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An Eye Doctor Can See Things You Can't

Millions of Americans, from infants to seniors, have uncorrected vision problems that can be easily diagnosed with a regular eye exam. In addition, regular eye exams can detect other serious health conditions such as diabetes and hypertension.

The Vision Council recommends everyone receive regular eye exams and always choose the right eyewear to ensure good vision and overall health.

VISION



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VISION

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Some may not receive those examinations due to lack of insurance. Optometrists serve patients in nearly 6,500 communities across the country. In 3,500 of those communities they are the only eye doctors, thereby playing a major role in a patient’s overall health. Some eye problems have no obvious signs or symptoms and because of that, people are often unaware that a problem exists. Early diagnosis and treatment is the key to maintaining good vision and eye health. While Washington is considering health care reform, true health care reform must reduce costs, promote consumer choice and include pro-patient safeguards.

Regular eye exams and professional

A Lifetime of Healthy Vision

BY: RANDOLPH E. BROOKS, O.D. PRESIDENT, AMERICAN OPTOMETRIC ASSOCIATION

Most Americans consider vision the most important of the five senses. Unfortunately, it is sometimes taken for granted, as many do not receive thorough eye and vision examinations on a regular basis.

care should start early in life. Good vision is a critical factor in a child’s growth, development, and academic progress. The American Optometric Association (AOA) recommends eye exams by an eye doctor at six months of age, at age three, before starting school, and every two years thereafter. For those children considered at risk, your doctor of optometry may recommend more frequent exams.

Most adults enjoy healthy eyes and good vision. But as young adults transition into the workplace, common eye and vision problems occur from visual stress and eye injuries. By taking proper steps to maintain a healthy lifestyle and by protecting your eyes from stress and injury,

you can avoid many eye and vision problems. You can also better ensure good eye health by eating properly, avoiding smoking, exercising regularly and wearing sunglasses.

Because it is a fact of life that vision changes with age, it is equally important that adults receive regular eye exams. Baby boomers, those Americans born between the years 1946-1964, are at the stage when many are affected by vision problems. Regular eye examinations are important to check for eye diseases such as glaucoma and age-related macular degeneration and in order to see as clearly as possible. In addition, exams often offer indications about an individual’s overall

health. Many times the first indication of diabetes is discovered during an eye exam. The AOA recommends adults ages 19 – 60 receive an eye exam every two years. Those 61 and over should receive eye exams annually. If you are at risk for eye problems due to family history, diabetes, or high blood pressure, more frequent exams may be recommended by your optometrist.

It is our hope that you will find a wealth of helpful information in the articles that follow to enable you to have a lifetime of healthy vision. Please visit www.aoa.org for more information or to find a doctor of optometry near you.



A VERY SPECIAL THANKS TO...



Even if you can read this, chances are you know somebody who can’t. More than 16 million Americans report some form of visual impairment even when wearing glasses or contacts. But “low vision” doesn’t have to mean darkness and dependence. Assistive devices can help maximize remaining vision and in many cases, compensate for what is lost.



Built on its 65 year legacy, Alcon is dedicated to discovering, developing and producing high-quality eye care products that preserve, restore and enhance sight globally. With products available in over 180 countries, Alcon is committed to serving the world’s eye care needs with a broad portfolio of market-leading surgical, pharmaceutical and consumer vision care products that treat diseases and conditions of the eye.

Identifying Common Eye Diseases

At its most simplistic, vision loss can be defined as a person’s difficulty in seeing clearly with or without glasses or contact lenses. Yet the numbers are startling: The American Foundation for the Blind (AFB) says more than 20 million Americans have “significant vision loss,” 6.2 million of them more than 65 years old.

In general, the most common eyesight complaint in the U.S. is being nearsighted or farsighted, according to The Vision Council. Myopia (nearsightedness) occurs when objects at a distance are blurred but those nearby are in focus; hyperopia (farsightedness) occurs when nearby objects are blurred and those at a distance are in focus. The majority of these complaints can be corrected with either glasses or contact lenses.

More than 3.4 million Americans are visually impaired, including those who are completely blind. The Vision Council notes more African-Americans are blind than Caucasians or Hispanics, but Hispanics have higher rates of visual impairment than other races. While visual problems can occur at any age, the prevalence increases substantially for people over 75.

