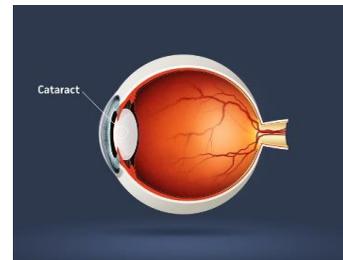




**Dr. Agarwals Eye Hospital, Chennai, winning the
CNBC TV 18 INDIAN HEALTHCARE AND WELLNESS AWARD IN
OPHTHALMOLOGY**

What is Cataract

There is a clear lens inside the eye, which helps focus light rays on to the back of the eye (the retina), which sends messages to the brain allowing us to see. A cataract is clouding or opacity of the lens. When cataract develops, it prevents the light rays from passing through and affects vision. Cataracts usually form slowly over years causing a gradual blurring of vision, which eventually is not correctable by glasses. In some people the vision can deteriorate relatively quickly. Most forms of cataract develop in later adult life. This is called age-related cataract, and can occur at any time after the age of 40. It can also develop in younger individuals due to previous injury, long term drug intake (steroids), other systemic illnesses like diabetes. It can occur in children also.



What are the Symptoms of Cataract?



At first, you might not be aware that cataract is developing and, initially it may not cause problems with your vision. Generally, as cataract develops over time, you start to experience blurring of vision. Developing cataract can also cause glare, difficulty with night-time driving and multiple images in one eye which can affect the quality of the vision.

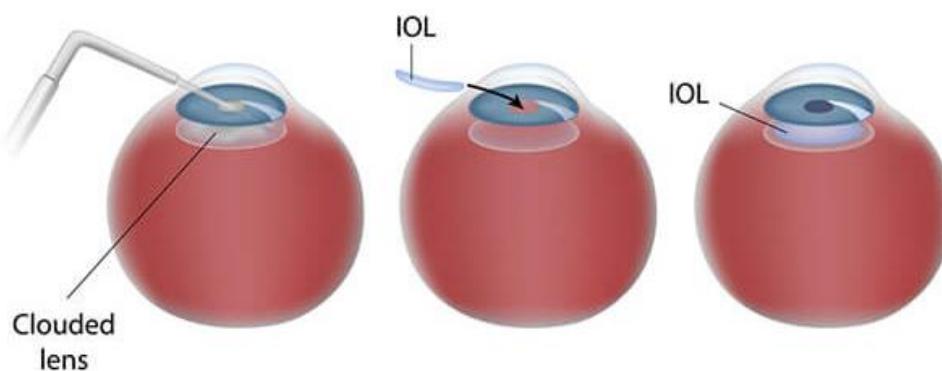
When should i get my cataracts operated upon?

In the early stages of a cataract, often a change in glasses prescription is enough. When the cataract progresses to the point that it is interfering with daily activities or lifestyle, even when using up-to-date glasses, then cataract surgery may be the next step. Modern surgery is highly successful for the majority of patients but, as with all surgery, there are risks. It is common for cataract to develop more quickly in one eye than in the other. The timing of an operation is agreed after discussion between you and the cataract team. Usually, your more seriously affected eye is operated on first. Sometimes it is advisable to have your second eye operated on even if it causes you few vision symptoms, to balance the spectacle prescription so that your eyes can be used comfortably together.



CATARACT SURGERY

In cataract surgery the cloudy lens is replaced by artificial intraocular lens (IOL). The way in which the lens is removed is based on the stage of the cataract. In early stages, the cataract can be removed with the help of ultrasound waves called phacoemulsification. The cataract is removed through a 2mm incision, which helps in faster wound healing and routine work can be started quickly by the patient. As the cataract becomes denser, the amount of energy used to remove the lens is high which can cause damage to surrounding structures and delay wound healing. In some cases the cataract becomes so dense or the cataractous lens becomes unstable, that it cannot be removed by phacoemulsification. This needs the manual way of removing cataract, wherein an 8 to 10 mm incision is made and a few sutures are needed to close the wound. This may induce an additional cylindrical power after surgery. Like the old saying good "A STITCH IN TIME SAVES NINE", it is better to get your cataracts removed at an early stage.



TYPES OF IOL

ASPHERIC IOLs

This is a special form of IOL in which small abnormalities present in every refracting surface of the human eye is compensated by the IOL. This helps in getting not only good quantity but also good quality vision.

MULTIFICAL IOLs (MFL)

Most of the IOLs are monofocal which give good vision for either distance or near. But with multifocal IOLs, distance, intermediate and near vision come into focus. But the downside of this IOL is presence of glare and haloes, hence this IOL may not be suitable for drivers and patients with unrealistic expectation of vision.

EXTENDED DEPTH OF FOCUS IOLs (EDOF IOL)

This is similar to multifocal IOL giving good distance, intermediate and near vision. Glare and haloes are much lesser. Distance and intermediate vision is very good, few patients might need correction for near vision.

TORIC IOLs

When a patient has a cylindrical power, a normal IOL will correct the spherical component only, making the patient require glasses to correct cylindrical power. Hence such patients would require toric IOL, toric MFL, toric EDOF to correct the astigmatism so that the patient can be glass free.

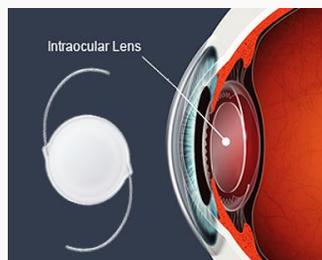
TRIFOCAL IOLs

Distance, intermediate and near vision are corrected with this type of IOL. This gives a better quality of intermediate and near vision, hence suitable for people who do more of near work.

ACCOMMODATIVE IOLs

Like a human lens, this type of IOL changes its position to see distance and near vision. The disadvantage of MFLs namely glare and haloes are not present in this type of IOL.

What is a Glued IOL?



Glued Intraocular lens is a new surgical technique for implantation of a posterior chamber IOL with the use of biological glue in eyes with deficient support to place the normal IOL. Glued IOL can be done both as a primary and as a secondary procedure in cases in which the lens capsule is deficient or absent. As a primary procedure it can be done in all cases of intraoperative posterior capsule rupture. It can also be

done in all cases of subluxation or dislocation of lens e.g. Marfan's syndrome, traumatic dislocation of lens etc. As a secondary procedure it can be done in all the aphakic patients or can also be done as a part of IOL exchange following an anterior chamber IOL, subluxated or dislocated IOL.

On 14th Dec 2007, at Dr, Agarwals Eye Hospital, Chennai, the first glued IOL was performed. Tissue glue was used to fix the IOL. This new procedure was invented and performed by

Prof. Dr. Amar Agarwal

Chairman, Dr. Agarwal's Eye Hospitals Ltd.



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