Every year in Australia, many thousands of patients have their cataracts removed. Here are the five main decisions you need to make before proceeding with cataract surgery.

**Decision 1: When to have cataract surgery**

Cataract surgery is the most frequently performed surgical procedure worldwide. During surgery, the eye’s clouded lens (the cataract) is removed and replaced with an artificial lens, which restores clear vision. Cataracts develop gradually over many years. Most people find that changing their glasses prescription is enough to manage their blurred vision in the initial stages. But as cataracts progress, they cause deteriorating vision and, in parts of the world where treatment is not accessible, blindness.

It used to be that cataract surgery was only performed when the cataract had matured and was causing vision loss. These days, you can have a cataract removed in the early stages of development, when it is causing subtle changes to vision, such as loss of colour perception, glare and loss of contrast, but not necessarily severe sight loss.

Although it’s never too late to have a cataract removed, it is better to have cataracts removed while they are immature, as this reduces the length of surgery and the recovery time. Earlier removal also means that you avoid the significant visual impairment associated with very mature (hypermature) cataracts.

When deciding on the right time to have cataract surgery, you’ll also need to take into account the recovery process, making sure you can avoid certain tasks, such as strenuous activity and swimming, usually for the first month after surgery.

**Decision 2: Which cataract surgery procedure to have**

There are two ways the initial steps in cataract surgery can be performed – either manually or with a laser. The vast majority of cataract surgeons perform manual cataract surgery, while only a few clinics with the latest laser technology are able to offer laser cataract surgery. This includes a number of Vision Eye Institute clinics. In fact, Vision Eye Institute surgeons were among the first in Australia to perform laser cataract surgery.

**Decision 3: Which type of replacement lens**

When you have cataract surgery, you’ll also need to select a type of replacement lens (known as an intraocular lens or IOL). Lens selection is a really important process as it dictates what your vision will be like after the surgery. The right lens for you depends on your personal goals and preferences.

If freedom from glasses is a priority, multifocal lenses may be the best option as they have a number of focal points to give clear distance and near vision. In some cases, patients opt to have monovision, where one replacement lens corrects distance vision and the other corrects near vision, allowing the patient to achieve spectacle independence for both distances. Modern replacement lenses can also correct pre-existing astigmatism, which can further optimise the visual outcome for the patient. These are known as toric IOLs.

The important thing is that you have choice when it comes to your replacement lenses. Your surgeon will discuss your various options and help you select that lens that suits your eye health, lifestyle and preferences, to ensure you have the best possible visual outcome.

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Decision 4: Who will perform your cataract surgery

Perhaps the most important decision to make is who will perform your cataract surgery. There are many factors to consider when choosing a cataract surgeon, so it can feel like a daunting task.

Consider the following:

- **The surgeon's qualifications:** are they specifically trained in cataract surgery and are they registered with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO)? Some surgeons have completed subspecialist training in the front of the eye (known as anterior segment specialists) to enhance their cataract surgery skill set.

- **The surgeon's skill level:** how many cataract surgeries have they performed and what is their success rate? Their skill level may also be reflected in their involvement in training and research in the field. For example, some surgeons are involved in teaching junior surgeons advanced cataract surgery techniques.

- **What the surgeon can offer:** do they perform manual and/or laser cataract surgery? Are they able to offer (and are they experienced with) a range of replacement lenses so that you get a treatment tailored to your needs and preferences?

- **The cost of the surgery:** this usually depends on the surgeon’s experience and available technology. Different replacement lenses also have varying costs, with premium lenses having a higher price tag. Fortunately, most Australian health funds cover a large part of the cost associated with cataract surgery.

I’m always happy to discuss all of these questions with my patients during an initial consultation.

Decision 5: Where your cataract surgery will be performed

Most surgeons have one or more day surgeries where they perform cataract surgery. Details of the day surgery is a factor to consider when choosing your surgeon. All Vision Eye Institute day surgeries are fully accredited against the National Safety and Quality in Health Services Standards (NSQHS), and are equipped with state-of-the-art equipment and technology. This ensures that safety and quality systems are in place that promote safe care, reducing the chance of complications during or after your surgery.

You’ll also want to factor in how easy it will be to get to and from your surgery and pre-operative and post-operative consultations, and whether it’s important for you that the day surgery is located on-site with the clinic.

Helping you with the decision-making process

It’s an important role of the surgeon to help you make these decisions before you proceed with cataract surgery, so that you are fully informed and comfortable with the timing and details of your procedure.

