

Setting your IOL's focusing power

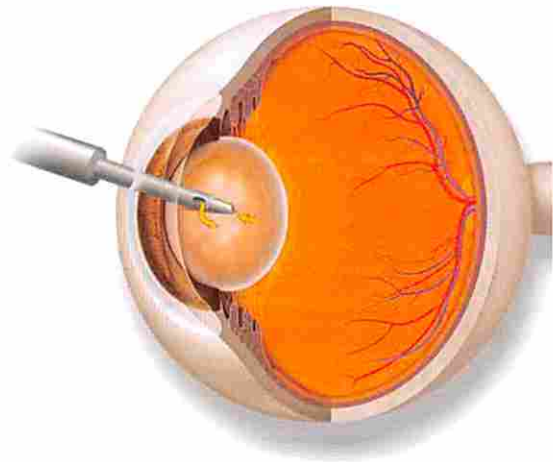
Your eye surgeon will take measurements in and on your eye before surgery. These measurements are used to decide the correct power of IOL to use.

Things that are measured include your:

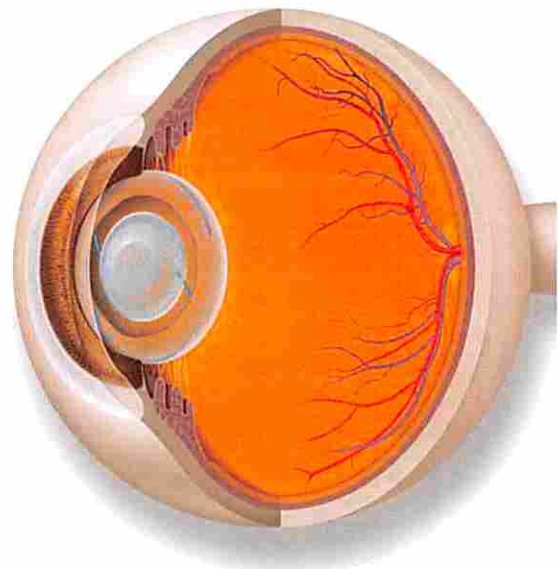
- refractive error (nearsightedness, farsightedness, astigmatism or presbyopia)
- pupil size and function
- cornea curve and shape
- eye length from cornea to retina

How an IOL is put in your eye

- Your eye surgeon will numb your eye with a topical or local anesthesia.
- He or she will make 1–3 tiny incisions near the edge of the cornea. These incisions allow your surgeon to work inside the eye.
- Using special instruments, your ophthalmologist will break up the center of the eye's natural lens. Then those pieces are gently vacuumed out through one of the incisions. The "capsular bag" that holds your natural lens in place is not taken out.
- The IOL is folded and inserted through the incision. It is placed in the "capsular bag," where it unfolds.
- The tiny incisions in your eye are usually "self-sealing," meaning you will not need stitches.



To place an artificial lens (IOL) in your eye, your natural lens is removed first through an incision.



The IOL is then folded and inserted through the same incision.

It could take 6–8 weeks after surgery to be able to focus fully at all ranges. Basically, your eye has to relearn how to focus at various distances to see clearly.

Possible risks of IOLs

There are possible risks and side effects with having an IOL implanted in your eye. Here are some of them:

- Your vision can be overcorrected or undercorrected (and you might need re-treatment).
- You could have an eye infection.
- You may get more floaters in your field of vision.
- You could have a retinal detachment (tissue at the back of your eye lifts up).
- Your IOL could move out of position.
- You may see halos and glare around lights.
- You could find it harder to see contrasting colors.
- You could develop clouding or hazing of part of the IOL.
- Your vision could become blurry (especially if you have dry eyes).
- You may need additional surgery to fine-tune the IOL prescription.
- You could lose some of your vision.

Talk with your ophthalmologist about your vision needs.

There are benefits and drawbacks to surgery, eyeglasses and contact lenses. As you explore how to correct your vision, consider your vision needs and expectations. Your ophthalmologist will explain IOL options for you in more detail.

Who might not benefit from multifocal or accommodative IOLs?

With these IOLs, there are some visual side effects. For instance, your vision may be not be sharp in dim light or fog. You may also notice glare and rings (halos) around lights. For that reason, some people might not benefit from these IOLs. Pilots, night drivers or those who spend a lot of time in front of the computer may find these side effects cause problems.

Your ophthalmologist can help you choose a lens based on what you want and need from your vision.

Summary

Multifocal and accommodative IOLs (intraocular lenses) are types of artificial lenses that replace the eye's natural lens. They are usually implanted after a cloudy natural lens is removed in cataract surgery. Sometimes these IOLs are implanted only to correct refractive errors.

Multifocal and accommodative IOLs help make you less dependent on glasses by allowing you to focus at different distances.

There are side effects with multifocal and accommodative IOLs. For instance, your vision may be not be as sharp in dim light or fog, and you may also notice glare and halos around lights.

When choosing a new lens, consider your lifestyle and vision needs.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

Watch an IOL video from the American Academy of Ophthalmology's EyeSmart program at aao.org/iol-link.

COMPLIMENTS OF:

