

Hi Samantha,

February 12, 2020 (October 2019 letter)

Last March and May I had cataract replacement surgery on my eyes. It was a great change to my sight—in many ways I didn't anticipate.

I had been warned that some of my medication might have an acceleration effect on the formation of cataracts, but I didn't pay much attention to it since there were so many other side-effects that seemed more important. I did notice, however, that I was cleaning my glasses more often—and finding that the cleaning did not seem to have the effect I usually received. It was only when I went to my optometrist that he pointed out that the formation of cataracts was more extreme than before.

We all have cataracts in our lenses, but they don't become a problem for most people especially at a younger age. As we get older, however, they thicken and spread out to a point where they can become a problem. They make sight a bit more blurry and reduce the visibility—especially at night. They often create circles around lights at night and can become a problem for driving. The optometrist's advice was to live with them as long as I could, then have surgery, since the technology of the replacement lenses and the surgery has been improving over the last few years so by waiting, I would be able to have access to the most recent options.

Once I had identified the formation of cataracts as an issue, I began to see the effects more and more. I decided to have the surgery when it became difficult to read a book or computer screen and driving at night was a too much of a chore.

At my appointment with the ophthalmologist he outlined a number of options. I was surprised by the variations and the strategies open to me. For example, I am short-sighted in my right eye and long-sighted in my left one. I also have some astigmatism. To get to 20-20 vision, he said, I could correct for both of the eye issues and even reduce the astigmatism. Since the focal length of the new lenses are fixed, he suggested that I get one lens for up-close work and the other for distance and then I could go without glasses, or I could get one for computer and dashboard distance then the other for long distance—and use reading glasses for close-up vision.

He also suggested that I could pay extra and get lenses that corrected the astigmatism—although he warned me that they were rather experimental and the results weren't always guaranteed.

I decided to go with the option for midrange in one eye and long distance in the other. Since I was used to wearing glasses, I felt that I would be happy to make the detailed corrections (closeup and astigmatism) by the addition of glasses.

He replaced the left lens first. It takes about 20 minutes, but the preparation and follow-up makes it more lengthy. I had to put in eye drops for 3 days before the surgery. On the day of the surgery, I arrived an hour or so early where they put me in the hospital gown, gave me some drops, then put me in a wheelchair at the end of a line of patients.

When it was my turn, they wheeled me into the operating room and had me lie down on the table. They taped my eye open, kept it moist with drops, and positioned the microscope apparatus over my eye. It was all painless, except for the bright light they used to help them with the surgery. It was upsetting because I could not blink or close my eye as I would with the normal response.

The surgery involves making a small slit in the eye so that they can get access to the lens. They then use an instrument that vibrates the lens with ultrasonic vibrations that breaks it up into small bits. These bits are removed with a very small vacuum tool.

Once the old lens is removed, they insert the new one using a special tool that holds the lens rolled up, then releases it slowly once it is inserted through the slit in my eye. It is made out of plastic that unfolds once it is in place and has a couple of small plastic filaments that orient it properly. After they are finished, they put a cage-like patch over my eye and ask me to put drops in every 4 hours for the next few weeks. I was able to see immediately after the surgery.

The biggest annoyance was the process of putting in the drops so often. Since I am not used to putting things in my eyes, I found it difficult to manage on my own, but Fran helped out nicely. She was always amused at my difficulty, since after years of putting on cosmetics and using eye drops she did not find it difficult to do these things on her own.

Once the first eye was done and everything looked good, I was scheduled for the second eye a few months later.

The most noticeable feature of the surgery was not the better vision—but the amazing colours! As my cataracts had formed, the world got slightly greyer and foggier but it was such a slow process that I didn't notice it. With the surgery, I discovered how much the fog had advanced. It was like someone came along and cleaned the dirty windows I had been using without knowing. The timing was great, because I got to appreciate the lovely colours during the spring and early summer when all the flowers were blooming.



I'm used to it now, but occasionally remind myself about the difference before and after the surgery. It also reminds me of the benefit of getting the surgery done—contrary to my parents' experience. I'll tell you about this in my next letter.

Love,