

Refractive Lensectomy



R E Z O O M - R E S T O R - C R Y S T A L E N S - T E C N I S

Frequently Asked Questions

You've always dreamed of waking up with clear vision, being able to enjoy sports and outdoor activities, and finally saying goodbye to your dependency on glasses and contacts. Now's your chance to make your dreams come true!

Let Southern Eye Associates bring your world back into focus so you can begin to enjoy life without glasses or contacts. Leading edge technology, experienced surgeons, compassionate staff, in-office surgical suite, sensitive pricing, and high patient satisfaction are the reasons why Southern Eye Associates is a prominent surgery center in the mid-south.

You probably have several questions about Refractive Lensectomy, so we've compiled a list of frequently asked questions to help you understand the procedure. Should you have any questions that aren't covered in this booklet, please do not hesitate to call us at (901) 683-4600 to speak with a member of our technical staff.

See the difference with Southern Eye Associates. We're here to provide you with the service you deserve!



Frequently Asked Questions

What is Refractive Lensectomy?

Most refractive procedures attempt to correct vision by changing the shape of the cornea (the clear dome-shaped surface that covers the front of the eye). Refractive Lensectomy, however, corrects vision error by replacing the lens inside the eye with an artificial intraocular lens (IOL) implant with the correct power for the eye. This procedure is performed using the same technology as modern cataract extraction, the most commonly performed outpatient surgical procedure in the United States. The main difference between standard cataract surgery and Refractive Lensectomy is that cataract surgery is used to extract a cataract that is obstructing a patient's vision, while refractive lensectomy is performed to reduce a person's dependence on glasses or contacts.



How is Refractive Lensectomy performed?

After being given an IV sedation along with numerous numbing, antibiotic, and anti-inflammatory eyedrops, your surgeon will create a tiny incision on the side of the cornea. A tiny probe is then inserted through the incision to emit ultrasound waves that soften and break up the natural lens inside the eye so that it can be removed by suction. After the natural lens is removed, it is replaced by an artificial lens. The clear, plastic lens requires no care and becomes a permanent part of your eye. Light is focused clearly by the IOL onto the retina, improving your vision. You will not feel or see the new lens in the eye. The entire procedure takes about ten minutes.

Is the procedure painful?

This procedure is essentially painless. You will be given an IV sedative and your eyes will be numbed with anesthetic eye drops. You will be awake for the procedure, but in a sleepy, dream-like state. Some patients may experience a feeling of light pressure from the lid speculum (the instrument used to hold your eyelids open), but you should not experience any pain. If you should feel uncomfortable during the procedure, you may be given more IV sedation.

Will you be cutting the cornea?

Refractive Lensectomy requires that a very tiny incision, roughly 2-3mm in length, be made on the outer edge of the cornea. Your surgeon may also elect to make micro-incisions, called limbal relaxing incisions (LRIs), on one or two sides of the cornea in order to reduce astigmatism. Since the incision is "self-sealing" it usually requires no stitches. It remains tightly closed by the natural outward pressure inside the eye. This type of incision also heals quickly and comfortably.

Can Refractive Lensectomy correct presbyopia (the need for reading glasses)?



Presbyopia, or "aging eyes," is the common vision condition in which the natural lens inside the eye loses its flexibility, making it difficult to focus on close objects. When the natural lens is replaced with a clear, monofocal lens implant to correct distance vision, patients will require the use of reading glasses for near objects. There are different types of implants, however. The multifocal and accommodating implants are designed to provide good distance vision *and* near vision. Studies have shown that the majority of people who receive these enhanced lenses are able to read without glasses. The enhanced IOLs are best suited for hyperopic (farsighted) patients or those with higher amounts of myopia (nearsightedness).

Frequently Asked Questions



Will I ever need glasses or contacts again?

Although the goal of Refractive Lensectomy is to improve vision to the point of not being dependent on glasses or contacts, we cannot guarantee that your vision will be 20/20 following the procedure. If a monofocal IOL is implanted, you will need reading glasses to see close objects. Conductive Keratoplasty (CK) can also be performed following Refractive Lensectomy in order to restore reading vision. If an enhanced IOL is used, you *may* need reading glasses occasionally for very small print.

Will I still develop cataracts?

A cataract is the clouding of the crystalline lens inside the eye usually caused by aging, preventing light from properly focusing on the back of the eye. Since Refractive Lensectomy is performed by replacing the eye's natural lens with a clear, plastic implant, your lens will not develop into a cataract. Sometimes after surgery, the capsule that holds the implant inside the eye can become hazy and cloudy, resulting in blurred vision, glare from light, or other problematic symptoms. A painless laser procedure called a YAG capsulotomy may be necessary to clear any haze from the capsule. This procedure can be performed 90 days after a Refractive Lensectomy and is usually covered by medical insurance.

Are both eyes treated on the same day?

No. Refractive Lensectomy is typically performed one eye at a time, generally one week apart. The surgery heals very rapidly in most people and vision can be excellent even on the first day, but sometimes vision will be blurry for a few days. Most patients can see well enough after the first surgery to function without glasses for the week in between. Contact lens wearers can wear their contact on the untreated eye up to three days before the second surgery.



Are there certain restrictions following the procedure?

Most patients are able to return to work and other normal activities one to three days after Refractive Lensectomy. You should be prepared to use eye drops for a few weeks after surgery to prevent infection and help the healing process. Although recovery is fairly quick, it is advisable to be careful with your eyes and avoid any strain. We also request that patients avoid lifting heavy objects, bending below the waist, and getting water in the eyes for two weeks following surgery.

Will I have to wear eye patches following the procedure?

You will not have to wear patches or bandages. However, you will be required to wear a clear, plastic eye shield over your treated eye when sleeping for two weeks following surgery. The eye shield is necessary to protect the eye from pressure and rubbing until the incision is fully healed.

What are the risks involved?

The overall risk of surgery is very low and is comparable to the risk of laser vision correction. The risk of severe complication or even blindness is less than 1%. The most notable risks include infection, glaucoma, retinal detachment, and others. Your doctor will explain the risks in greater detail at your exam.



Frequently Asked Questions (continued)

Does the surgery need to be repeated periodically?

One of the best things about Refractive Lensectomy is how stable your vision is following the procedure. One of the primary reasons why your glasses prescription changes later in life is because of changes that naturally occur in the crystalline lens of the eye. When the natural lens is replaced, vision is much more stable. You will never develop a cataract later in life since the natural lens has been removed. In some cases, however, laser vision correction, Conductive Keratoplasty, or astigmatism surgery may need to be performed to help fine-tune results.

What is monovision?

Monovision is a specific situation where one eye is focused at distance and the other is focused at near. Some people have this naturally while others choose this method of correction when their reading vision worsens after the age of 40 either by wearing contact lenses or by vision correction surgery, including lens implants. Monovision is a great option for many individuals, but it is not for everyone. Your doctor will help determine if monovision is right for you.

