Cataracts

and

Intraocular Lenses

Options for correcting distance, intermediate and near vision

Alan M. Berg, M.D. • Robert E. Feinfield, M.D.

BERG·FEINFIELD
VISION CORRECTION

We hope this booklet will help our patients understand more about how the eye works and how cataracts, which cause vision problems, can be treated. Also, for other patients, a refractive lens exchange (a premature cataract surgery) can decrease dependence on glasses or contact lens to see both distance and near.

This information is not intended to serve as a substitute for a consultation with your ophthalmologist, nor is it intended to give different medical advice to that of your ophthalmologist.

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Alan M. Berg, M.D.

Dr. Alan M. Berg is a Board Certified Ophthalmologist, Chief LASIK Surgeon and Medical Director of NVISION® for The Greater Los Angeles Area. Dr. Berg is a pioneer in refractive and cataract surgery, beginning with Radial Keratotomy (RK) and small incision cataract surgery, for the last 30 years. He now specializes in laser vision correction, refractive lens implant and cataract surgery.

Dr. Berg was one of the first surgeons to use phacoemulsification cataract surgery and small incision cataract surgery beginning in 1980. He performed thousands of cataract intraocular lens (IOL) surgeries, and now utilizes advanced IOL technology including Multifocal/Accommodating/Toric implants for the correction of presbyopia and astigmatism. Dr. Berg is very excited to be one of the first eye surgeons to perform laser assisted cataract surgery using femtosecond technology. He uses only state-of-the-art technology, to help his patients achieve their best possible outcome.

He became an ophthalmologist "to help patients with their most important sense - their sight". Dr. Berg was a national consultant for Merck, Alcon and Allergan medical corporations, and an expert reviewer for the California Medical Review Board. He was the Medical Director of the Kobe Clinic in Japan. This enabled him to share his expertise in ophthalmology with ophthalmologists all over the world.

Dr. Alan Berg earned his medical degree and completed one year of residency at Bowman Gray School of Medicine in Winston-Salem, North Carolina. He finished his residency in Ophthalmology at the University of Southern California in Los Angeles. As a USC Faculty member, Dr. Berg taught residents in the Ophthalmology program. He is a medical staff member and former Chief of Ophthalmology of Providence St. Joseph Medical Center and was the Chief of the Department of Ophthalmology at the City of Hope Medical Center in Duarte for 18 years.

When he is not working, he enjoys spending time with his wife and two children.

Robert E. Feinfield, M.D.

Dr. Robert E. Feinfield is a Board Certified Ophthalmologist specializing in small incision cataract surgery and foldable intraocular lens technology. Dr. Feinfield has a particular interest in refractive cataract surgery and is one of the first surgeons to use accommodative, multifocal and toric intraocular lenses to correct both distance, near vision and astigmatism during cataract surgery and refractive lens exchange. He is one of the first surgeons in Los Angeles to use the Femtosecond LenSx® Laser in performing laser-assisted cataract surgery.

Dr. Feinfield lectures widely to physicians on microsurgical and laser-assisted cataract extraction. He serves as a consultant to Alcon Surgical in their Core Program for ophthalmology residents. He is the featured cataract surgeon for the Discovery Health Channel.

Dr. Feinfield understands the complexities of choosing from the variety of options now available to patients with cataracts and is committed to providing the information you need to make an appropriate decision.

An honors graduate of the University of California, San Francisco School of Medicine, Dr. Feinfield performed his ophthalmology residency at the Ochsner Clinic in New Orleans where he was one of the pioneers to perform small incision cataract surgery. Dr. Feinfield served as Chairman of Ophthalmology, Providence St. Joseph Medical Center and is an Expert Reviewer for the California Medical Board.

Dr. Feinfield is the founder of www.Music4Sight.org, a non-profit music label benefitting Orbis International, the Flying Eye Hospital, and Sweet Relief, benefitting musicians in need.

When not in the office, Dr. Feinfield enjoys golf, fly fishing, producing music, and spending time with his wife and three boys.

Shaden Sarafzadeh, M.D.

Dr. Shaden Sarafzadeh is a Board Certified Ophthalmologist and cataract surgeon. She believes that every eye and patient are unique, so she approaches each cataract surgery with a personalized touch.

Dr. Sarafzadeh graduated from the University of California, Berkeley with a degree in Molecular and Cell Biology. She went on to attend medical school at the University of Cincinnati and completed her ophthalmology residency at the University of Minnesota. During her time in Minnesota, she won the Harry Friedman Research Award for her study on presbyopic lens implants in patients with prior refractive surgery.

