

# Cataract surgery— A new era

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Northern Vision Eye Care delivers state of the art medical, surgical and optical eye care with a passion for excellence, individuality and community service.



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War-time is often remembered for loss of life and bloodshed. WWII was no exception. Often, however, good things emerge from bad situations. Only after observation and care of many injured RAF pilots who sustained ocular trauma while defending the English channel from the German Luftwaffe did Sir Harold Ridley have the courage to develop what is now taken for granted in modern cataract surgery: the intra-ocular lens (IOL). The first implantation of an intra-ocular lens took place in 1949 and revolutionized cataract surgery.

A cataract is a clouding of the eye's natural lens which is located just behind the pupil. The lens focuses light onto the retina like a camera lens focuses light onto film. Cataracts usually develop very slowly as a normal part of aging. The change can be so gradual that many people are unaware of their presence. Although the reason for their formation is not fully understood, many believe that changes in the protein structures of the lens are responsible. The most common cause for these changes is long-term sun light exposure. Other causes include chronic steroid use, diabetes, smoking and trauma.

The management of visually significant cataracts has by in large remained surgical since there are no medications to eliminate or slow their progression. In the past, when removal required large incisions and hospital stays, treatment was delayed until cataracts were large or "ripe." Today, on the other hand, the risks associated with cataract removal have been significantly reduced with the advent of phacoemulsification allowing for small-incision, no-needle, no-stitch surgery. Surgery is now recommended when vision interferes with daily living such as glare with night driving or difficulty reading.

New intra-ocular lens designs have improved visual outcomes and allowed more precise planning prior to surgery. While many people still require glasses after surgery, premium lenses such as the ReStore, Toric, and Cystalens are now available to correct astigmatism, provide UV protection, and improve distance, intermediate, and near vision without glasses. Given the sophistication of cataract surgery today and the variety of IOL choices, I approach each patient individually and make recommendations based on the unique needs and desires of each patient. I think it's important to educate patients not only about the risks and benefits of cataract surgery but also about the options now available to them.

With improved technology for analyzing the eye prior to surgery and over a half century of intra-ocular lens modification, cataract surgery has gone from lens replacement to refractive surgery with potential to reduce the need for glasses. While there are no guarantees with individual outcomes, knowing your options prior to surgery can help maximize your vision potential after cataract surgery.