

Do You
know someone
with cataracts?



Bausch & Lomb

Perfecting Vision. Enhancing Life.™

Introduction

Over the past 25 years, a number of truly remarkable medical and technological advances have occurred in the medical field, particularly in eye care.

Of these, many have involved improvements in microsurgical technique (surgery performed under a special operating microscope) for the removal of cataracts, and in intraocular lens technology (the permanent implant which replaces the natural lens).

The result is that many patients, who otherwise might have suffered severely impaired vision due to cataracts, are able to continue to lead rewarding and productive lives.

Our experience has shown that an important contributing factor to an excellent outcome for cataract treatment is a well-informed patient.

Whether you are a cataract patient yourself or have a close family member or friend who is, we have developed this booklet to help provide the information needed to make an informed decision as to cataract treatment.

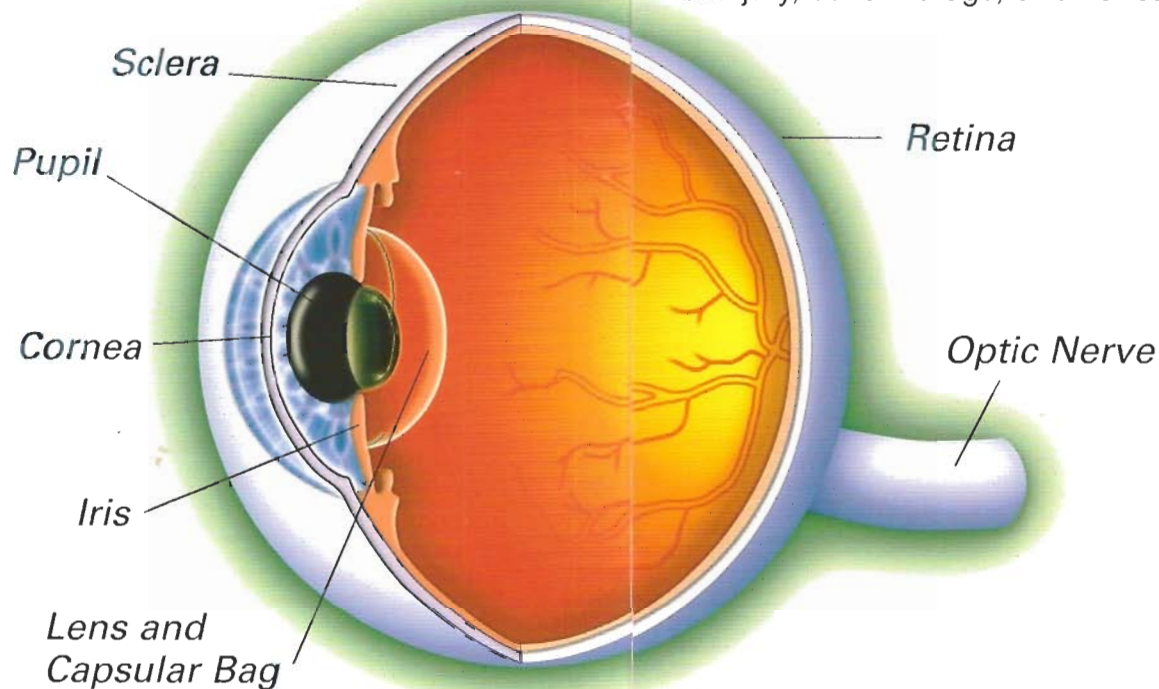
If you have any questions after you have read this booklet, please don't hesitate to ask our staff.



How the eye sees

Light entering the eye through the cornea is focused on the retina by the lens. The retina then sends the image information to the brain via the optic nerve.

When a cataract is present, the lens is cloudy and a blurred image results on the retina. A cataract is not a film or a skin over the natural lens. It is quite simply a clouding of the normally clear eye lens.



Why cataracts form

The cause of cataract formation is unknown. Scientists do know that a chemical change takes place within the lens of the eye with age, causing it to become clouded. This clouding may progress and severely impair the vision.

Cataracts are a part of the normal aging process, affecting 80 percent of people over age 60, though not all cataracts are due to age. In fact, some babies can be born with cataracts, while some people may develop cataracts as a result of injury, certain drugs, or other causes.

