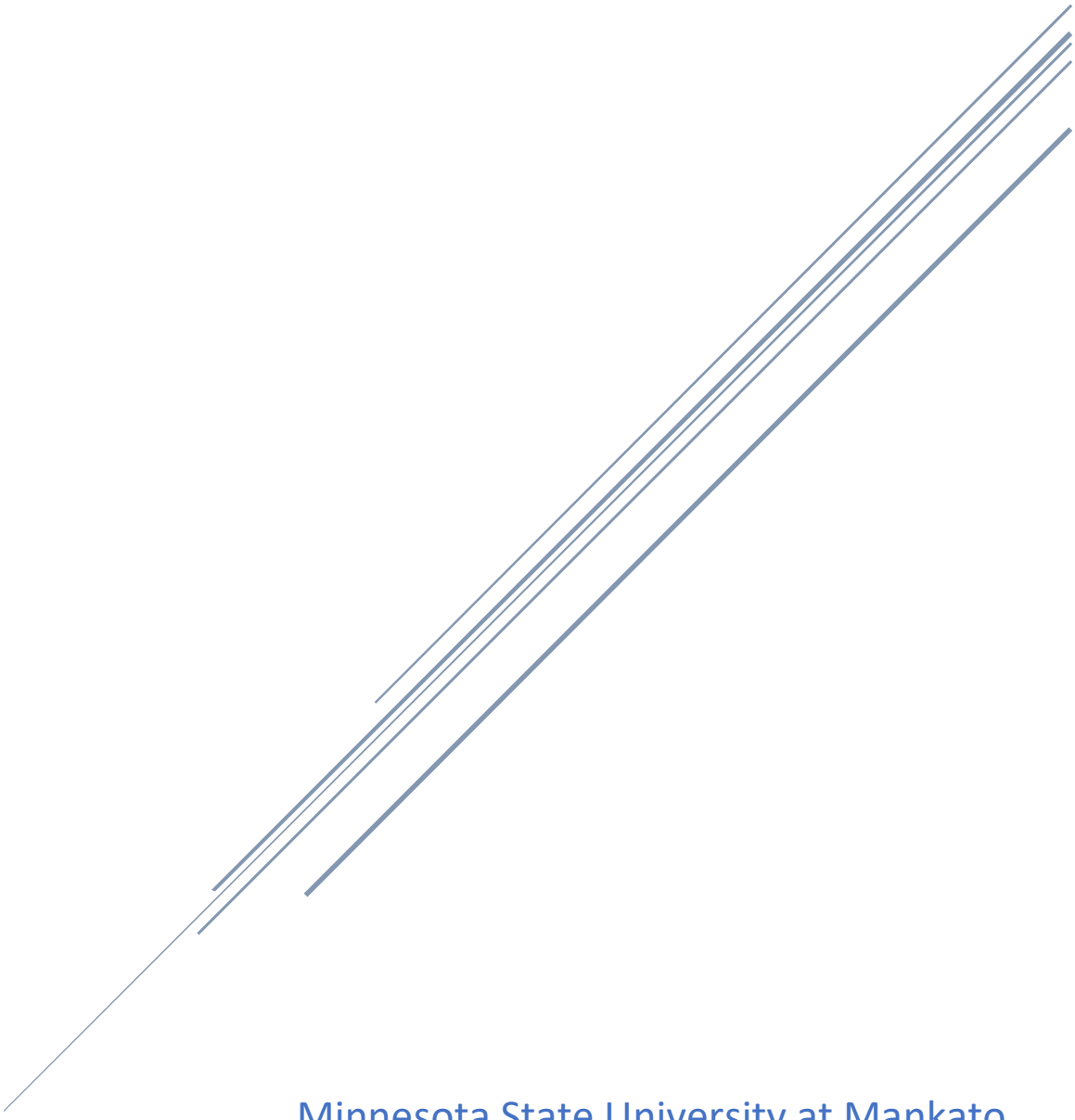
DIAGNOSTIC REFLECTION: NO-STITCH AND SMALL-INCISION SURGERY BROCHURE

Stephen Fuller



Minnesota State University at Mankato
Editing Technical Publications

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Memo

To: All Employees

From: Stephen Fuller, Technical Editor

Date: September 25, 2024

Subject: Diagnostic of the ‘Cataract and No-Stitch/Small-Incision Surgery Brochure’

I’m writing to inform you about the Editorial Staff’s diagnostic of the No-Stitch/Small-Incision Surgery Brochure. We are revising the brochure's content and our edits will go into effect on October 31st, 2024.

