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Better Vision News

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Crystalens™ Accommodative IOL: Latest Advance Gives Patients the Ability to See Far & Near Without Glasses

The new crystalens™ accommodative implant restores far away, up-close, and “everything-in-between” vision. This new accommodating implant has a flexible attachment to the eye allowing it to move in the eye to focus both far and near without glasses - enabling patients to focus at all distances.

Most current intraocular lens (IOL) models are monofocal, not bifocal. Therefore, they focus for one distance only, either far, for driving and watching television, or near, for reading and sewing. If patients choose to have standard monofocal IOLs that focus both eyes for far vision, they may not need glasses for driving or TV, but they will need glasses for close reading.

The crystalens™ has also shown promise for patients with presbyopia who do not have cataracts.* Presbyopia is a naturally occurring eye

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Crystalens™ Frequently Asked Questions

Q: What is an IOL?

A: An IOL, intraocular lens, is an artificial lens that is placed inside the eyeball at surgery that is designed to provide vision, when possible, without the need for eyeglasses or contact lenses.

Q: What is an accommodative IOL?

A: An accommodative IOL is a lens that can focus at all distances allowing for the possibility of far, intermediate, and near vision without the need for glasses or contact lenses.

Q: What is the crystalens™?

A: The crystalens™ is an accommodative IOL that is manufactured in the U.S. and distributed all over the world for lens replacement surgery. There are other accommodative IOLs manufactured and used outside of the U.S. The crystalens™ is the only accommodative IOL currently approved by the U.S. FDA.

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When Should I Have My Cataract Removed?

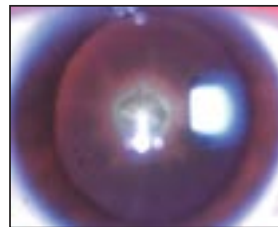


A cataract is a clouding of the eye's natural focusing lens. The clouding can occur in the front of the lens, in the back of the lens, or in the middle layers of the lens. The clouding can occur as a result of normal aging of the lens, or as a result of illness, disease, certain medications, injury, or can be congenital from birth. Whatever the cause or type, the cloudiness interferes with the clarity of vision. The only known treatment for cataract is surgical removal of the cloudy portion of the lens and replacement with an artificial clear lens called an intraocular lens implant.

A cataract can be surgically removed at any stage of development. The best time to have a cataract removed can vary. From a symptomatic standpoint, a cataract should be removed if it is interfering with functions of daily living, such as driving, watching TV, reading the newspaper, reading medicine labels, or playing sports. From a surgical standpoint, the earlier a cataract is removed, the better. A mild cataract takes less time to be suctioned from the eye

and, therefore, the procedure is less traumatic, creates less swelling and inflammation, heals more quickly, and has fewer complications. Removal of an advanced cataract takes the suction machine much longer, creates more swelling and inflammation, takes longer to heal, and is fraught with more complications. The stage of development of a cataract is determined by microscopic examination by an eye doctor.

A third factor determining when a cataract can be removed is insurance standards. Both Medicare and private insurance companies have visual and functional standards that have to be met before a cataract can be removed if the surgery is to be covered. The results of a cataract evaluation at eye examination are compared to known industry standards before surgery is scheduled, and are made known to each patient. Once all criteria are met, the timing of surgery can then be planned conveniently by the patient and the doctor.



Small central cataract



Advanced cataract

Did You Know?

People sometimes have red eyes in photographs, especially those taken with a flash, due to the light that reflects off the blood vessels behind the retina all the way in the back of the eyeball.

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Q: Who are candidates for the crystalens™?

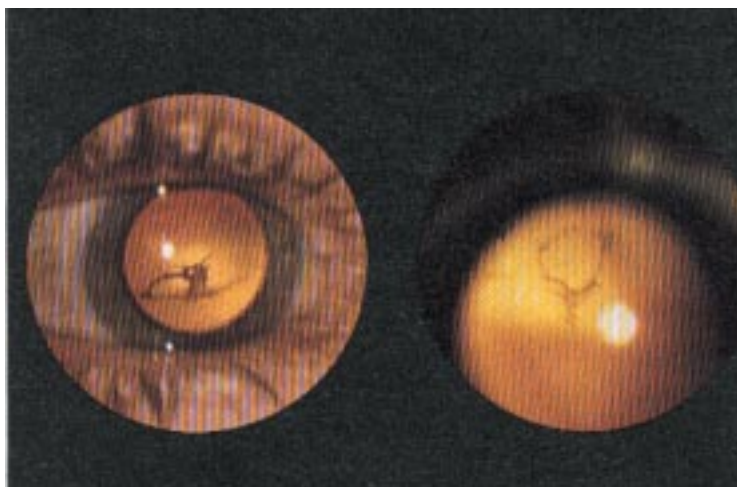
A: Any person having the natural lens of the eye removed and replaced with an artificial IOL, whose refraction is within range of correction provided by the crystalens,™ and whose natural lens capsule remains intact at the time of lens removal, is a candidate to receive the crystalens.™ Since the IOL is manufactured in a certain power range, eyes that are extremely near-sighted, extremely far-sighted, or extremely astigmatic may not qualify.

Q: What is the cost of the crystalens™ procedure?

A: The cost of the procedure is currently \$4,500 per eye. It is not usually covered by insurance or Medicare. Patients with cataracts who are not on Medicare may have insurance coverage for some of the procedural charges. Refractive lens exchange (no cataract) is not usually covered by insurance.

