

Cataract Surgery: New Developments

by Rona Cherry

Sixty-percent of patients are having back-to-back operations on both eyes.



When I was growing up, my mother told me a story about a friend who had cataract surgery in the early 1960s. It sounded like a nightmare. Removing the cataract—a cloudy lens on the eye that is normally transparent—meant stitches, a two-week hospital stay lying flat in a darkened room with her head immobilized by sandbags. It took her months to recover and then she had to wear thick "Coke bottle" glasses to make up for her lost optical power.

With that in mind, imagine my surprise in discovering how different cataract surgery is today. Recently I talked with Barbara Pitlick Lovenheim one day after she had cataract surgery at the Brighton Surgical Center. But Barbara wasn't recovering in a hospital; she was already at her home in Rochester, NY, climbing stairs and talking on the phone, unhampered by the surgery that had taken only about 15 minutes. "I arrived at 7:30 a.m., had the procedure at 8:30 a.m., and walked out an hour later with no bandages," said Barbara, who describes herself as a Monroe Community College board member, avid traveler, walker, knitter, poet, grandmother, and sister-in-law of NYCitywoman.com's founding editor Barbara Irene Lovenheim.

Even more amazing, this was Barbara P.'s second cataract operation within the month; just two weeks prior her ophthalmologist had removed a cataract from her other eye. And during each procedure, he implanted state-of-the-art lenses in her eye that made it possible for her to function without glasses. "It's terrific," said Barbara. "It's unbelievable!"

For most of us, a cataract—the clouding of the eye’s lens, the transparent part of the eye that we use to focus on objects—starts small and at first causes no symptoms. But as the lens becomes cloudier, the vision gets blurrier. “It was hard to focus even with glasses, lights had a halo around them, and it got to the point I hated to drive at night,” said Barbara P. “I also realized that my sight had become so compromised that colors were fading. I was living in a sepia colored world.”

Back to Back Cataract Procedures

Barbara is only one of the millions of women and men who are opting for cataract surgery; many are now having the operation performed on both eyes almost back to back. What’s more, many younger people with cloudy—but not catastrophic—vision are doing so, according to a new study from the Mayo Clinic. Nationwide, nearly 25 million Americans age 40 and older have cataracts, but the cataracts are typically mild and can be easily corrected with glasses. As these people enter their sixties, the cataracts often become “ripe,” making it more difficult to see. By age 80, more than half of Americans have cataracts that are severe enough to impair vision—even with glasses. As a result, more and more younger people are undergoing surgery soon after cataracts develop instead of living with impaired vision and depending upon glasses to read or navigate safely.

“Cataract surgery rates are rising in all age groups, starting at about age 50,” said Jay C. Erie, M.D., a Mayo Clinic ophthalmologist and senior author of the Mayo Clinic study. “The aging baby boomers are working longer; they want to be more active. That’s why they’re looking for surgery sooner—so that they can remain independent, remain active, and continue to work.” Abetting this trend has been a steady stream of advances in the field of cataract replacement surgery. Years ago ophthalmologists usually waited for a cataract to “ripen” before proceeding with surgery. Today a cataract can be removed at any stage once it interferes with daily activities “and all conservative options, like glasses, have been explored,” says Anita Gupta, MD, director of New York Eye and Ear Infirmary's Comprehensive Ophthalmology Services.



Interestingly, more women than men opt for the surgery, said Dr. Erie, explaining “some believe it is due to the characteristic of women seeking all types of medical help sooner and more frequently than men.” And an increasing number of people are having both eyes operated on within a short time, some (like Barbara P.) elect procedures within the same month. The Mayo Clinic study found that after undergoing the surgery for one eye, some 60 percent of patients returned within three months and 86 percent returned within 24 months to have a cataract removed from their second eye.

Sherri Graber, a nurse in Long Island, New York, had replacement surgery in both eyes just three weeks apart to help relieve a pre-existing eye condition and remove cataracts. "My eyes were so disabled," she said, "and in my work, I really need my eyes." Sherri, who spoke to me during her get-away in Aruba, said it is still hard for her to believe her "amazing outcome." "I can see really well," she said. "I feel young again."

Replacement Lenses

One of the other important changes in recent years has been the development and improvement of artificial replacement lenses, called intraocular lenses (IOL). Many years ago, removing a cloudy lens was all that doctors could do. Patients had to wear thick, heavy cataract eyeglasses to see after the operation. But today doctors can usually implant new permanent lenses in your eye that require no care. The most common choice are monofocal lenses; they can restore vision for either distance or for reading and are covered by insurance. Someone who is nearsighted, for example, who cannot see even small distances without glasses, would no longer have to reach for glasses first thing in the morning. And someone who is far-sighted would select lenses that allow her to read without glasses.

Multifocal lenses—a variation of bifocals, where part of the lens is for distance and part for near vision — are a newer option. Considered a "premium" lens, these dual-focus lenses appeal especially to individuals who also suffer from presbyopia, the age-related condition that makes it difficult to see objects up close. However, some patients with multifocal lenses occasionally complain of glare and seeing haloes around lights at night, as well as difficulties seeing in dim light. "The lenses work very well for most people," said Dr. Gupta, "but they are not right for everyone. They are perfect for the right patient and your doctor can evaluate you to see if you are a good candidate for them."

Another new premium option, called a toric lens, corrects astigmatism, which is caused by an abnormal curvature of the cornea. Approved 15 years ago by the FDA, "this lens has improved so much in the past three years that it's commonly used," said George Cioffi, MD, ophthalmologist-in-chief, New York-Presbyterian Hospital/Columbia University Medical Center. However, because both toric and multifocal lenses are considered a luxury and not medically necessary, they are not covered by private insurance or Medicare. The cost for these lenses can run about \$2,500 per eye.



In addition to the new lenses, cataract surgery techniques have been refined. "As recently as 30 years ago, doctors had to make a 14 to 16 millimeter incision in the eye to remove the cataract," said Dr. Cioffi. "Today we work with an incision that's so small, about 2 millimeters (approximately the size of an average pen tip), that we don't even have to stitch it." The smaller incision is possible because a technique called phacoemulsification breaks up the cloudy lens with an

ultrasonic vibrating needle so it can be removed in fragments rather than in one piece. Replacement lenses, once made of clear, rigid plastic, are now made of a flexible material that folds "like a taco," Dr. Cioffi said. This allows the lens to be inserted through the opening. Once inside, it unfolds to fill the capsule that contained the natural lens.

Understandably, eye specialists are excited about these new vision-saving options. "Not only are people living longer, but the world has become much more visual with computers, mobile phones and the like," Dr. Cioffi said. "People are not tolerating mild to moderate visual impairment. But we have the ability to put lens correction into the eye and the results are so much better than in the past. Moreover, research continues and new technologies for lenses continue to evolve every year." Good news for us all!

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Rona Cherry has written about health and wellness for The New York Times Sunday Magazine, The Ladies' Home Journal, Vegetarian Times, and many other publications. She was the editor-in-chief of several national magazines, including Fitness and Longevity. She is an editorial and PR consultant with regional publications and nonprofits.