OH SAY, CAN YOU SEE…?

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Today was the day for my cataract removal – technically, a phacoemulsification and insertion of intraocular lens in my left eye. That’s my only working eye, about which more later. If you haven’t thought about how that’s done, here’s a nice short video: <http://www.youtube.com/watch?v=UIApXNXOnHs>

Basically, the surgeon puts the eye to sleep, exposes the lens, inserts a device that emulsifies the lens (sort of like putting a portable blender into a pot of boiled potatoes and moving it around until you have a pot of mashed potatoes), then sucking it out. The intraocular lens is a piece of optical plastic slipped into the cavity created by the absent natural lens, held in place by springy arms that extend out to the sides.

It’s highly skilled bit of surgery that has become very common. I’ve watched more than a hundred, and thought it looked as though patients had a pretty easy time. However, I now know that their experience is more complicated than I thought.

For several days now I’ve been dousing my eyes with eye drops to kill bacteria and reduce inflammation in preparation, as well as washing with antibacterial soap and scrubbing eyebrows and lashes vigorously to exfoliate bacteria-containing debris. I now have a really clean eye.

Though patients usually don’t get more than topical anesthesia and an oral valium pill, they’re treated as though more anesthesia might be necessary. An anesthesiologist is at hand, an IV is started, and the patient refrains from eating or drinking after midnight to ensure an empty stomach.

I was to report at 0645 this morning, to be the second case. I arose at 0430 and made Jan’s breakfast while she cleaned up. Thinking that I might absent-mindedly take a bite of food or a drink, I plastered a piece of packing tape over my mouth, good for a laugh when I brought Jan her tea. As it turned out, the tape was a good idea. I made a mess out of peeling a hard-boiled egg, and only the tape prevented activation of the reflex that causes me to dispose of food mistakes by eating them. I would have stuffed the whole mess into my mouth to keep Jan from seeing it.

At the hospital, I thought I knew the drill for the procedure, so I thought I’d be pretty relaxed. Check-in was easy, and soon I was perched on the gurney that I would ride into the eye room. My anesthesiologist chatted affably as he waited for his first case to be ready, and in short order my nurse began my check-in procedure -- name, birthdate, name of procedure, scan of name tag, scan of all medications, administration of eye drops for numbing and dilation of the pupil. After the eye drops, the nurse placed a tiny sponge in my lower lid and taped the operative eye closed. Finally, it was time for the IV. My nurse recruited a colleague with a reputation as the best IV starter, and even though she had been up all night she inserted a truly painless IV.

And then I waited. Blood pressure had been about 130 over 80, so I knew I was more uptight than I’d admitted. The valium helped, and simply closing my eyes and relaxing helped. It was hard to open my eyes without dislodging the tape holding the operative eye closed. Jan held my hand and we talked as we waited. I thought I was being careful not to start mumbling so Jan would believe she was witnessing my superior self-control, not merely the effect of a potent drug.

And then it was time. Down the hall, into the room, monitors on, head down, pillow down to my knees, head wedged into position, oxygen under my nose, Velcro snuggie wrap around my torso, drapes ready to pull up over my face. Betadine eye scrub, more local anesthetic drops, sticky drapes over the eye after sheets are pulled up over my face. I had a moment of wondering whether I was going to turn out claustrophobic. It passed.

I heard the surgeon’s voice, and in a minute the microscope swung into place over me as he asked the anesthesiologist to lower the bed slightly. The springy eyelid retainer clicked into place in my eye, and a blinding light gave me an overwhelming urge to close a now wide-open eye. “Some cool drops…” said the surgeon, an opening line I’ve heard over and over again as he starts a case.

And he was at work. I could feel pressure and movement, but not at first any discomfort. As we progressed I realized several times that I was responding to minor discomfort in the same way I do in the dentist’s office – by tensing up in anticipation of the big pain that never comes. So I relaxed, consciously, several times. Blood pressure stayed up a bit, and I could hear the occasional skipped heart beat, testimony that the patient hadn’t quite gotten over being a little uptight.

The surgeon was calm and directive – “look at the black bar between the lights, look down an inch, look down again, thank you, you’re doing very well.” I heard the phacoemulsification process begin, and had an impression of the light image in my eye being fractured into a bunch of sparkly pieces. Maybe I made that up. In no time, the old lens was out and the artificial lens had been inserted and I was done, aware of blurry vision in the operated eye as drapes were untaped from my face (really the only uncomfortable part of the procedure). I sat up, and the gurney was conveyed royally back to my starting point.

Another vital sign check proved I was still alive, so Jan was invited in and a delicious cup of coffee appeared, along with the ophthalmologist’s special healthy cookie and two kinds of less-healthy hospital crackers. As soon as the coffee was gone, I was allowed to put on my shirt and retire briskly to the bathroom. Where does all that water come from when you haven’t had a drink since the night before?

I was ready to leave. I could see tolerably, partly through the perforated aluminum eye patch over the operated eye, and partly through my other “bad” eye. My right eye is amblyopic, ostensibly because the brain turned it off when I was a kid to resolve double vision. So forward vision in my right eye is very limited. It looks like your vision looks when you push your eye for a minute and then let go, sort of all blackish (I was explaining this to a nurse the other day and she gave me an odd look, saying “Who ever pushes in on their eye like that?”). Whatever I look at directly is blacked out, and the blackness spreads the more I stare and try to resolve the picture. The only solution is to keep moving the eye around, so I look pretty shifty when I’m trying to see with the bad eye. It’s useless for advanced life tasks – reading, driving, cutting up food, repairing machinery, practicing medicine. But it works fine for avoiding walls and noticing when somebody else is in the room.

So right now I’m using the vision through my perforated eye patch as I type this, while my “bad” eye continues to supply the right-side peripheral vision that it’s supplied so dependably all these years. My experience with the eye patch makes it clear why perforated aluminum is so seldom used in the lenses of spectacles, despite its obvious advantages in durability on the playground.

I see the ophthalmologist tomorrow morning. I hope he’s right when he says that vision will get better and better. I’m ready.

When I was leaving the hospital to walk out to the car, I was laughing very readily, finding humor in nearly everything. Jan asked if I was always this way at work. I said I thought so. I thought I was good-humored and easy to work with.

Now it’s afternoon, and I have better perspective. I’m afraid that was the valium talking this morning. I’m not actually jolly at work, and perhaps often not even pleasant. I can see that it might be fun to be that way, though…

Amazingly, my ophthalmologist called me personally this evening to see how I was doing. I was moved by the gesture, and my already high opinion of my ophthalmologist has moved even higher.