CATARACTS
AND THEIR TREATMENT
The complexity of the eye and the ability to see are wonderful miracles—and the marvel of restoring eyesight is no less miraculous.

ALL ABOUT YOU

E have prepared this booklet to help you understand cataracts—what they are and the special way we treat them.

At Pacific Cataract and Laser Institute, you are treated as a special guest and given exceptional care and attention. Our kind, friendly staff makes your surgery a pleasant experience—with minimal stress and little or no discomfort. As you consider surgery, we encourage you to ask questions and share your concerns. We want you to be completely knowledgeable about cataracts—how we treat them and what you can expect with surgery.

When you entrust us with the care of your eyes, our highly experienced team concentrates their skills on achieving the most successful surgical outcome. We are delighted to accommodate your special needs and cater to your comfort and peace of mind. You are invited to sit back, relax and enjoy being pampered by our staff and simply take pleasure in being the focus of our attention while your vision is carefully restored.
The ability to see is a priceless gift—and few things in life are more precious than your vision. In fact, 75% of everything you perceive comes through your eyes.

**HOW VISION WORKS**

Many parts of the eye work together to catch and focus light rays so we can see. Light passes through the cornea, the pupil, then the transparent lens where it is shaped and focused onto the retina at the back of the eye. Tiny receptors in the retina capture and send these light images to the brain.

After the tissue around the eye is fully numbed, the surgeon makes a very small opening at the edge of the eye to allow precision instruments to reach inside the lens. With delicate skill, our surgeons guide a tiny ultrasound probe to gently break up and suction out the cloudy lens material. Then, a specially selected lens implant is carefully placed inside the eye to restore clear, bright vision. When surgery is completed, the opening into the eye is so small it heals without any stitches.

**ULTRASONIC TECHNOLOGY**

Our surgeons use sophisticated ultrasonic technology to remove the cloudy lens—not lasers as is sometimes thought. This procedure, known as phacoemulsification (phaco meaning lens and emulsification meaning to break into tiny pieces), uses a small probe with a tiny tip that vibrates 40,000 to 50,000 times a second. Within a matter of seconds, the surgeon carefully guides the pulsating tip to gently break up the cloudy lens material and suction it away, leaving a clear path for light to enter the eye.

**HOW CATARACT SURGERY WORKS**

As we age, the transparent lens often becomes cloudy. This clouding is known as a cataract—and the only effective treatment is surgery. Cataract surgery is performed under a powerful microscope and involves two stages. First, the eye’s cloudy lens is removed, and second, an artificial lens is inserted to replace the eye’s focusing power.

The eye is an extension of the brain and gathers as much as a million pieces of light information every second.
Most people having cataract surgery select standard single-focus lens implants that provide excellent distance vision but require reading glasses or bifocals for near and intermediate vision. For the vast majority, this is very satisfactory. But for those with active lifestyles who want to reduce their need for corrective eyewear, several options can provide more visual freedom.

These alternatives include:
- Lens implants for astigmatism
- Laser vision correction for astigmatism
- Multifocal lens implants
- Monovision

Extra costs are associated with most of these options that are not usually covered by insurance. If needed, a payment plan with 24-month 0% financing is available.

**LENS IMPLANTS FOR ASTIGMATISM**

Astigmatism is a focusing problem caused by the eye’s surface being unevenly shaped—like a football. Normally corrected with glasses or specialty contact lenses, lens implants are now available that can compensate for this condition.

**Strengths**
- Excellent quality of vision
- Independence from glasses for many activities
- Monovision is possible, where one eye is corrected for near vision and the other for distance

**Limitations**
- Glasses may still be needed for some tasks
- Can only correct certain amounts of astigmatism
- Lens may need to be repositioned to optimize vision
- Evaluation and surgery may not be possible on the same day

**LASER VISION CORRECTION FOR ASTIGMATISM**

Laser vision correction treats astigmatism by reshaping the uneven curve of the eye’s surface. This procedure can help people see better with standard single-focus lens implants. It can also enable patients to have multifocal lens implants who would otherwise not qualify because of astigmatism.

**MULTIFOCAL LENS IMPLANTS**

Multifocal lens implants are designed to help you to see near, far and in between. Although there are slight compromises in the vision they provide, multifocal lens implants allow most people to function most of the time without glasses.

**Strengths**
- Greater independence from glasses for most activities
- Good reading and intermediate vision in most situations
- Excellent distance vision day and night
- Most people say they function well and are happy with their vision

**Limitations**
- Do not correct astigmatism
- Halos or slight glare will be noticed around lights at night
- Can take weeks or months to adapt to vision
- Glasses may still be needed for some tasks
- May require fine-tuning with laser vision correction
- May require fine-tuning with lens implant exchange
- More exams and doctor visits are required
- Evaluation and surgery cannot be done on the same day

**MONOVISION**

Monovision can be achieved with standard single-focus lens implants, so there are no extra costs. Lens implant powers are selected to correct one eye for near vision and the other for distance. Most people who opt for monovision go through a period of adaptation as the brain learns to see with the eye best suited for the task at hand. As adaptation can take longer for some than others, you might want to have your family eye doctor fit you with contact lenses to simulate this effect for several weeks or months before proceeding with surgery.
where to have your surgery

America is blessed with many eye surgeons. However, as in any profession, levels of ability vary. This can make your decision of where to have surgery a difficult and confusing dilemma.