“In the United States, more people than ever before are at-risk for or have eye diseases. As the baby boomer population ages, so too does the number of people at-risk for age-related eye diseases, such as age-related macular degeneration

(AMD), glaucoma and diabetic retinopathy (DR),” said Al Brandel, chairperson, Lions Club International Foundation.

There are two types of AMD: wet and dry. While dry AMD is more common, vision loss is typically moderate and very slow to progress. Wet AMD, however, distorts central vision so only peripheral vision remains. There is no universally accepted treatment for dry AMD. More than 1.6 million people are affected by the wet form; some large-scale government studies have found increasing zinc, vitamins A and C, and beta-carotene may help control the disease’s progression, but to date there is no proven means to prevent AMD.

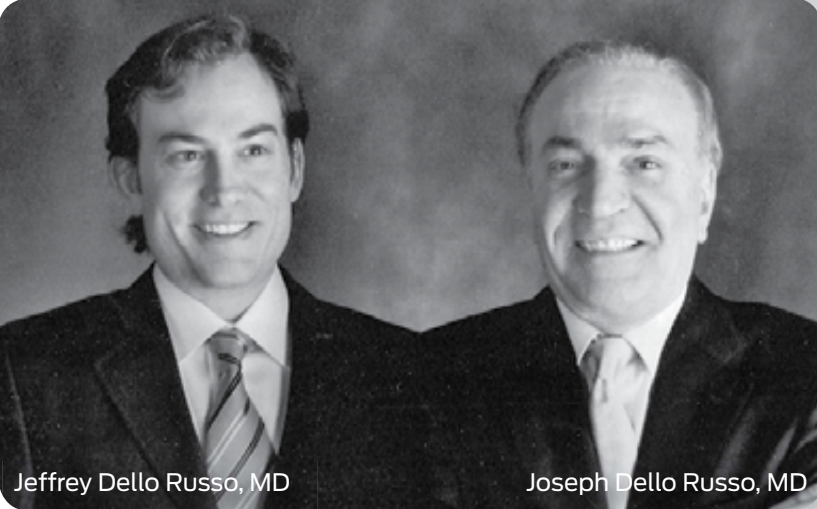
Cataracts—a clouding of the natural lens—can develop at any age, but is most likely to develop as people age. There are about 20.5 million cataract cases in the U.S. yearly (affecting about 1 in every 6 people over the age of 40). By the time people are in their 80s, cataract affects 50 percent of the population. The World Health Organization considers cataract the leading cause of preventable blind-

ness in the world, but in the U.S. it is mostly considered a much less significant disease because of how widely available treatment is.

Diabetic retinopathy is relatively common in people with diabetes. Of the 10.3 million people in the U.S. diagnosed with diabetes, about 5.4 million have DR; the longer someone has had diabetes, the more likely they are to develop DR. Controlling blood sugar may reduce the risk of DR.

Glaucoma slowly destroys optic nerve cells in the eye, which explains why most people are unaware of their disease. It affects about 2.2 million Americans over the age of 40, and is highly correlated with age; most people may not recognize a decrease in vision until they are in their 60s. Medical treatment is extremely helpful for the majority of people afflicted, and surgery is an option if medical treatment fails.

“One of the greatest issues in preventing blindness is that it’s not a well known problem in the U.S. Quality eye health care services are easily available in the United States and therefore taken for granted,” Mr. Brandel said. “Globally, however, it’s a serious health problem: 80 percent of blindness can be prevented.”



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The most important factor in successful LASIK is selecting a surgeon with a proven track record. “More experience means more knowledge,” says Joseph Dello Russo, MD “and that translates to better LASIK and better vision.”

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Evolution of Cataract Surgery and Elective IOL Options

Patients should have their cataracts removed when it interferes with their quality of life; with the newer lens options now available, patients can also choose to enhance their lifestyle, says one surgeon.

The number one question patients ask a cataract surgeon? When should they schedule the surgery, followed closely by what kind of vision can they expect after surgery, said Kerry Solomon, M.D., Carolina Eye Physicians (Charleston); Director, Carolina Eye Research Institute; and adjunct clinical professor of ophthalmology, Medical University of South Carolina. Technology has advanced to the point where patients can have the cataract removed and return to their regular activities in a very short time span.