Cataract symptoms

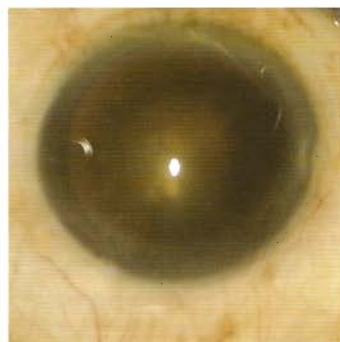
Symptoms

Symptoms of a cataract may include:

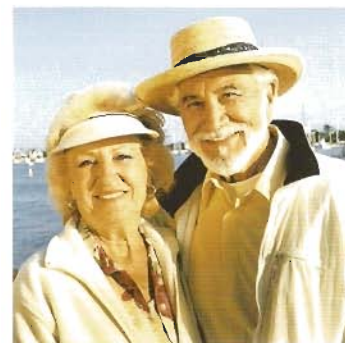
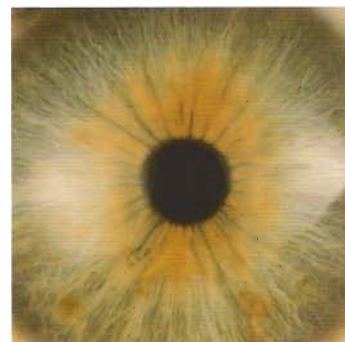
- Blurred, fuzzy or hazy vision
- Seeing as though there were a film over the eyes, or that one is looking through a veil or cobweb
- Frequent changes in eyeglass prescriptions
- Severe decrease in vision when looking at a bright scene or background
- Glare, halos or tails around headlights when driving at night

Though none of these symptoms necessarily mean you have a cataract, if you experience one or more of them, you should have your eyes examined by a vision care professional.

Cataract



Normal



Deciding on cataract treatment

Currently, the most popular treatment for a cataract is surgical removal. While diet is very important for your overall health — including your eyes — diet alone cannot be used as a treatment nor are there any drops or other medications that can be used.

Years ago, when cataract surgery was less successful than today, cataracts often were not removed until the patient was almost blind. It was believed the cataract was easier to remove at this stage. With advances in cataract surgery and intraocular lens (IOL) implants, it is no longer necessary for patients to wait until vision is severely impaired to have a cataract removed.

Patients usually choose, and ophthalmologists usually recommend, that cataracts be removed at the point in time when visual impairment interferes with the daily activities of living, such as driving a car or reading.

Cataract surgery is now commonplace. There are more than 2.5 million cataract surgeries annually in the U.S. alone making it the most common surgical procedure performed under Medicare. Thanks to advances in microsurgical techniques, cataract surgery is without surgical complications in 98 percent of cases.*

And with treatment, the majority of complications disappear over time. Though cataract removal is one of the safest forms of surgery, no surgery is totally without risk. Before undergoing cataract removal, we explain the risks involved based on your individual case. This brochure is intended to give you general information about what to expect before, during and after cataract surgery. As you will see, today there is little reason for a person with cataracts to go untreated.

*Source:

<http://www.eyemlink.com/EyeProcedure.asp?EyeProcedureID=22>

Cataract surgery

Modern cataract surgery is performed most often on an outpatient basis, which means that you can usually go home within hours after surgery. However, someone else must drive you to and from your surgery.

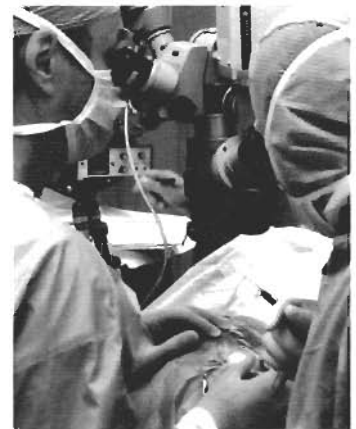
Cataract surgery is performed using the most advanced microsurgical techniques. The actual surgery usually takes from 20 to 45 minutes, including IOL implantation. Before the surgery, you may be given medication to reduce any anxiety and drops will be placed in the eye that is to be operated on. Usually, the patient needs only local anesthesia administered during surgery.

The cataract removal is performed under a high-powered microscope especially designed for eye surgery.

