

BLOG 2014 - 03

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Cataracts – planning leads to success

In an earlier entry (BLOG 2014 - 2), I described how I evaluated several different implantable replacement lenses before arranging for cataract surgery. After a fairly extended process (and with the help of a very patient ophthalmic surgeon), I selected traditional fixed-focus lenses that had the best chance to correct my vision, while both avoiding extra expense and minimizing the risk of such problems as glare. I asked for these implants to be “sized” so that I would remain near-sighted, although much less so than I had been for most of my life. I still wear glasses, but would have done so anyway. The results have been quite satisfactory for me, but how did the actual surgery/recovery process go?

Surgery on my two eyes was scheduled a week apart. Such separation is a common practice. At least one reason that has been used to justify the double trip to the surgery center is that there is a decreased risk in the relatively rare event of an infection. If anything does happen to go wrong, it is good if both eyes don’t simultaneously become involved. In any case, most such operations today are performed on an outpatient basis and the total time from arrival to discharge is often less than a morning. (Much of this is taken up by pre-surgical procedures and by recovery from whatever sedation or mild anesthetic may be used; the time required for the actual surgery falls closer to 15-20 minutes. Experienced surgeons in a large metropolitan area often perform more than a dozen cataract procedures in the same day.)

As one might gather from the preceding paragraph, the first steps at the hospital or outpatient surgical center involve a series of drops to prepare the eye. In my case, one of the drops produced a moderate short-term stinging. Others were quite innocuous. Your surgeon and/or anesthetist or anesthesiologist may stop by to check on you before you go to the operating room. So far, so good.

The chances are that once you enter the operating room, you will already be drowsy and, before you know it, you will be waking in the “recovery” area. Now the really exciting parts can start to happen.....

When I used to teach about vision at the university, my description of what people noticed soon after awakening was that the sky might appear much bluer than before their surgery. The reasoning here was that the most common form of cataract involves a yellowing/browning of the original biological lens. (Think of looking through a yellow filter – all the time!) Seeing a good bright, blue sky depends upon the predominance of shorter-wavelengths of light. A yellow filter, on the other hand, removes short wavelengths, leaving an otherwise clear sky appearing more neutral in color and somewhat darker. Hence, the prediction – which may in fact be true for some post-surgery patients.

In my case, although the sky (and almost everything else), did appear sharper and with better color after I received my implant, the change which was most immediate and most striking was different.

To digress for a moment, humans are often poor at realizing that slow changes have occurred. We simply adjust to the new appearance and, in the case of a colored surface, continue to use our familiar label. In my case, I had a perfectly clear notion in my mind of how “white” surfaces appeared. (The hospital walls, for example, were unquestionably white when I was wheeled to the operating room.)

Upon opening my eyes after my first implant was done, I was dumbfounded at the appearance of those same walls. Sometimes they were brilliant (and whiter than anything in recent memory)! As a psychologist, I immediately began to experiment. Open the *renewed* eye, then close it and open the eye that still had the cataract. Reverse. With the new implant, the walls appeared clean and had that amazing, brilliant whiteness. Through the *yellow filter* of my “old” eye, the walls were more of a dingy cream color. Switch eyes and be astonished all over again by each shift.

The original *concept* of “white,” long lost to my cataracts, had returned to the fore. The walls’ appearance through the operated eye had irrevocably changed the appearance through the eye with the cataract. From that point, until my second surgery, *those* walls were no longer white, but instead a yellow-beige.

(Since I first drafted this BLOG entry, I have had the occasion to talk to two friends who have had recent cataract surgery of their own. With no more than a neutral inquiry about whether they had “noticed any changes,” both spontaneously began by referring to how bright/white things now appeared.)

Of course, first impressions do eventually wane, and simply become the new normal. One stops playing games of “Wow! I wish I could describe how different things look to me now!” (The most salient reminder of the wonder of rediscovering colors is the story my wife still tells about my excited commentary on the appearances of everything on our ride home from the surgery center.)

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