

**Clear
Vision**



Cataract is a clouding of the lens in the eye. Most people over 50 years old have some early cataract which is often the cause of problems with glare and blurry distance or near vision that is no longer adequately improved by spectacles.

Cataract surgery is tailored to meet individual requirements and lifestyle and is one of the most common, safe and successful procedures performed in the Western World.

The operation consists of removal of the cloudy lens and replacing it with an individually tailored plastic “implant” lens. The operation is performed under local anesthetic with sedation so you will be in a twilight sleep, relaxed and comfortable. You will not feel or see the procedure. Both eyes usually require operation and surgery is performed one week apart to minimise the period when an imbalance exists between the operated and un-operated eye.

**Vision with
Cataract**



Cataract Surgery

Dr Harry Unger - Cataract Surgeon

eyescan

When should cataract surgery be performed?

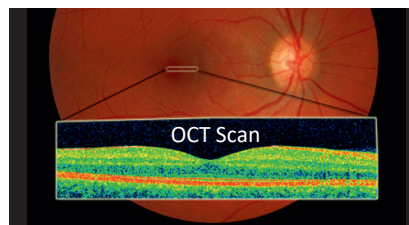
“Blurry near or distant vision, problems with driving at night despite having spectacles, and glare, are common indications of a developing cataract requiring treatment. Some people have this lens replacement surgery without having a cataract because they wish to reduce their dependence on spectacles or contact lenses.”

The Eyescan Pre-Operative Check

An Optometrist will perform an array of sophisticated scans and tests in the Eyescan consulting rooms to fully assess the health of your eyes. Dr Unger will then have all the information required in order to fully discuss your case and what you can expect from having the procedure.

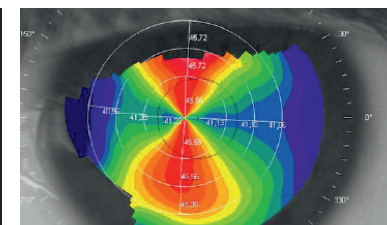
Whilst cataracts develop as a normal process of the ageing of the lens, there are many other causes of vision loss that affect other parts of the eye.

The macula region of the retina (which is located at the back of the eye) is like a bulls-eye of a target and is responsible for sending clear images to the brain. If the macula is diseased, (Macular Degeneration) cataract surgery will still improve vision but the outcome is less than usual.



Optical Coherent Tomography (OCT)

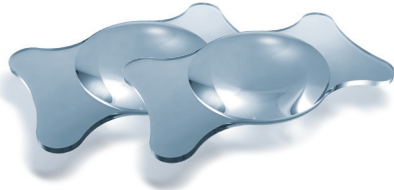
OCT is like an MRI of the eye and allows us to accurately screen for Macular Degeneration and Glaucoma. OCT performs many thousands of scans in about 2 seconds and can be viewed in 2D or 3D cross-section to check that the macula and optic nerves are healthy.



Topographic (Corneal Mapping) Scans

Corneal mapping is performed to determine the amount and position of the astigmatism on the cornea. Astigmatism is where the cornea (the clear front of your eye) is shaped a little like the end of an egg rather than a spherical ball. Modern implants can also correct your vision for any pre-existing astigmatism.

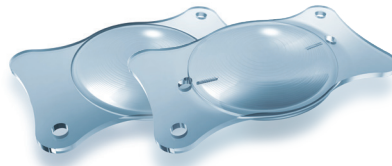
Treatment options – all of these can also treat astigmatism



Monofocal Implants – “Limited Monovision”

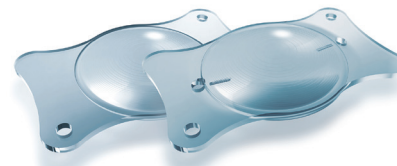
In the most commonly performed surgical option selected, both eyes are planned to have good distance vision for driving and watching TV without glasses but with one eye seeing distance better than the other.

This is called “Limited Monovision”. The eye that is not as good for distance is planned so that it can see the car dashboard, and read a price on a supermarket shelf or a menu without the need for glasses. Patients will require reading glasses for small print and most likely for a using a computer.