Dr. Sarafzadeh has presented at multiple national ophthalmology meetings, including the annual meeting of the American Academy of Ophthalmology and the Annual Symposium of the American Society of Cataract and Refractive Surgery, where she won an award for her presentation on presbyopic intraocular lenses.

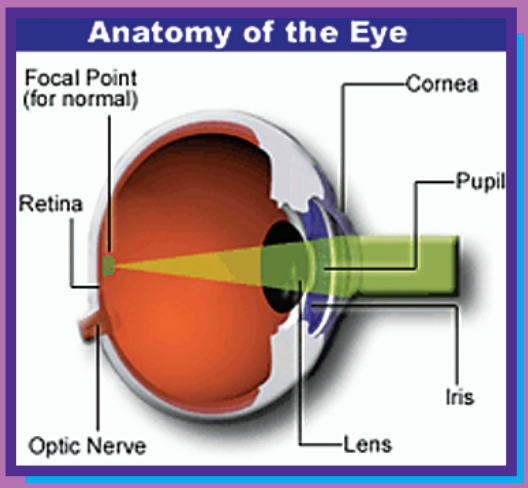
Lilit Minasyan, M.D.

Dr. Minasyan is a Board Certified Ophthalmologist specializing in glaucoma, cataract surgeries and treatment of a variety of eye diseases.

Dr. Minasyan has over ten years of experience in the field delivering quality care to her patients. She is passionate about providing the best care and prides herself on the individual attention she provides to each patient.

Dr. Minasyan received an undergraduate degree from UCLA and earned her graduate degree in medicine at University of California San Diego, where she also completed her residency program in ophthalmology. After the residency program, she completed a glaucoma fellowship program at UCLA Doheny Eye Institute. She is an active member of the American Glaucoma Society and is an author of a number of research articles and publications.

Dr. Minasyan is fluent in English, Armenian and Russian.



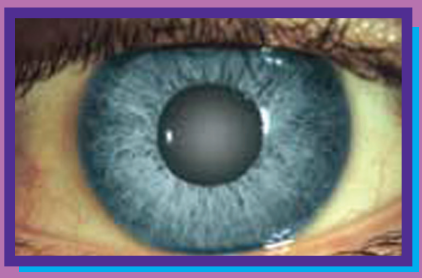
THE EYE AT WORK

Various parts of the eye work together to catch, focus, and process light to make vision possible. When the eye is open, light first passes through the **cornea**. The cornea takes a wide spectrum of light and bends it through the **pupil**. The light is then finely focused through the eye's natural **lens** directly onto the **retina**. The lens changes shape to bring objects at various distances into focus, this process is called accommodation. The retina, which is like film in a camera, changes the light to electric impulses and sends them through the optic nerve to the processing center of the brain where vision is interpreted.

Just as a camera lens focuses and transmits images onto film, the lens of the eye does much of the same thing. Over time the lens loses flexibility making it harder to focus up close, making reading difficult. This process is called **presbyopia**. Presbyopia tends to occur between 40-50 years of age.

WHAT IS A CATARACT?

Normal Eye



Cataract Eye

A cataract is a gradual clouding of the eye's lens which will cause a loss of ones ability to see. Individual symptoms may vary depending on the degree of the cataract. They will, in most cases, increase over time making vision worse. It is impossible to predict when a patient will need surgery. One eye may develop a cataract earlier than the

CATARACT SYMPTOMS

Normal Vision

Blurring of the vision

Yellowing of the vision

CATARACT/CLEAR LENS REMOVAL

WHEN DOES A CATARACT/CLEAR LENS NEED TO BE REMOVED?

This depends on the severity of the cataract and most important how it is interfering with your ability to see. This too will vary from patient to patient. Some patients may choose not to wait for the cataract to become "ripe" to maturity. Cataract surgery is an elective surgery based on your visual needs.