“Today’s patients have options to improve their quality of life and lifestyle that we’ve never had before,” Dr. Solomon said. Because today’s active adults are often interested in maintaining the level of activity they had before surgery, but do not want to rely on glasses, there are now options available that can give the patient that kind of freedom, he said.

“We now have lifestyle lenses that will allow patients to be less dependent on glasses after their cataract surgery. When patients choose that option, we work together to determine what type of activities are most important to them—driving or playing golf without glasses, or maybe it’s playing cards or cooking, or maybe it’s emailing the grandkids,” he said.

There are two kinds of lifestyle lenses: The first is a toric lens, which can give patients with astigmatism good functional distance vision for things like driving or playing golf, but patients would still need glasses for things like reading the newspaper, Dr. Solomon said. Presbyopia-correcting lenses (sometimes called multifocal or accommodating lenses) give patients the ability to see both near and far objects well, usually without the use of glasses.

Patients should know that standard lenses offer equally good vision as the lifestyle lenses, but the patient usually

needs glasses for reading or playing cards, Dr. Solomon said. Almost half the population has astigmatism, and this can now also be corrected with a toric lens implant, he added. And, if someone has astigmatism but also wants a lifestyle lens, surgeons can correct the astigmatism with a laser after the initial surgery, he added.

“What’s terrific in this modern era is that we can safely and effectively remove a cataract, use these lifestyle or elective lenses to not only improve someone’s quality of vision, but their quality of life by reducing their dependence on glasses,” Dr. Solomon said.

Dr. Solomon advises people to bring family members to the initial consultation, to ask the eye doctor about the various options and costs, and what kind of vision they are likely to achieve after surgery.

“Most people don’t know that insurance will cover most of the operation if you have a visually significant cataract,” he said. “Insurance covers all the expenses associated with modern surgery, and that cost is deducted from the overall cost, so patients don’t have to foot the whole bill if they want a lifestyle lens.”

ADVERTORIAL

AFB Offers Hope and Help to Families Facing Vision Loss

More than 20 million Americans are experiencing significant vision loss—a number that is expected to grow exponentially as the nation’s 78 million baby boomers reach retirement age and beyond.

To help families cope with the impact of vision problems, the American Foundation for the Blind (AFB) created AFB Senior Site® (www.afb.org/seniors). Visitors will find tools and techniques for living with vision loss, and inspiring video testimonials from people who have successfully adapted to their condition. The site features five main sections: Understanding Vision Loss, Finding Help and Support, Changing Your Home, Daily Living and Fitness and Fun.

“When people are first diagnosed with macular degeneration, glaucoma, or another eye condition, they often don’t know what to do,” said Carl R. Augusto, President & CEO of AFB. “AFB Senior Site offers families easy, affordable solutions, and provides tools and tips that help people live active, independent lives with vision loss.”



Millions of seniors and their loved ones are coping with severe vision loss.

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AFB American Foundation® for the Blind



Caring For Your Eyesight: Why regular check-ups are imperative

According to the 2008 American Optometric Association survey, many Americans are not paying enough attention to their eye health. About 81 percent of Americans wear eyeglasses or contact lenses, or both. Of them, 25 percent have not been to an eye doctor in the past 2 years for a regular check up. Yet regular eye exams can detect more than just visual problems.

Eye health and vision loss is a major issue and there are preventative measures that men and women need to start taking in order to protect their eye sight from an early age, said Andre Hardy, president of Optelec, a manufacturer of low vision devices. The numbers of those who suffer from some form of visual impairment will continue to increase as the baby boomer generation enters its golden years, he added.

Consumers can help safeguard their vision by scheduling regular visits with eye care professionals. Comprehensive eye exams can ascertain if someone has any underlying diseases that may adversely

affect vision before irreversible visual damage is done.

For instance, diseases such as glaucoma, age-related macular degeneration (AMD), diabetes, cancer, and even multiple sclerosis can be detected with regular eye exams, said optician Tom Abbott, Chair, Better Vision Institute; and manager of the Everett Clinic Vision Centers (Everett, Wash.). Left untreated, some of these diseases can lead to permanent vision loss. Further, yearly exams can ensure those who wear prescription glasses or contact lenses still have an up-to-date prescription, and that the surface of the eye is still healthy

enough to allow contact lens wear.