To learn about a surgeon’s abilities and outcomes, you may want to seek the counsel of a knowledgeable family eye doctor. Optometrists—also known as optometric physicians—are an excellent source of guidance. They do not perform cataract surgery but diagnose and treat common medical eye conditions and routinely refer patients to surgeons known for their expertise.

Because optometric physicians often provide much of the after-surgery care, they have a unique opportunity to evaluate the results and quality of cataract surgery. This first-hand knowledge enables them to guide patients to surgeons who consistently achieve higher success rates and lower incidence of complications.

At Pacific Cataract and Laser Institute we encourage family and friends to stay close by throughout your treatment to lend comfort and support.
PACIFIC CATARACT AND LASER INSTITUTE

Founded in 1985, the Institute is one of the nation’s pioneers of outpatient eye surgery. From the beginning, exceptional care of patients has been a cornerstone of our philosophy. Special effort has been taken to create a comfortable, home-like atmosphere that calms and reassures our guests and minimizes the stress of surgery.

Staff are chosen for their caring personalities and people skills and go beyond simply trying to please—they want to delight you.

YOU CAN TRUST OUR CARE

Having performed hundreds of thousands of cataract surgeries, Pacific Cataract and Laser Institute is one of North America’s premier eye centers. We have established a reputation among eye care professionals as a trusted center of excellence. Today, over a thousand eye doctors throughout Alaska, Idaho, Montana, New Mexico, Oregon and Washington refer their patients to us for specialized eye treatment and surgery.

Our highly-gifted surgical team has an outstanding record of excellence. In addition to their sophisticated surgical techniques and world-class medical care, the relaxing environment, kind treatment and warm, caring touch of our staff provides an unforgettable experience.
Exceptional Care

Pacific Cataract and Laser Institute enjoys a reputation for being one of the premier eye surgery centers in North America. Throughout the course of distinguished careers, our surgeons have performed hundreds of thousands of microsurgical procedures.

My surgeon asked if I’d mind if he prayed before surgery. I appreciated it because it showed he didn’t think he was infallible and that he’s got a higher Guide above him. He was just asking for a helping hand…

Bob Courtney, Spokane, WA

EXCEPTIONAL CARE

Our medical team is committed to carefully blending state-of-the-art surgical techniques with sophisticated instrumentation to provide the finest care available.
Cataracts

What is a cataract?
A cataract is a cloudiness that develops in the clear lens of the eye. Usually, this cloudiness worsens until it scatters or blocks the light trying to enter the eye and causes vision to become dim, blurry and distorted. A cataract is not a growth over the eye. It is the result of a chemical breakdown inside the clear lens of the eye. This breakdown is usually the result of the natural process of growing older. Most cataracts develop slowly and may take several years before seriously affecting a person’s vision.

The word cataract means white water falling because it is like looking through white, frothy water. A person with cataracts cannot see clearly and colors may appear dim and faded.

What is the lens and where is it located in the eye?
Your lens, about the size of an aspirin, is located directly behind the dark center of the eye known as the pupil. It consists of a transparent capsule or outer covering filled with a clear gel-like material. The lens and cornea work together to focus light rays onto the retina at the back of the eye.

Are older people the only ones who get cataracts?
No. Cataracts can develop at any age—even babies can be born with them—but the most common cause of cataracts is the aging process. Almost everyone, if they live long enough, will develop cataracts.

What causes cataracts?
They are usually the result of one of the following:
- Aging—natural changes taking place during the normal aging process
- Injury—a severe blow or deep cut to the eye
- Birth defect—abnormal conditions in the eyes of unborn babies
- Harmful factors—disease, radiation, toxic chemicals, certain medications and too much exposure to ultraviolet light
## Symptoms

- Watch for these:
  - A new ability to see up close
  - Frequent changes in colors
  - Filmy, foggy, or cloudy vision
  - Seeing double with one eye
  - Increased eyestrain
  - Problems driving at night
  - Need more light to read
  - Blurry vision due to glare from bright light
  - Often called “second sight”

## Cataract Surgery

### Why is cataract surgery done?

Surgery is recommended when your decreased eyesight causes daily frustration and is no longer working for you. Our goal is to restore your vision so you can see and do the things you enjoy.

### How do I know if cataract surgery can help me?

If your vision is impaired by cataracts, but your eyes are healthy, removing the cloudy lenses will likely restore good vision. However, if you have retinal problems or other eye conditions, removing the cataracts may only improve your vision, not restore it. Examination and testing done before surgery will give our doctors a good indication of what your vision may be like after treatment.

### Can I have surgery if I have diabetes or glaucoma?

Yes. If diabetes is adequately controlled, surgery is generally not a problem. Sometimes, the surgeon can perform an extra procedure at the same time as cataract surgery to help control the glaucoma.

### Are cataracts removed with a laser?

No. A high-precision ultrasound probe—often confused with being a laser—is the instrument used by our surgeons. This medical device relies on very high frequency vibrations to break up the cataracts.

### Can surgery be done on both eyes at the same time?

If you require surgery in both eyes, treatment will be scheduled at different times so you can see to get around since your eye may be closed for a few hours after surgery.

### How safe is surgery?

Cataract surgery is considered one of the safest surgeries today. A highly experienced cataract surgeon can successfully improve vision in over 99% of cases.

### Can surgery help improve eyesight?

Surgery will give our doctors a good indication of what your vision may be after treatment. Examination and testing done before surgery will help delay cataract formation. There is also some evidence that antioxidants such as vitamins A, C and E may help slow cataract development.

