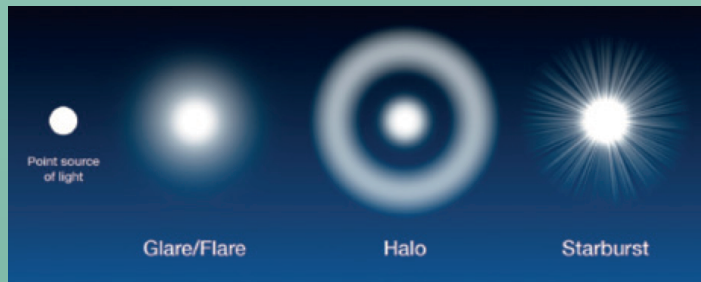


Specialists services include:

- 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

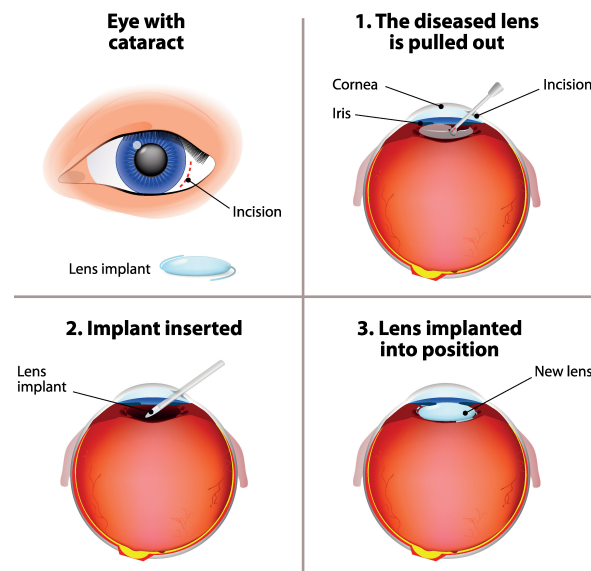


Practice overview:

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

- Retinal laser 532 nm
- Zeiss Nd: Yag laser: capsulotomy and 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



The Practice of Hadi Zambarakji

Office address

Spire London East Hospital

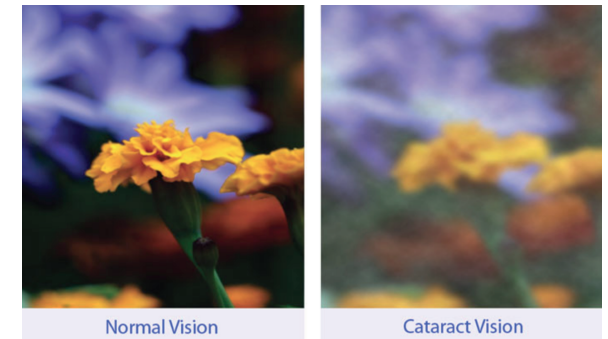
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Cataract surgery - updated Jan 2025

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 the fee schedule leaflet are for self-pay patients and are accurate at the time of writing. We also have cataract surgery insurance packages agreed with BUPA and Axa PPP.

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 (**one size does not fit all**) and the optimal IOL choice would depend on your eye health and visual needs. We have uploaded a few videos on the Retinacare website which can be accessed online:

<http://retinacare.org.uk/cataract-surgery/>

A **monofocal** lens is one that only focuses at one distance. That is it corrects vision either for distance, which means you will need spectacles for reading, or alternatively for reading, meaning spectacles will be required to see in the distance. **Enhanced monofocal lenses** (also called premium monofocal or monofocal plus) 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 become ideal lens options to achieve **mono-vision**.

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.

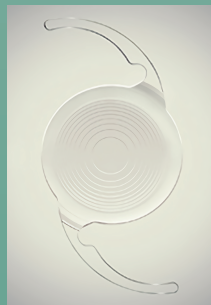
A **trifocal or multifocal** lens as the name suggests focuses at various distances and is designed to give the patient the ability to see both in the distance and for near. Novel (non-diffractive) Enhanced Depth Of Focus (**EDOF**) lenses however, provide a wide range of continuous vision, without the side effect profile of trifocal lens designs in the majority of patients. In particular halos, glare and night symptoms are uncommon with EDOF lens designs.

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 3 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). Trifocal lens designs result in halos and glare at night, as well as night-time arcs of light which can affect driving the quality of vision and may affect driving at night.

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. This lens does resemble the bifocal lens found in "old style spectacles" and this is less likely to result in halos, glare or starbursts. This lens gives near vision and but it is not available in a toric form.

Compared to a monofocal lens, which resembles a clear plane of glass, the multifocal lens has "etchings" (rings) and as light passes through the eye and hits these "etchings", the patient may notice halos and glare around light emitting objects such as traffic lights and car headlamps. There is usually a 3-month neural adaptation process that significantly reduces the above side effects. Some patients however will struggle to manage with halos and glare, in which case a lens exchange procedure may be necessary (1-2%).

We are very excited to offer **enhanced monofocal IOLs** to improve distance and intermediate vision without any of the side effects of multifocal IOLs. Near vision levels are variable and the large majority of patients will be dependant on near spectacles (reading), yet spectacle independence is increased compared to standard monofocal designs. If combined with micro mono-vision, then spectacle independence is much improved. Finally, **EDOF** lens designs are probably the most interesting novel IOLs to reduce spectacle dependence, and provide a good range of vision.

At the time of your consultation, you will have various tests to determine the ideal lens design to suit your eye, your needs and your life style. You will be given a questionnaire to tell us more about your needs and you will be given the opportunity to ask questions. 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.