We have chosen to review the brochure as a sample of our greater content strategy. Our documents are due for revision, and our Cataract Surgery Brochure is one of our most widely dispersed documents. We’ve received a handful of complaints concerning our Cataract and No-Stitch/Small-Incision Surgery Brochure reinforcing our decision to begin with this brochure.

We began the review process by identifying our target audience. We utilized an audience analysis sheet to improve our understanding of who might read our brochure. Through the analysis, we noted the complexity of our target audience. The primary audience is composed of folks who tend to be over age 40 and are considering receiving Cataract surgery. An important consideration is that they likely have difficulty with vision. Furthermore, our primary audience members are non-experts so we must provide definitions in cases where we cannot avoid medical terminology. Our secondary audience consists of our primary audience’s family members, friends, medical providers, and anyone involved in decision-making about the health of the primary audience. Our documentation must be handled with empathy as medical decisions are complicated and the relationships between the people involved in making medical decisions after reading our documentation could be affected. As part of our audience analysis, we also considered the purpose of the brochure. We provide the audience with the brochure to inform them about cataract surgery options while encouraging them to choose no-stitch and small incision surgery as long as it is medically feasible.

After analyzing the audience, we assessed the visual aspects of the document including the graphics, headings, organization, font, length, and physical size of the document. We noted that the title is difficult to read, the graphics could be updated, the font size should be increased, and the amount of script exceeds the needs of our target audience. To address these concerns,

we can alter the font of the title, update the graphics, ensure that the written content is concise, increase the use of bullet points, and increase the size of the font.

Switching focus to the structure of the written content, the paragraphs in the brochure appear to be disordered and could create confusion for the intended audience. Instead of the current introduction, we can begin the document with a definition of a Cataract. We can follow the definition with a brief description of the effects of a Cataract and a bulleted list of the advantages of no-stitch and small-incision surgery. We can then expand upon the definition and bullet points with a specific explanation of small-incision surgery in which we explain the procedure, what a patient can expect, and the typical results.

Next, we can discuss 'traditional,' or large-incision surgery as our medical providers want to include information about the procedure options. We will make sure to format information in a way that allows the audience to compare and contrast their surgery options, bearing in mind that we are encouraging the audience to use no-stitch and small-incision techniques. We can finish the main body with a disclaimer and appeal to the audience to discuss any medical decisions with their provider.

While we were reviewing the paragraph structure, there were a few important issues to address. First, the title page has an out-of-place definition of a Cataract which was illogically linked to the phrase, 'No-Stitch/Small-Incision Surgery. Secondly, the brochure uses the term, 'traditional surgery,' to mean 'large-incision surgery.' After researching various cataract surgery techniques, 'traditional surgery' refers to any cataract surgery that does not use laser technology including no-stitch and small incision surgery. As a result, we've excluded the phrase 'traditional surgery' from our new edits. Thirdly, our new edited outline is formatted as a 6-page brochure as opposed to the previous 8-page brochure. The shortened length will improve our audience's experience by allowing us to increase the font size and decrease the amount of time the audience will need to read the document. Lastly, the previous analysis required a significant amount of re-writing and revision which limited our need to analyze the grammar and punctuation features until a new draft was created.

Much of this project required combining ideas from the paragraphs of the old brochure and reorganizing both the paragraphs and ideas into a more digestible form for our target audience. The initial structural edits required an analog approach by physically marking up the brochure. We also produced a PDF document with a program called DOCHub that allowed us to mark the text digitally. We wrote an outline of a new script for the brochure using Microsoft Word, and while our draft does not include graphics, we made note of where graphics might fit onto each page. Grammarly, in particular, was another useful tool. Grammarly helped us produce a more polished draft as it provided suggestions for creating concise sentences as well as correcting punctuation and spelling issues.

Our team's technical editing improved throughout this exercise for various reasons. Primarily, we developed a system for editing documents. We started with an audience analysis, completed a visual review, performed structural revisions, edited the writing, and performed research to correct some terminology. As with any project, the process was not perfectly linear, though the editing framework we used can be applied to future editing projects.

Secondly, the project encouraged us to consider our audience at a deep level. We developed an 'audience analysis sheet' which can be used for future technical writing tasks. In the case of this project, our audience analysis sheet brought to light two important considerations. It reminded us that our document is intended for an audience that may have poor vision, and it brought to light the complexity of relationships involved in the decision-making process for our primary and secondary audiences.

In General, we are pleased with the results of our diagnostic as we identified a need to update our hardcopy content. Please forward any customer-facing hardcopy concerns to the Technical Editing department as we would like to continue our revisions.