The Better Vision Institute is trying to raise awareness of the importance of exams, since residents in nursing homes and older African-Americans (particularly those in rural areas) tend to miss yearly visits more than any other group.

Said William Trattler, MD, at Center For Excellence In Eye Care, Miami: “Doctors in the U.S. are very good at keeping updated on the latest information, and we have the latest diagnostic tests available to help detect even the earliest of disease onset.”

The importance of comprehensive exams cannot be minimized, Dr. Trattler said, especially if there is a family history of eye disease. He likened it to getting a cholesterol test if the disease runs in the family; like high cholesterol, some eye diseases such as glaucoma or age-related macular degeneration don’t have any noticeable signs until irreversible damage has been done to someone’s vision.

“Yearly exams are also highly recommended for people with diabetes so we can monitor the progression or onset of diabetic retinopathy,” Dr. Trattler said.

Corrective Lenses Offer Various Options

The American Optometric Association says more than 30 million Americans wear contact lenses, the overwhelming majority (80 percent) of them soft contact lens wearers.

Increased length of wearing time, improved biocompatible materials, and lenses that reshape the cornea overnight to correct vision are but a few of the improvements seen in the past decade.

There are several kinds of contact lenses on the market, each with its own set of advantages and disadvantages, according to the AOA. Generally speaking, they are able to provide better sight than eyeglasses, but they do involve more follow up with an eye care professional and contact lens hygiene is imperative to prevent infection. According to a report on the 2009 U.S. contact lens market, silicone hydrogel lenses are the most commonly prescribed lens (54 percent). Soft toric

lenses to correct astigmatism account for 22 percent of the market; of those 30 percent are silicone hydrogel toric lenses.

Some of the newest advances in contact lens technology is the introduction of silicone hydrogel lenses for people who need bifocals, called multifocals, designed to give the wearer good vision during all activities (reading the paper, working on a computer, driving, etc.).

Another recent advancement is Corneal Refractive Therapy (CRT), a non-surgical alternative to LASIK for people of all ages who are nearsighted. CRT users wear a therapeutic contact lens that reshapes the front surface of the wearer’s eye during sleep to correct their vision rather than wearing contact lenses during the day. For contact lens wearers

who experience discomfort from their daytime contact lenses or who are active in after-school activities, CRT lenses “provide visual freedom from traditional daytime contact lens wear,” said Joe Sicari, president and chief executive officer, Paragon Vision Sciences. Some early research indicates these kinds of corrective lenses might help slow the progression of myopia (nearsightedness) in children, although that has not yet been proven. One downside to the technology is if the patient stops wearing CRT overnight, the corrective vision that was achieved will eventually revert back to the user’s original prescription.

Standard vision correction will likely continue to be glasses, traditional contact lenses, CRT-type lenses, and a variety of surgical choices, Mr. Sicari said.

Contact lenses “may emerge that can be worn by and provide benefit to people with or without 20/20 vision, but who are seeking vision enhancement for their sport, profession, or computer game performance,” Mr. Sicari said.

He also believes there will be “better products, particularly contact lenses, offering better options for people requiring bifocals to see well.”





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Living with Low Vision

Low vision may affect up to one quarter of the U.S. population. Various low vision devices and rehabilitation services are the key to maintaining independence.

Low vision differs from vision loss in that the former cannot be adequately corrected with medical or surgical therapies, nor will contact lenses or eyeglasses improve functional vision. Common complaints from people with low vision are a lack of contrast sensitivity, distorted vision, or a combination of both, making daily activities such as shopping, cooking, or reading and writing increasingly difficult. The National Eye Institute says most people develop low vision because of age-related diseases such as cataract, glaucoma, diabetes, and age-related macular degeneration.

“When someone loses the ability to read, they become disconnected from society at large,” said Andre Hardy, president of Optelec, a low-vision device manufacturer. “If you have 100 people with low vision in a room, 95 will say they miss the ability to read the most.”

