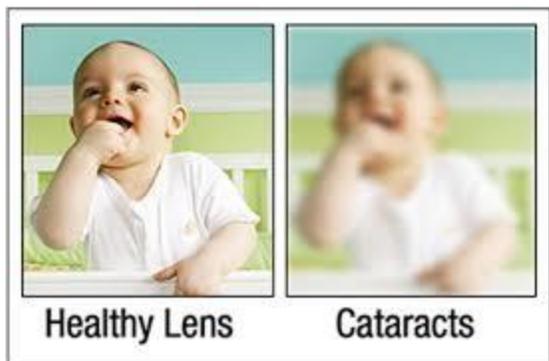


The Department of Cataract in our Sankar Foundation is equipped with state-of-the-art operation theatres, surgical microscope phacoemulsification machine and microsurgical instruments. And also the department boasts of an array of state of the art equipment like visual refraction unit, slit lamps, bio microscope, direct and indirect ophthalmoscopy, operating microscopes, and phacoemulsification. And



here 8 surgeons and 188 supporting staff are working fulltime.

A cataract is a clouding of the lens of the eye that is located directly behind the pupil. As we all know that a cataract occurs when your natural lens becomes opacified and too cloudy to see clearly through. Looking through a cataract is like looking through a foggy yellowish piece of wax paper.

ADDAED VALUE OF PHACO SURGERY:

- ✓ **Perfectly Controlled.**
- ✓ **Combining micro incision.**
- ✓ **Fluids Regulation.**
- ✓ **Refined micro-instrumentation.**
- ✓ **Guaranteeing a high level of predictability.**
- ✓ **Adjustability.**
- ✓ **Safety.**
- ✓ **No hospitalization - Walk in, Walk out surgery.**
- ✓ **Smaller incision- hence lesser complications related to the incision size.**
- ✓ **Lesser induced astigmatism because of smaller incision.**
- ✓ **No bandages minimal precautions.**
- ✓ **No restriction on normal activities.**
- ✓ **Can join work from next morning.**
- ✓ **Fast recovery of good vision in a matter of days.**
- ✓ **Final spectacles at one or two weeks.**
- ✓ **Early visual rehabilitation.**

If you are ready to proceed with surgery, a counselor will discuss logistics with you.

For example, you'll receive information about how to get to and from surgery, what medications you'll need, and what you need to do to prepare in the days leading up to your procedure.

HOW A CATARACT IS DIAGNOSED AT SANKAR FOUNDATION EYE HOSPITAL?

A Health and Medication History

1. Your overall health and that of your immediate family
2. The medications you are taking (prescription and over-the-counter)
3. Questions about high blood pressure (hypertension), diabetes, smoking, and sun exposure

A Vision History

1. How well you can see at present, including any recent changes in your vision.
2. Eye diseases that you or your family members have had, including macular degeneration and glaucoma.
3. Previous eye treatments, surgeries, or injuries
4. The date of your last eye examination

A Refraction, or Visual Acuity Testing

1. Distance and near vision acuity tests to determine the sharpness or clarity of your reading and distance vision
2. Testing your vision with different lenses (sometimes contained in a machine called a phoropter, pictured at right) to determine if your vision can be improved or corrected with regular glasses or contact lenses.

Visual Field Testing

1. To determine how much side (or peripheral) vision you have and how much surrounding area you can see.
2. The most common type of visual field test in a regular eye exam is called a confrontation field test, in which the doctor briefly flashes several fingers in each of the four quadrants of your visual field while seated opposite you.

An Eye Health Evaluation

1. An examination of the external parts of your eyes and your lens, using a special microscope called a slit lamp. Our eye doctors will look for a yellowing of the lens, clefts/fissures, or white opacities that indicate the presence of cataracts.
2. A dilated eye (or fundus) examination, which includes the use of an ophthalmoscope. Special eye drops, such as tropicamide, will dilate, or open, your pupil, which allows the doctor to observe the internal parts of your eye, including the retina and optic nerve.
3. A test of the fluid pressure (or aqueous humor) within your eyes.
4. Individuals who are over 40 should have a dilated eye examination from an ophthalmologist or optometrist at least every two years. A family history of glaucoma who are over 35 should have a dilated eye examination from an ophthalmologist or optometrist every year.

Good questions to ask during your pre-op eye exam and consultation include:

1. Which type of IOL would I benefit from most?
2. How long is the recovery time?
3. What will my vision be like after cataract surgery?
4. Will I still need to wear glasses or contacts after surgery?
5. Do I have any general health or other eye conditions that increase my risk of complications or will limit my visual outcome?
6. Will any of my current prescriptions or over-the-counter drugs complicate the procedure or recovery process?
7. How much will be the total out-of-pocket cost of my cataract surgery?
8. What is the post-surgery follow-up process?

