



INSIGHT

De-mystifying Cataract Surgery:

What You Should Know about the Operation that Restores Clear Vision

Voices of Experience

"The fog is gone!" So says Ruth K., a patient who recently underwent cataract surgery at Coastal Eye Specialists. Like many other patients, she is excited about seeing clearly once again, after years of gradually deteriorating vision.

"Colors are so much sharper and clearer." — William H. This is a common comment from patients, on their regained ability to appreciate the world around them.

Coastal Eye patients are typically upbeat and complimentary, not only about the vision benefits they gain, but about the entire process.

What is a Cataract?

A cataract is a clouding of the eye's natural lens resulting primarily from the aging of the eye. Eventually, cataracts can affect vision in several ways, including blurring, fogginess or haze; sensitivity to glare, difficulty reading and seeing details, particularly in dim light. Cataracts affect individuals at varying rates and degrees. For those significantly affected by cataracts, surgery may be recommended. In cataract surgery, the cloudy natural lens is removed and replaced with a clear artificial lens called an intraocular lens (IOL) implant.

Advanced Surgical Techniques at Coastal Eye

Cataract surgery — the most common surgical procedure performed today on seniors across the nation — has a 99 percent success rate in improving vision.

Advanced cataract surgery at Coastal Eye uses a technique called phacoemulsification, in which a small ultrasonic probe is used to liquefy and extract the cata-



W. Lee Wan, M.D.

ract. This enables the surgeon to do "minimally-invasive" cataract removal. This provides a greater margin of safety and quicker visual recovery.

Modern IOLs can be folded and can be inserted through the tiny self-sealing incision, so that surgery can usually be performed without stitches and with minimal risk of bleeding.

Cataract surgery is typically performed one eye at a time. The second eye is usually done a few weeks following the first, after the first eye is well on the road to full recovery.

"The nice thing is often not just getting them their original vision back, but in many cases making it even better than it's ever been." — W. Lee Wan, M.D., Coastal Eye Specialists Medical Director.

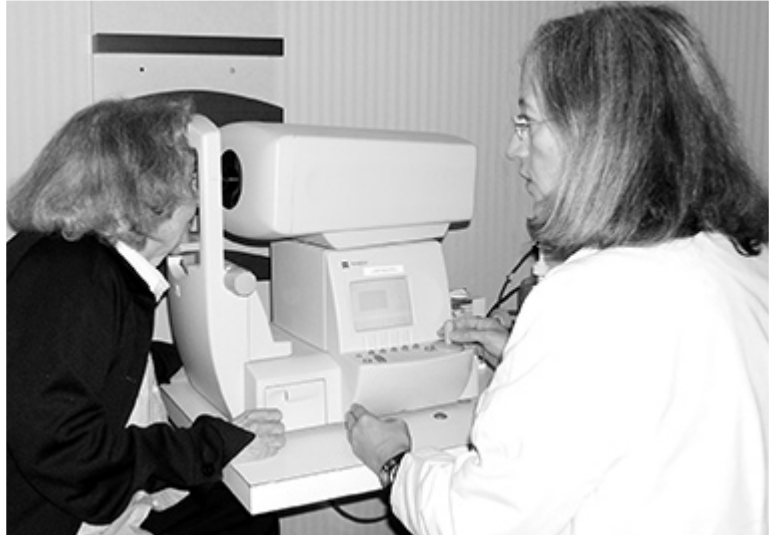
Revolutions in Lens Implant Technology

While surgical techniques have been advancing, so has IOL technology. Today, surgeons have many choices

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Elizabeth R. checks in with Coastal receptionist Veronica Ortega for cataract evaluation.



Ophthalmic Technician Karen Rondot performs initial exam.

of lens implants to achieve specific visual results.

Aspheric IOLs are the state-of-the-art in “standard” lens implants. These lenses are optically advanced, designed to reduce subtle aberrations in vision that exist even in the “normal” eye. Almost all patients who have standard lenses implanted will require some glasses after surgery, usually either for reading and close work or for distance vision, depending on their preferences.

Presbyopia-correcting IOLs can provide close as well as distance vision. These advanced IOLs, also known as multifocal or accommodating lenses, are an increasingly popular choice among eligible patients who want to reduce and possibly even eliminate their need for glasses after surgery.

Toric IOLs are designed to correct astigmatism (due to uneven, football-shaped curvature of the eye). For patients with certain types and degrees of astigmatism, a toric IOL can result in better, sharper vision and less need for glasses than standard IOLs.

Presbyopia-correcting and toric IOLs are considered specialty or “premium” implants and are not covered by medical insurance. However, if cataract surgery is otherwise indicated, medical insurance will

cover the costs of the basic surgery and standard IOL.