Attached: Audience Analysis Sheet, September 2024

Memo Edits

To: All Employees

From: Stephen Fuller, Technical Editor

Date: September 25, 2024

Subject: Edits to the 'Cataract and No-Stitch/Small-Incision Surgery Brochure'

I'm writing to inform you about the Editorial Staff's review of theour No-Stitch/Small-Incision Surgery Brochure. We are revising the brochure's content, and our edits will go into effect on October 31st, 2024.

We have chosen to review the brochure as a sample of our greater content strategy. Our documents are due for revision, and our Cataract Surgery Brochure is one of our most widely dispersed documents. We've received a handful of complaints concerning our Cataract and No-Stitch/Small-Incision Surgery Brochure, including one from my father. T, and the complaints have given us a strong reason reinforcing our decision to review our hardcopy content.

We began the review process by identifying our target audience. We utilized an audience analysis sheet to improve our understanding of who might readconsume our content. Through the analysis, we noted the complexity of our target audience. The primary audience is composed of folks who tend to be over the age of 40 and are considering receiving Cataract surgery. An important consideration is that theyand likely have difficulty with vision. Furthermore, our primary audience members are non-experts so we must avoid using complicated medical terminologyjargon as best as possible. we must provide definitions in cases where we cannot avoid medical terminologyjargon, we must make sure to define the terms. use definitions to explain any medical terminology. Our secondary audience consists of our primary audience's family members, friends, medical providers, and anyone involved in decision-making about the health of the primary audience. Our documentation must be handled with empathy as medical decisions are complicatedimperative and the relationships between the people involved in making medical decisions are important to both the primary and secondary audience. As part of our audience analysis, we considered the purpose of the brochure. In this case, the brochure is intended to inform the audience about cataract surgery options while encouraging the audience to choose no-stitch and small incision surgery.

After analyzingcoming to a thorough understanding of the audience, we assessedperformed an overview of the visual aspects of the document including the graphics, headings, organization,

font, length, and physical size of the document. ~~In review of the visual aspects of the brochure, w~~We noted that the title is difficult to read, the graphics need to be updated~~updating~~, the font size should~~could~~ be increased ~~to improve the readability of the brochure~~, and the amount of script exceeds the needs of our target audience. To address these concerns, we will alter the font of the title, update the graphics, ensure that the written content is concise, increase the use of bullet points, and increase the size of the font.

We then switched focus to the structure of the written content. ~~We noted that t~~The paragraphs in the brochure appear to be disordered and could create confusion for the intended audience. Instead of the current introduction, w~~W~~e can begin the document with a definition of a Cataract. We can follow the definition with~~ed by~~ a brief description of the effects of ~~a~~ Cataracts and a bulleted list of the advantages of No-stitch and small-incision surgery. We ~~The overview~~ will then ~~be~~ expand~~ed~~ upon the definition with a specific explanation~~closer look at~~ of no-stitch and small-incision surgery. We will explain the procedure, what a patient might expect to do for the procedure, and the expected results.

We will then transition into discussing 'traditional,' or large-incision surgery as our medical providers want to include information about these procedures. We will make sure to format information ~~such that it will~~ in a way that allows the audience to compare and contrast the various surgery options~~ies~~, bearing in mind that we are encouraging the audience to use no-stitch and small-incision techniques when it is medically viable. We can finish the main body ~~of the content~~ with a disclaimer and an appeal to the audience to discuss any medical decisions with their provider. ~~The previous analysis required a significant amount of re-writing and revision which limited our need to analyze the grammar and punctuation features until a new draft was created.~~

While we were reviewing the paragraph structure, there were a few important notes. First, the opening page has an out-of-place definition. The title page includes a definition of a Cataract which was illogically linked to the phrase 'No-Stitch/Small-Incision Surgery. Secondly, the brochure uses the term, 'traditional surgery,' to mean 'large-incision surgery.' After researching various cataract surgery techniques, the phrase 'traditional surgery' refers to any cataract surgery that does not use laser technology. In the case of our brochure, 'traditional surgery' would include no-stitch and small incision surgery. As a result, we've excluded the phrase 'traditional surgery' from our new edits. Thirdly, our edited format is a 6-page brochure as opposed to the original document which was an 8-page brochure. The shortened length will improve our audience's experience as we can increase the font size and decrease the amount of time the audience will need to spend reading the document. ~~Instead, we use the terms 'large-incision surgery' as well as 'no-stitch and small-incision surgery.~~' Lastly, The previous analysis required a significant amount of re-writing and revision which limited our need to analyze the grammar and punctuation features until a new draft was created.

