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# Better Vision News

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## Summertime Fun, Sun & Cataracts

Summer means daylight savings time and longer days to pursue outdoor recreational pastimes. People who work or play outdoors face risks to their vision from prolonged sun exposure. The most significant hazard is ultraviolet radiation (UVR). Expert opinion is divided on the subject of whether sun exposure contributes to cataract formation. However, studies from several universities, including two recent conclusive findings from the University of Alabama and the University of Utah, reported an association between long-term exposure to high levels of UV radiation and certain cataracts.

Eye physicians recommend sunglass lenses that block at least 99 percent of ultraviolet radiation to reduce exposure levels and protect eyes from damage.

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## August Is Cataract Awareness Month

When cataracts limit the ability to perform ordinary tasks or enjoy pleasurable pursuits, surgical removal is a safe and effective recourse. In fact, cataract surgery returns the priceless gift of sight to millions of Americans every year. Cataracts are so common that approximately one in seven Americans is diagnosed with them. Comprehensive eye examinations by an optometrist or an ophthalmologist will determine the presence and extent of cataracts, but the final decision to have surgery can be made only by the patient. Here are some handy cataract facts:

### Can cataracts be treated using drugs or eyedrops?

**NO.** Currently no drug treatment will “cure” a cataract. Only surgery can remove a cataract. New advances and techniques in cataract surgery have made enormous improvements for patients – resulting in shortened recovery periods, little or no discomfort, and nearly instantaneously restored sight.

### Do most seniors have cataracts?

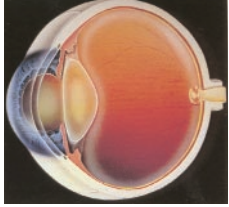
**YES.** About 50 percent of people between the ages of 65 and 74 have at least one cataract. Approximately 70 percent of people over the age of 75 have a cataract.

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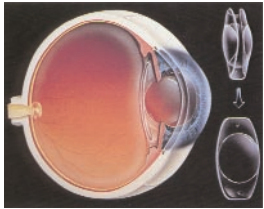


## INTRAOCCULAR LENSES:

# One Size Does Not Fit All



*Cross-section of the human eye showing lens clouded by cataract.*



*Foldable intraocular lens (IOL) and eye showing lens in place following cataract removal.*

When the clouded lens of the eye is removed during cataract surgery, it is replaced by an implant called an intraocular lens. The first foldable intraocular lenses were implanted in the mid-1980s. These lenses revolutionized cataract surgery because they were pliable and could be injected through a tiny incision that heals naturally and quickly, without stitches.

Technological advances continued throughout the late '80s and early '90s. Further advances in patient comfort occurred when eyedrop anesthesia was introduced – thus eliminating needle injection.

Intraocular lenses, also known as IOLs, are made from a variety of materials and can be precisely customized to correct many refractive errors such as astigmatism, nearsightedness or farsightedness. Acrylic and silicone are the most commonly employed materials. Implanted IOLs can be designed to focus in several ways. The most common combination is to implant both eyes with IOLs that focus at distance, thus allowing for driving and watching television without eyeglasses.

A second design is to implant both eyes with reading IOLs, allowing the eyes to see at near distances without eyeglasses. A third combination called “monovision” involves implanting one eye for far and the other for near, thus eliminating the need for eyeglasses altogether.

Accommodative lenses are currently under review by the Federal Drug Administration. If they are approved, these lenses can “accommodate” to adjust focusing ability for both far and near vision in both eyes, without eyeglasses (See story on next page).

Determining lens type selection and style of vision varies for each patient. The physician takes several factors into consideration before making a recommendation in each case, including the patient’s visual preference and additional underlying medical conditions of the eye such as diabetes, macular degeneration, glaucoma, etc. Careful discussion and analysis between patient and doctor help to ensure the desired outcome.



*Dr. Harry B. Grabow and the late Sir Harold Ridley, who invented and implanted the first intraocular lens in 1949.*

## SUMMERTIME from page 1

For added glare protection, sunglasses should absorb at least 60 percent of visible light and lens colors should be neutral such as gray, brown or green. Orange lenses may also provide benefit to those at risk for age-related macular degeneration.

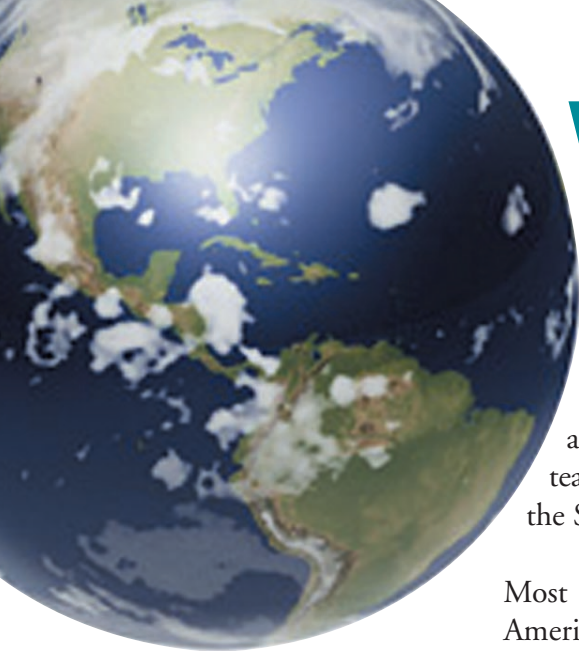


## CATARACT AWARENESS MONTH from page 1

**Are the following symptoms of cataracts: blurry vision, glare, color aberration, and impaired depth perception?**

**YES.** Other symptoms may include: a feeling of having a film over the eyes causing people with cataracts to blink or clean their glasses often; slight changes of color of the pupil from black to gray, yellow or white; double vision; and “second sight,” a temporary improvement in near vision that worsens as the cataract progresses.

