



# Presbyopia Correction

## The Last Frontier in Refractive Surgery

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### Presbyopia:

- Literally means aging eye
- Is an age related eye condition that makes it more difficult to see very close.
- Happens naturally in people as they age.
- **Who is at Risk for presbyopia:** anyone close to the age of 40 is at risk for developing presbyopia.
- When you are young, the lens in your eye is soft and flexible. The lens of the eye changes its shape easily, allowing you to focus on objects both close and far. (Accommodation)



### Symptoms and detection:

- Some of the signs and symptoms of presbyopia include:
- Hard time reading small print
- Having to hold reading material farther than arm's distance
- Problems seeing objects that are close to you
- Headaches
- Eye fatigue

### Presbyopia Correction:

There is no best method for correcting presbyopia. The most appropriate correction depends on your eyes and your lifestyle.

**Reading glasses** are very common and easy way to correct presbyopia symptoms and typically worn during close work - such as reading, sewing, etc.

Readers are easily purchased at drugstores and other retail stores  
Eyeglasses with bifocals, trifocals or progressive lenses

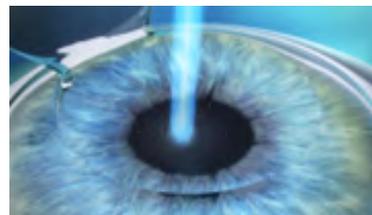


**Contact lenses:** another way to correct presbyopia is multifocal contact lenses.



Another way to correct presbyopia with contact lenses is blended vision, in which one eye is corrected for distance and the other one set for near vision. The brain learns to adopt.

- Surgical Options: (Refractive Surgery)
- Lasik: blended vision
- Multifocal vision



### Presbyopia lens exchange:

- Replace your rigid natural lens with an artificial lens that corrects presbyopia symptoms, providing multifocal vision.
- Many multifocal IOLs: Current hot topic
- Acrysof IQ Restor
- Tecnis Multifocal
- Many more
- Advantages: spectacle free?
- Disadvantages: Cost Visual aberrations



**Finally: Best Lens vs. Best Candidate... Is it for you?**

**Advice prior to contemplating cataract surgery**

We all experience cataracts as we age (though cataracts may be congenital, after trauma, or inflammation). When the cataracts affect our lifestyle (driving, reading, etc.) we may need cataract surgery. It involves removal of the cloudy lens and replacement with an artificial crystal-clear lens (Intraocular Implant or IOL).

Cataract Surgery with IOL is one of the most common surgical procedures on the planet. After surgery you will not need glasses for driving or watching T.V., but you may need glasses for close work. If you do not mind this, you do not need to read any further. But, if you would like to be independent of glasses, even for reading, you have a choice of having multifocal presbyopia correcting lenses. There are many kinds of lenses and the technology keeps on improving.

If you are a perfectionist; this may not be for you. The technology for these lenses is continually evolving, in fact, there are multiple lenses on the market. Discuss this with your Surgeon. Ask her/him questions. **This may be the best thing you could have done for your eyes.**



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**Ayurveda practitioners allowed to perform surgeries**

The Government of India has announced authorisation for the post-graduate practitioners in specified streams of Ayurveda to be trained to perform surgical procedures such as excisions of benign tumours, amputation of gangrene, nasal and cataract surgeries.

India's statutory regulatory body, the Central Council of Indian Medicine issued the notification listing 39 general surgery procedures and around 19 procedures involving the eye, ear, nose and throat by amending the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016.

The instruction that the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016, in regulation 10, after sub-regulation (8), the following sub-regulation shall be inserted, namely -- During the period of study, the PG scholar of Shalya and Shalakya shall be practically trained to acquaint with as well as to independently perform the following activities so that after completion of his PG degree, he is able to perform the following procedures independently.

According to the Chairman of the Board of Governors, CCIM, Vaidya Jayant Devpujari these surgical procedures are already being performed in Ayurveda institutes for over 20 years. It is claimed that the notification legalises these with

a purpose that helps set boundaries by specifying the list of procedures so that practitioners restrict themselves to the set of surgical procedures as mentioned in the regulation

According to the November 20 gazette notification, the procedures listed include removal of metallic and non-metallic foreign bodies from non-vital organs, excision of the simple cyst or benign tumours (lipoma, fibroma, schwannoma etc) of non-vital organs, amputation of gangrene, traumatic wound management, foreign body removal from the stomach, squint surgery, cataract surgery and functional endoscopic sinus surgery.

According to the INAS agency, the Indian Medical Association has been openly opposing such policy to mix modern medicine with the traditional systems of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) as advocated by the central government of India

Rajan Sharma, President, IMA, had earlier stated that an integrative system of medicine would create a "khichdi medical system" and would produce hybrid doctors. Many leading apex body of private practitioners of modern medicine had also condemned the Centre's ambitious 'one nation one system' policy in medical education and called it a 'cocktail of disaster'.

**Swasthya editorial team welcomes views and comments on this issue.**

**COVID-19 Vaccine gets official approval**

On 2nd December 2020, the UK government have authorised the Pfizer/BioNTech COVID-19 vaccine after receiving independent advice of medicines regulator.

The government has today accepted the recommendation from the Independent Medicines and Healthcare products Regulatory Agency (MHRA) to approve Pfizer/BioNTech's COVID-19 vaccine for use.

This has followed months of rigorous clinical trials and a thorough analysis of the data by experts at the MHRA who have concluded that the vaccine has met its strict standards of safety, quality and effectiveness.

The advice for the priority groups to receive the vaccine, include care home residents, health and care staff, the elderly and the clinically extremely vulnerable. □

