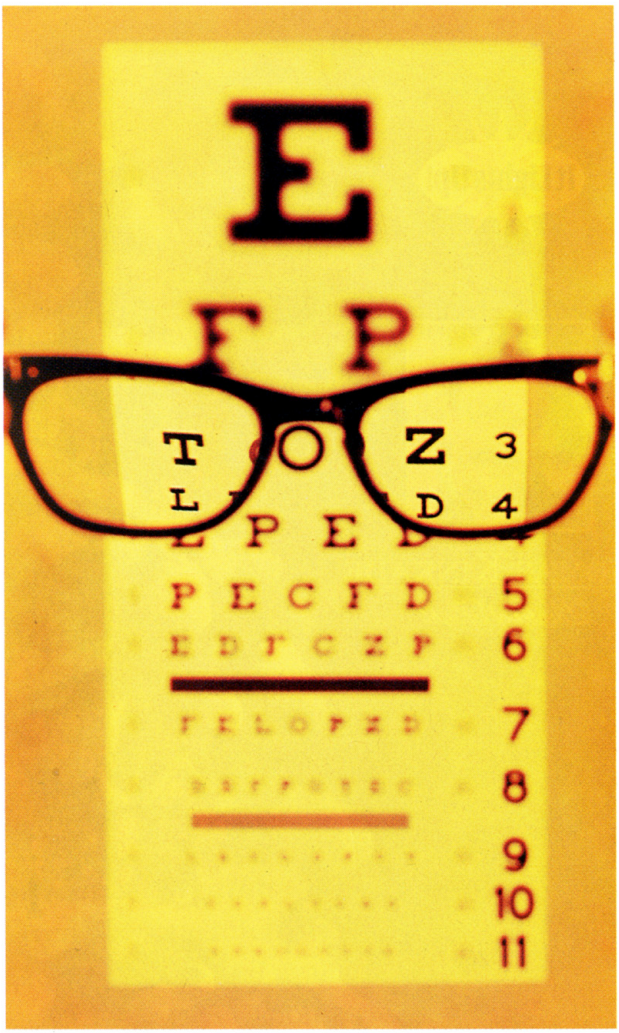
No more glasses!

The new three-minute surgery that cures "middle-aged" vision—plus other breakthroughs that will help you see better than ever

by **Beth Levine**



I am at my desk, trying to read papers and look at my computer screen. Sounds simple, right? Ha. This entails putting on my reading glasses when I want to look at the papers. But then, to see the computer screen, I need to flip the glasses up and use only my contact lenses (contacts so strong, I might add, that I should have X-ray vision). Up, down, up, down, up, where are the glasses now? My son points out that they are on the back of my head. And I have a splitting headache.

Everyone's vision changes with age. The big shift is the one I'm struggling with: presbyopia, a hardening of the eye's focusing lens. "When the lens of the eye loses its elasticity, it can't adjust to the proper shape for near vision," explains Marguerite McDonald, M.D., clinical professor of ophthalmology at Tulane University School of Medicine. And new technology makes it even tougher, as we struggle to focus on items at a variety of distances—everything from the mini-buttons on our cell phones to the flashing digital signs on highways.

But the technological revolution has brought medical innovations as well. Read on for the latest solutions to common vision problems.

You never needed glasses before, and you don't want them now!

For the past eight years, nearsighted people who didn't want to wear glasses or contact lenses have been able to correct their myopia with LASIK surgery. But when it came to presbyopia, the laser procedure presented some challenges, leaving most middle-aged folks with no alternative but reading glasses. This past March, however, the FDA approved a procedure for treating presbyopia that uses radio waves to reshape the eye. Called conductive keratoplasty (and known as CK), the whole correction takes roughly three minutes, and recovery time is about a day. (The cost—from $1,500 to $2,500—is generally not covered by insurance.)

Here's the unusual thing about CK: The procedure is performed on only one eye. The other eye, which sees distances well, is left alone. The brain selects the image—near or far—that it wants. "Most people's brains are good at this, but some are not," says Robert Maloney, M.D., associate clinical professor of ophthalmology at UCLA. How can you tell beforehand whether your brain will cooperate? You wear a contact lens for one week to simulate the effect.

