Frequently asked questions about multifocal lenses:

Q. Are patients with cataracts suitable for multifocal lenses?

If you have been diagnosed with a cataract (Cloudy lens) and you are considering surgery, because your cataracts prevent you from seeing well with your corrective glasses, then new technology allows you to opt for a multifocal IOL, instead of the traditional Monofocal IOL.

After cataract surgery you should be able to see well for both far and near distances with your new eyeglasses. The standard Monofocal IOLs (currently offered in the NHS) cannot accommodate by changing focus from distance to near, like a young and healthy natural lens. With both standard and multifocal lens implants, most people will see reasonably well in the distance without any glasses. However, multifocal lenses will allow you to be able to read many things without glasses.

Q. What is refractive lens exchange (RLE)?

Refractive Lens Exchange (RLE) is essentially cataract surgery, but exclusively to get rid of glasses. Where cataract surgery is necessary to replace a cloudy lens which gives poor vision, in a refractive lens exchange procedure the same lens (which may not be defective) is removed and replaced to correct your prescription.

It can help get rid of short-sightedness, long-sightedness, astigmatism and Presbyopia (inability to see near without reading glasses after the age of 40).

Q. What happens during the operation?

The operation normally takes 15-20 minutes and is performed under local anaesthetic. You will be awake during the operation. You will not be able to see what is happening but will be aware of a bright light. You will be given an anaesthetic to numb your eye. This may consist of simply eye drops, but sometimes additional anaesthetic passed into the tissues around the eye through a short blunt tube.

During the procedure (Micro-incisional Cataract surgery: MICS) the lens inside the eye is replaced with an artificial refractive lens.

Q. What is the after-care?

Visual recovery after cataract surgery is rapid and you can expect to see quite well within two days of surgery. Eye drops are used for several weeks to reduce inflammation and to reduce the possibility of infection. Follow-up visits are necessary to ensure proper healing. Rarely, patients may require secondary procedures to fine tune their vision after surgery.

Q. Will I see haloes?

Haloes are produced when the pupil dilates in the dark, allowing more light to enter the eye and scatter off the peripheral part of the lens implant. Many patients hardly notice them at all with the newer generation of multifocal lenses. Even if you notice haloes to start with, they don't obscure vision but can create a distracting ghost image. Fortunately these haloes become less noticeable over time, as the brain learns to selectively ignore them, through a process called neuro-adaptation.

Q. Will I need glasses after the multifocal lens?

It is impossible to know in advance how often you will "need" glasses after your multifocal lens implants. Multifocal lenses are not perfect and will not reverse the need for glasses.

However, when compared to the standard single-focus lens implant, when patients are totally dependent on glasses for intermediate and near, 90% patients with multifocal lenses are free from spectacle dependence for most activities. Reading glasses may still be used for prolonged reading or very fine print and a distance prescription may be preferable for some activities especially in low ambient lighting conditions (e.g. theatre, cinema, night driving).

Q. What is laser-enhancement after multifocal lenses?

Complete elimination of distance prescription is required to get maximum benefit from Multifocal lenses. Despite successful surgery, some patients are still not able to see as well without glasses as they would prefer to. One option is to wear thin glasses or contact lenses. A surgical solution is to reshape the cornea with laser (LASIK) to reduce the residual prescription.