

Cataract

The cataract is the natural lens of the eye that has lost its transparency and later becomes opaque. Removal of the cataract effectively reduces the focusing power of the eye by about 40% (The cornea accounts for 60% of focusing power).

Replacement of the cataract with an artificial lens has been a routine part of cataract surgery since the 1980's. Prior to lens implantation, patients would have to wear very thick glasses after surgery to compensate for the refractive power of the removed cataract.

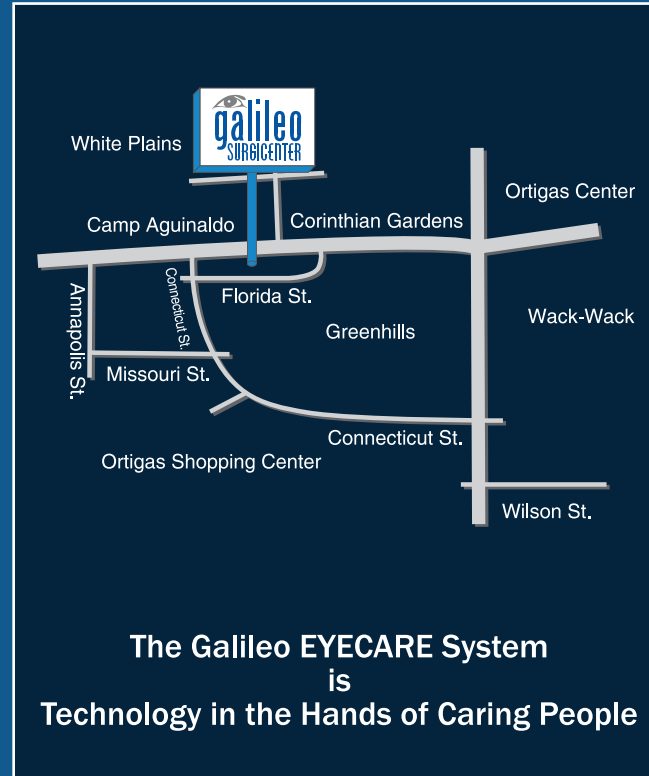
The artificial lens implant is called an IOL (IntraOcular Lens). Nowadays the IOL is placed within the capsular bag. The capsular bag is actually the transparent covering around the cataract. Cataract surgeons work carefully to preserve the integrity of this bag while extracting the cataract. After cleaning the bag, the IOL is inserted within it. With time, the bag stiffens and contracts around the IOL which keeps the lens stable. At times, this bag also opacifies, obstructing vision like the cataract and it becomes necessary to puncture it in the center with a laser (Nd:YAG; see YAG Capsulotomy).

Over the years, biomedical engineers have used different materials to make the IOL. Originally, the IOL was made of a type of rigid plastic material (polymethylmethacrylate or PMMA). It is still currently used especially in ECCE (see Cataract Surgery).

When the cataract incision became smaller with Phaco (<3mm), it was necessary to find a softer, pliable material that could be folded and passed into the eye through that same incision, and then, unfold within the bag and stay in place permanently. Initially, all foldable lenses were made of silicone. Presently, the preferred material is acrylic. Most foldable IOLs come with a delivery system or an injector which compresses the lens to conform to the size of the incision.

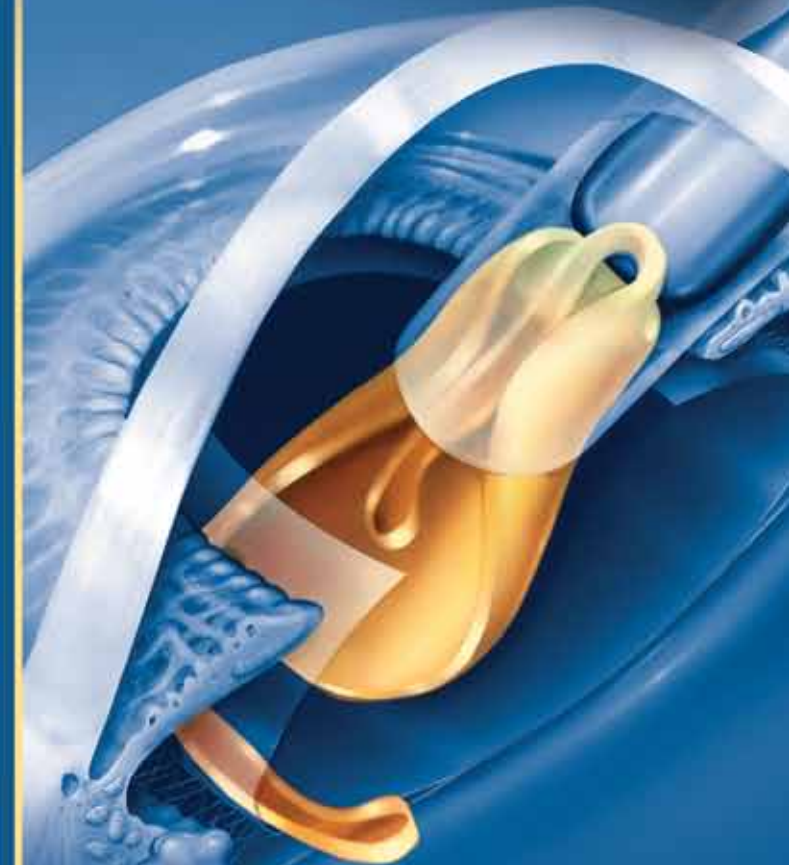
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IntraOcular Lens (IOL) Implantation