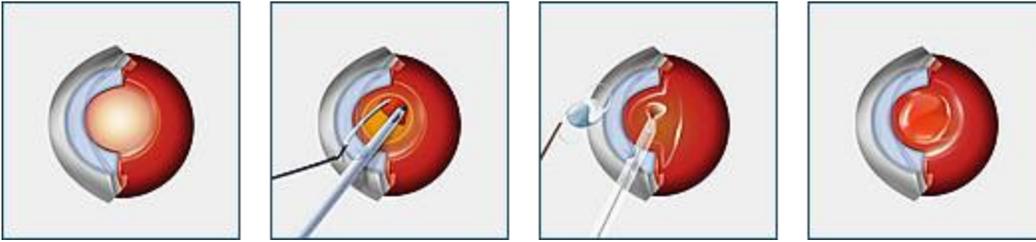
Symptoms of cataracts can include any or all of the following:



Reduced color perception can make it difficult to tell the brown and blue sock apart

1. Problems telling certain colors apart, such as navy blue, brown, and black, or blue, green, and purple (example at left).
2. Problems with depth perception, such as judging the height of a step or curb, or the depth of a bathtub
3. Blurred, hazy, or "milky" vision, as if looking through a dirty or cloudy piece of glass, or through glasses that always seem to need cleaning
4. Difficulty reading regular print and/or street signs
5. Needing a brighter, more focused light for reading and other close-up tasks, such as sewing and crafting
6. Problems with glare, especially bright sunlight and room lights
7. Sensitivity to oncoming headlights while driving at night
8. Difficulty seeing at night
9. Seeing "halos" around lights, especially at night
10. Frequent changes in prescription eyeglasses or contact lenses
11. Development—or worsening—of nearsightedness
12. Double vision (diplopia), or seeing a "ghost" image when using the affected eye. Double vision can also be a sign of a serious neurological condition and always needs to be evaluated by a doctor.

The Cataract Surgery Process:



Three main types of cataract surgical procedures are in practice at Sankar Foundation Eye Hospital:

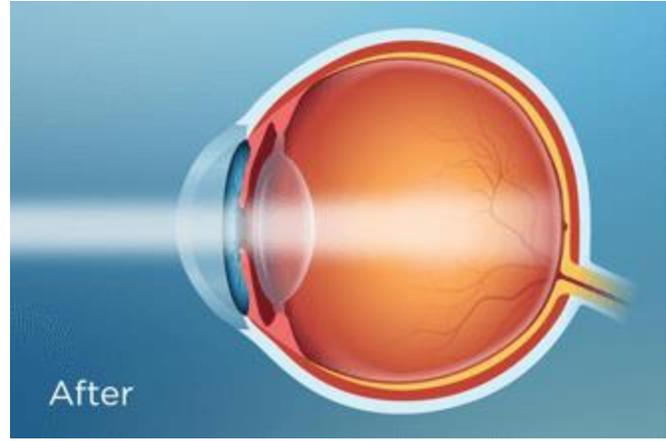
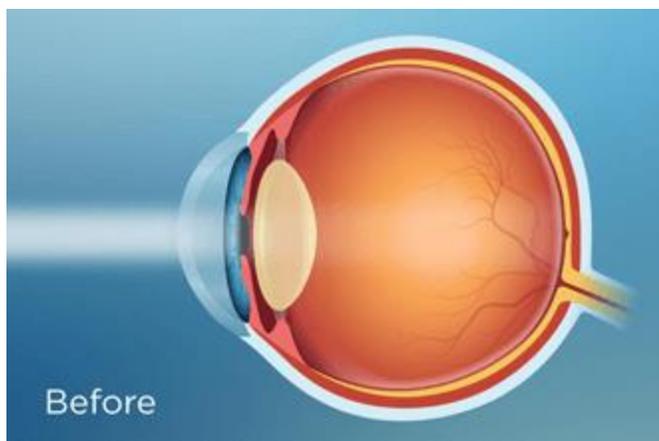
1. The most common type of cataract procedure performed today is called **Phacoemulsification (Or "Phaco") Cataract Surgery with Foldable Intraocular Lens (IOL) Implantation**. A small incision is made on the side of the cornea, the clear, dome-shaped surface that covers the front of the eye.
2. Manual Small Incision cataract surgery (MSICS).
3. Conventional extra capsular cataract surgery (ECCE).

MSICS and ECCE are both safe and effective techniques for treatment of cataract patients in community eye care settings.

Extracapsular cataract extraction (ECCE) is a category of eye surgery in which the lens of the eye is removed while the elastic capsule that covers the lens is left partially intact to allow implantation of an intraocular lens (IOL).

In most surgeries, an intraocular lens is inserted.