There are two main indications for the removal of the natural lens:

1. When the lens becomes cloudy

2. When the patient wants to decrease their dependency on glasses or contact lenses

The difference between these surgeries is that a **cataract surgery(1)** is a procedure that replaces the cloudy lens and enables the patient to see better with the aid of glasses. A **refractive lens exchange(2)** procedure is designed to remove a clear lens and replace it with an

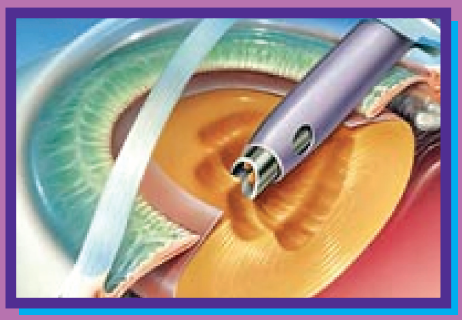
CATARACT SURGERY

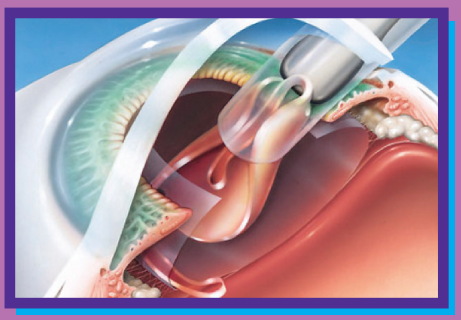
MODERN CATARACT SURGERY

Surgical removal of a cataract is the only solution to correct a cataract. There are no known drugs or diets that will delay the development of a cataract.

Cataract surgery at Berg•Feinfield Vision Correction is performed as an out-patient procedure at our state-of-the-art surgery center. The procedure performed is clear corneal phacoemulsification. In this procedure, a tiny incision is made in the cornea through which the cloudy part of the lens is removed using advanced **emulsification** techniques. The natural lens is then replaced with an intraocular lens implant (IOL). The artificial lens implants are needed for you to see after the natural lens is removed, because like a camera you need an unobstructed lens to see clearly.

The new types of intraocular lens are soft and folds as they are placed in the eye. The main advantage of the folding lens is that it requires an incision only three millimeters (about one-eighth of an inch) long – half the size of the incision required for conventional IOL's. As a result, recovery is as much as 50% faster, and the patient can





TYPES OF IOL's

MONOFOCAL IOL

The vast majority of implanted IOLs are monofocal lenses. This lens focuses best at a single location. For example; the lens may provide focus for seeing up close or far away but not for both. Most patients prefer to have good distance vision and will use bi-focal or reading glasses to see at close or intermittent ranges.

PREMIUM/PRESBYOPIC IOLs

The second type of IOL implants are called *presbyopic correcting implants*, which provides a range of vision i.e. both distance and varying degrees of near vision. These are used in most refractive lens exchange surgeries to decrease dependence on glasses for both distance and near vision.

There are three types of presbyopic correcting implants. They vary in their ability to correct both distance and near vision. These lenses may not be advisable for all patients with cataracts. Doctors Berg or Feinfield will discuss with you the best implant for your visual needs.

ASTIGMATIC/TORIC LENS

Astigmatism is a general inability of the eye to focus clearly at any distance because of irregular corneal curvature. In other words, the cornea is shaped more like a football than a basketball. When the cornea is oval, rather than round, light focuses on more than one point of the retina.

Toric implants are monofocal IOLs which also can correct astigmatism enabling patients to see better at distance without the aid of glasses.

LASER-ASSISTED CATARACT SURGERY

At Berg•Feinfield Vision Correction, we are proud to provide you with Laser Refractive Cataract Surgery with the Femtosecond LenSx® Laser from Alcon – the next evolution in cataract surgery. Drs. Berg and Feinfield are the first surgeons in the Los Angeles area to use this advanced

technology, providing image-guided, surgeon controlled anterior capsulotomy, lens fragmentation, and all corneal and cataract incisions. The LenSx® Laser will allow us to pre-cut the nucleus to allow for a safe and more precise cataract surgery. The laser replaces the need for blades, therefore, creating a bladeless cataract surgery.

The LenSx® laser assisted cataract surgery may not be needed in all cataract surgeries. Your doctor will discuss its benefits in your case.

OPTIPLUS™ USING THE ORA SYSTEM™

Berg•Feinfield Vision Correction is now offering OptiPlus™ using the ORA System™, a new intraoperative test option that provides real-time measurements of the patient's eye during cataract surgery. Prior to OptiPlus™, ophthalmologists were unable to assess the quality of vision during a cataract procedure, and would often have to wait weeks or even months after the surgery to determine the accuracy of the procedure and the patient's visual results.

Using this revolutionary measurement option, eye surgeons can now evaluate the optical conditions in the eye throughout the cataract procedure and make decisions at the precise moment that can best affect visual outcomes. The OptiPlus™ measurement occurs when and where it matters most – during the cataract procedure – not in the office or after the procedure. OptiPlus™ can guide surgeons to determine the most accurate intraocular lens implant prescription and astigmatism correction. This is especially important in calculating IOL powers for post-refractive surgery patients – PRK, LASIK and RK to give our patients the best visual result.