We'd like to move our discussion to the tools we used to make edits ~~as they certainly influenced our writing process~~. Much of this project required combining ideas from various paragraphs from the previous brochure~~in the pre-written document~~ and reorganizing them in a way that is~~are~~ more digestible for our target audience. The initial structural edits required an analog approach by physically marking up the brochure ~~with a pen~~, though we also produced a PDF document with~~that included our~~ our suggested edits using a program called DOC Hub. ~~To make the PDF document, we used a program called DOC Hub. Doc hub allowed us toto make marks and add notes to a scanned copy of the brochure.~~ We then wrote an outline ~~draft~~ of a~~the~~ new script for the brochure using Microsoft Word. While our draft~~our the current draft~~ does not include graphics, we made note of where graphics might fit onto each page in our outline. ~~word allowed us to make a detailed outline that shows where the script may fit on each page of the brochure. As a note, our current format is a 6-page brochure as opposed to the original document which was an 8-page brochure. This will improve our audience's experience in reading the brochure as we can increase the font size for readability and decrease the amount of time the audience will have to spend reading the document. While re-writing the document,~~ Grammarly, in particular, was another useful tool in producing a draft of the revised brochure. Grammarly helped us produce~~d~~ a more polished draft as it provided useful suggestions for creating concise sentences ~~as well as suggesting~~ and correcting ~~any corrections for any~~ punctuation or~~and~~or~~~~ spelling issues. ~~Grammarly was also useful in writing this memo as it provided suggestions for exchanging particular words and phrases in an effort to smooth out the writing.~~

In general, this editing exercise ~~has~~ helped improve our team's technical editing ~~expertise~~ for various reasons. Primarily, we~~it created a need for us to~~ develop~~ed~~ a~~n~~ system~~organized method~~ for editing documents. In our case, we started with an audience analysis, completed a visual review, performed a structural review, took a close-up look at the writing itself, and performed minor research to correct some terminology. As with any project, the process was not perfectly linear, though it provided a quality framework that we can use for future editing projects.

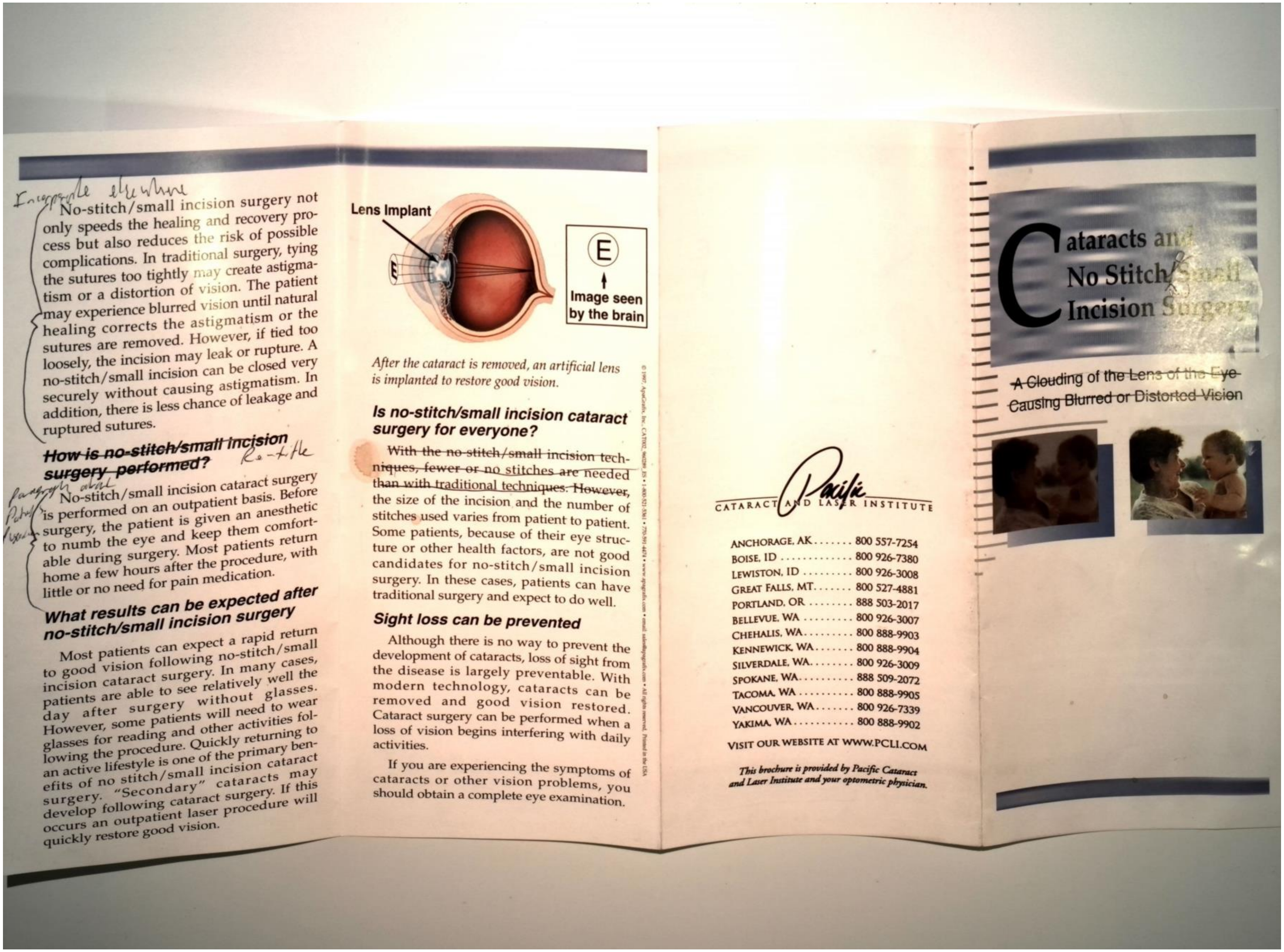
Secondly, t~~T~~he project ~~also~~ encouraged us to consider our audience at a deep~~er~~ level ~~than in previous writing efforts~~. We ~~developed~~produced an ‘audience analysis sheet’ for this project which can also be used for~~before any~~ future technical writing tasks ~~that will help ensure that we have thoroughly considered any audience concerns before crafting a document~~. ~~In the case of this project,~~ O~~o~~ur audience analysis sheet brought to light two important considerations. First, it was a ~~friendly~~ reminder that our document is intended for folks who may have poor vision, and second, it reminded us of our secondary audience and the~~the~~ complexity of relationships involved in the decision-making process for our audience ~~and their inner circles~~.