### Can they be prevented?

Unfortunately, there is no known way to keep cataracts from forming or to stop them from growing once they have developed. But protecting your eyes from bright sunlight or ultraviolet rays and eating a healthy diet may help delay cataract formation. There is also some evidence that antioxidants such as vitamins A, C and E may help slow cataract development.

### Do cataracts hurt?

There are no nerves inside the lens of your eye, so the formation of cataracts does not generally cause pain, discomfort or redness.

### Does watching TV cause them?

No. There is no evidence that watching TV causes or speeds the growth of cataracts.

### How are they diagnosed?

Your optometric physician usually discovers cloudiness beginning to form in the lens while checking your eyes during a routine eye examination. When this begins to interfere with normal daily activities, your eye doctor will usually recommend surgery.

### Are cataracts harmful to my eyes?

No. They are not dangerous to the health of your eye unless they become “mature” and turn completely white. In this advanced stage, the cataract can cause inflammation and pain and should be removed immediately.

### Is surgery the only treatment?

As cataracts develop, they often cause the eye to become nearsighted. For a while, prescription changes in your eyeglasses may help you see better until the cataract worsens. At this point, if you want good clear vision again, the only option is surgery.

### How do I know if I should have cataract surgery?

You most likely need surgery if:

- You have been told by your eye doctor that you have a cataract
- Your vision no longer meets your needs and interferes with daily activities
- Your ability to see cannot be improved with glasses anymore
- Your eye doctor recommends surgical treatment
- You want something done to improve your eyesight

Your optometric physician can discuss your options and help you decide if cataract surgery is the best choice for you. Only you and your doctor can decide when the time is right.

### Do cataracts need to be ripe or mature before they are removed?

Not anymore. Years ago, patients were encouraged to wait until their cataracts were fully developed—ripe or mature—and they were almost blind. At that time, surgical methods were so risky that treatment was put off as long as possible. But with the sophisticated equipment and surgical techniques we use today, it is easier on the eye, and better for vision to remove a cataract earlier instead of later.

### Can I get AIDS from the surgery?

No. There are no body fluids exchanged during this operation so AIDS is not a risk.

### Is cataract surgery always successful?

No surgery can be guaranteed, but cataract surgery is considered one of the safest and most successful surgeries. With our gifted surgeons, the few complications that do occur are usually cared for without any permanent effects. However, this is a major surgical procedure, and there is always the slight chance that a complication could result in loss of vision.

### Cataracts

<table>
<thead>
<tr>
<th>Age</th>
<th>Cataracts beginning to form</th>
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<tbody>
<tr>
<td>52 to 64</td>
<td>42%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>73%</td>
</tr>
<tr>
<td>75 to 84</td>
<td>91%</td>
</tr>
<tr>
<td>85 plus</td>
<td>95%</td>
</tr>
</tbody>
</table>

### Age Related

Our chances of getting cataracts increase with age. Almost everyone will develop them, if they live long enough.
The Benefits

Many people live with cataracts for years, unaware that their vision is slowly dimming. If for some reason you choose to put up with this decreased vision for a while, the following advice may be helpful:

- Limit night time activities
- Use brighter light bulbs
- Use night lights
- Limit driving to daylight hours
- Use stronger eyeglasses
- Read large print books
- Stay close to familiar surroundings
- Wear sunglasses outdoors to minimize glare
- Get help with medications to avoid mistakes
- Use a phone with over-sized number keys
- Use handrails, canes or other aids to prevent falls

The Surgery Experience

Do I need to stop my regular medications before surgery?

No. It is not necessary to discontinue regular medications—except for some glaucoma medicine that makes the pupil of the eye very small. If you are diabetic, continue your routine diet and medicines.

What can I expect before surgery?

When you arrive at our surgery center, you should already have had a testing to:

- Find out how well you can see in bright light
- Estimate what your vision may be like after cataract surgery
- Measure your eye to calculate the power of lens implant needed

Can I eat and drink before surgery?

Yes. There is no reason to change your normal eating routine. In fact, we encourage you to eat a light breakfast or lunch before surgery.

What if I have to cough?

Yes. There is a comfortable viewing area with a glass wall looking into the surgical suite. We encourage your family and friends to stay close to you and watch your surgery. A host or hostess will explain what is happening as the surgery is viewed on a TV monitor.

Can family and friends watch my surgery?

Yes. There is no need to change your normal eating routine. In fact, we encourage you to eat a light breakfast or lunch before surgery.

How long will surgery take?

With the skill and experience of our surgeons, cataract surgery usually takes about 10 minutes. However, the more dense and hard the cataract, the longer it takes to remove.

What if I have to cough?

If you need to cough or sneeze during surgery, kindly tell the surgeon so he can be prepared. If you have a ticklish throat, tell the nurse before your treatment so she can give you something to suppress your cough.

How long will surgery take?

With the skill and experience of our surgeons, cataract surgery usually takes about 10 minutes. However, the more dense and hard the cataract, the longer it takes to remove.

What will I see and hear?

Since your unoperated eye will be covered, you will glimpse only hand movements and shadows during surgery. You will hear the hum of the ultrasound machine and feel the surgeon’s hands resting on your forehead.

Can family and friends watch my surgery?

Yes. There is a comfortable viewing area with a glass wall looking into the surgical suite. We encourage your family and friends to stay close to you and watch your surgery. A host or hostess will explain what is happening as the surgery is viewed on a TV monitor.

Can I have something to help me relax?

If you are particularly nervous or anxious, the nurse can give you medication to help you relax, but most people do not need anything.