How Cataract Surgery Improves Your Vision



Selecting the right implant for your eye is very important for your visual outcome. Special eye measurements will provide the data necessary for your surgeon to determine the implant power.

What are the different types of Advanced Technology Lens Implants?

The implantation procedure is the same for both types of IOLs.

The main point of differentiation between the IOLs is in the type of vision they provide.

Lens Options: Emerging Lens Implant Technology: designed for you and to suit your active lifestyles					
PHACO PREMIUM LENS IMPLANTS AND TYPES OF PACKAGE AVAILABLE					
MONOFOCAL		MULTIFOCAL		ACCOMMODATING	TORIC IOL
Traditional Lens	Advanced Lens	Modern IOL Acrysof Restore	TECNIS Symphony® IOL Extended Range of Vision IOL	Crystalens®AO	Phaco with Toric Imported IOL
Single Piece, Spherical, Imported	Aspheric (Single Piece, Aspheric, Blue Black Filtration)	Correct vision for near, far and intermediate distances.	More advanced implantable lens.	Corrects vision for all ranges of vision using a hinged monofocal lens that moves within the eye like the natural lens of the eye	Corrects for astigmatism after cataract surgery.
Gives better Image Quality. Provides good vision at one distance (typically far vision)	Imported Aspheric gives better Image Quality & Blue light filtration for retinal safety	works for near & Intermediate Vision also in addition to distance vision	Reduces presbyopia effects by giving patients near vision. Provided continuous, sharp vision at near, intermediate, and distance, and at points in between.	May substantially reduce the need for glasses for distance and intermediate vision.	For Pre - Existing High Cylindrical Power, this IOL gives better Quality of Vision. May substantially astigmatism after cataract surgery.
Require reading glasses after surgery.		*Some people will still need glasses for very close vision and when trying to read the smallest print.			
Covered by your Insurance- Medicare / TPAs/ Health Care Providers.		Partial Coverage by your Insurance-Medicare/TPAs/ Health Care Providers. (consult our staff)			
*For more information contact us directly for a cataract surgery consultation.					

Questions Regarding Intraocular Lens Implants

1. What types of people and distinct ages should consider an IOL?

You can see vivid colours again after cataract management
at Sankar Foundation Eye Hospital



ANSWER: Candidates for lens implants may vary from patients over the age of 40-45 to those suffering from cataracts. Most people seeking lens implants desire a full range of vision not just vision at one distance. Monofocal lens implants are typically not attractive to these candidates who desire this full range of vision.

2. Is lens implant surgery safe and what is the track record of success?

ANSWER: The process for inserting these premium lens implants is basically the same process as cataract surgery. SEE our detailed explanation in the above section regarding the surgical process. This process, known as phacoemulsification, has been performed for over 25 years and on millions of eyes.

3. Is there an additional cost to get a Advanced Technology Lens implant?

ANSWER: There is an additional cost with premium lens implants including multifocal, accommodating or toric lens implants. Medicare will pay the standard cataract fee and you will be expected to pay an additional charge for the lifestyle lens and related technical services.

4. When can I return to work or start regular lifestyle activities after this surgical process?

ANSWER: Please consult your eye doctors directly regarding post-operative Instructions. Many people can drive and return to work after only a few days. Your eyes may still be sensitive to light after the lens implantation process and sunglasses are recommended for outdoor activity.

What are the 3 types of cataracts?

There are three primary types of age-related cataracts: nuclear sclerotic, cortical, and posterior subcapsular. As a person ages, any one type, or a combination of any of these three types, can develop over time.

1. Nuclear Sclerotic Cataracts

This is the most common type of age-related cataract, caused primarily by the hardening and yellowing of the lens over time. "Nuclear" refers to the gradual clouding of the central portion of the lens, called the nucleus; "sclerotic" refers to the hardening, or sclerosis, of the lens nucleus.

As this type of cataract progresses, it changes the eye's ability to focus, and close-up vision (for reading or other types of close work) may temporarily improve. This symptom is referred to as "second sight," but the vision improvement it produces is not permanent.

A nuclear sclerotic cataract progresses slowly and may require many years of gradual development before it begins to affect vision.