In general, we are pleased with the results of our analysis as we identified a need to update our hardcopy content. ~~After our review, we will be sure to take a closer look at our other hardcopy customer-facingcustomer facing documentation. We identified a need to update our content as~~

~~some of our terminology may be out of date. In general, we are pleased with the results of our analysis and we hope that you~~ Please forward any customer-facing hardcopy to the Technical Editing department for ~~a~~ review.

Attached: Audience Analysis Sheet, September

Hardcopy Edits



No-stitch/small incision surgery not only speeds the healing and recovery process but also reduces the risk of possible complications. In traditional surgery, tying the sutures too tightly may create astigmatism or a distortion of vision. The patient may experience blurred vision until natural healing corrects the astigmatism or the sutures are removed. However, if tied too loosely, the incision may leak or rupture. A no-stitch/small incision can be closed very securely without causing astigmatism. In addition, there is less chance of leakage and ruptured sutures.

~~How is no-stitch/small incision surgery performed?~~ Re-title

No-stitch/small incision cataract surgery is performed on an outpatient basis. Before surgery, the patient is given an anesthetic to numb the eye and keep them comfortable during surgery. Most patients return home a few hours after the procedure, with little or no need for pain medication.

What results can be expected after no-stitch/small incision surgery

Most patients can expect a rapid return to good vision following no-stitch/small incision cataract surgery. In many cases, patients are able to see relatively well the day after surgery without glasses. However, some patients will need to wear glasses for reading and other activities following the procedure. Quickly returning to an active lifestyle is one of the primary benefits of no stitch/small incision cataract surgery. "Secondary" cataracts may develop following cataract surgery. If this occurs an outpatient laser procedure will quickly restore good vision.

Lens Implant

Image seen by the brain

After the cataract is removed, an artificial lens is implanted to restore good vision.

Is no-stitch/small incision cataract surgery for everyone?

~~With the no-stitch/small incision techniques, fewer or no stitches are needed than with traditional techniques. However,~~ the size of the incision and the number of stitches used varies from patient to patient. Some patients, because of their eye structure or other health factors, are not good candidates for no-stitch/small incision surgery. In these cases, patients can have traditional surgery and expect to do well.

Sight loss can be prevented

Although there is no way to prevent the development of cataracts, loss of sight from the disease is largely preventable. With modern technology, cataracts can be removed and good vision restored. Cataract surgery can be performed when a loss of vision begins interfering with daily activities.

If you are experiencing the symptoms of cataracts or other vision problems, you should obtain a complete eye examination.

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This brochure is provided by Pacific Cataract and Laser Institute and your optometric physician.