Low vision devices cannot restore vision, but they can help increase a person’s

independence and improve their quality of life. Specialists can help train and rehabilitate people living with low vision, from learning how to decorate a room for those with low vision (use lots of contrasting color schemes), to learning how to retain as much independence as possible with the condition.

“Vision-rehabilitation services are available throughout the country to help people learn to live independent lives and manage conditions such as diabetes,” said Priscilla Rogers, program manager, American Foundation for the Blind Senior Site. These services include learning to carry out daily activities such as cooking, reading, corresponding using alternative techniques or low vision devices such as magnifiers or electronic magnification. They also include learning skills such as how to use a cane to travel safely in one’s environment and to use a computer with assistive technology.”

As the baby boomer generation ages,

the need for low vision rehabilitation specialists will increase, Mr. Hardy noted.

“Another thing about low vision that’s urgently important: there has to be a coordinated effort between the occupational therapist and eye care professionals,” said Tom Abbott, chair of the Better Vision Institute. “If those two sectors work closely together, the low vision patient has the best opportunity for maintaining mobility.”

There are low vision devices available to patients that can help maximize their remaining vision, Mr. Abbott said. He cited magnifiers, closed-circuit TV, telescopic eye wear, glare control lenses and filters, and non-optical aids such as talking clocks or color-coded kitchen organizers as just some of the devices that can help those with low vision maintain autonomy.

“If you have low vision, there are options available to you—you don’t have to go into your room and be depressed,” Mr. Hardy said. “You can be as productive as you were before, just with assisted technology. It’s like when you twist your ankle and use a cane. Low vision is no longer a sentence for isolation. Autonomy is still an option.”

Finding Relief From Dry Eye Signs and Symptoms

Although its name alone could have one thinking “dry eye” means simply an eye that cannot generate enough tears to keep the surface lubricated, dry eye is much more multifactorial than that, eye doctors say.

“People with excessive tearing can have dry eye, people who wear contact lenses can be particularly sensitive to dry eye as well,” said William Trattler, MD, at Center For Excellence In Eye Care, Miami.

This time of year, when ambient humidity markedly decreases and evaporation increases, the environment dries out the tear film, meaning more people complain about their eye comfort.

According to Eric D. Donnenfeld, MD, a partner in Ophthalmic Consultants of Long Island (Rockville Centre, N.Y.) and clinical professor of ophthalmology at NYU medical school, New York, the winter months can wreak havoc with someone’s eyes, as ambient humidity markedly decreases, and evaporation increases when it is cold and windy.

“These conditions dry out the tear film resulting in patients complaining of dry eye, foreign body sensation, and reactive tearing, which can be quite annoying,” he said. It’s predicted that 20 percent of indi-

viduals over the age of 40 have dry eye.

“Dry eye disease reduces quality of life and visual acuity. In my estimation, it is the most common reason why people come to the eye doctor’s office,” Dr. Donnenfeld said.

Making environmental changes—even something as simple as placing a humidifier in the bedroom—is helpful, Dr. Donnenfeld said.

His other recommendations:

- Move the computer screen down below eye level so that your eyes are more closed when staring at the computer. This simple step markedly decreases evaporation of water from the tear film.
- Avoid sitting on couches or lying in beds if there is forced hot air heat blowing in this area.
- Most people have opted to try artificial tears for symptom relief before going to see an eyecare professional, Dr. Trattler adds.

“Eye drops can probably make most people feel better, but they don’t solve

the underlying problem. They’re good for people with an occasional dry eye or who are in situations where their eyes feel dry (like riding in an airplane), but if you’re using them throughout the day, every day, there’s an underlying problem,” Dr. Trattler said.

For people who cannot find relief with artificial tears, prescription eye drops can sometimes be more effective, Dr. Trattler added.



Latest Advances in Refractive Surgery

With all the advances in technology, laser vision surgery correction can now be customized for each individual.

Worldwide, almost 153 million people have some type of uncorrected refractive error (nearsightedness, farsightedness, or astigmatism). Most errors could be corrected with glasses, contact lenses, or refractive surgery.

In the past 5 years, the surgical treatment has increasingly become safer, with less pain immediately after the surgery, and better vision quicker, said Joe Dello Russo, M.D., founder of N.Y./N.J.-based Dello Russo Laser.