What Are Floaters?

By David M. Rubin, O.D., Board Certified Optometrist



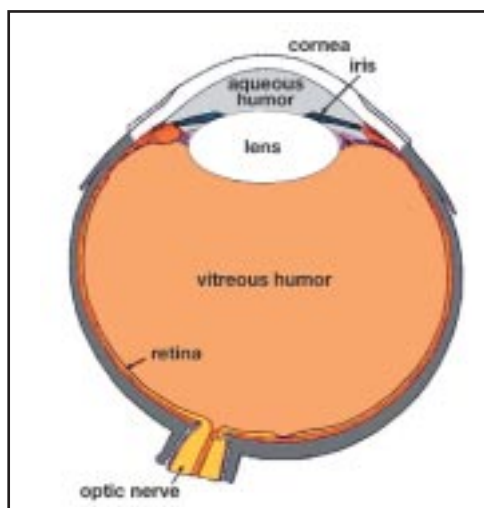
Floaters are small dark spots or lines that appear in one's field of vision. They are sometimes described as having the appearance of a thread, insect, or spider web. Floaters may appear isolated or in clusters. They may seem free floating or fixed in one place. They may also be associated with flickering or flashing lights. Floaters are more easily seen against a plain background such as the blue sky or a white wall.

Floaters occur due to changes in the clear, gel-like substance that fills the volume of the eye called vitreous. One change that occurs is called syneresis. In syneresis the gel liquefies, gel solids condense and float around in the more liquid environment. These floating gel solids will cause light entering the eye to cast a shadow upon the retina. The perception of the floater is actually the perception of these shadows. Syneresis is a normal aging change. In another scenario the vitreous gradually contracts throughout one's lifetime. This, too, is a normal aging change that can occur earlier in eyes that are nearsighted. Eventually, the vitreous is no longer large enough to fill

Did You Know?

When you blink you shut your eyes for 0.3 seconds.

That's a total of 30 minutes each day!



the volume of the eye. It then separates from the back of the eye (the retina), which is called posterior vitreous separation (PVS). PVS is usually benign but can sometimes be associated with a tear in the retina as the vitreous pulls

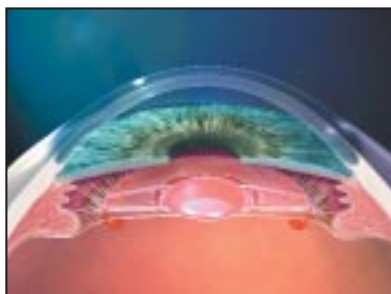
away. Traction against the retina causes the flickering or flashing lights. Retinal tears can be serious as they may lead to retinal detachment. It is difficult to differentiate between a harmless PVS and one that is associated with a retinal tear based on symptoms alone. A thorough dilated examination is necessary to make the distinction.

Vitreous floaters are also common after cataract surgery and YAG laser capsulotomy. As in most benign cases of floaters, they usually become less noticeable over time. Patience is encouraged as this can sometimes take as long as a year.

Treatment for floaters involves major eye surgery called vitrectomy, which can be risky. Because floaters are rarely more than a temporary annoyance, the risk of surgery is usually not warranted.

CRYSTALENS™ from page 1

condition associated with aging. The lenses in young eyes are flexible and can focus on objects both far and near. As we mature, our lenses begin to lose this flexibility, and it can become difficult to read without magnifying aids (reading glasses).



implant. The crystallens™ can reduce or eliminate the need for glasses or contacts.

Dr. Harry Grabow was honored to be selected as a primary investigative team surgeon for the crystallens™ in 2001 and now has over 3 years experience with this

* The crystallens™ has been approved by the FDA for patients with cataracts. Other use of the crystallens™ is considered off-label use.



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

Dr. Grabow receives the Society for Excellence in Eyecare's James P. Loden Award.

Dr. Grabow was in Anaheim, CA for the American Academy of Ophthalmology (AAO) annual conference in November. Dr. Grabow was awarded the James P. Loden Award, given each year by the Society for

Excellence in Eyecare to a person of the highest ethical standards who has made significant contributions to ophthalmology and who is considered a visionary by his peers. Dr. Grabow was recognized for his research, patient advocacy, and character attributes that exemplify honesty and commitment. Most recently, Dr. Grabow attended the American Society of Cataract and Refractive Surgery (ASCRS) annual conference in San Diego, CA in April. Dr. Grabow presented the following papers at this conference: Staar ICL Phakic Posterior Chamber IOL: 3-Year U.S. FDA Data and Pseudophakic Astigmatism with an accommodating IOL. Dr. Grabow taught techniques of astigmatism surgery to other surgeons in a practice laboratory. ASCRS is an international educational

and scientific organization whose 9,000 member ophthalmologists specialize in cataract and refractive surgery. Many ASCRS members are recognized leaders and innovators in ophthalmic surgery worldwide. ASCRS (formerly known as the American Intra Ocular Implant Society) was formed in 1974 and Dr. Grabow has been a member since 1977.

Did You Know?

Cataracts result from physical and chemical changes in the lens itself? Many people think that a cataract is a growth over the lens or over the outside of the eye. In fact, the lens itself becomes cloudy so that light cannot pass through properly. Bright sunlight can be very uncomfortable for some with cataracts. A cataract operation removes the cloudy portion of the lens, replacing it with an artificial lens (intraocular implant).

Better Vision News is a publication of the Sarasota Cataract & Laser Institute.

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