WHAT IS THE COST?

Berg•Feinfield Vision Correction is a Medicare "provider." We will submit a claim to your insurance company electronically. Medicare pays 80% of their allowable amount and you are responsible for the remaining 20% as well as any yearly deductibles. If you have a Secondary Insurance Plan to cover this amount, we will submit that claim for you also. Our office staff is prepared to explain these benefits and how they may apply to you.

WHO WILL PAY FOR MY SURGERY?

In most cases, your medical insurance will cover most or all cost associated with cataract surgery, including a monofocal lens implant. The cost for a presbyopic (premium implant), toric IOL, and laser assisted cataract surgery is not covered by insurance as it is considered an additional option which would be an out-of-pocket expense to the patient, if you choose that technology. The choice of which lens and technology to use in your eye depends on many factors, your surgeon will discuss which treatment is right for you.

PREPARING FOR SURGERY

- A painless computer linked A-scan will be performed to calculate the focusing power of your implant
- The surgical procedure will be thoroughly discussed prior to signing a surgical consent form
- Your family doctor will give you a physical examination and order any tests needed
- **You should not eat or drink anything after midnight the night before surgery**

WHERE IS THE SURGERY PERFORMED?

The outpatient cataract procedure is performed at our state-of-the-art ambulatory surgery center, that is limited to eye surgery. The surgery is done under local anesthesia. Most patients sleep naturally during surgery. Surgery in most cases is pain free and there is minimal post-operative discomfort. The procedure takes 15-30 minutes and after surgery our patients go directly home.

AFTER SURGERY

Patients return the next day for their post operative exam. We will prescribe drops to help your eye to heal. Some patients may experience mild light sensitivity and swelling, but wearing sunglasses and over the counter pain reliever will help with any post-operative discomfort. You will be able to resume most of your normal activities the next day. In most cases, if you have an optometrist, we will have them conduct most of the follow-up examinations. Should you require glasses after your surgery, your optometrist will be able to prescribe and fit them for you.

In no time you will be enjoying life, completely cataract-free!

YAG CAPSULOTOMY

Several months or years after cataract surgery a small percent of patients will develop what is called a secondary membrane. This refers to a clouding of the lens capsule. The lens capsule is left intact after cataract surgery to support the artificial lens implant. Over time this capsule can get cloudy and interfere with your ability to see clearly. When this occurs a special laser called a YAG laser will be used to clear up your vision. This is a painless procedure done at our surgery center and takes only a few minutes to

YOUR OPTOMETRIST'S ROLE

Your affiliated optometrist will help you determine if you are ready for cataract surgery. They will help to:

- Perform your pre-procedure testing and evaluation
- Provide the surgeon with your eye history and test results
- Prescribe any glasses that are needed after surgery
- Monitor the health of your eyes at your annual eye exam

GLOSSARY

Cornea

The cornea is sometimes referred to as the "window of the eye." It provides most of the focusing power when light enters the eye. The cornea is composed of five layers of tissue.

Emulsification

An ultrasonic probe is used to liquefy or break up the cloudy lens into tiny fragments, so the natural lens can be removed, and then replaced with the artificial lens.

Lens

The lens is the clear structure located behind the pupil. Its primary function is to provide fine-tuning for focusing and reading, which it accomplishes by altering its shape.

Presbyopia

Presbyopia develops as the lens of the eye loses its flexibility that characterizes a younger eye. Everyone experiences the effects of presbyopia, (typically between the ages of 40 and 50), which is the loss of the eye's ability to read without the aid of glasses.

Pupil

The pupil is the "black circle" in your eye. The primary function of the pupil is to control the amount of light entering your eye. When you are in a bright environment, the pupil becomes smaller to allow less light to pass through. When it is dark, the pupil expands to allow more light to reach the back or your eye.

Retina

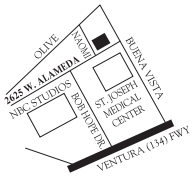
The retina consists of fine nerve tissue that lines the inside wall of the eye and acts like the film in a camera. Its primary function is to capture and transmit images.

OPHTHALMIC SURGEONS

Board Certified by the American Academy of Ophthalmology

SPECIALIZING IN CATARACT SURGERY

BURBANK



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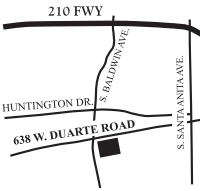

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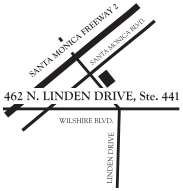

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