“Now without glasses, I read smaller print than you find in newspapers and magazines and I no longer need glasses for driving. Now I can see miles down the road.”
— Ken W., who had worn glasses for 55 years before he received presbyopia-correcting lens implants.

Choosing How They Will See

Eye surgeons today can “customize” post-cataract surgery vision to a significant degree. The key is listening carefully to the patient before surgery. The team of technicians, surgical counselors, and doctors at Coastal Eye spend considerable time with patients assessing their needs and wishes and discussing options with them. This helps the surgeon choose the lens implant that best matches the patient’s goals.

For some patients, particularly those who wish to reduce their need for glasses and optimize the quality of their vision, specialty lenses such as presbyopia-correcting lenses may be the best option. “But even the best presbyopia-correcting lenses don’t provide the vision of a 20-year-old,” says Dr. Wan. “I generally tell patients that 80 percent of patients can get by without glasses for 80 percent of

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Dr. Wan conducts examination.



Denise Lopez schedules surgery and follow up visits.

their activities with these lenses. The challenge is to create expectations that are reasonable and achievable. There is no guarantee with any type of surgery.”

The standard IOLs that Coastal surgeons use today are still very advanced, with aspheric optics, more biocompatible materials, and foldability geared for easier insertion and long-term stability and security, observes Dr. Wan. “While we know that almost all patients with standard IOLs are going to need glasses, we still work to determine the patient’s visual priorities, and try to address them. For instance, a patient who has been myopic (nearsighted) all his or her life might want to keep some myopia after surgery. Conversely, some may have always wanted to have better distance vision and less need for distance glasses, and we can aim for that as well. The newer specialty IOLs just give us a lot more options for a lot more patients now than we ever had before.”

“After surgery, it was amazing. Without my glasses, I could look out and see everything in the backyard. Now I just wear nonprescription sunglasses outside and to drive, and my reading glasses are much thinner than the thick ones I needed before. It’s pretty miraculous, because I had worn glasses since the age of six.” — Paul R., after advanced cataract surgery.

Meet the Professionals Who Make it Happen

W. Lee Wan, M.D., Medical Director of Coastal Eye Specialists, has been regularly named by his physician

peers as one of “The Best Doctors in America.” He is a board-certified, second-generation ophthalmologist specializing in advanced cataract and lens implant surgery.

After graduating from the Loma Linda University School of Medicine, Dr. Wan completed his ophthalmology residency and a cataract and refractive surgery research fellowship at the Doheny Eye Institute of the USC School of Medicine. Now as a clinical professor at Doheny/USC, he is a popular teacher of surgical techniques to ophthalmology residents.

Dr. Wan has been a leader in introducing many state-of-the-art advances in eye surgery to our community, including small-incision cataract surgery (the so-called “no-stitch, no-shot, no-patch, no-blood techniques). He was among the first eye surgeons to introduce presbyopia and toric lens implants to the region in the 1990’s.

Dr. Wan’s patients include other ophthalmologists and their families as well as other physicians and nurses.

Anne Miller, C.O.A. (Certified Ophthalmic Assistant) is the head surgical counselor at Coastal Eye. She has been with Coastal for over 13 years, joining the practice after many years of varied experience in the medical field. To keep current, she regularly participates in continuing medical education sponsored by the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery.

Ms. Miller works closely with patients throughout the



Anne Miller takes measurements for lens selection and answers any questions Mrs. R. may have.



Elizabeth R. arrives at the Surgery Center.



Mrs. R. is prepped for surgery at the Surgery Center. Her eye is dilated and an IV line is placed for sedation.

process. She runs the calculations and orders the lens implant selected by the surgeon. She also helps Dr. Wan monitor post-op results for analysis. (Dr. Wan tracks his results for every patient, always fine-tuning his surgical results.)

“Anne and her team do an exceptional job in managing the cataract surgery process,” says Dr. Wan. “They are familiar with the various types of lenses available and terrific at helping educate patients about these options, as well as getting a sense of what their needs and expectations are.”

When Cataract Surgery is Recommended

A recommendation for cataract surgery is usually based on whether the deterioration in the patient’s vision is becoming bothersome or disabling. Some of the most common complaints include difficulty driving at night due to glare from headlights, trouble seeing street signs or lane lines, inability to easily read fine print or in poor lighting or difficulty reading the “crawl text” on television.

There are certain conditions of the eye in which a surgeon will recommend cataract surgery even when the patient is not significantly bothered by it.