Cataracts and No Stitch/Small Incision Surgery

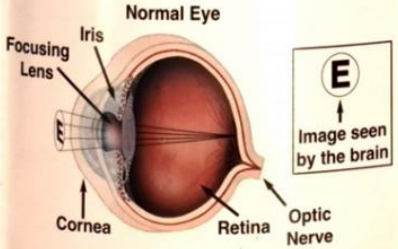
~~A Clouding of the Lens of the Eye Causing Blurred or Distorted Vision~~

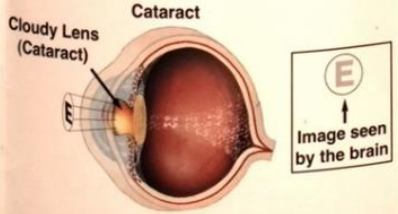
Although the formation of a cataract can make activities such as reading and driving difficult, good vision can be safely restored with outpatient cataract surgery. Today, with the development of no stitch/small incision cataract surgery, many patients are experiencing a faster recovery and a quicker return to good vision.

What is a cataract?

A cataract is the clouding of the lens of the eye. Normally, light passes through the clear lens and is focused onto the retina. However, as a result of the natural aging process, the lens gradually becomes cloudy. The cataract or cloudy lens blocks the passage of light through the eye and causes distorted or blurred vision.

Normal vision (above) compared to simulated vision through a cataract (below).

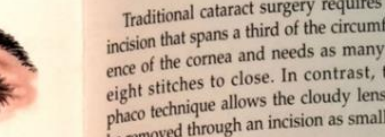




A cataract blocks the path of light through the eye and causes poor vision.

What are no-stitch/small incision surgery techniques?

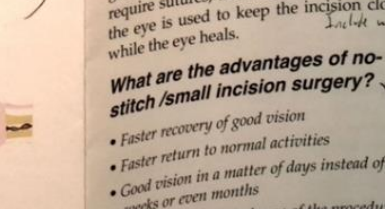
No-stitch/small incision surgery are techniques used to restore vision loss due to cataracts. The cloudy lens is removed and replaced with a plastic lens (IOL) implant. Ultrasound technology (phacoemulsification) is often used to remove the cataract. A special lens can then be implanted through a smaller incision than is required in traditional cataract surgery.



An incision from a traditional cataract surgery technique (left) compared to a small incision technique (right). When sutures are used, they are not visible after surgery.

What is phacoemulsification?

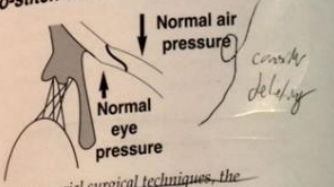
Phacoemulsification (phaco) is a surgical technique which uses ultrasound technology. In "phaco" or small incision surgery, a small probe is inserted into the capsular membrane which surrounds the cloudy lens. Ultrasound is used to gently break-up (or emulsify) the cloudy lens into tiny pieces which can be removed through the tip of the probe. In comparison, traditional surgery techniques require the lens to be removed in one piece through a relatively large incision.



Ultrasound is used to gently break the cloudy lens into tiny pieces. The lens fragments are removed through the tip of the probe before a plastic lens is implanted.

Traditional cataract surgery requires an incision that spans a third of the circumference of the cornea and needs as many as eight stitches to close. In contrast, the phaco technique allows the cloudy lens to be removed through an incision as small as 1/6 of an inch wide.

No-stitch self sealing incision



By using special surgical techniques, the cataract can be removed through an incision that does not need stitches.

In many cases the incision can be closed with just one stitch. In cases where the surgeon can use a technique that does not require sutures, the natural pressure inside the eye is used to keep the incision closed while the eye heals.

What are the advantages of no-stitch /small incision surgery?

- Faster recovery of good vision
- Faster return to normal activities
- Good vision in a matter of days instead of weeks or even months
- Return home within hours of the procedure
- Reduces the chance of surgically induced astigmatism or ruptured sutures

PDF Edits

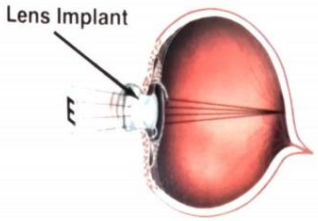
No-stitch/small incision surgery not only speeds the healing and recovery process but also reduces the risk of possible complications. In traditional surgery, tying the sutures too tightly may create astigmatism or a distortion of vision. The patient may experience blurred vision until natural healing corrects the astigmatism or the sutures are removed. However, if tied too loosely, the incision may leak or rupture. A no-stitch/small incision can be closed very securely without causing astigmatism. In addition, there is less chance of leakage and ruptured sutures.

