



In the Refractive Lensectomy procedure the natural lens of the eye is removed and replaced with an artificial intraocular lens.

Who is suitable for refractive lensectomy?

The refractive lensectomy procedure is a good option for people who are hyperopic or longsighted and for people who are presbyopic or just need glasses for reading.

How do I know if I am suitable?

- You will require a comprehensive eye examination involving assessment of medical and eye health and history.
- The form of refractive correction best suited to your vision, lifestyle needs and the risks versus benefits of each procedure will be discussed.

How is the procedure performed?

The refractive lensectomy procedure takes approximately 10-15 minutes and is performed with sedation and local anaesthetic. Surgery for the two eyes is done on separate days (usually about one week apart). A small (2.5mm) incision is made at the edge of the clear cornea and the lens is extracted through this incision using an advanced vibration ultrasonic probe or laser.

An intraocular lens is then implanted in the living lens' natural capsule. The strength of the intraocular lens is determined pre-operatively by a series of precise measurements. The intraocular lenses are expected to out last a patient's lifetime. Generally no stitches are required during the procedure.

What to expect post operatively?

Most patients notice a dramatic improvement to their vision within 24-48 hours of their surgery. However, it may take up to one month for vision to be stable. The eye may be mildly gritty during this time. You may also experience problems with glare and notice haloes around lights in the first few weeks after surgery. These problems usually reduce with time.

You are required to use eye drops for approximately one month following surgery and have checkups at one day and two weeks post surgery. Strenuous activities such as vigorous exercise or moving heavy objects should be avoided for two weeks. Swimming, diving and other water sports can be resumed in 2-4 weeks. Contact sports should only be resumed following discussion with the surgeon.

What are the risks associated with this procedure?

1. Minor treatable risks

- 1% - swelling at the macula region at the back of the eye. This causes a central blur to your vision and generally resolves over a period of 2 – 3 months.
 - 1% - significant inflammation within the eye. This needs to be treated quite aggressively with steroid drops to resolve this inflammation.
- 2. Vision threatening risks**
- Endophthalmitis: 1 in 1,000. This is an inflammation and/or infection of the whole eye. It can cause a permanent decrease in vision or in the worst case, the loss of the eye.
 - Sympathetic ophthalmitis: 1 in 25,000. This is a degree of loss of sight to the eye, which did not undergo surgery.
 - 1 in 100,000 chance of loss of the eye.
 - The risk of intraocular haemorrhage is very low due to the short surgical time. Because no needles are used around or behind the eye, there is no risk of haemorrhage behind the eye.
 - Central retinal vein/artery blockage is a very rare complication, but can occur to people with hypertension, diabetes or other predisposing conditions.

Where can I get further information?

The next step is to book an assessment, the best surgical option is determined from the outcome of your assessment.

- Allow 1 hour for the assessment
- Wear your spectacles
- Leave your soft contact lenses out for at least 3-4 days prior
- Leave RGP/hard contacts/Ortho-K lenses out for at least 2-3 weeks prior
- Bring sunglasses: your eyes will be sensitive to the light and glare
- DO NOT DRIVE after the assessment as your pupils will be dilated

During the assessment we use eye drops which will dilate your pupils. This effect can last up to 24 hours. Reading vision will be blurry for 3-4 hours.