“One of the difficulties is that cataracts typically grow very slowly, so patients may be unaware of how much vision they are losing,” says Dr. Wan. “However, once it

reaches the point where they have difficulty passing the DMV test for an unrestricted driver’s license, we try to warn them that their cataracts are becoming significant.”

“Almost universally, patients tell us that the surgery was a lot easier than what they expected. Most go into it with apprehension and anxiety, because we’re working on their eyes. But they usually express a lot of relief the next morning that it wasn’t painful or difficult, and their vision is already improving.” — W. Lee Wan, M.D.

Getting Set Up

After the cataract evaluation by the doctor and the decision is made to go ahead with surgery, the schedulers usually take over. Denise Lopez, Coastal’s other surgery counselor, assists with scheduling, insurance verification, and preparation of a complete clinical record. Ms. Lopez usually schedules three appointments: the surgery date, the pre-op appointment and the post-op appointment, usually the day after surgery.

The Pre-Op Visit

Critically important to preparation of the patient and surgical planning, the pre-op visit is usually coordinated by surgery counselor Anne Miller, C.O.A. Eye measurements are taken to help the surgeon determine what power and type of implant to put in. This testing, along with precise calculations and careful surgical planning, are essential to getting a good result, Dr. Wan says. “I



Dr. Wan visits before surgery.



Dr. Wan at surgical microscope.



Mrs. R. in the Recovery Room.

think it's impossible to be exact and precise with surgery if you aren't equally exact and precise with the preparation. In fact, the majority of work that goes into cataract surgery isn't the brief time of the surgery itself. It's the time spent preparing and planning before, and monitoring afterwards."

Informed and Educated Patients

In addition to running the measurements and calculations for lens selection by the surgeon, and reviewing the patient's ocular, medical and surgical history, the surgical counselor advises the patient on pre-operative requirements.

One of the surgery counselor's major roles is educating each patient and answering any questions the person might have. She explains the surgical procedure using videos, brochures, posters and models. "We want each patient to have an understanding of what their experience should be before, during and after the procedure both at the surgery center and at home," says Ms. Miller. "When a patient has that understanding and their questions have been answered, there is less fear and anxiety during the procedure. I walk the patient through the 2 to 3-hour experience at the surgery center.

"My most important challenge is honoring each patient as an individual. Each deserves individual care because a surgical event is a personal experience."

"Everything went great. My eye is very comfortable.

"When can I do the next one?" — Stella B., eagerly awaiting surgery on second eye.

The Day of Surgery

Patients for routine cataract surgery usually start eye drops three days prior to the procedure to help prepare the eye for optimal results and a quicker recovery.

- ◆ On the day of surgery the patient arrives at the surgery center with an empty stomach (but can eat normally almost immediately afterwards).
- ◆ The eye is dilated with drops and an IV line is placed for sedation. The patient is brought to the OR and hooked up to monitors to help the anesthetist monitor heart rate, blood pressure, oxygen level, etc. during surgery.
- ◆ During the surgery itself, the patient is awake but sedated and relaxed.
- ◆ After surgery, the patient is sent to the recovery room, where he or she is monitored for 15-30 minutes to ensure the short-acting sedatives have worn off.
- ◆ The patient's instructions are reviewed and he or she is usually sent home wearing dark glasses along with a "kit" with extra drops, a protective shield for sleeping, and paperwork with their instructions and next appointment reminder.

Typically, patients will be at the center for two to



At follow-up visit, Mrs. R. asks, "How does it feel to be able to work miracles?"



Optician Lisa Casas assists Mrs. R. in choosing frames for new glasses.

three hours. They can often have "brunch" on the way home and resume most normal activities once there. It's recommended that they wear the sunglasses for the first day, as the eye is dilated and will be sensitive to light, plus it provides additional protection to the eye.

"I had to spend the weekend cleaning house because I didn't realize what it really looked like." — Maria B., on the downside of seeing better.

Post-Op Care and Follow-up

A scheduled follow-up exam takes place the day after surgery, with further exams as recommended by the doctor. Written post-op instructions direct the patient to keep the eye clean and dry, and avoid rubbing

or bumping it for the first ten days. Light exercise and stretching are fine immediately, with these precautions. Water should not be allowed to run directly into the eye. Patients who still need or want glasses after surgery can be measured and fitted as soon as necessary, but are usually encouraged to wait at least one month to ensure that the prescription has stabilized. Particularly with the newer specialty IOLs, however, even this is often unnecessary. Once the eye has healed, the implant should be "good for life" and the patient can resume routine eye care.

"Dear Dr. Wan, Denise and Anne: Thank you for taking such good care of me. You are a great staff. I recommend you all the time." — Note from Nellie L.



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