

REFRACTIVE LENS EXCHANGE RISKS AND DISCOMFORTS:

Refractive Lens Exchange is usually quite comfortable for the patient. Mild discomfort for the first 24 hours is typical, with severe pain being extremely unusual. Since this surgery is essentially the same as cataract surgery, the same risks apply. Complications of cataract surgery may include but are not limited to: infection (which if serious can lead to complete loss of vision); swelling in the central area of the retina (called cystoid macular edema which usually improves with time); clouding of the outer lens of the eye (corneal edema which can be corrected with a corneal transplant); detachment of the retina (an increased risk in highly near-sighted eyes even though the retinal detachment can usually be repaired); damage to the retina or nerve during the administration of the anesthesia if an injection is performed: increased astigmatism; inaccuracy of the intraocular lens power; decentration of the intraocular lens, which may provide unwanted images and increased glare; and development of increased pressure in the eye (glaucoma). Some or all of these complications can occur, however, their incidence following cataract surgery is exceptionally low.

In this procedure the front part of the capsule (membrane enclosing the lens) is opened and the natural lens is removed, with the back part of the capsule left in place to support the intraocular lens. Many months or even years after the surgery, this capsule remnant may become cloudy and cause blurry or poor vision. This cloudy remnant is called capsular opacity or posterior capsular fibrosis. The way to make vision clear again is with a posterior laser capsulotomy, which simply means making an opening in the back of the capsule with a laser. (When this occurs the laser procedure is performed as a medically necessary procedure and is generally covered by medical insurance.)

Although the accuracy of intraocular lens calculations is quite satisfactory for normal sized eyes, these calculations can be less accurate for unusually long or short eyes. The best available calculation formula will be used to evaluate the power of the lens to be implanted. In the event of a minor amount of residual myopia, hyperopia and/or astigmatism, the vision can usually be corrected by a glasses prescription, which should be considerably weaker than the patient's original prescription. A large amount of residual myopia, hyperopia, and/or astigmatism error may be corrected by a stronger pair of glasses, laser surgery, contact lenses, the exchange of the implant or the insertion of a second implant in another operation.

Since only one eye will undergo surgery at a time the patient may, depending on the refractive error, experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with spectacle glasses because of the marked difference in the prescription need for each eye, so the patient will either temporarily have to wear a contact lens in the non-operated eye or will have to function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within a few days once the first eye is stabilized.