Extended Depth of Focus Implants

A new type of lens, the Extended Depth of Focus implant lenses, lets you see intermediate and far distances. These lenses combine the advantages of both Monofocal and Multifocal implant lenses, providing a balance between freedom from glasses. You will likely be able to see well when cooking, shopping, playing sport and socialising. Patients may still require reading glasses for small print but not necessarily for a using a computer. **The benefit is that both eyes are planned to have a similar outcomes and the side effect of haloes that may be experienced with Multifocal Implants are very much less common.**



Multifocal Implants

Multifocal implants are available that enable a patient to see both near and distance vision in each eye. These implants are different to multifocal glasses because no head tilt or eye movement is required. These implants may cause the patient to experience halos around lights (oncoming headlights driving at night) when the pupils dilate in dim lighting. Some patients do not notice this effect at all whilst in others these symptoms become less noticeable with time.

Actual size of an IOL compared to an almond



1:1

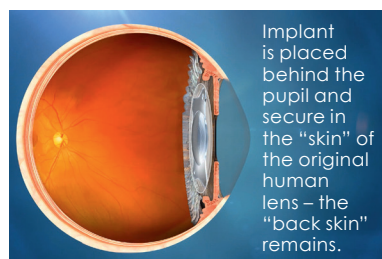
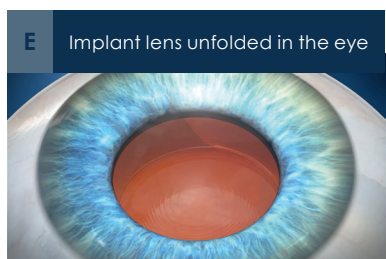
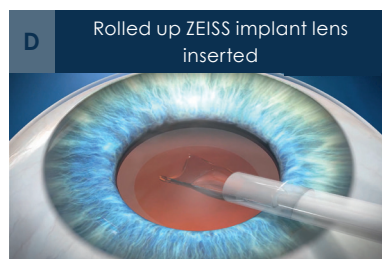
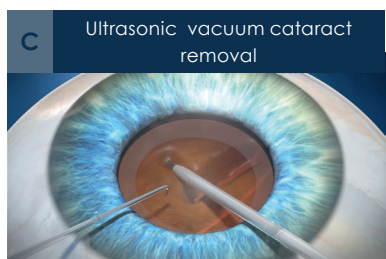
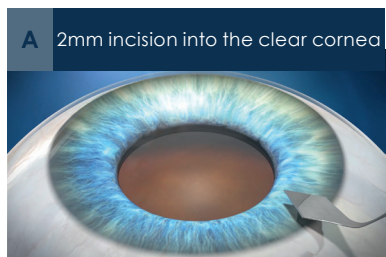
IOLs by



“It is important that Dr Unger understands your lifestyle and what visual requirements are most important to you.

A-Scan Biometry is performed to measure the dimensions of your eye that are relevant to calculating and choosing the implant lens from the many available options, that will best suit the planned visual result for your lifestyle.”

Cataract Procedure



The operation will be performed in a modern and fully equipped specialised eye day surgery and your total stay will be about two and a half hours.

Local Anaesthetic

Before your surgery, eye drops are instilled to dilate the pupil and an experienced Anaesthetist will give you intravenous sedation to relax you and will also ensure that you will not feel any pain or discomfort or see the procedure by giving your eye a local anaesthetic.

Surgery

A small incision of about 2mm, is made in the clear cornea and a round portion of the anterior capsule (the "front skin" of the lens) is peeled off. A fine ultrasonic probe is inserted and the cloudy lens contents are gently fragmented by ultrasound and removed by vacuum (Phaco-emulsification).

The rest of the lens capsule ("skin") is left in place and the intraocular lens is inserted into the "bag" that remains and aligned if required to treat any astigmatism.

"Laser Assisted Cataract Surgery"
A laser can be used to make the incision in the cornea and the skin of the lens, as well as softening the cloudy contents. Ultrasound and vacuum are still used to remove the cloudy contents and an implant is inserted as usual. Dr Unger has access to this technology and can discuss this option with you.

"Additional Implant Lens"
Special lenses have been designed to be implanted at in front of a previously inserted lens in the unusual case where the outcome of the first procedure is less than expected.