Book a consultation today for a comprehensive assessment of your eyes and a detailed discussion about your cataract surgery options. Visit visioneyeinstitute.com.au to find your nearest Vision Eye Institute clinic.

Dr Alex Ioannidis is a comprehensive anterior segment surgeon, with extensive experience in the treatment of cataracts, corneal conditions and glaucoma. Dr Ioannidis practices at Vision Eye Institute Blackburn South, Vision Eye Institute Camberwell and Vision Eye Institute Coburg.

visioneyeinstitute.com.au
HOW TO GET RID OF YOUR READING GLASSES

**Dr Patrick Versace**

**Tired of having to rely on reading glasses? In this article, I’ll explain how presbyopia treatment could give you freedom from your reading specs.**

Many people are under the impression that wearing reading glasses is an inevitable part of getting older. While it’s true that everyone’s near vision will deteriorate because of a condition called presbyopia, it’s not actually true that you must wear reading glasses – vision correction procedures exist that can correct presbyopia permanently and give you clear vision.

**Current alternatives to reading glasses**

Presbyopia is caused by the lens inside the eye becoming stiffer and less able to focus on close-up objects. The appropriate surgical treatment for presbyopia generally depends on the age of the person and the health of their lens.

If the lens has lost its flexibility, but is otherwise clear and healthy, a cornea-based procedure is often the treatment of choice. This is normally the situation for patients between the ages of 40 and 55.

**Laser blended vision:** In this type of laser eye surgery, the surgeon intentionally makes one eye more near-sighted, to compensate for the lens not being able to focus up-close. You won’t notice that one eye is better at seeing near objects and the other is better at seeing intermediate or distant objects because your brain blends the images together.

**Corneal inlays (e.g. KAMRA, Raindrop or Presbia):** These tiny, flexible lenses are placed within the cornea of the non-dominant eye to correct vision, and they can be removed at a later stage should another lens procedure (such as cataract surgery) be required.

**Cataract surgery or refractive lens exchange:** If the lens of the eye is clouded (e.g. showing signs of cataract) or if the patient is older (60+), then a lens-based procedure is generally more suitable.

In this procedure, the eye’s natural lens is removed and replaced with an artificial lens – many of which can correct presbyopia. The procedure is referred to as cataract surgery when a cataract is removed or refractive lens exchange when a clear lens is removed.

Lens replacement is not normally recommended for younger patients because the currently available artificial lenses are not as good as a younger person’s natural lens. In saying that, the lens technology available today is pretty remarkable and in many cases lenses can offer patients much better vision than they have had in years. This is especially true for patients who have had their cataracts removed.

**Selecting the right replacement lens**

When helping you choose an intraocular (IOL) replacement lens, the surgeon has to identify which lens will optimise your quality of vision while minimising any unwanted effects, such as glare or halos. This depends on your vision (i.e. if you have short-sightedness, long-sightedness and/or astigmatism in addition to presbyopia), your lifestyle preferences and whether you are willing to accept some visual compromise. Lens selection is a crucial part of ensuring my patients achieve good visual outcomes after their refractive lens exchange or cataract surgery procedure.

**Multifocal lenses** give clear vision at multiple distances and can correct presbyopia as well as other refractive errors. Bifocal lenses correct vision at two distances (near and far), while trifocal lenses correct vision at three distances (near, intermediate and far). While there can be some visual compromise with these lenses, many patients are able to gain spectacle independence after their procedure. I have been doing multifocal lens implants for over 15 years and these are the lenses of choice for the vast majority of my patients.

**Extended-depth-of-focus lenses** are a newer type of presbyopia-correcting IOL. These lenses offer good vision over varying distances to provide an extended range of vision. Generally, patients no longer need glasses for driving, watching TV and looking at a computer or phone but, unlike multifocal IOLs, they may still require low-power reading glasses. A key benefit of these lenses is that they have less visual compromise than traditional multifocal IOLs, with better contrast sensitivity and a lower likelihood of glare or halos.

**Blended vision** can also be achieved with replacement lenses. The lens implanted in one eye will correct for reading/near vision and the lens in the other eye will correct distance vision.

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Looking to the future
We are constantly striving to improve visual outcomes for patients with presbyopia. In my opinion, the most exciting developments on the horizon are in the optical design of replacement lenses. The ultimate goal is to develop dynamic lenses that act like the eye’s natural lens – artificial lenses that can change the focusing power in the eye effortlessly. I’m feeling optimistic that these will be here in the not-too-distant future.

