

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's health and wellness segment. This is Katie Johnson, and joining me as my guest today is Dr. Steve Thom, ophthalmologist at Lake Region Healthcare here to talk about cataracts during June which is cataract awareness month. Good morning, Dr. Thom.

Dr. Steven Thom: Good morning.

Katie Johnson: Cataract awareness month. Where do we start? Maybe with just the basics. What's a cataract?

Dr. Steven Thom: It's a great place to start. A cataract is actually a clouding of the lens of the eye. The lens is a structure that helps focus the incoming light onto the retina in the back of the eye. We all are born with a lens, and with rare exceptions, and that lens will cloud up in everyone if they live long enough. The bottom line is, if people are fortunate enough to grow to a ripe old age, they will have a cataract.

Katie Johnson: Is there any certain cause other than age?

Dr. Steven Thom: Yes. Age would be the number one, hands down, risk factor for cataracts, but people with diabetes typically get cataracts. It's not usually right away, but it does vary depending on their blood glucose control. If they're very tightly controlled, they may not get cataracts any earlier in life than somebody who doesn't have diabetes. However, if you have a juvenile who controls their diabetes very poorly, they can actually need cataract surgery before they hit ten years of age. It can happen at any time with diabetes, again, depending on their blood sugar control.

Smoking is another huge risk factor. We see a lot of people, probably thirty percent of people in the area are smokers, and we see at least that many that have cataracts prematurely. I'm saying ten years earlier than people who don't smoke. Smoking ages every cell in your body, and the lens is actually a group of many hundred of thousands of cells that are packed tightly together, and they age just like the rest of the body. Steroids and other medications can also predispose you to getting cataracts earlier in life, as well as any kind of eye trauma. Those would be the biggest risk factors.

As far as controllable things, one other thing I should mention is also sunlight. Sunlight is a risk factor. Not just general sunlight exposure, but people that would work outdoors on a daily basis. Farmers, for example, around here would be a big risk factor, along with people that are outdoor builders, commercial fisherman, out on the east or west coast, people like that. Bricklayers, would be another one. When people like that, I encourage them to wear sunglasses or wear a broad billed cap to prevent direct sunlight into the eye.

Katie Johnson: How do you know if you have cataracts or what are the warning signs?

Dr. Steven Thom: Usually, it starts with blurry vision. That's real vague term, but people have trouble

seeing the small captions across the bottom of a television screen when they're watching the nightly news. They have trouble reading the small print in the paper or in a magazine. They have trouble when they're driving down the road in town looking at a street sign, or on a highway seeing an exit sign early enough to make sure they can make the turn, especially if they're in a bigger city. Another big symptom is trouble with glare problems. Driving at night. Halos and star-burst patterns when you meets cars head-on at night. Street lights also casting glare type problems would be another big complaint we hear from people that are bothered by cataracts.

Katie Johnson: I would presume that blurriness you're talking about is somehow different than if I'm someone who already has a prescription, I'm going to assume I need a stronger prescription, but you're going to be able to tell that's not the kind of blurriness I'm experiencing?

Dr. Steven Thom: Right. Blurriness is kind of what brings people into an eye doctor, either an optometrist or an ophthalmologist, and you start by checking your prescription. Do glasses or contacts help you see better? If the answer is, yes, even if you have the start of cataracts, you don't have to have cataract surgery. It's when you can't correct your vision enough to alleviate these other symptoms that it's time to consider cataract surgery. Some people have very high visual demands in their occupation or in their hobbies and they need fantastic vision. Most people are probably going to pursue cataract surgery sooner with milder symptoms than somebody who is less active and has less visual needs. They might let their cataracts go a little longer.

Katie Johnson: Let's talk about that treatment. You mentioned surgery. What's involved with the treatment of cataracts?

Dr. Steven Thom: Cataract surgery is typically a very brief outpatient procedure. Patients come in to the hospital here at Lake Region and are in for an hour, hour and fifteen minutes, before surgery getting prep work done and getting their pupil dilated so we can get at the cataract. That's done with some simple eye drops. Once they get into the operating room, it's a very brief procedure with them typically awake and having mild sedation or no sedation at all. The procedure can last anywhere from ten mins to a half hour and then they're taken back to the recovery area where they're given some further eye drops, and then discharged back to the home front.