2. Cortical Cataracts

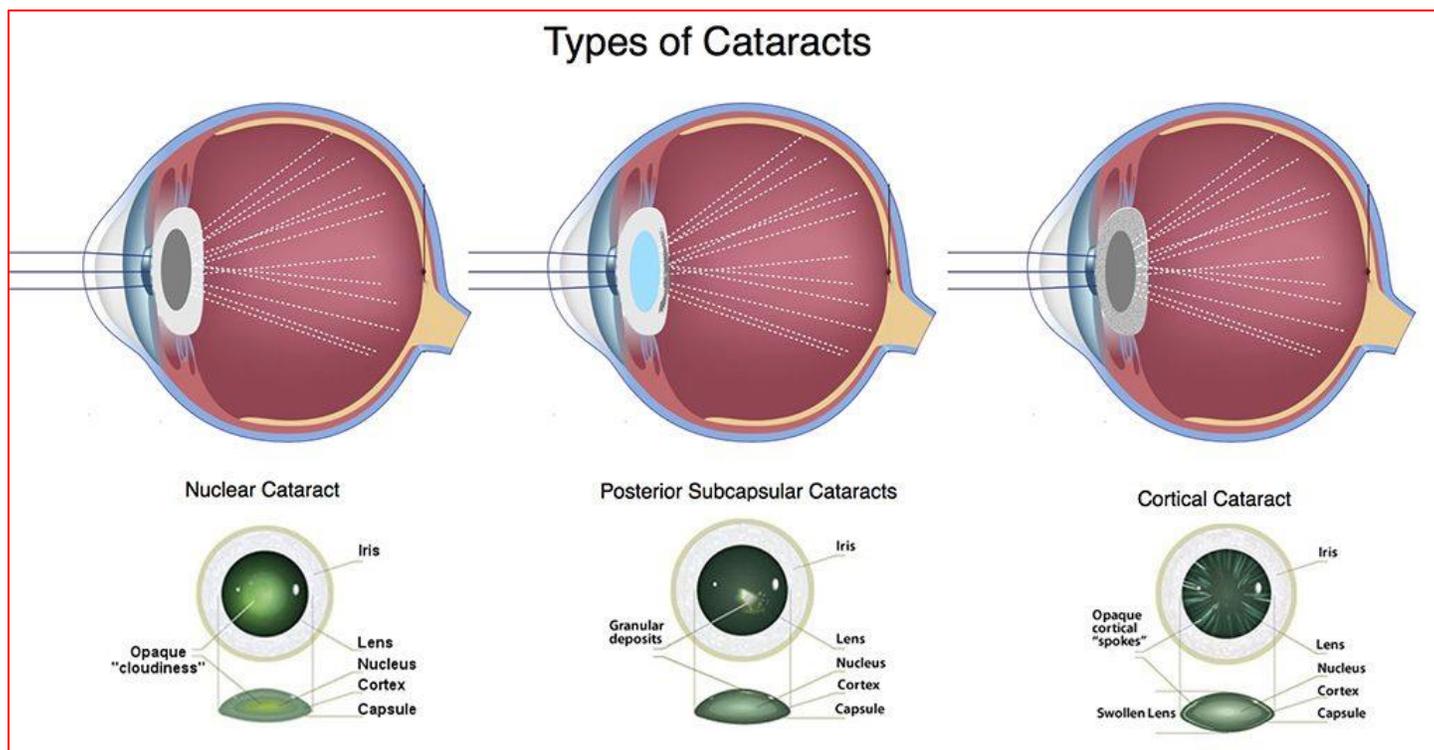
"Cortical" refers to white opacities, or cloudy areas, that develop in the lens cortex, which is the peripheral (outside) edge of the lens. Changes in the water content of the lens fibers create clefts, or fissures, that look like the spokes of a wheel pointing from the outside edge of the lens in toward the center.

These fissures can cause the light that enters the eye to scatter, creating problems with blurred vision, glare, contrast, and depth perception.

3. Posterior Subcapsular Cataracts

This type of cataract begins as a small opaque or cloudy area on the "posterior," or back surface of the lens. It is called "subcapsular" because it forms beneath the lens capsule, which is a small "sac," or membrane, that encloses the lens and holds it in place.

Subcapsular cataracts can interfere with reading and create "halo" effects and glare around lights. People who use steroids, or have diabetes, extreme nearsightedness, and/or retinitis pigmentosa may develop this type of cataract. Subcapsular cataracts can develop rapidly and symptoms can become noticeable within months.



Please note: A cataract is not a tumor, nor is it a "film" or tissue growth that develops over the cornea, or front surface of the eye. Although the majority of cataracts are not visible to the naked eye, there are some instances in which the pupil can appear white because the lens is completely clouded by a very dense cataract.

You can see vivid colours again after cataract management

at Sankar Foundation Eye Hospital



What causes cloudiness in the eye after cataract surgery?

During cataract surgery, your surgeon will remove the cloudy natural lens of your eye (cataract) and replace it with an intraocular lens (IOL). ... Posterior capsule opacification occurs because lens epithelial cells remaining after cataract surgery have grown on the capsule.

PRECAUTIONS: As with any type of surgery there are risks involved including disturbances and secondary surgical intervention. The effect on vision with the IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases has not been studied.

You can see vivid colors again after cataract surgery!