Does the surgery hurt?

No. Your eye will be numb, so you will feel little or no discomfort—but you may feel the surgeon’s hands brush against or rest on your forehead. After surgery, you may experience some minor discomfort as the anesthesia wears off.

What if I decide to live with my cataracts?

Many people live with cataracts for years, unaware that their vision is slowly dimming. If for some reason you choose to put up with this decreased vision for a while, the following advice may be helpful:

- Limit night time activities
- Use brighter light bulbs
- Use night lights
- Limit driving to daylight hours
- Use stronger eyeglasses
- Read large print books
- Stay close to familiar surroundings
- Wear sunglasses outdoors to minimize glare
- Get help with medications to avoid mistakes
- Use a phone with over-sized number keys
- Use handrails, canes or other aids to prevent falls

The Benefits

It is impossible to list all of the benefits of cataract surgery, but often there are noticeable improvements in the quality of life and the ability to participate in activities, such as:

- Reading and watching TV
- Passing your driver’s test
- Being able to drive at night
- Functioning without visual frustrations
- Feeling self-confident in social activities
- Enjoying your hobbies
- Feeling a greater sense of security and independence
- Seeing the faces of those you love

Our Patients’ Satisfaction

Our Patients’ Satisfaction

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Good (%)</th>
<th>Excellent (%)</th>
<th>Acceptable (%)</th>
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<tbody>
<tr>
<td>The doctor's interest of our doctors?</td>
<td>10%</td>
<td>90%</td>
<td>1%</td>
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<tr>
<td>Courtesy of our telephone staff?</td>
<td>10%</td>
<td>90%</td>
<td>1%</td>
</tr>
<tr>
<td>How long did you have to wait to be seen?</td>
<td>10%</td>
<td>90%</td>
<td>1%</td>
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<tr>
<td>Can I have something to help me relax?</td>
<td>10%</td>
<td>90%</td>
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<td>Does the surgery hurt?</td>
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<tr>
<td>What if I decide to live with my cataracts?</td>
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<tr>
<td>Can family and friends watch my surgery?</td>
<td>10%</td>
<td>90%</td>
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<tr>
<td>How can I keep my eye from moving and blinking?</td>
<td>10%</td>
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<tr>
<td>Can I eat and drink before surgery?</td>
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<td>What if I have to cough?</td>
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<tr>
<td>How long will surgery take?</td>
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<td>10%</td>
<td>90%</td>
<td>1%</td>
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THE LENS IMPLANT

What is a lens implant?
It is a tiny artificial lens that is carefully positioned inside the eye to replace the clouded lens that was removed. These implants are made in a large range of focusing powers to fit each person’s eye. Because they are placed inside the eye, lens implants require no care or maintenance and last a lifetime. If you are either near or farsighted, the lens implant selected for your surgery often corrects this problem. In addition to regaining clear vision, your dependence on corrective lenses may be significantly reduced.

Why do I need an implant in my eye?
Cataract surgery removes your eye’s natural lens, which accounts for about 40% of the eye’s focusing power. Without a replacement lens, you would be virtually blind and would see only light and shadows. The artificial lens implant replaces the focusing power of your original lens—as well as much of the correction in your glasses.

How good will they make my vision?
If your eyes are healthy and cataracts are the only thing inhibiting your vision, your approximate chances of achieving 20/20 or 20/40 vision with a standard single-focus lens implant are as follows. These general estimates may be inaccurate if you suffer from other eye disease or disorders.

<table>
<thead>
<tr>
<th>Amount of nearsightedness before surgery</th>
<th>Chance of seeing 20/20 or better</th>
<th>Chance of seeing 20/40 or better</th>
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<td>-2.00 to -7.00 (medium)</td>
<td>89%</td>
<td>98%</td>
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<tr>
<td>-7.01 to -15.00 (high)</td>
<td>70%</td>
<td>98%</td>
</tr>
<tr>
<td>-15.01 to -20.00 (very high)</td>
<td>60%</td>
<td>98%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of farsightedness before surgery</th>
<th>Chance of seeing 20/20 or better</th>
<th>Chance of seeing 20/40 or better</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1.00 to +3.00 (low)</td>
<td>70%</td>
<td>98%</td>
</tr>
<tr>
<td>+3.01 to +5.00 (medium)</td>
<td>65%</td>
<td>98%</td>
</tr>
<tr>
<td>+5.01 to +8.00 (high)</td>
<td>60%</td>
<td>98%</td>
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</table>

With 20/40 vision you can legally drive without corrective lenses. If you have 20/40 vision you see at 20 feet what a person with normal vision can see at 40 feet.

Can lens implants correct astigmatism?
Yes, special implants are available that can compensate for this condition. Surgery options may also be available to reshape the surface of the eye. To learn more, turn to page 4.

What will implants not do?
Standard single-focus implants cannot change focus from far to near. For this reason, you will probably need glasses after surgery for certain activities.

What are multifocal lens implants?
Unlike standard single-focus implants, several types of multifocal lens implants offer the possibility of seeing well at more than one distance—without reading glasses or bifocals. To learn more about these lenses, turn to page 4.

Can multifocal lens implants eliminate my need for glasses?
Multifocal lens implants are designed to help people see near, far, and in between. Although there are slight compromises in the vision they provide, multifocal lens implants allow most people to function most of the time without glasses.

Will I feel the lens implant inside my eye?
No. There are no nerve cells in the capsule where the lens is implanted, so you will not feel it.