More detailed information is available at our web site, [www.sarasotacataract.com](http://www.sarasotacataract.com), or call Sarasota Cataract & Laser Institute at 941-921-7744 to schedule an appointment for a comprehensive evaluation or a complimentary cataract screening.



## Where Has Dr. Grabow Been...And Where Is He Going?

Dr. Harry B. Grabow, medical director of Sarasota Cataract & Laser Institute, receives invitations to lecture all over the world. Manufacturers of surgical instruments ask for his opinion on new designs and system improvements. Additionally, he writes articles and textbooks, and teaches cataract surgical techniques both here and abroad, while maintaining the Sarasota practice he established in 1976.

Most recently, his travels took him to New Orleans and Philadelphia for the American Academy of Ophthalmology (AAO) and American Society of Cataract and Refractive Surgery (ASCRS) annual conferences. In New Orleans he conducted lectures about new and emerging surgical advances and led laboratory sessions for attendees.

During the ASCRS conference, Dr. Grabow joined a panel of other world-renowned surgeons for an advanced discussion of complex case studies and surgical management issues, and participated as a trainer during a hands-on workshop for new physicians.

### DID YOU KNOW?

Nearly 37 percent of all visits to doctors' offices for eye care are made by persons 65 years of age and older.

He has also contributed chapters to two textbooks published this year. Dr. Grabow continues to manage a full-time surgical practice while offering his knowledge and assistance for the benefit of other doctors because, in his words, "My mission is to provide excellence and to evolve the technology, which is why I participate in national and global research and education. I personally find both exciting and inspiring. Therefore, work is never work for me."

### RESEARCH UPDATE:

## Accommodative IOL Looks Strong in The Homestretch



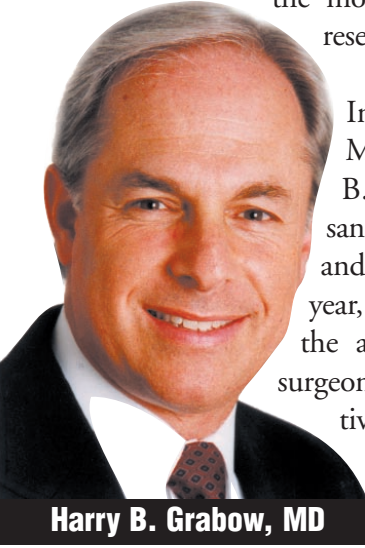
As it enters the final phase of FDA trials, the first truly accommodative IOL continues to show promise in cataract patients with presbyopia. Presbyopia is a naturally occurring eye condition associated with aging. The lenses in younger eyes are flexible and adaptable enough to focus on objects both close and far away. As we mature, our lenses become less flexible, and cataracts make this even worse.

Dr. Grabow was the first surgeon selected in Florida to implant an "accommodative intraocular lens" as an investigative team member for the FDA clinical trial. The lens is designed to provide cataract patients the ability to see objects clearly at far, intermediate and near distances without glasses. The unique design of the lens incorporates hinges to allow it to move forward and backward within the eye, thus adjusting focus as objects become closer or farther away, much like a focusing lens in a camera.

Phase I and II of the FDA trials are completed. The study is currently following the outcomes and results, and researchers will submit their findings to the FDA this summer.

# Sarasota Cataract & Laser Institute Is Among The World's Most Advanced Treatment & Research Facilities

With a staff of nearly two-dozen professional ophthalmic technicians, assistants and support personnel, Sarasota Cataract & Laser Institute and Center for Advanced Eye Surgery has become one of the most advanced treatment and research facilities in the world.



**Harry B. Grabow, MD**

Institute Founder and Medical Director Dr. Harry B. Grabow performs thousands of cataract, implant, laser and refractive surgery cases each year, establishing him as one of the area's most experienced eye surgeons. For the eighth consecutive year, Dr. Grabow has been selected for inclusion on the list *Best Doctors in America*, which provides patients

with an objective and unbiased review of approximately 31,000 physician qualifications nationwide and represents more than 40 specialties. A copy of the list can be obtained by contacting Best Doctors Inc., 5230 Woodside Executive Court, Aiken, SC 29803, or visit their web site, [www.BestDoctors.com](http://www.BestDoctors.com).

The Institute also conducts cutting-edge research, including USFDA studies of new products and techniques. The state-of-the-art organization hosts an average of 50 surgeons each year who travel from all over the world to learn Dr. Grabow's techniques.

Since its inception in 1976, the practice has offered personalized patient care in a relaxed and inviting atmosphere. Cataract screenings are available monthly. Please call for more information, 941-921-7744, or visit our web site, [www.sarasotacataract.com](http://www.sarasotacataract.com).

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## Laser Technology And Eye Care

Contrary to popular opinion, lasers are not routinely used to remove cataracts. They are sometimes used after cataract surgery to treat a related condition. It is not uncommon for some people to develop a secondary or "after" cataract when cell growth occurs on the back of the cataract capsule. The capsule can gradually become cloudy and interfere with clear vision, the same way the original cataract did.

The standard procedure for secondary cataracts is a form of laser surgery known as YAG Capsulotomy (YAG is an abbreviation for Yttrium Aluminum Garnet, the laser used for this procedure and Capsulotomy means cutting into the capsule). This is performed as a brief, outpatient procedure. With the laser beam, the eye surgeon makes an opening in the clouded capsule to let light through. After the procedure, the patient remains for an hour or so to be sure the eye is maintaining normal pressure, and often drives himself home.

### DID YOU KNOW?

If you'd like a videotape of your cataract surgery, just let us know a few days prior to your date of surgery in our facility. After you've returned home to resume your normal activities, you'll have a view of your surgery that is identical to your surgeon's view.



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