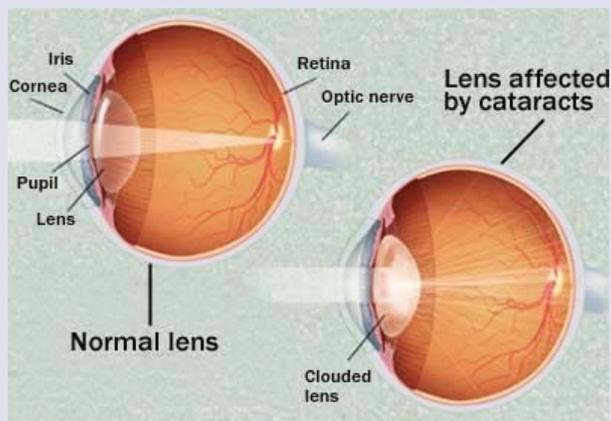


WHAT IS A CATARACT?

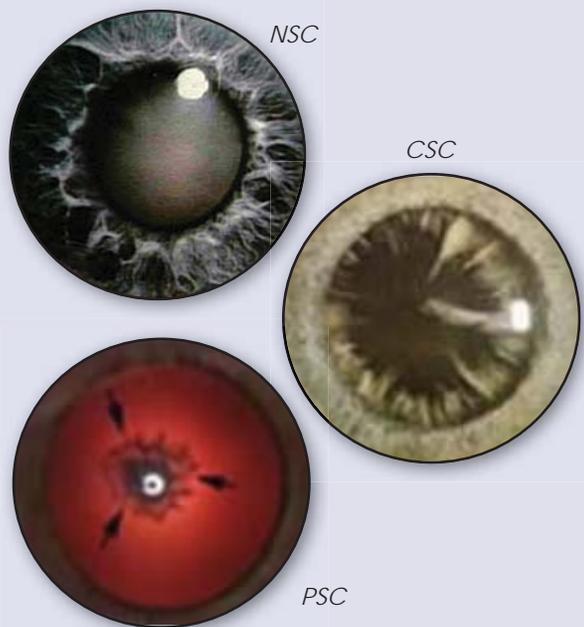
A cataract is the clouding of the eye's crystalline lens. This clouding is generally due to the aging process. The effects of a cataract are reduced quality of vision making it more challenging to see, read, drive, watch TV, or perform work related duties properly. The lens is located directly behind the iris (colored part of the eye). The function of the lens is to reduce UV light in the eye and to focus incoming light so we may see clearly when reading or using a computer. The normal aging process reduces the ability of the lens to focus or accommodate (Presbyopia); usually occurring around age 40. Accordingly, cataracts are the single leading cause of blindness worldwide.



ARE THERE DIFFERENT TYPES OF CATARACTS?

Yes. Not only are there several types of cataracts, there are various ways cataracts develop. Yet the end result of each type is the reduction in quality of vision. The most common type of cataract, Nuclear Sclerotic Cataract (NSC), has a cloudy brownish-yellow appearance. A Cortical Spoke Cataract (CSC) has white spoke-like lines radiating from the edge of the lens towards the center. Posterior Subcapsular Cataracts (PSC) are the most deleterious on vision.

Secondary cataracts can form after some eye surgeries, such as glaucoma procedures. They may also develop in patients who have health problems like diabetes or even with patients who are steroid (oral or nasal inhalation) users. Traumatic cataracts



may develop post eye injury; sometimes up to twenty years after the injury. Congenital cataracts are found at birth or a baby's early childhood. Radiation cataracts may develop after exposure to some forms of radiation from cancer treatments and the like.

CATARACT SYMPTOMS:

Symptoms vary depending on the degree of clouding and type(s) of cataract that presents. In general, cataracts create a gradual painless decrease in quality of vision. Their development may be represented in a myopic shift in an eyeglass prescription or a patient notices how colors seem dull and faded. Cataracts create increased glare from headlights, streetlights, and may make a patient more sensitive to sunlight.

Second sight is a term used when the cataract progression causes enough of a prescription change wherein one's near vision improves (no longer needing reading glasses) but simultaneously decreases distance vision. On occasion, patients may even experience halos around light. Poor night vision is quite common and on occasion a patient will complain of seeing double or multiple images in "one" eye.

HOW ARE CATARACTS DIAGNOSED?

It is the role of an optometrist or ophthalmologist to detect and monitor any cataract growth. Currently, only ophthalmologists are trained and licensed to perform cataract surgery. Cataracts are easily diagnosed from a patient's symptoms, measuring the quality of visual with the most current prescription and by the eye doctor's direct observation. The Brightness Acuity Test (BAT) measures what effect glare/light has on the patient's vision prior to surgery and the Potential Acuity Meter (PAM) evaluates the anticipated vision improvement post cataract surgery.