Can my eye reject it?
Normally, the tissue inside the eye does not react to the lens implant. However, in the very rare instance that an eye does not tolerate it, the implant can usually be removed and replaced with a different type of lens.

Do implants protect against ultraviolet rays?
Yes. Lens implants are made to provide full ultraviolet protection against sunlight. This keeps harmful UV rays from damaging your eye.

Will it ever need to be cleaned, removed or replaced?
Once the lens implant is inside your eye, it does not need to be maintained. In the rare instance that there is a problem, it can be removed, replaced or repositioned.

AFTER SURGERY

Will I wear an eye patch?
Normally, your eyelid is simply taped closed until the anesthesia wears off. This prevents your eyelid from accidentally opening until you are able to blink.

What can I expect after surgery?
When your procedure is finished, you will be able to walk out of the surgical suite. Your eye may be closed for a few hours until the anesthesia wears off. As the muscles in the eye begin to wake up, there may be some mild discomfort or a little achy feeling in your eye. When you remove the eyelid tape, you may experience blurry or double vision until your eyes are able to work together.

When can I resume normal activities?
You will want to take things a little easy for a day or two, but you may resume normal activities—except driving—as soon as your eye is open and working well. You can bend over, lift, golf, exercise, dance, bowl or wear make-up.

Is there anything I shouldn’t do after surgery?
For a few weeks after cataract surgery, you should not rub your eye. We recommend that you not swim or hot tub for 2 weeks. Due to irritating chemicals, you should not perm your hair or get soap, shampoo and hairspray on your face.
in your eye. Also, you should wear protective eyewear when playing contact sports or when you are around flying objects that could hit your eye.

**How soon can I drive?**
When you are able to see clearly and are comfortable with your new vision, you may drive and return to work. If you are able to see 20/40 or better without glasses, you may want to have the corrective lenses restriction removed from your driver’s license.

**When will I need to see the doctor?**
Check-up schedules after cataract surgery vary, but the typical plan for follow-up exams is:
- The next day
- One week after surgery
- Four to six weeks after surgery

**What is involved in my follow-up care?**
It is very important that you keep all your follow-up appointments. During these visits, the doctor will check your eyes to make sure that they are functioning properly and there is no sign of infection. When your eye has healed and stabilized, your optometric physician will prescribe a new lens for your glasses, if necessary.

**When will I be able to see?**
Vision after cataract surgery varies from person to person and from eye to eye. Soon after your operation, you may see noticeable improvement or your vision may be fuzzy. Both can be normal. Because it takes time for the eye to heal, it could be a few days before your vision clears.

**How soon can I get new glasses?**
When your vision is no longer changing, your optometric physician can prescribe a new lens for your glasses.

**What kind of vision can I expect?**
If cataracts are your main vision problem, your eyesight will usually be as clear after they are removed as it was before you developed cataracts. However, you may need glasses to fine-tune your vision for driving, reading or other activities.

**Can my cataract come back?**
No. It is not possible for a cataract to come back once it has been removed. However, in the months and years after surgery, about half of all cataract patients experience some reduction in vision as cells grow across the back of the clear capsular bag that holds the lens implant. Vision becomes fuzzy and dim much like it was with a cataract. This cloudiness is called a **secondary cataract** and is easily treated with the YAG laser. In one short visit, painless bursts of laser light create a tiny opening in the cloudy capsule to restore clear vision.

**How soon can I have my second eye done?**
Generally, if there are no other eye problems, you may schedule surgery for the second eye within one to two weeks of the first eye.

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**Cataract surgery was the first recorded surgery in history—in the year 2000 BC.**

Cataracts have been a medical problem throughout history. In early times, strange concoctions and eye drops were used to treat cataracts until physicians in ancient Babylon and India began surgical treatment. Their highly primitive method—known as couching—involved using a sharp instrument to push the cloudy lens to the bottom of the eye. This method was still used recently in some parts of Africa.

In the 18th century, surgeons progressed to making an incision in the eye and removing the entire lens and capsule instead of pushing it aside. One surgeon tried replacing the cataract with a small glass lens inside the eye, but it was so heavy it quickly sank to the bottom of the eye. With the eye’s natural lens removed, the only way a patient could see after surgery was to wear thick, heavy cataract glasses.

By the 20th century, surgeons learned to remove only the cloudy lens and leave the empty capsule in the eye. Then, during World War II, British surgeon Harold Ridley discovered that pieces of Plexiglas from shattered canopies of Spitfire fighter planes did not cause any harmful reaction in injured pilots’ eyes. So, using this light plastic canopy material, he designed a tiny lens that he and other surgeons successfully implanted in patients’ eyes.

In 1968 American surgeon Charles Kelman adapted a new technology—ultrasound—to remove cataracts. This procedure, known as phacoemulsification, uses a tiny probe with a vibrating tip to gently break up the cataract and wash it away. When ultrasound and plastic lens implant technology were combined, it revolutionized cataract surgery. Today, after decades of refinement, modern cataract surgery is considered one of the safest surgeries performed, with millions of successful procedures completed every year around the world.
A petite redhead with a fearless sense of humor and love of singing, Joan Sneva is full of mischief and fun, creating smiles and laughter wherever she goes. Married 53 years to a race car driver—Joan’s sons also raced. Her oldest, Tom, won the Indianapolis 500 in 1983. A caring fundraiser, she tirelessly raises money for the YWCA and multiple sclerosis. “I just like to do things where I’m needed,” Joan giggles softly.