“When no-blade surgery was introduced, it virtually eliminated the potential complications we saw with bladed LASIK,” he said. In his opinion, the combination of no-blade surgery with customizable options on the various laser systems allows eye care professionals to better screen candidates. In some cases, the advances in technology can even improve pre-existing eye conditions like glare or halos at night, Dr. Dello Russo said.

Being able to better pre-screen patients also means that fewer people will need a secondary surgery to obtain their best personal vision, said Richard L. Lindstrom, M.D., founder of Minnesota Eye Centers (Minneapolis and Bloomington). Patients undergoing laser surgery today are much less likely to have the night vision complaints the others had earlier in the decade, he added.

“What’s driven the popularity of laser surgery is the rapid visual recovery and minimal discomfort after surgery that patients experience,” Dr. Lindstrom said.

A group of international doctors recently looked at patients who had LASIK surgery between 1996 and 2003 (before

any of the customization available today was approved), and they found 95.4 percent were satisfied with their outcomes.

“The main reasons for dissatisfaction were having to have a second surgery before they were happy with their vision (that was about 3 percent) and the remaining almost 2 percent had complaints of dry eye or night vision symptoms,” Dr. Lindstrom said.

People who are interested in laser vision correction should know that symptoms of dry eye may be exacerbated after LASIK surgery, and that some people have complained their vision seems to get worse in the evenings.

That being said, “the group also found that no other elective surgical procedure—face lifts, nose jobs, etc.—none had a higher satisfaction rate after surgery than LASIK,” Dr. Lindstrom said.

Aside from the lasers themselves, surgery time has also been reduced in the past few years with the introduction of a swivel bed. Dr. Dello Russo estimates patients can now have both their eyes operated on in about 8 minutes, down from about a half hour years ago.

“It’s much more convenient and comfortable for the patient as well,” Dr. Dello Russo said.

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“Eye drops can probably make most people feel better, but they don’t solve the underlying problem. They’re good for people with an occasional dry eye or who are in situations where their eyes feel dry (like riding in an airplane), but if you’re using them throughout the day, every day, there’s an underlying problem.”

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“...the group also found that no other elective surgical procedure...none had a higher satisfaction rate after surgery than LASIK...”

Panel of Experts



ROBERT J. CIONNI, M.D.
Medical director of the Eye Institute of Utah



TOM ABBOTT
Chair, Better Vision Institute
Manager, Everett Clinic VisionCenters



AL BRANDEL
Chairperson, Lions Clubs International Foundation



JOE DELLO RUSSO, M.D.
Fellow, American Academy of Ophthalmology
Founder, Dello Russo Laser Vision

Q: How can you treat astigmatism during cataract surgery in today's world?

A: In people without astigmatism, the front of the eye (the cornea) is round, like a basketball, but with astigmatism, the cornea is shaped more like a football. When you bounce a basketball, the ball comes right back to you. When you bounce a football, it goes all over the place. The same thing happens with light entering the front of the eye.

Today we can correct the astigmatism when we're performing cataract surgery by implanting a toric lens. When these lenses are oriented properly, they can counteract the astigmatism instead of relying on glasses to do so.

We can also treat astigmatism at the time of cataract surgery by making small incisions to reduce the oblong shape of the eye (called limbal relaxing incisions). The disadvantage to these kinds of incisions is that they are not as predictable nor as stable as the toric implant for final vision outcomes. With the toric lens, you'll have a 97 percent chance of not needing glasses for distance vision tasks.

Astigmatism can also be managed with a laser, and the results are also precise, but that option requires two surgeries instead of one and generally is more costly than choosing a toric implant at the time of cataract surgery.

Neither Medicare nor private insurance will cover the cost for the portion of the surgery related to the correction of astigmatism and the out-of-pocket charges may vary from surgeon to surgeon.

Q: What are some of the things people can do to prevent vision loss?

A: The biggest way people can prevent vision loss is to have a regular eye exam by an eye care professional. Every day, I see patients who ask how often they should be getting their eyes examined. Regular exams are important for people of all ages.

