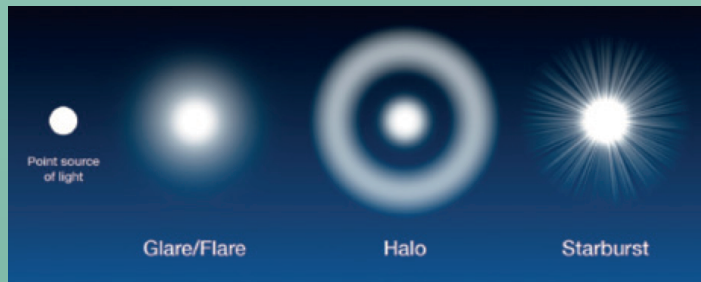


Specialists services include:

- Small incision phaco cataract surgery including complex cataract surgery (small pupils, pseudoexfoliation, unstable lenses, high myopia, previous vitreoretinal surgery, floppy iris syndrome and co-existing diabetic retinopathy)
- Age-related macular degeneration treatment using anti-VEGF injections (Avastin, Ongavia, Eylea and Vabysmo)
- Diabetic retinopathy assessment and treatment using retinal laser photocoagulation and intravitreal injections (including Ozurdex and Iluvien)
- Vitreoretinal disease assessment and surgery including posterior vitreous detachment, retinal detachment, vitreomacular traction, epiretinal membrane and macular hole
- Retinal vascular disease assessment and management
- Glaucoma diagnosis and assessment
- Minor eyelid cysts

Possible side effects of multifocal lens implants



Glare at night Normal night vision

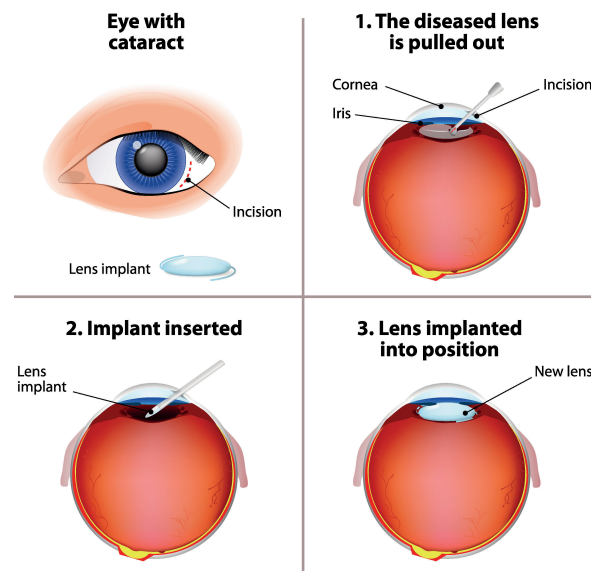


Practice overview:

Retinacare is an independent private practice based at both The Holly Private Hospital and the Spire London East Hospital, providing adult Ophthalmology services with a comprehensive back up service including:

- Retinal laser 532 nm
- Zeiss Nd:Yag laser: capsulotomy or iridotomy
- Zeiss OCT imaging including OCT angiography
- Fundus fluorescein and ICG angiography (London Medical)
- Zeiss retinal photography (London Medical)
- Zeiss Humphrey visual field analysis
- Corneal pachymetry
- Pentacam corneal topography and Itrace aberrometry (Harley Street clinic)

CATARACT SURGERY



RetinaCare

The Practice of Hadi Zambarakji

Office address

Spire London East Hospital

Roding Lane South

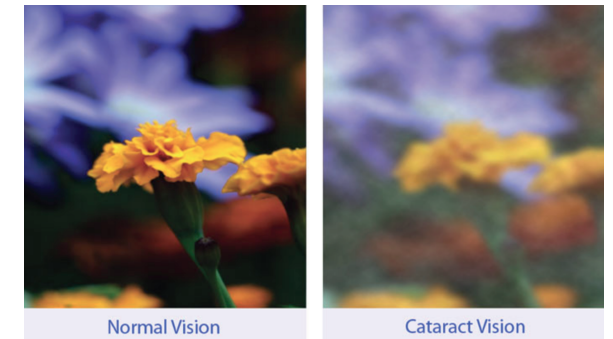
Ilford, Essex IG4 5PZ

Tel: 020 8709 7758

Mobile: 07947 578480

Email: info@retinacare.org.uk

Web: retinacare.org.uk



Cataract surgery - updated Aug 2023

Mr. Hadi Zambarakji
MB ChB, FRCOphth, D.M

Office: Vickie Hopkins
& Alessandra Giordani
Specialist Hospital Optometrist: Raj Bharaj

Mr. Zambarakji and Retinacare Ltd are recognised by all UK private insurance companies. The fees quoted in this leaflet are for self-pay patients and are accurate at the time of writing. We also have cataract surgery insurance packages agreed with BUPA, Axa PPP, Aviva, PRU health, Vitality CS and Cigna.

