POSTERIOR CAPSULAR OPAFICATION, AFTER-CATARACT and YAG LASER CAPSULOTOMY

Posterior capsular opacification is a condition wherein the clear sac that surrounds an intraocular lens begins to opacify, or become cloudy.

During cataract surgery the capsule of the natural lens is opened, the clouded contents removed, and an intraocular lens inserted into the capsular sac that remains. This sac supports the lens implant inside the eye and helps by providing a barrier between the front and rear chambers of the eye during the cataract surgery healing process.

This sac is usually crystal clear at the time of cataract surgery. However, weeks, months or even years later, this sac may become wrinkled or cloudy and can cause glare or blurred vision similar to the symptoms that you had from the original cataract. This clouding of the lens capsule is called Posterior Capsular Opacification, or PCO for short. Another name for PCO is after-cataract, because it occurs after cataract surgery.

YAG laser posterior capsulotomy is a simple laser surgical procedure that creates an opening in the rear (posterior) portion of the clouded lens capsule in order to remove the clouded area and restore normal vision.

When should a YAG laser capsulotomy be performed?

Posterior capsular opacification is often discovered during follow-up examination after cataract surgery or at the time of an annual eye exam. If vision is impaired or the after-cataract is cloudy enough to make assessment of other eye diseases in the back of the eye difficult, posterior capsulotomy may be recommended.

Sometimes, clouding of the posterior capsule is detected before it has become severe enough to cause symptoms. In this instance, observation is usually recommended.

How is a YAG laser posterior capsulotomy performed?

Once you have been examined and the decision for YAG laser capsulotomy has been made, you will be scheduled for the procedure at one of our surgery centers. The procedure itself takes only a few minutes. On arrival at the surgical facility your blood pressure will be checked, your operative eye will be dilated and a special pressure-lowering drop will be instilled. As the procedure is painless, sedation and anesthesia are not required. Some special cases may require a topical anesthetic and placement of a special lens to better focus the laser.

Once your eye has been dilated, you will be seated at the laser slit lamp and your surgeon will aim the YAG laser at the back of the posterior capsule. Most procedures require fifteen to forty-five laser shots to create an adequate opening. Although the procedure is painless, some patients may experience a snapping sensation behind their head when the laser is fired.

At the end of the procedure the nurses will recheck your blood pressure and instill another pressure-lowering drop into your eye. You are then free to go home and return to your normal activities. Improvement in vision is usually very quick, sometimes a matter of just minutes. Floaters are often liberated by the laser procedure. These usually improve after a day or two.

OK, so what are the risks?

In general, YAG laser capsulotomy is a very safe procedure. However, as with any surgical procedure, complications can occur. The most common complications and side-effects are listed below:

- Retinal tear or detachment. This is less common in patients over age 72 or who have already had a posterior vitreous detachment. Symptoms of a tear or detachment may include the sudden onset of lots of floaters in your vision, cobwebs, flashing lights or a curtain descending over your vision from any direction.
- Increased intraocular pressure, either transient or permanently, possibly requiring treatment with eyedrops.
- Dislocation of the IOL through the posterior capsular opening.
- Transient ocular inflammation, possibly requiring treatment with steroid eyedrops.
- Scratch or irritation of the cornea due to the contact laser lens, if used.

As with all surgeries, make sure you discuss the potential risks and complications of YAG laser capsulotomy with your Eye MD prior to surgery.