There are millions of Americans, from infancy to seniors, who have uncorrected vision problems and some of these can come about with no warning signs. Some, like glaucoma, can cause permanent vision loss if left untreated. Eye exams can also detect age-related macular degeneration, diabetes, and high blood pressure.

In addition to scheduling regular eye exams, wearing protective eye gear can go a long way towards preventing vision loss. Most people will wear goggles when they're skiing or swimming, but they don't think about wearing protective eye gear when working around the house. Even when doing 'mundane' activities such as mowing the lawn, you should be wearing eye protection. With all the do-it-yourselfers and weekend home improvement experts, the importance of wearing safety eye gear cannot be overlooked. Wearing sunglasses with 100% ultra-violet protection can also help prevent cataracts and retina damage.

Vision can also be preserved by adopting healthy behaviors. By not smoking, increasing your intake of antioxidants and omega-3 fatty acids, exercising and keeping your blood pressure under control you can take steps toward a lifetime of healthy vision.

Q: What are some of the biggest challenges of identifying people with vision problems?

A: One of the biggest challenges is that many people aren't aware they have a vision problem, and therefore don't seek treatment until it's often too late. Timely and regular screening is important.

People should have their eyes checked annually, even if they don't notice a vision problem because many diseases have no early warning signs. Additionally, many people aren't aware of the many common eye diseases or that they may be in a higher risk group. For example, a recent knowledge, attitudes and practices survey conducted by Lions Clubs International Foundation with the National Eye Institute found that 71 percent of respondents reported that a loss of their eyesight would rate as a 10 on a scale of 1 to 10, meaning that it would have the greatest impact on their day-to-day life; however, only 8 percent knew that there are no early warning signs of glaucoma.

A lack of access to quality eye health care is an equally important challenge. In many developing countries, there are not available or affordable services for eye health care and treatment. Blindness is most prevalent in developing countries, where 90 percent of the blind population lives.

Q: What are the latest advances in laser vision correction?

A: Laser surgery reshapes the patient's cornea to eliminate the refractive error; although it's been around for decades it's not a perfect procedure and not everyone who needs glasses or contact lenses to see clearly is a good candidate.

The biggest maturation we've had in the laser refraction treatment market is the introduction of the phakic intraocular lens. Before, people who were not candidates for laser vision correction because they were too nearsighted were unable to be helped. Now, though, we are able to implant a lens in their eye, and use a laser for touch-up surgery if necessary. The patients love it, and they've been given an opportunity to have great quality vision without the use of glasses or contact lenses.

For those who do qualify for laser vision surgery, the greatest innovation has been the IntraLase laser —what allows us to provide LASIK in an all-laser environment. Years ago, recovery times from laser surgery were significantly longer than they are today. With the all-laser approach, patients can see better almost immediately. Most of our patients tell us they're able to confidently drive the day after surgery.

The bottom line? In today's world, with the technology we have allowing us to customize each patient's surgery and perform it in an all-laser setting, if you're a good candidate for the surgery, you will do incredibly well.



80% of blindness can be prevented

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MULTIFOCAL IOL



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CAUTION: Federal law restricts this device to sale by or on the order of a physician. INDICATIONS: The AcrySof® IQ ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed in the capsular bag. WARNINGS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Some adverse reactions that have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, macular edema, pupillary block, retinal detachment and secondary surgical intervention (including but not limited to lens repositioning, biometry error, visual disturbances or patient dissatisfaction). As a result of the multifocality, some visual effects (halos or radial lines around point sources of light at night) may also be expected due to the superposition of focused and unfocused multiple images. A reduction in contrast sensitivity may also be experienced by some patients, especially in low lighting conditions such as driving at night. In order to achieve optimal visual performance with this lens, emmetropia must be targeted. Patients with significant preoperative or expected postoperative astigmatism >1.0D may not achieve optimal visual outcomes. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions. PRECAUTIONS: Do not resterilize. Do not store over 45° C. Use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solution. Clinical studies with the AcrySof® IQ ReSTOR® IOL indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis and other retinal or optic nerve diseases) has not been studied. The long-term effects of filtering blue light and the clinical efficacy of that filtering on the retina have not been conclusively established. ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

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* Karen's story is inspired by real-life experiences, portrayed by a model. Actual results may vary.