CATARACT INFORMATION SHEET

Numerous exciting developments in cataract surgery and lens replacement options have revolutionised our practice over the last few years. In this information leaflet, we discuss various intraocular lens (IOL) options as part of phaco cataract surgery and aim to give a brief overview of the pros and cons associated with each IOL option. The various IOLs are not suitable for everyone (no one size fits all) and depend on your eye health and visual needs. We have uploaded a few videos on the Retinacare website which can be accessed on the following web page: <http://retinacare.org.uk/cataract-surgery/>

A **monofocal** lens is one that only focuses at one distance. That is, your vision will be corrected either for distance, which means you will need to wear spectacles for reading, or alternatively for reading, meaning spectacles will be required for you to see in the distance. **Enhanced monofocal lenses** are a new lens design which increase depth of field through their effect on corneal aberrations. These newer lens designs improve both distance and intermediate vision and have therefore become ideal lens options when looking to achieve **mono-vision**. In our experience, mono-vision correction with enhanced monofocal lens designs give a better range of vision than mono-vision with standard monofocal IOLs.

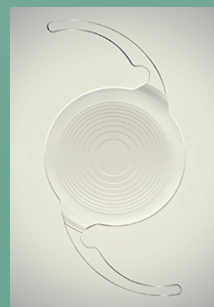
A **toric** lens corrects astigmatism. Not everyone has a perfectly even prescription or perfectly spherical eye. This means that in a particular direction of sight, there is a residual amount of prescription that cannot be fully corrected by an ordinary spherical lens. A toric lens is a special type of lens that corrects this residual prescription to give the best possible visual outcome. A **multifocal** lens as the name suggests focuses at various distances and is designed to give the patient the ability to see both in the distance and for near. Novel lenses however, provide a wider range of continuous vision, a marked improvement on standard multifocal and trifocal lenses.

Mono-vision is where one eye (usually the dominant eye) is corrected so that you see well in the distance and the second eye is corrected as to give better near vision (reading vision). Many people already do this with contact lenses and we would suggest that if this is the type of correction you would like, to try it for about 5 days. This can be done with contact lenses through your Optometrist or after you have had cataract surgery to the dominant eye (corrected for distance). In the latter scenario, you would need to ask your own Optometrist to fit you with a reading contact lens in your un-operated eye to give you a feel of what mono-vision would be like.

PROS & CONS

Monofocal distance lenses will improve distance vision, but you would remain dependant on near spectacles for all near visual tasks (reading, knitting, computer work, reading mobile phone). Likewise, it would be possible to have a monofocal reading lens, but you would be wearing spectacles to improve distance vision (driving, cinema, television).

Multifocal lenses are not like your varifocal glasses. The diagram below illustrates how the lens has been split into different power zones. When you look into the distance your pupil is larger and therefore uses a different part of the lens compared to when you look at something close and your pupil is smaller.



Multifocal lens



Monofocal lens



Bifocal lens

There is a **"bifocal"** IOL, also designed to give both distance and near vision. The lens does resemble the bifocal lens found in spectacles and does not often result in halos, glare or starbursts. These lenses tend to give good near vision and are available in a toric form.

Compared to a monofocal lens, which in essence resembles a clear pane of glass, the multifocal lenses have "etchings" and as light passes through the eye and hits these "etchings" you may notice halos and flare around light emitting objects such as traffic lights and car headlamps. There is usually a 3-month neural adaptation process that allows you to notice such things less and less. Some patients however will struggle to manage with the glare and halos, in which case a lens exchange procedure may be necessary (1-2%).

We are very excited to offer **enhanced monofocal IOLs** which improve both distance and intermediate vision without any of the side effects of multifocal IOLs. Near vision levels are variable with this IOL design, but the majority of patients will be dependant on near spectacles (reading), yet spectacle independence is increased compared to standard monofocal designs and near spectacles are nearly always necessary. If combined with micro mono-vision, then spectacle independence is much improved.

That is a lot of information to absorb but you will, at your consultation, be taken through the various options that would be suitable for you. It is important to remember however, that there is not one "best" lens and the choice of IOL needs to fit your ocular health and your life style and needs.

Please be assured that every effort is taken to ensure that we achieve the results you would like to have. Whilst we cannot guarantee that every patient will achieve perfect vision, we hope that we can provide you with improved vision to suit your needs.