One of the biggest misconceptions of cataract surgery concerns the removal of the cataract. A laser, although used in other areas of treatment, is not used to remove the cataract.

The most common method of cataract removal is called extra-capsular extraction. A small incision is made near the outer edge of the cornea and the cataract removed. The cataract may be broken into small pieces by phacoemulsification (using a tiny, vibrating instrument) or removed intact. In either instance, the lens capsule is left in place to support the IOL implant.

At a later time, the capsule behind the IOL implant may become clouded. This is known as a secondary cataract and may be treated by the use of a laser.



Intraocular lenses

Intraocular lens implantation

Today, an intraocular lens (IOL) is used to replace the human lens in more than 95 percent of cataract patients.

The IOL is usually implanted during the same procedure as the cataract removal. The lens is typically implanted behind the iris, or colored portion of the eye, and cannot be seen.

It is possible for an IOL to be implanted in a patient who has had a cataract removed in a previous surgical procedure months or even years before. This is called a secondary IOL implantation.

The intraocular lens (IOL)

The photograph below shows you the small size of an IOL.



The first IOL was implanted in November 1949 by an English ophthalmologist, Harold Ridley. Since then, many advances in IOL technology design have occurred.

Modern IOLs are the result of a sophisticated evolutionary process. They truly represent a perfect marriage of contemporary science and space-age technology. The first IOLs were made from a plastic called polymethylmethacrylate (PMMA) that is still in use today.

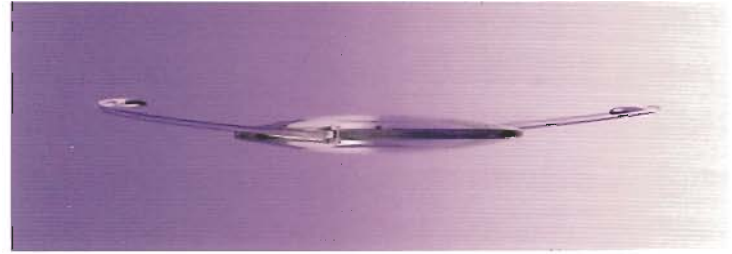
Intraocular lenses

The latest foldable IOLs are made from acrylic, silicone or hydrogel, all of which are compatible with the delicate tissue of the human eye.

Typically, they are implanted through a very small incision using a plunger style, syringe-like device or forceps. Today's smaller incisions are generally self-sealing, requiring no stitches and faster recovery time.

The manufacturer of today's IOLs calls upon the most advanced medical and optical knowledge and uses very sophisticated computer-assisted design and manufacturing technology to assure quality down to the most minute detail.

The natural human lens is biconvex, that is, a lens curved on both sides. Most recently, ophthalmologists have recognized the additional benefits to the patient of IOLs having an aspheric, biconvex design. The accompanying photography shows what the biconvex shape looks like.



Only the finest quality

The most advanced IOLs are exquisitely polished so that when implanted, the IOL is unlikely to irritate delicate eye tissue.

After surgery

With the implantation of an IOL, thick cataract glasses or contact lenses are unnecessary. However, since the implanted IOL has a fixed shape and cannot change focus to accommodate near and far objects like the natural lens, you may need corrective glasses.

After your cataract surgery, a patch or bandage will be placed over your eye. You will rest and then go home.

It is important that you carefully follow your doctor's advice and return for your follow-up visits.

Costs

Today, your insurance will pay most of the costs associated with cataract treatment.

Our staff will be happy to show you what costs are involved, and how much of the cost government-sponsored programs (such as Medicare in the U.S.) or your private insurance will pay.

Conclusion

In just a few short years, the rapid advances in microsurgical technique and intraocular lens technology have enabled us to restore eyesight to cataract patients in a way that is easier and more successful than we ever dreamed.

We hope that this booklet is helpful to you in obtaining needed information about cataract surgery and IOL implantation. If you have questions, please call our office and we will be glad to answer them for you.



Compliments of your local ophthalmologist

At Bausch & Lomb we believe it is the patient's right and responsibility to make an informed decision before undergoing any medical procedure. As is the case with any medical device, certain risks, warnings, precautions and contraindications are associated with the use of this product and related surgery. For additional relevant information on this procedure, please refer to our website below, or ask your physician.

www.sofportrevolution.com

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