~~How is no-stitch/small incision surgery performed?~~

No-stitch/small incision cataract surgery is performed on an outpatient basis. Before surgery, the patient is given an anesthetic to numb the eye and keep them comfortable during surgery. Most patients return home a few hours after the procedure, with little or no need for pain medication.

What results can be expected after no-stitch/small incision surgery

Most patients can expect a rapid return to good vision following no-stitch/small incision cataract surgery. In many cases, patients are able to see relatively well the day after surgery without glasses. However, some patients will need to wear glasses for reading and other activities following the procedure. Quickly returning to an active lifestyle is one of the primary benefits of no stitch/small incision cataract surgery. "Secondary" cataracts may develop following cataract surgery. If this occurs an outpatient laser procedure will quickly restore good vision.



After the cataract is removed, an artificial lens is implanted to restore good vision.

Is no-stitch/small incision cataract surgery for everyone?

With the no-stitch/small incision technique, fewer or no stitches are needed than with traditional techniques. However, the size of the incision and the number of stitches used varies from patient to patient. Some patients, because of their eye structure or other health factors, are not good candidates for no-stitch/small incision surgery. In these cases, patients can have traditional surgery and expect to do well.

Sight loss can be prevented

Although there is no way to prevent the development of cataracts, loss of sight from the disease is largely preventable. With modern technology, cataracts can be removed and good vision restored. Cataract surgery can be performed when a loss of vision begins interfering with daily activities.

If you are experiencing the symptoms of cataracts or other vision problems, you should obtain a complete eye examination.

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YAKIMA, WA	800 888-9902

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~~Cataracts and No-stitch/Small Incision Surgery~~

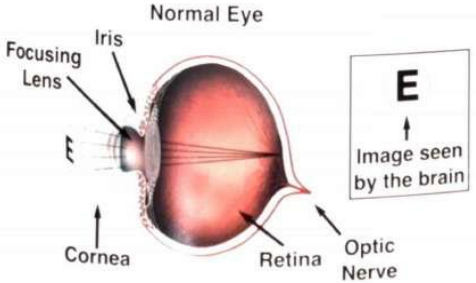
~~ing of the Lens of the Eye~~
~~Causing Blurred or Distorted Vision~~

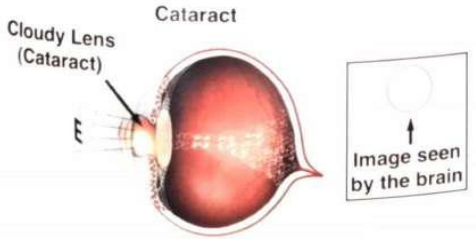
Although the formation of a cataract can make activities such as reading and driving difficult, good vision can be safely restored with outpatient cataract surgery. Today, with the development of no stitch/small incision cataract surgery, many patients are experiencing a faster recovery and a quicker return to good vision.

What is a cataract?

A cataract is the clouding of the lens of the eye. Normally, light passes through the clear lens and is focused onto the retina. However, as a result of the natural aging process, the lens gradually becomes cloudy. The cataract or cloudy lens blocks the passage of light through the eye and causes distorted or blurred vision.

Normal vision (above) compared to simulated vision through a cataract (below).





A cataract blocks the path of light through the eye and causes poor vision.

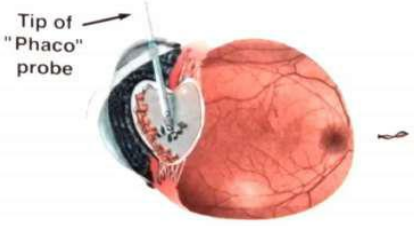
What are no-stitch/small incision surgery techniques?

No-stitch/small incision surgery techniques used to restore vision loss due to cataracts. The cloudy lens is removed and replaced with a plastic lens (IOL) implant. Ultrasound technology (phacoemulsification) is often used to remove the cataract. A special lens can then be implanted through a smaller incision than is required in traditional cataract surgery.

An incision from a traditional cataract surgery technique (left) compared to a small incision technique (right). When sutures are used, they are not visible after surgery.

What is phacoemulsification?

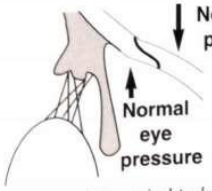
Phacoemulsification (phaco) is a surgical technique which uses ultrasound technology. In "phaco" or small incision surgery, a small probe is inserted into the capsular membrane which surrounds the cloudy lens. The probe is used to gently break up (or emulsify) the cloudy lens into tiny pieces which can be removed through the tip of the probe. In comparison, traditional surgery techniques require the lens to be removed in one piece through a larger incision.