I was 70 when I went to my eye doctor for a routine examination. He told me I had cataracts and marveled that I could see as well as I did. My vision had become milky and dim so gradually, I hadn’t noticed it getting worse. When I asked what I should do, he recommended Pacific Cataract and Laser Institute for cataract surgery. He’s real soft-spoken and a neat doctor and I knew he wouldn’t steer me wrong. He told me their clinic was fantastic.

Sitting in PCLI’s waiting room, I couldn’t help but notice how everyone was so kind and generous and happy all the time. I didn’t feel any dread or anxiety—just a desire to get it done. I had heard quite a bit from other people who had already had cataract surgery, and they said there was nothing to it.

Right before surgery, I did feel a little tense, but they gave me a pill that relaxed me pretty good. My main concern was how they were going to numb my eye with anesthesia. But it was just the idea of it that was uncomfortable—it didn’t hurt. Once I knew what to expect, I didn’t even feel it when my second eye was done.

After walking into the operating room and lying down on a reclining chair, a nurse brought a warmed blanket to pull over me. I’m usually cold, but I was very comfortable. The surgeon greeted me and then asked if I would mind him saying a short prayer. It seemed like he was just asking for a helping hand, and I was grateful—I need all the help I can get!

I teased the surgeon about taking a few tucks in my face and tummy while he was at it. I don’t think he quite knew what to make of me but all the nurses were laughing. When the girls put the surgery drape over my face, I giggled and accused them of trying to suffocate me to keep me quiet! Surgery was great all the way through and didn’t hardly take any time. I could feel a tiny tugging, but no pain or discomfort. I didn’t know exactly what they were doing but was aware that they were working on me. Once I heard an instrument buzzing, but I wasn’t in the surgery suite long enough for anything to bother me—about 10 minutes was all. When the surgeon finished and I sat up, he offered me his arm and walked me out to a room where a nurse gave me a few instructions and a little care kit. And that was it!

After my husband drove me home, I took a nap but don’t remember any discomfort. Later that afternoon, I removed the tape over my eye and it was all. When the surgeon finished and I sat up, he offered me his arm and walked me out to a room where a nurse gave me a few instructions and a little care kit. And that was it!

My eyesight is priceless because I learn so much through seeing. Now, everything’s easier for me and I only wear glasses for reading. When I drive, I can see where I’m going because I can read the signs and it’s a whole lot better at night too.

If you only think about the risks, you’d probably never have any kind of surgery. But I heard so many positive things about PCLI—the good surgery, good results, and the way they take care of you—I just did it and I’m so glad I did.
We are privileged to have a wonderful team of world-class specialists. In addition to being kind and deeply caring, each is highly skilled—performing as many surgical procedures every year as many eye surgeons have opportunity to do in a lifetime.

The experience gained in over two hundred thousand cataract surgeries has resulted in an outstanding record of success. Entrusted with the care of your eyes, our surgeons are committed to helping you regain the best possible vision.

ROBERT O. FORD, MD
Cataract and LASIK Surgeon

Confident and unflappable, Dr. Ford is gifted with skilled surgical hands and an analytical mind. People appreciate his efficient, pragmatic methods and gracious, unpretentious manner.

Growing up in Northern California where his father practiced as a physician, young Bob spent hours tinkering with mechanical and electronic devices. He developed an interest in aviation and earned his pilot’s license at a young age.

Bob graduated from college with a degree in physics and decided on medical school out of admiration for his father’s skills. After earning his medical degree, he pursued a residency in ophthalmology because it was the field of medicine that utilized the most physics.


Dr. Ford’s special interests include laser technology, computer programming, snow skiing, and flying. Dedicated to his family, Dr. Ford has a daughter and son—Laura and Marshall.

A master teacher known for his patience and generosity, Dr. Ford enjoys training surgeons as well as supporting world-wide humanitarian endeavors. As a business owner and surgeon, his goal is “To make a positive impact in the lives of those I work with and care for.”

Professional Profile
Medical School: 1974 – Loma Linda University School of Medicine, Loma Linda, CA
Residency: 1978 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Medical Practice: 1979 to 1985 – Private practice, Centralia, WA
1985 to present – Pacific Cataract and Laser Institute

JAMES I. MCNEILL, MD
Cataract and LASIK Surgeon and Corneal Specialist

Kind, curious and witty, Dr. McNeill has an easy-going command of complicated surgical details. People are quickly drawn to his genuine warmth and caring sense of humor.

Jim grew up on a small farm outside of Washington, D.C. When he was thirteen, his father, a surgeon, died leaving Jim to be the man-of-the-house and work the family farm.

In college Jim majored in physics and then took medicine. After graduating with his medical degree, Dr. McNeill went on to complete a residency in ophthalmology and a specialty in cornea and external eye disease.

For sixteen years, Dr. McNeill taught ophthalmology residents the techniques of surgery at a medical school in Southern California. He also served as Chairman of the Department of Ophthalmology before joining Pacific Cataract and Laser Institute.

Dr. McNeill enjoys hiking, camping, working with computers and flying. He and his wife Peggy, a music teacher, have four sons—James Jr., Nathan, Seth and David.

Relaxed and comfortable, Dr. McNeill is always the teacher, filled with awe at the marvelous complexity of the human body. “The ability to see is a miracle, and being able to restore eyesight is no less miraculous.”

