Ophthalmologic Cataract Surgical Treatments





FLORIDA EYE Microsurgical Institute, Inc.

ataracts affect more than 22 million Americans aged 40 and older, and by age 80, over half of all Americans have them. To put that number in perspective, there are more people with cataracts worldwide than there are with glaucoma, macular degeneration and diabetic retinopathy combined, according to Prevent Blindness America.

With statistics like these, it's a pretty decent assumption that many of us know of someone who's living with cataracts or who may have had surgery to remove them. Currently, the only permanent treatment for cataracts is through surgery. The most popular surgical procedure practiced today is phacoemulsification – or phaco. Florida Eye Microsurgical Institute's Barry Schechter, M.D, F.A.A.O. attributes the success of this procedure to its minimal invasiveness and quick postop recovery time.

"Cataract surgery involves removing the eye's natural lens while leaving other vital structures intact and unharmed. Phaco makes this procedure less invasive because it utilizes ultrasound waves to break up the cataract," says Dr. Schechter. "The cataract is liquefied by the ultrasound and suctioned from the eye through a 3 millimeter or less incision." "Healing and rehabilitation are faster with this procedure, and there is little, if any, discomfort," adds Dr. Schechter. "At Florida Eye we perform almost all of our cataract surgeries, from young children through mature adults, utilizing Phaco."

Once the cataractous or cloudy lens is removed during the surgery, a clear, plastic intraocular lens (IOL) is implanted to correct and sharpen the patient's vision. Due to improving technology, there are a variety of choices in lens. "The lens chosen depends upon the outcome each patient is looking for," says Dr. Schechter. "A patient who is a photographer or sculptor may choose to go with a high definition lens implant which incorporates the ability to see at near and distance, while a patient who plays a lot of golf or tennis is more likely to be happy with a distance dominant lens."

As for surgical treatments of the future, laserbased cataract surgery may become much more common. Dr. Schechter says that a procedure called Femtosecond Laser will be the next

generation in cataract care, and preliminary reports have proven promising. "With a femtosecond laser," says Dr. Schechter, " the laser incisions are more exacting and the very hard lenses may be softened before phaco, which may make difficult cases easier to perform. However, this technology is in its infancy and needs to be refined before it reaches the marketplace."

For more information on Phaco and information on cataract treatment, prevention and care, visit specialties, cataracts and designer IOLS at www.fleyedocs.com or call (561) 737-5500 for an appointment.

Florida Eye's Dr. Barry Schechter recently won a prestigious video award from the American Society for Cataract and Refractive Surgery (ASCRS). His video was one of ten chosen out of 170 applicants. ASCRS is one of the two premier societies for ophthalmology in the world. A co-investigator presented Dr Schechter's research on innovations in "sutureless cataract wound closure." To view the video: http://www.fleyedocs.com/ Newsroom/current_newsletter.html

Treatment Updates

Age-Related Macular Degeneration Treatments

ge Related Macular Degeneration is a chronic eye disease marked by deterioration of the macula (central part of the retina) which is responsible for central vision. The disease doesn't cause total blindness, but it can greatly affect a person's quality of life, because clear central vision is necessary for reading, driving, recognizing faces & doing detail work.

About 1.75 million U.S. residents currently have AMD with associated vision loss, with that number expected to grow to almost 3 million by 2020 according to the Archives of Ophthalmology. Those most at risk are individuals 50 years and older, people that suffer from hypertension, individuals who smoke and those with a family history of AMD.

There are 2 Types of AMD, the wet and dry type, and while there is no cure for the condition, "there are treatments available today that may delay and prevent the progression of the disease, and in some instances improve visual acuity dramatically," says Florida Eye Microsurgical Institute's Macular Degeneration & Diabetic Retinopathy Specialist Randy Katz MD.

Treatments for AMD depend on whether the disease is in its early stage, dry form or in the more advanced, wet form that can lead to serious vision loss. According to the website allaboutvision.com, No FDAapproved treatments exist yet for dry AMD, although nutritional intervention may help slow the progression. Dr. Katz concurs, stat-

ing that "current findings show that high levels of antioxidants and lutein can play a key role in slowing the progression of advanced AMD."

For wet AMD, treatments aimed at stopping abnormal blood vessel growth include FDA approved drugs of Lucentis, Macugen and Visudyne (used in the procedure photodynamic therapy). Lucentis has been shown to improve vision in a significant number of people with macular degeneration. "We have experienced great success utilizing these treatments," says Dr. Katz, "with many if not most patients maintaining excellent vision. There are numerous experimental treatments and studies that are ongoing at Florida Eye and throughout the country using more advanced medicines and therapies aimed at improving results and eliminating repeat injections."





The standard of care for most types of bleeding in wet AMD is monthly intravitreal injections of Lucentis. For patients who have recently been diagnosed with AMD, Dr. Katz urges them to be wary of claims made online, in newspapers and in magazines announcing cures for macular degeneration. "Discuss what you've read with your ophthalmologist before undergoing any treatments," says Dr. Katz. "Most of these treatments have not been proven safe or effective and may be very costly."

Early detection and treatment is the best defense against losing your vision. If you are at risk for AMD, see your ophthalmologist for a complete eye exam once a year.

For more information about current clinical trials please contact Debbie Rankin at (561) 736-5055 or visit physician resources, clinical trials at www.fleyedocs.com.