



A Real Eye Opener

Innovative technologies have created a new era in cataract surgery. With so many different choices in intraocular lens replacement available, the key to making the right decision lies in helping patients understand their options.

Paul Breglia was having problems with his eyesight. "I thought I needed new glasses," remembers Paul, "and because my wife had recently had a very successful procedure to remove excess skin from her eyelids [blepharoplasty], I decided to have my eyes checked by her ophthalmologist, Dr. Mallon."

William J. Mallon, MD, is a board-

certified ophthalmologist and fellowship-trained ophthalmic plastic and reconstructive surgeon at the Center for Advanced Eye Care in Vero Beach. He and his staff focus much of the practice on educating their patients.

"Following my examination, Dr. Mallon told me that my prescription had not changed but that I was beginning to get cataracts," recalls 63-year-old Paul. "He also explained that I would be the one who would know when it was time to have the cataracts removed. I had been under the assumption that replacement lenses only lasted so long and that if I had cataracts removed too early, I might have to have the surgery redone, but Dr. Mallon assured me that was not the case. He said that intraocular lenses last a lifetime."

Although Paul was not ready for cataract surgery, he says that over the next six months his eyesight deteriorated dramatically.

"I own a detail shop for automobiles," explains Paul, "and even using a drop light and wearing my progressive glasses, it was difficult for me to see close up."

"I am also an avid golfer, and it was becoming impossible for me to follow my golf ball. I play with one of my brothers who is four years older than me, and he was always having to tell me where my ball went."

Although Paul was having problems with both his close-up and distance vision, it was his night vision that sent him back to Dr. Mallon.

"I had never had any problems with night glare," notes Paul, "but in February 2007 on an evening drive back from Tampa, the glare was unbelievable. I drove at night with my prescription sunglasses just to make it back safely. It was that experience that motivated me to go back to Dr. Mallon."

Choosing the right lens

Along with 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.

Patients can have both eyes corrected for distance vision, in which case they will

require glasses for near vision, or they may choose to have their eyes corrected for close-up vision, in which case they will 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.

But that is only the beginning.

"Several types of lens implants are available today," educates Dr. Mallon. "Along with the monofocal lens, there is the *crystalens* accommodating intraocular lens (IOL), which is a hinged implant designed to allow the optic, or the part of the lens that you see through, to move back and forth as you constantly change focus on images around you. It uses the natural focusing ability of the eye and provides a single focal point throughout a continuous range of vision from far to near."

The lens is actually designed to move inside the eye, so it simulates more of a natural type of vision. The quality of the distance, intermediate, and near vision will depend somewhat on the individual patient.

"These are good lenses for active patients for whom distance is their most important visual zone, but they want good intermediate vision as well. The crystalens is good for night driving and for patients who do not mind wearing reading glasses to help them with their near vision."

Then there are multifocal lenses such as the *ReSTOR* and *ReZoom* lenses, which provide more than one focal distance.

"These lenses are similar to a bifocal," notes Dr. Mallon. "The *ReZoom* lens seems to deliver better vision in the distance and intermediate range, whereas the *ReSTOR*

aberrations in the eye. However, these lenses are not well suited for every patient."

Great expectations

"No one lens is perfect for every patient," points out Linda Richardson, surgery coordinator for Center for Advanced Eye Care. "We want to know about our patients' lifestyles and what their expectations are. More active people — men and women who play golf or tennis or perhaps ski — who also do close-up work, like Paul, or read a lot or work on computers will probably want all levels of vision."

"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," says Dr. Mallon. "Although we have many patients who will never need glasses for any activity, results vary."

"We really listen to our patients to discover what will work best for them, and we work hard to educate them as to what each lens may provide," reflects Linda. "Patients who read a lot of fine print may require readers even with a great correction. That is a good, realistic expectation."

With Paul's busy, varied lifestyle, he chose crystalens.

"Dr. Mallon listened to me, gave me all the options, and gave me a realistic picture of cataract surgery," says Paul. "Then Linda went through the details with me, including what medications I might need and what to expect postoperatively."

"Personal experience put me in touch with the importance of accurate education and expectations for patients before surgery," confides Linda. "I give our patients any required prescriptions ahead of time, and if they need help, I show them how to use them. Or, if they



Linda Richardson

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performs better in the near and distance range but is not as strong in the intermediate zone. *ReSTOR* might be a better choice for a patient who is an avid reader or does a lot of close-up work such as threading needles or painting in miniature.

"The downsides to *ReSTOR* and *ReZoom* lenses are that they can give some patients glare at night, and each patient must go through a period of adaptation where the brain really learns how to use these new tools. Not everyone learns them at the same rate, which can vary from a few days up to several months."

For patients with an astigmatism who want monovision or single-vision lenses, a new toric IOL can correct both vision and astigmatism simultaneously without having to make extra incisions on the eye.

"Additionally, we offer three different versions of what is called an *aspheric* IOL," informs Dr. Mallon. "These single focus lenses have been shown to provide patients with improved contrast sensitivity, which results in superior night vision and reduced

can't do it, I make sure they will have someone there to help them.

"We can also help coordinate transportation. It is important to make sure that our patients feel comfortable with their upcoming surgeries."

"Linda went through everything with me before my surgery," assures Paul. "Everyone did an excellent job in educating me. A lot of people don't realize how far cataract surgery and technology have come. It's amazing. I no longer wear glasses, and when I'm on the golf course everything is clear and bright."

"Oh, and now I'm helping my brother find his golf ball." **FHCN—Kris Kline**

Seeing better

The caring staff at Center for Advanced Eye Care welcome your questions regarding ophthalmology and ophthalmic plastic and reconstructive surgery. To schedule an appointment, please contact Center for Advanced Eye Care, located at 3500 U.S. Hwy 1 in Vero Beach at (772) 299-1404.



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William J. Mallon, MD, is board certified by the prestigious American Board of Ophthalmology. After receiving his undergraduate degree from Michigan State University, East Lansing, he was awarded his medical degree from

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J. Michael Schnell, MD, is board certified by the prestigious American Board of Ophthalmology. After receiving his undergraduate degree from Dickinson College and a master's degree in counseling from Colgate University, Dr. Schnell was

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