Professional Profile
Medical School: 1972 – Loma Linda University School of Medicine, Loma Linda, CA
Residency: 1975 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Fellowship: 1977 – University of Florida College of Medicine, Gainesville, FL
Medical Practice: 1977 to 1993 – Professor and Chairman, Ophthalmology, Loma Linda University School of Medicine
1993 to present – Pacific Cataract and Laser Institute
GORDON E. JOHNS, MD
Cataract Surgeon and Glaucoma Specialist
Precise and focused, Dr. Johns’ meticulous attention to detail enhances his surgical expertise. People appreciate his careful assessments and simple explanations of complex ideas.
Gordon grew up on a college campus in Michigan where his father was a professor of languages. As a youngster, he spent his time hiking and playing competitive school sports. In college, Gordon majored in biology and then went on to earn his medical degree. After completing a residency in ophthalmology, Dr. Johns completed a specialty in glaucoma.
For thirteen years, he was a professor at a Southern California medical school, becoming Director of Glaucoma Services. In this post, he taught and trained ophthalmology residents in eye surgery and glaucoma care before bringing his surgical skills to Pacific Cataract and Laser Institute.
Enjoying the outdoors, Dr. Johns likes long distance bicycling, running, hiking and visiting America’s national parks. He and his wife, Suzy, a homemaker, devote much of their time to their two sons and three daughters—Jamie, Jennifer, Julie, Janelle and John.
A caring professional, Dr. Johns believes the more he gives of himself, the more he receives. “I want to help improve the quality of people’s lives. When I meet someone, I hope they go away feeling better when I’m helping someone.”

Professional Profile
Medical School 1973 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1977 – Ophthalmology – White Memorial Medical Center, Los Angeles, CA
Fellowship 1979 – Glaucoma – University of South Florida, Tampa, FL
Residency 1995 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Fellowship 1996 – Glaucoma – New England Eye Center, Tufts University School of Medicine, Boston, MA
Medical Practice 1999 to 2001 – Associate Professor Ophthalmology, LLU School of Medicine
1992 to 1999 – Director, Glaucoma Services, LLU School of Medicine
1982 to 1992 – Director, Glaucoma Services, LLU School of Medicine
Medical Practice 1979 to 1992 – Associate Professor, Ophthalmology, LLU School of Medicine
Fellowship 1979 – Glaucoma – University of South Florida, Tampa, FL
Residency 1977 – Ophthalmology – White Memorial Medical Center, Los Angeles, CA
Medical School 1973 – Loma Linda University School of Medicine, Loma Linda, CA

PAUL Y. CHUNG, MD
Cataract Surgeon and Glaucoma Specialist
Calm and steady, Dr. Chung possesses control and precision in the surgery suite. People enjoy being around his positive, upbeat and easy-going personality.
Paul was born in Sunchon, South Korea, but grew up in San Jose, California where his father was a minister. A popular and outstanding student, Paul developed such a passion for playing tennis he ended up on his high school’s varsity team.
Graduating from college with academic distinction in biochemistry, Paul pursued medicine. After earning his medical degree, he completed an ophthalmology residency and went on to finish a glaucoma specialty.
Dr. Chung served as Chief of Ophthalmology for 3 years at the VA Hospital in Loma Linda, California. He then practiced as a cataract surgeon and glaucoma specialist in Georgia and Tennessee before joining Pacific Cataract and Laser Institute.
Dr. Chung relaxes by reading, hiking, camping and playing tennis. A dedicated family man, he and his wife be, a family practice physician, have five children—Jared, Jason, Jordie, Joseph and Justin.
A soft-spoken gentleman, Dr. Chung keeps things light and playful with a touch of humor. He likes to interact with others in his quiet, gentle way. “It energizes me to help people and I always happiest when I’m helping someone.”

Professional Profile
Medical School 1982 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1985 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Fellowship 1996 – Glaucoma – New England Eye Center, Tufts University School of Medicine, Boston, MA
Medical Practice 1982 to 1992 – Director, Glaucoma Services, LLU School of Medicine
1992 to present – Pacific Cataract and Laser Institute

WILLIAM D. GRUZENSKY, MD
Cataract and LASIK Surgeon and Corneal Specialist
Steady and exacting, Dr. Gruzensky’s precise surgical skills help him handle difficult and non-routine cases. People appreciate his calm dignity and feel comfortable around his gentle spirit.
Bill grew up in the open canyon lands outside of Boulder, Colorado where his father worked as a chemist. While still a teenager, Bill climbed five of Colorado’s highest peaks.
Graduating from college with a chemistry major, Bill went on to medical school. After receiving his medical degree, he practiced general medicine in Alaska and at a mission hospital in Ethiopia. Returning to school, Dr. Gruzensky completed a residency in ophthalmology and then completed specialty training in cornea and external eye disease. He taught surgery skills to ophthalmology residents in Baltimore, Maryland before joining Pacific Cataract and Laser Institute.
An outdoor enthusiast, Dr. Gruzensky enjoys snow skiing, backpacking, mountain climbing, dog sledding and flying, but his favorite activity is spending time with his family. He and his wife, Tish, an X-ray technician, have two daughters—Heidi and Michaela.
Improving the human condition and making a positive difference in people’s lives defines Dr. Gruzensky’s selfless dedication to his profession. “It is very rewarding to be able to treat a person who can’t see well and give them new eyesight.”

