



One Size Never Fits All: Cataract Surgery as Individual as You!

In the 1400's, traveling barbers used to cut hair, pull teeth **and** perform cataract surgery by pushing the cataract (clouded lens) into the back of the eye. It took more than 400 years before eye surgeons (ophthalmologists) even existed and began to remove the cataract from the eye and another 175 years for the idea of an artificial lens (Intraocular lens) to be placed into the eye after cataract surgery.

Today, the **Intraocular Lens (IOL)**, placed into the eye at the time of cataract surgery, has revolutionized the treatment of cataracts. This lens significantly shortens recovery times, eliminates the need for those thick "Coke® bottle" glasses and produces high-quality vision with less dependence on thin, lightweight glasses. Recently, IOLs have advanced even further to offer individualized solutions that correct your vision and fit into your personal lifestyle.

"This is a very exciting time in ophthalmology," says **Christina Delany-Richardson, MD**, one of the board certified eye surgeons at Davis Duehr Dean. "In the past, we used a one-size-fits-all approach. Today, we have options. The answer will be different for everyone. Now our treatment plans are tailored to fit each person's needs, personality and lifestyle."

Cataracts Will Affect Everyone's Vision

A cataract is a change in the clarity of the natural lens of the eye that is often described as "cloudiness." It's a lot like trying to look through smudged glasses or a dirty camera lens.

Cataract surgery – replacing a "cloudy" lens with a clear IOL – is the single most commonly performed procedure *in the world*, with more than 2 million performed each year in the U.S. alone.

As we mature, cataracts become more prevalent. In fact, studies show that cataracts are present in:

- 42% of people between the ages of 52-64
- 60% of those ages 65-74
- a whopping 91% of people ages 75-84

"The good news is we can now choose both the type and prescription strength of the IOL we insert after removing the cataract," explains Dr. Delany-Richardson. "So we have the opportunity to help reduce or eliminate the person's need for glasses or contacts and improve his or her quality of life."

It's All About YOU!

An Intraocular Lens (IOL) is a lightweight, specialized plastic lens that looks similar to a contact with "wings" to hold it in place. It can be used for a variety of purposes. The most common use for an IOL is to replace a clouded lens as part of cataract surgery. IOL implantation can also serve as an alternative to corneal refractive surgery (i.e. LASIK or PRK).

There are several types of IOLs:

- **Monofocal** IOLs provide crisp, clear vision at one distance. People who choose a monofocal intraocular lens will usually need reading glasses after surgery. This lens works best for people who wish for excellent vision at one distance. For instance, you may enjoy driving, swimming, walking and watching TV without the need for glasses and simply wear light reading glasses for crisp near vision.
- **Presbyopic** IOLs allow patients to see well at near, far and intermediate distances, reducing or eliminating the need for glasses or contacts. Presbyopic IOLs work best for active people who don't want to be tied to glasses all the time. For example, if you enjoy golfing or tennis or other outdoor activities and then want to adequately read your golf scorecard or dinner menu, this lens might be your best choice.
- **Toric** IOLs are used to correct astigmatism, a common curvature of the cornea usually corrected with glasses or contacts. Monofocal and Presbyopic IOLs do not correct for astigmatism. Toric IOLs can offer similar results to Monofocal IOLs for those with a significant astigmatism.

Presbyopic and Toric lenses are not for use in people with pre-existing eye diseases, such as severe glaucoma, macular degeneration or diabetic retinopathy. Talk to your doctor for more information.

For more information or to find appointment phone numbers, please go to deancare.com/ddd

Davis Duehr Dean ophthalmologists who perform IOL procedures:

Donald Beresky, MD
Stephen Boorstein, MD
Christopher Croasdale, MD
Robert Castrovinci, MD
Christina Delany-Richardson, MD
John Downing, MD | Judith FitzGerald, MD
Anne Kilby, MD | Catherine Lee, MD
Peter McCanna, MD | Mary Jo Oyen, MD
Jon Stock, MD | John Vukich, MD

Let's Talk Health

Watch Your Step! Fall Prevention Tips

Tuesday, October 20, 6-7 pm
Dean West Clinic - Forest Room
752 N. High Point Road

The slippery sidewalks of winter aren't that far off. It's just as easy to lose your footing in the shower or along the stairs. We don't want to fall, but when we do we frequently seek occupational or physical therapy to help regain mobility. Join Dean Physical Therapist **Michael Rosenberger, PT** for a discussion on fall prevention methods and therapy options. It's sure to put the swing back in your step!

The presentation is open to all.
Call (608) 250-1119 to register

Intraocular Lenses: For Cataracts & More

Wednesday, November 11, 6-7 pm
Dean East Clinic – Marble & Granite Rooms
1821 S. Stoughton Road

In the past, there was only one way to fix cataracts. Today, there are options tailored to fit each person's needs, personality, and lifestyle. Join Davis Duehr Dean Ophthalmologist **Christina Delany-Richardson, MD**, to learn more about different types of Intraocular Lenses, or IOLs, to help you improve your vision and correct problems such as cataracts and much more!

The presentation is open to all.
Call (608) 250-1119 to register.

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