HOW ARE CATARACTS TREATED?

Today's cataract removal procedure is friendly, fast, painless and effective. Just a few decades ago, it was a laborious unpleasant rite-of-passage for patients.

Cataract surgery is an elective procedure for patients whose cataracts affect their daily lives. Upon cataract removal, an Intra-Ocular Lens (IOL) is positioned into the natural lens's capsule. Cataract surgery is the most frequently performed surgery in America. It generally improves vision in over 90% of patients. If cataracts are present in both eyes, only one eye at a time will be operated on. The standard time before the second cataract operation is from 1-3 weeks. A final eyeglass prescription is usually given about two weeks after surgery. Reading glasses are usually still needed.

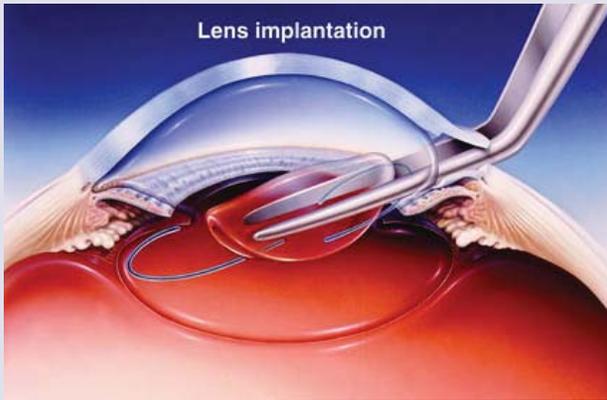
Patients are given antibiotic drops to protect from the potential for infection and steroid drops to reduce post-operative inflammation. Generally a non-steroidal anti-inflammatory drop (NSAID) is also used to reduce the potential of macular edema. A plastic eye shield is worn for 5 nights to protect the healing eye. Post-operative visits are at 1 day and two-weeks, followed by a 2-3 month dilated exam evaluation.

Cataract success rates are very high. Visual acuity of 20/40 or better are often achieved in an otherwise healthy eye. On occasion, months to years after cataract surgery, a fine membrane may develop on the posterior capsule holding the IOL in position. A YAG laser capsulotomy is recommended and performed to remove the membrane. The YAG

laser beam makes a small opening allowing light through.

As with any procedure, complications may occur. Approximately 3-5% of surgical cataract extractions develop infections, corneal edema, bleeding, retinal detachment, and on rare occasion, the onset of glaucoma has been reported. If after the surgery, any haziness, redness, decrease in vision, nausea, or pain should be reported to the surgeon immediately.

ARE THERE LENS IMPLANT (IOL) OPTIONS?



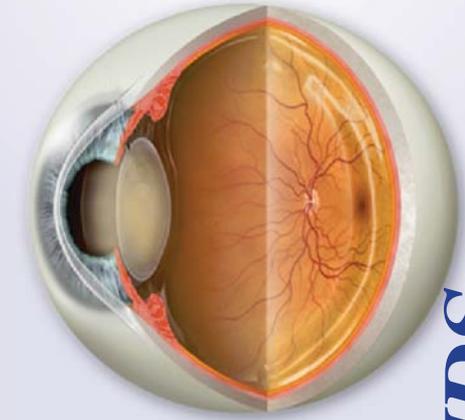
Whether or not you are a candidate for the following options only your eye doctor can decide. Patients essentially have four (4) options in cataract surgery. The first choice is designing each eye's post surgical visual correction to be as clear as possible for distance vision. Reading glasses will be required to see clear at near.

The next choice is what is called "monovision." One eye, usually the dominant eye, is surgically corrected to see clear in the distance whereas the fellow eye is corrected to see clear at near without additional need for vision correction.

A very popular approach in cataract surgery has been the advent of introducing specialty IOL's that allows for simultaneous far/near vision in each eye. This type of lens is called a multifocal IOL. Multifocals allow for depth perception, good visual functionality, and better quality of vision in lower lit environments. Alcon's Restor® yields far and near vision and AMO's ReZoom™ produces far and intermediate vision.

Astigmatic patients who are planning cataract surgery can request the use of a STAAR Toric™ IOL during their lens replacement - treating the cataract, astigmatism, and the patient's prescription all at the same time. The STAAR Toric™ IOL is ideal for cataract patients with regular, pre-existing astigmatism. It has been used safely and effectively in a countless number of procedures.

CATARACTS



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