Find out what your presbyopia treatment options are
Whether you’ve recently noticed changes in your reading vision or you have been relying on glasses for many years, it’s never too late to explore your options for treating presbyopia.

If you would like to free yourself from the constraints of reading glasses, visit visioneyeinstitute.com.au to book a consultation for a full assessment and discussion of your treatment options.

Dr Patrick Versace is a highly regarded refractive and cataract surgeon who specialises in presbyopia correction. He has expertise in corneal inlays, multifocal lenses and laser eye surgery. He practices at Vision Eye Institute Bondi Junction and Vision Eye Institute Hurstville.
In this article, I answer some of the frequently asked questions about eye floaters, so you know what to do if you start seeing floaters and whether to be concerned.

Have you ever noticed something drifting around your field of vision, but whenever you try to get a closer look it disappears, only to reappear as soon as you move your eyes? What you are seeing is a common phenomenon known as an eye floater.

Q1. What is an eye floater?
Eye floaters are small structures (clumps of protein) inside your eye that cause you to see spots, transparent blobs or tiny worm-like shapes drifting through your vision. Floaters move around as you shift your glance and are most obvious when you are looking at a uniform, bright background such as a blank wall or clear blue sky.

Q2. What does an eye floater look like?
Floaters come in different shapes and sizes and you can have multiple floaters at once. People often describe their floaters as looking like black dots, hairs, cobwebs or even insects drifting around their vision. Some patients say they find themselves trying to swat a mosquito, only to realise the image is shifting with their eye movements.

Q3. What causes eye floaters?
As we get older, the jelly-like fluid that makes up the bulk of the eye (called the vitreous humour) goes from a smooth, thick texture to a more watery fluid with tiny clumps of protein floating through it. When light enters the eye, those clumps cast shadows onto the retina (the light-sensitive tissue at the back of the eye), which then appear in the image that you see. As you look around, the clumps drift in the jelly and the shadows appear to float through your field of vision.

Aside from natural age-related changes to the vitreous humour, there is normally no specific cause of eye floaters, though an eye injury, infection, inflammation or retinal tear can cause them.

Q4. Are eye floaters dangerous?
It might be quite concerning to see something floating around in your field of vision, but floaters are very common and harmless. In fact, most people will experience eye floaters at some time in their life (after 40 years of age).

Although floaters themselves aren't dangerous, in rare cases they can be a symptom of a sight-threatening condition. As the vitreous shrinks, it can tug on the retina at the back of the eye and cause a retinal tear or detachment – where the retina comes away from the vitreous humour. When this happens, you may see big flashes or streaks of light, black spots and/or a black shadow coming over your vision. This is a very serious, potentially blinding condition that needs urgent medical attention.

Q5. Do I need to get my eye floaters checked?
Because floaters can be a symptom of a potentially blinding condition, it is important that you have any new floaters examined to rule out a retinal tear or detachment. Make an appointment with your optometrist, who will refer you to an ophthalmologist if necessary.

It’s important to get any new floaters checked right away because if a retinal tear is caught early it is easier to treat – but if it gets worse, more invasive surgery may be necessary.

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Q6. Do eye floaters go away?
In most cases, eye floaters will go away after a few months, either because they have drifted out of view or because you no longer notice them.

Q7. What can I do if my eye floaters don’t go away?
Occasionally, eye floaters do not resolve by themselves. If your floaters are negatively affecting your quality of life, you should book a consultation with an ophthalmologist who specialises in retinal conditions. After assessing your floaters, they will be able to discuss your treatment options with you.

Q8. How do you treat eye floaters?
There are two treatments for eye floaters. A surgeon can use a laser to break up the protein clumps in the jelly or they can remove the floaters with a form of keyhole surgery called vitrectomy. It is uncommon to need to treat floaters with surgery.
Vision Eye Institute has a number of highly experienced retinal surgeons who specialise in laser and surgical treatment of eye floaters. Visit visioneyeinstitute.com.au to find a floaters specialist near you.

Dr André Horak is a highly experienced general ophthalmologist, cataract and vitreoretinal surgeon. He has expertise in treating the full range of retinal conditions, including eye floaters. Dr Horak practices at Vision Eye Institute Mackay.

All medical and surgical procedures have potential complications – check with your ophthalmologist before proceeding.