The risks of conductive keratoplasty are minimal. Approximately 10 percent of patients need a touch-up (called an enhancement) to adjust their vision. Also, you may notice a glare when you drive at night (special glasses that force the eyes to work together can take care ▶

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of that). And the procedure is not permanent; you may need to have it redone every few years as your presbyopia progresses.

You wear glasses for nearsightedness, but now you can't read small print

You've got three options: a separate pair of prescription reading glasses; bifocals, which give you both distance and close-up correction; or progressives, which, along with distance and near correction, also give you something in between. But you may find progressive lenses skimpy in that midrange zone, especially if you use a computer a lot. One solution: glasses calibrated for the distance that you sit from your screen.

You don't want to give up your contacts

That would be me. But my lenses just aren't doing the job up close anymore. Some people can get by with nonprescription (magnifying only) reading glasses, which they wear with their contacts. But, again, this combo may not work at the computer. I've solved the problem (at least for now) with a pair of cute drugstore half-glasses that I wear with my contact lenses; this way, I can see through the glasses when I look down to read and over them when I need to look up at the screen.

Monovision contacts are another option, with one lens corrected for far vision, the other for near. They take some getting used to and, as with CK, they don't work for everyone. There are also bifocal contacts—you get near and distance correction in both of the lenses.

You'd love to wear contacts, but you have astigmatism

This is an irregularly shaped cornea (the clear, outermost layer of the eye); until recently, the only way to correct for it was with glasses or hard (and hard-to-wear) contact lenses. But new toric lenses have two curvatures—one for the astigmatism and one for your nearsightedness—and can be made from the same soft materials as regular contacts. ■

"I can see clearly now..."

Lillian Fazzi, a Los Angeles–based fashion designer and the mother of a four-year-old, is singing that old song a lot these days. Until a few years ago, Fazzi, now 45, had perfect vision. Then presbyopia set in, and she found it difficult to see up close. This posed problems at work ("I couldn't thread a needle") and at home ("I had trouble reading to my son").

Fazzi, who didn't want the inconvenience of glasses, consulted ophthalmologist Robert Maloney, M.D. He thought she'd be an ideal candidate for conductive keratoplasty, which corrects for presbyopia. First, though, she had to see whether she could adjust to monovision—using one eye for distance, the other for up close. A week's trial with a single contact lens convinced her it would work: "I could see beautifully, though I found the actual lens uncomfortable."

Last December, Fazzi underwent the procedure in Dr. Maloney's office. First he placed numbing drops in her eye; she felt a very slight pressure—from the probe that transmits the radio waves—"and in three minutes, it was all over," Fazzi recalls. Recovery was just as easy—no bed rest, just antibiotic and moisturizing drops. Within three days, she had started to see more clearly, and at the end of a week, she could see perfectly. The only downside: Fazzi does have some glare when driving at night; she eliminates it by wearing special glasses.

"It's amazing," she says. "I sew. I read. I look at the paper—and I don't even think about it."

Keeping your eyes healthy

- **HAVE REGULAR CHECKUPS** You need an exam every two years; make it annual starting at age 40, when your risk of developing serious problems goes up. Glaucoma (an increase in pressure within the eye) can arrive suddenly and, if left untreated, lead to blindness. Who should perform the exam? If you have a family history of eye disease, an ophthalmologist (an M.D.); otherwise, an optometrist is OK, says Marguerite McDonald, M.D.
- **STOP SMOKING** You'll cut your chances of developing both cataracts (clouding of the lens) and age-related macular degeneration (AMD), a disorder that destroys central vision.
- **WEAR SUNGLASSES WHENEVER YOU'RE OUTSIDE DURING THE DAY** And make sure they offer 100 percent ultraviolet protection; UV exposure can contribute to AMD, cataracts, and other disorders.
- **EAT RIGHT** Lutein, that mysterious element touted in "senior vitamins" (and found naturally in dark green leafy vegetables), may cut your risk of AMD. If you are not getting enough of the good stuff in food, take ten to 20 milligrams a day in vitamin form, suggests Lylas Mogk, M.D., medical director of the Visual Rehabilitation and Research Center at Henry Ford Health Center, in Detroit.