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The Best Vision Newsletter

Considerations in Post-Operative Management of Cataract Surgery

Cataract surgery offers consistently excellent results when using the latest techniques and technology. Careful attention to post-operative issues help ensure success. Implementation of a consistent strategy in the clinic helps verify the patient is healing normally. Proper identification and treatment of subtle aberrations during the post-operative period are central to the patient’s subjective and clinical success.

Patients often notice their eye *feels* different after surgery. Consider the following etiologies.

- **Residual iritis** – About 3% of cataract surgery patients have chronic iritis lasting six months or longer. Symptoms may initially appear to outweigh findings. In lingering cases of irritation, however, close attention paid to presence of circumlimbal injection or the occasional WBC in the anterior chamber pays dividends in improving comfort and reducing cystoid macula edema when treatment to reduce inflammation is instituted
- **Superficial punctate keratitis** – Can result from intra-operative cornea exposure or from topical medications used during surgery. Persistent SPK may be related to toxicity induced by post-operative medications or their preservatives.
- **Pyogenic granuloma** – Conjunctival inflammation around the site of incision may warrant topical steroid treatment for this benign hyperactive tissue reaction.

“How is your vision after surgery?”

- **Post-op Refractive error education** – Although we strive to reduce refractive error by appropriate IOL selection and astigmatism reduction we emphasize that corrective lenses are usually required after surgery for certain tasks. Many patients are under the erroneous impression that cataract surgery eliminates glasses because they’re aware of someone “who never wears them anymore”. To reduce such confusion, patients need reinforcement of this concept before and after surgery. A discussion and demonstration of monovision is invaluable. Our cataract informed consents have been edited to cover these issues in detail.
- **Glare / photophobia** – IOLs permit more light to reach the retina as compared to the light filtering effects of a cataract. Many patients are temporarily photophobic after IOL implantation. Sunglasses are encouraged, along with the realization that time and adaptation will play a role. Persistent glare may signal secondary membrane formation, or can result from IOL material (acrylic) or design (square-edge optic, or multifocal IOLs).

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We dedicate ourselves to enhancing the quality of life for every individual whose life we touch, by helping each to see his or her best, and by preserving our patients’ vision and eye health throughout life.

It Is Our Pleasure To Announce:
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