Ultrasound is used to gently break the cloudy lens into tiny pieces. The lens fragments are removed through the tip of the probe before a plastic lens is implanted.

Traditional cataract surgery requires an incision that spans a third of the circumference of the cornea and needs as many as eight stitches to close. In contrast, the phaco technique allows the cloudy lens to be removed through an incision as small as 1/6 of an inch wide.

No-stitch self sealing incision



By using special surgical techniques, the cataract can be removed through an incision that does not need stitches.

In many cases, the incision can be closed with just one stitch. In cases where the surgeon can use a technique that does not require sutures, the natural pressure inside the eye is used to keep the incision closed while the eye heals.

What are the advantages of no-stitch /small incision surgery?

- *Faster recovery of good vision*
- *Faster return to normal activities*
- *Good vision in a matter of days instead of weeks or even months*
- *Return home within hours of the procedure*
- *Reduces the chance of surgically induced astigmatism or ruptured sutures*

Suggested Brochure Outline:

No-Stitch and Small-Incision Cataract Surgery

*Notes:
The organization of the original document required significant revisions. In this outline, the brochure is 6-pages as opposed to 8-pages. In the final product, I'd increase the font size as the brochure is intended for folks who are considering cataract surgery and may have difficulty with vision. As another note, the information in this outline does not include any visuals, though I've included wording to indicate where a visual may go.

What is a cataract?

1. Light usually passes through the clear lens of a person's eye onto the retina. A cataract is the clouding of the lens which blocks light from reaching the retina and causes blurred or distorted vision.

*Photo of the cross-section of the eye here
Caption: a cataract blocks the path of light through the eye and causes poor vision

Advantages of No-Stitch and Small-Incision Surgery

1. Although cataracts affect eyesight inhibiting activities such as reading and driving, no-stitch and small-incision cataract surgery can safely restore vision. The advantages of no-stitch and small-incision surgery over large-incision surgery are that patients can:

- Return home within hours after the procedure
- Recover good vision in days instead of weeks or months
- Return to doing normal activities quicker
- Reduce chances of medical complications

*Photos of images showing normal vision vs blurred vision
Caption: normal vision vs simulated vision through a cataract

*Photo of phacoemulsification
Caption: Ultrasound technology is used to gently break the cloudy lens into tiny pieces.

No-stitch and Small-Incision Cataract Surgery Techniques

1. A small incision is made in the cornea, the outer layer of the eye, and a probe is inserted into the capsular membrane that surrounds the cloudy lens. The probe uses Ultrasound to gently break up the lens into tiny pieces, a surgical technique called phacoemulsification. The pieces are then removed through the tip of the probe and replaced with an artificial plastic lens called an intraocular lens (IOL). In many cases, the incision is closed with one suture. In other cases, natural pressure in the eye can seal the incision without sutures. The size of the incision and the number of sutures used to seal the incision varies from patient to patient.

*Photo of No-stitch self-sealing incision (could be left out if needed)

A. What patients can expect during and after no-stitch and small incision surgeries?

1. Patients receive an anesthetic before the procedure to numb the eye. Following the procedure, most patients return home after a few hours with no need for pain medication. Most patients can see well the day after surgery, though some patients may still wear glasses for reading and other sight-intensive activities. Secondary cataracts may develop after the surgery, though a follow-up outpatient laser procedure can quickly restore good vision.

*Lens implant graphic

Large Incision Cataract Surgery?

1. Due to various factors, some patients do not qualify for no-stitch and small-incision surgeries. In these cases, patients can usually receive large-incision cataract surgery. In large-incision cataract surgery, the incision spans a third of the circumference of the cornea. The lens is removed as one piece and replaced with an intraocular lens (IOL). Up to eight stitches are used to seal the incision. While complications are rare, they may include:

a. Longer recovery times than small incision surgery techniques
b. Tight sutures may warp the intraocular lens leading to distorted vision called astigmatism
c. Loose sutures may cause the incision to leak or rupture

*Photo of the eyes depicting stitches for large incision surgery vs. small incision surgery

Cataract Surgery can improve quality of life

1. Though there is no way to prevent the development of cataracts, modern surgical techniques allow us to replace clouded lenses and restore good vision. If you are experiencing the symptoms of cataracts including:

- Cloudy or blurry vision
- Faded colors
- Difficulty seeing at night
- Lamps, sunlight, or headlights seem too bright

2. Be sure to ask your medical provider about receiving a complete eye examination to determine the best course of action.

Contact information for Pacific Cataract institute