Typically, they're on eye drops after surgery for a few weeks, but they can resume their normal activities as soon as the afternoon of the day of surgery. The vision is blurred in the eye for a few days after surgery, but within two or three days, they typically have very useful vision out of the first eye. We often do the eyes a week or two apart from each other. There is a new treatment modality coming to the area, and that involves less eye drops post-operatively. Typically, down out to one eye drop a day from eight or nine eye drops a day that has been typical in the years past. That's if the patients elect to have injection of medication placed into the back of the eye at the end of the procedure.

The good news is it sounds painful, but it's a painless injection into the back of the eye. It does give you some floaters for up to a week because you've got a cloud of medication floating in the back of the eye, but the upside of that is you have to only put in one eye drop a day. For our patients who are very active, who might be forgetful, or have limited coordination of their fingers from arthritis or other issues, that becomes a more viable option for them.

Katie Johnson: That sounds like a fantastic advancement. Any other advancements or things happening in the world of eye treatment that you want to mention this morning?

Dr. Steven Thom: Yes. I guess I could also mention, as far as the cataracts go, that the cataracts are designed to remove the cloudy lens and place a clear lens in the eye. There are some lens implants that we place. I should say, when we do the surgery, we always place a new artificial lens in the eye. That lens has a prescription in it to balance you between farsighted and nearsighted. However, we also have what's called advanced technology lenses which also can correct things like astigmatism, which about 30-40% of people have, and also presbyopia, which is the difficulty that comes in people with normal eyesight when they get into their 40s and they have trouble reading things up close or reading small print.

That's why they have to go to the dime store and buy a pair of cheater or reading glasses. Your eye loses its elasticity. The lens loses its ability to change shape and that causes you to lose your ability to focus up close. We now have some bifocal lens implants available that the patients can pay for out of pocket, and have those implanted into the eye, and allow them to see distance and up close without glasses. It's not for everyone. Even if you want it, your eye might not be anatomically normal enough to get it.

It's something that you can have an evaluation for. We can see if either astigmatism correcting lens or a bifocal type lens would be something for you. The area optometrists are very good at screening patients for cataracts and sending them our way when they have symptomatic cataracts. We also have a couple of optometrists here at Lake Region, Dr. Kaliher and Dr. Ottenbacher, that along with myself and Dr. Schmidt provide eye care to the area.

Katie Johnson: I was just going to mention that as well. You have the luxury of being in Lake Region Healthcare's clinic and have 20/20 Optical located right there with you. You mentioned cataract being same-day surgery. Also a brand-new same-day surgery center. It's kind of an exciting time to be here at Lake Region Healthcare and to invite patients in.

Dr. Steven Thom: It definitely is. As someone who grew up here in Fergus Falls, I've known Lake Region for nearly fifty years. In fact, I was born here. I know the place inside and out. This new addition of the clinic and surgery center pre and post-operative recovery area has been fantastic for the community. We hope the community supports it, and there's a lot of great things going on here. We've got one-stop

shopping for anybody with any eye trouble here in Fergus or in the surrounding area. We do work with outside optometrists to co-manage patients if they want to do some of their follow-up care more locally, we can take care of the surgical part here. We're here if you need us.

Katie Johnson: Of course, you can call the Lake Region Healthcare Eye Clinic any time for an appointment or to ask more questions at 218-739-2221. June, cataract month. Dr. Steve Thom, ophthalmologist at Lake Region Healthcare, my guest today. Thanks for shedding this light on what cataracts are and what Lake Region Healthcare and the Eye Clinic here offers for treatment and follow-up for those who are afflicted with cataracts. I appreciate your time today.

Dr. Steven Thom: My pleasure. Thank you.

Katie Johnson: Katie Johnson along with Dr. Steven Thom reminding you there is so much to do here. Stay healthy for it. Have a great day.

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