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The Art of Cataract Surgery

Although cataract surgery has been performed for decades, not all ophthalmologists offer the same customized treatment, or philosophy for choosing the right lenses.

Ann Thompson admits that, throughout most of her life, she tended to overestimate her ability to see clearly.

“When I was a little girl, I wanted to wear glasses because my good friend wore them and she was very smart. Consequently, I thought wearing glasses would make me smart, so I wore them for about three months. After that, I decided that they didn’t make me any smarter, and I didn’t need to see better, so I stopped wearing them.”



In celebration of her grandson’s birthday, Ann painted his portrait as a surprise.

The fine artist and former patient education publisher confides that she went through her teens and younger adult life with less than crisp vision: “Then, as each of my children turned sixteen and began to drive, each one took over the wheel from me, later explaining they didn’t think I could see stop signs.” She laughs. “Of course, I never missed one.”

Ann says she was over 40 years old when she first scheduled an appointment with William J. Mallon, MD, a board-certified ophthalmologist and fellowship-trained ophthalmic plastic and reconstructive surgeon. Dr. Mallon is founder of the Center for Advanced Eye Care.

“I wouldn’t wear glasses,” she acknowledges, “so Dr. Mallon nursed me through wearing contact lenses, for which I’m thankful. I never had a moment of trouble with them, and when Dr. Katz joined the practice, I was delighted to see him, as well. Everyone at the practice wants to see you and take care of you. However, I still went to Dr. Mallon once a year to have him keep an eye on my cataracts.”

Dr. Mallon explains that a cataract is a clouding of the natural lens in the eye: “The lenses in our eyes grow throughout life, with new layers added each year, much like the rings around a tree. Eventually, those layers become cloudy and darken. As light is blocked, blurred images form on the retina.

“When a patient’s cataracts begin to interfere with their vision, it is time for them to have cataract surgery. During the surgery, the natural lens of the eye is removed and replaced with a transparent, synthetic lens which will enable light to pass through unobstructed so that images are no longer hazy.”

Ann says that she was now wearing both her contact lenses and reading glasses, as well. “Dr. Mallon didn’t try to rush me in any way to have cataract surgery, but in the last year he did remind me that, at some point, I would want to do something permanent about my vision. Of course, I was always in a hurry, busy rushing here and there.

“However, not long after Dr. Mallon’s reminder, I had occasion to be driving at night in a strange city, and, oh my gosh, I realized I really needed to have the surgery performed as soon as possible.”

Choosing the right lens

In addition to deciding when their eyesight has deteriorated to the point that they want their cataracts removed, patients also need to choose what type of eyesight they want following surgery.

The doctor emphasizes that this process should be highly individualized: “No one lens is perfect for every patient.

“With today’s improved predictability of cataract surgery, we are usually able to reduce patients’ dependence on eyeglasses for either distance vision or near vision, and sometimes for both. Although we have many patients who will never need glasses for any activity, results vary. That is why I really listen to my patients and spend enough time with each one to learn about his or her lifestyle so we can determine what is going to work best for that patient before selecting the right lens implants.”

Many patients choose to have both eyes corrected with standard lenses for distance vision, in which case they will likely require glasses for near vision, or they may choose to have their eyes corrected for close-up vision, in which case they will probably require glasses for distance. Some patients may also choose monovision, a technique where the dominant eye is focused for distance vision and the nondominant eye is focused for near-to-intermediate vision. Monovision can help patients be as independent from glasses as possible.

Dr. Mallon explains that along with these standard intraocular lenses [IOLs], there are several types of premium lens implants available today: “There is the Crystalens, which is designed to move inside the eye and help patients be more glasses independent.”

Then there are multifocal lenses, which work similarly to a bifocal and provide more than one focal distance.

“There are also different versions of what is called an *aspheric* IOL,” informs the doctor, “which have been shown to provide patients with improved contrast sensitivity.”

Additionally, for patients with astigmatism, which results in blurred vision, there is an IOL called *toric*. It can correct both vision and astigmatism simultaneously without having to make extra incisions on the eye.

Following a consultation with Dr. Mallon, Ann chose the Crystalens.



Since her cataract surgery, Ann says she can see small details and bright colors much better.

Innovative procedure

Amidst the more innovative procedures Dr. Mallon performs in his practice is a cataract removal that does not require *any* injections, stitches, or an eye patch afterward.

He explains: “I numb the eye with anesthetic drops, and then during the procedure I use what I call *verbal anesthesia*, meaning that patients and I communicate quietly with each other until everything has been completed. I stay in touch with how they are feeling, provide reassurance when needed, and let them know what to expect. This interaction keeps patients relaxed throughout the entire cataract removal and lens implantation.

“Of course, it is normal to be nervous about any surgery,” says Dr. Mallon, “but I have found that with soothing words and a little extra effort on my part, I am able to keep my patients relaxed. And, because I do not use IV sedation, I eliminate the potentially dangerous side effects associated with this type of anesthesia.”

Successful outcome

“Dr. Mallon performed the surgery on my right eye, which is my weaker eye, first,” recalls Ann. “It was amazing. I could immediately see well.

“Before I had the second one done two weeks later, I would sometimes place my hand over my left eye when I was painting. Wow, there wasn’t that shadow of gray color over everything anymore.”

Ann says that her art teacher has even noticed a change in the colors she selects for her paintings: “I love bright colors. The difference in my vision is like night and day.

“I am so excited that I can do the small details now in my paintings.

“I don’t even need my readers anymore. I gave them all to my kids.

“I love my eyes; I’m so happy.”



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