



posterior capsulotomy

a closer look

WHAT IS POSTERIOR CAPSULOTOMY?

Posterior capsulotomy is a surgical procedure that is sometimes necessary after cataract surgery.

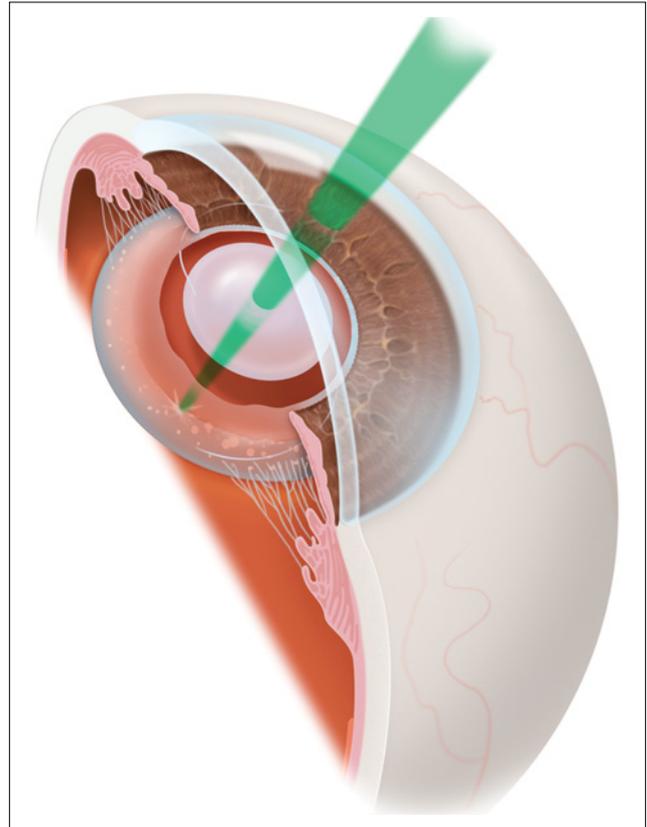
WHY IS A POSTERIOR CAPSULOTOMY NECESSARY?

Cataract surgery removes a cataract (the cloudy lens causing blurred vision) from its cellophane-like lining called the lens capsule. An artificial lens (called an intraocular lens, or IOL) is then inserted into the capsule to replace the natural lens.

Weeks to years after cataract surgery, the capsule may become cloudy or wrinkled and cause blurred vision. A posterior capsulotomy is a simple laser procedure that makes an opening in the back, or posterior, part of the capsule to restore your normal vision.

WHEN SHOULD A CAPSULOTOMY BE PERFORMED?

If your vision becomes worse after cataract surgery, it is important to consult your ophthalmologist (Eye M.D.). If a cloudy or wrinkled capsule is discovered, a posterior capsulotomy may be recommended when you are not able to see well enough to do the things you like or need to do.



A laser beam opens the hazy capsule behind the pupil and intraocular lens.



WHAT HAPPENS DURING POSTERIOR CAPSULOTOMY?

A special laser is targeted at the back of the capsule and makes a small opening.

The technique is painless and only takes a few minutes. It is performed on an outpatient basis, often in your ophthalmologist's office. Anesthesia, if necessary, is applied using eyedrops.

You should notice improved vision quickly, if there are no other problems with your eye. Unless your doctor advises otherwise, normal activities can usually be resumed immediately.

ARE THERE ANY RISKS INVOLVED?

As with any surgical procedure, rare complications can occur, including:

- Detachment of the retina (symptoms of a retinal detachment may include a curtain or cobweb that goes across your vision, or the sudden appearance of many floaters in your vision);
- Increased intraocular pressure;
- Dislocation of the IOL through the posterior capsule opening;
- Inflammation in the eye, possibly requiring treatment with steroid eyedrops.

Be sure to discuss potential complications with your ophthalmologist before surgery.

NOTES

COMPLIMENTS OF YOUR OPHTHALMOLOGIST:

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