What are the risks of surgery?

Cataract surgery is one of the most common, safe and successful procedures performed but no operation is entirely free of risk. As a result of the surgery and inflammation after the operation, about 2% of patients have either a swelling of the cornea or swelling of the macula. These are treated by the more frequent use of the eye-drops that are routinely used after surgery and occasionally the use of special eye-drops to remove the excess fluid retained in either the cornea or macula until it is resolved.

Much less common are severe complications like infection and retinal detachment, which can still both be treated. It is important that you contact Dr Unger immediately if you have any concern after your operation. After the operation it is normal that the eye feels a bit irritated and watery – if you experience anything else, you must contact Dr Unger on his mobile number that will be provided to you.

After the operation – going home and the next day.

In the recovery area you will have something to eat and drink because you have fasted for a few hours before your procedure. Your operated eye will be padded and someone will need to take you home as well as bring you to your scheduled post-operative visit the following day at the Eyescan clinic.

You will also receive a post-operative information sheet when you leave the day surgery with what to expect that evening. Dr Unger's mobile number will also be given to you.

At the first post-operative visit the next day, your eye-pad will be removed and the post-operative drops commenced. Usually, drops are used 4 times a day for 3 weeks after which, new glasses as needed are prescribed by our Optometrist

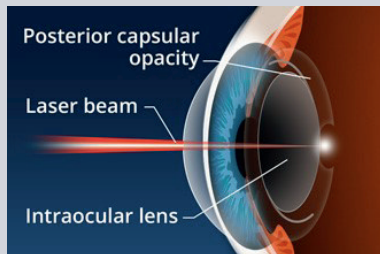
Vision is usually good, but can be variable the next day, and it continues to improve over the next couple of weeks. Most patients resume normal activities within a couple of days after surgery but due to imbalance after only one eye is operated, some patients will limit some activities until after the second eye has had surgery.



What can I expect in the long-term?

Laser

The posterior capsule (“back skin”) of your human lens was not removed at the time of surgery and it is very common that weeks, months or even years later in the majority of patients, it will wrinkle or become cloudy. If this occurs, a simple, painless YAG laser treatment is performed in Dr Unger’s consulting rooms. Your pupil is dilated prior to the laser treatment which takes about one minute to perform and no eye drops or special care is required after the procedure.



The two laser beams pass through the front of the eye and implant lens without damaging them. They only have power when they are focused. Dr Unger creates the laser focus on the back skin where a hole is made to allow all the light to come through again and restore your best vision. Only one laser treatment is required per eye because the “skin” can never grow back again.

Spectacles

The implant lens will not degrade and will continue to focus for the rest of your life. There will be little, if any, change in the glasses prescription that you might need.

Regular eye checks

Whilst the implant works forever, good vision relies on a healthy macula and optic nerve. Regular checks using sophisticated scanning technology are essential to ensure that any macular problem or glaucoma is diagnosed early and treated.



What are the costs?

1. Consultation and scans – Some rebates can be claimed from Medicare

Medicare only pays rebates for the consultations and the A-Scan which calculates and determines the power of the implant lenses that will be inserted at your operation.

Medicare does not pay a rebate for the OCT Macular or Optic Nerve Scans and Topographic mapping scans that Dr Unger believes are critical for assessing the health of your eye and planning for the desired vision result.

This results in an out-of-pocket expense for the consultation and tests performed prior to surgery.

2. Operation – Rebates can be claimed from Medicare and your Private Health Insurance Fund

Insured patient's out-of-pocket costs will vary and depend on the particular health fund, the level of cover and any excess that is payable. The excess is payable to the day surgery.

There may be an extra cost for custom-made implant lenses. These costs can be discussed with Eyescan staff and with Dr Unger prior to booking your procedure.

If you do not have private health insurance that covers cataract surgery, you will have more out-of-pocket costs than an insured patient. The cost of the operating theatre fee and the charge for the implant lens is payable to the day surgery on the day of your operation.

You will receive an informed financial consent document with an estimate of out-of-pockets costs for your pre-operative consultation, scans and tests, and for the operation itself.

Please note that some or all of the costs may be payable before or on the day of surgery.

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