Professional Profile
Medical School 1982 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1985 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Fellowship 1996 – Glaucoma – New England Eye Center, Tufts University School of Medicine, Boston, MA
Medical Practice 1982 to 1992 – Director, Glaucoma Services, LLU School of Medicine
1992 to 2000 – J. L. Pettis Memorial VA Medical Center, Loma Linda, CA
1999 to present – Pacific Cataract and Laser Institute

DAVID L GANO, MD
Cataract Surgeon
Outgoing, friendly and engaging, Dr. Gano has a charming sense of humor and is able to quickly bond with people. A respected surgeon, he is known for his careful precision and expertise.
Born in Gainesville, Florida, David grew up at the edge of town on a small farm of trees and open fields. His father was a real estate developer and owned a real estate business. Young David spent time climbing trees, going to the lime pits down the road, and helping his mom raise a big garden every year.
In college, David graduated with a degree in chemistry, summa cum laude, and then earned a masters degree in biochemistry, magna cum laude. Pursuing medical studies, he went on to earn his medical degree and complete an ophthalmology residency.
For 10 years, Dr. Gano practiced with Kaiser Permanente in Southern California where he performed a considerable number of cataract surgeries before joining Pacific Cataract and Laser Institute.
In addition to singing and playing guitar, Dr. Gano is an amateur juggler who likes to water ski, swim, and scuba dive. He and his wife, Angela, a nurse, have two sons—Alexander and Donovan.
Caring and dedicated, Dr. Gano is careful with details and enjoys explaining the intricacies of the eye to people. His goal is to be the best surgeon a patient could have. “It’s all about doing a good job for those who trust me with their care.”

Professional Profile
Medical School 1993 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1997 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Fellowship 1999 – Cornea – University of California Davis Medical Center, Sacramento, CA
Medical Practice 2002 to 2005 – Ophthalmology, Fairbanks, AK
2005 to 2015 – Sinai Eye Institute, Dallas, TX
2015 to present – Pacific Cataract and Laser Institute

Professional Profile
Medical School 1983 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1987 – Ophthalmology – Loma Linda University Medical Center, Loma Linda, CA
Medical Practice 1997 to 2007 – Kaiser Permanente, Riverside, CA
2007 to present – Pacific Cataract and Laser Institute
JAMES P. GUZEK, MD  
Cataract Surgeon and Corneal Specialist

Thoughtful and good-natured, Dr. Guzek’s mastery of surgical technique keeps him calm under pressure. People enjoy his pleasant, caring demeanor and friendly touch.

Born in the old coal mining town of Scranton, Pennsylvania, Jim grew up playing basketball and watching his father practice as an ophthalmologist.

Jim graduated from college magna cum laude with a degree in biology and then pursued medical studies. After completing a residency in ophthalmology, he went on to specialize in cornea and external disease. For 7 years, Dr. Guzek was Chief of Ophthalmology at the VA Hospital in Loma Linda, California. He practiced in South Arabia and as a medical missionary in Sri Lanka and West Africa before joining Pacific Cataract and Laser Institute.

Dr. Guzek enjoys relaxing with a good book, bicycling, hiking and listening to classical music. A devoted father and family man, he and his wife Roberta, a nurse and eye technician, have four children—James, Joseph, Leah and Rachel.

There is little Dr. Guzek has not encountered in his broad scope of medical experience, but his concern is always for the greater welfare of people. Everyone has needs and I consider it a privilege to be able to help as many people as I possibly can.

Professional Profile
Medical School 1978 – Hahnemann Medical College, Philadelphia, PA
Residency 1982 – Ophthalmology – Geisinger Medical Center, Danville, PA
Fellowship 1983 – Cornea – Tulane Medical Center, New Orleans, LA
Medical Practice 1983 to 1986 – King Khaled Eye Specialist Hospital, Riyadh, Saudi Arabia
1987 to 1990 – Ruhunu Eye Hospital, Weligama, Sri Lanka
1990 to 1997 – J. L. Pettis Memorial VA Hospital, Loma Linda, CA
1998 to 2001 – Margaret Marquart Catholic Hospital, Kpando, Ghana, West Africa
2002 to present – Pacific Cataract and Laser Institute

PAUL H. SHENK, MD  
Cataract and LASIK Surgeon

Gentle and soft-spoken, Dr. Shenk has excellent surgical skills and a broad level of experience. People appreciate and trust his kind, conscientious care and sensitive manner.

Growing up on a small farm under the shadow of Mt. Rainier in Western Washington, Paul learned the value of hard work. By applying this work ethic to his school studies, he stayed at the top of the class.

Graduating from college with a degree in chemistry, Paul pursued his childhood dream of becoming a physician. After earning his medical degree, he went on to complete a residency in ophthalmology.

For the next twenty years, Dr. Shenk was in private practice in Vancouver, Washington before joining Pacific Cataract and Laser Institute’s medical team.

In his leisure, Dr. Shenk enjoys golfing, running and relaxing with an interesting book. He and his wife Kaye, a homemaker and artist, have four daughters—Susan, Lisa, Hannah and Rachel.

Quiet and unassuming, Dr. Shenk is known for his compassionate touch and endless dedication. He likes to volunteer his surgical skills on overseas missions to treat those who need eye care. “I hope in some small way my life and work are a positive witness.”

Professional Profile
Medical School 1966 – Loma Linda University School of Medicine, Loma Linda, CA
Residency 1972 – Ophthalmology – Letterman General Hospital, San Francisco, CA
Medical Practice 1972 to 1973 – Madigan Army Medical Center, Tacoma, WA
1973 to 1983 – Private practice, Vancouver, WA
1983 to present – Pacific Cataract and Laser Institute

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