever-more-difficult decision. If you don't need surgery yet, I promise to provide updates on my website <http://david-richardson-md.com> or blogs <http://about-eyes.com> and <http://new-glaucoma-treatments.com> whenever there are significant technological changes that increase your menu of choices.

Sincerely,

David Richardson, M.D.

Medical Director, San Marino Eye

