About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.

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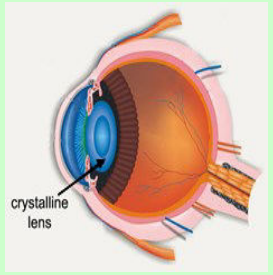
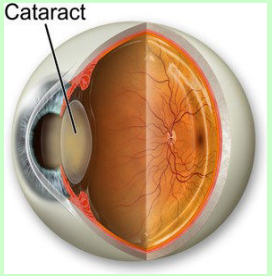
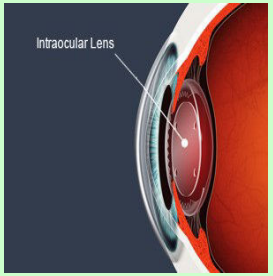
CATARACT SURGERY

Revolutionary technology for your precious eyes







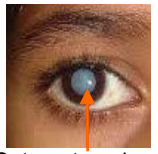
About the lens

The human crystalline lens is a transparent, biconvex structure in the eye that, along with the cornea, helps to refract light so as to focus it onto the retina.

What is cataract?

Cataract (Hindi: Safed Motia or Motiabind) is the clouding / opacification of the natural lens of the eye. This prevents light from passing clearly through the lens. When the lens is partially opaque, it is called an immature cataract. A fully opaque lens cuts off the light completely and is called a mature cataract.


Normal lens

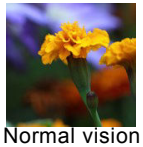

Cataractous lens

Causes of cataract

Advancing age is the commonest cause of cataract. Cataract mainly occurs in the elderly after the fifth decade of life (senile cataract).
Other causes include congenital (by birth), metabolic disorders such as diabetes, eye inflammation such as uveitis, lifestyle disorders such as smoking and heavy alcohol consumption, excessive sunlight exposure, eye injury etc.

Symptoms of cataract

- Painless, gradually progressive decrease in vision. Vision becomes blurry or foggy.
- Blurring of vision in sunlight and in bright light (glare).
- Blurring of vision in dim light.
- Coloured rings around lights (haloes).
- Multiple images of an object (polyopia).
- Changes in colour perception.
- Difficulty in reading / driving.
- Frequent changes in spectacle prescription.
- New ability to read without reading glasses.


Normal vision


Cataract vision

Treatment of cataract

Surgery is the only way of treating cataract. No medicine or diet can prevent the formation of cataract or reverse its progression. Surgery involves removing the clouded lens and putting an intraocular lens (IOL) inside the eye.

When to undergo cataract surgery?

In early cataract, spectacles can be of some help. Eventually, there comes a stage when spectacles are no longer effective and the **cataract begins to affect one's daily activities. When this happens, surgery is imminent.**

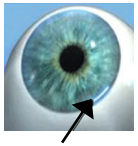
Now-a-days, with the technology at hand, one should not wait for the cataract to get mature and hard as such delay can lead to more difficult surgery.

Techniques of cataract surgery

- **Phacoemulsification cataract surgery with foldable IOL implantation.**

  Modern-day cataract surgery revolves around this revolutionary procedure. In this technique, the cataractous lens is broken into smaller pieces, liquefied (emulsified) and aspirated (washed away) with the help of ultrasonic energy generated by a small pen-size handpiece (having quartz crystals) attached to a phacoemulsification machine. This is followed by implantation of a foldable IOL.

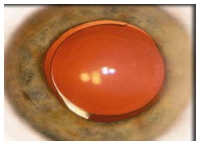
  Advantages of phacoemulsification are:
  - Requires a very small incision of 2.8-3.2 mm.
  - The incision is self-sealing and does not require any stitches.
  - Bloodless and painless surgery.
  - No eye bandage required post-surgery.
  - Walk-in, walk-out procedure.
  - Quick post-operative recovery.
  - Minimal post-operative precautions.
  - Daily activities such as walking, reading, writing, watching television etc can be resumed almost immediately.



Phacoemulsification incision

Phaco in progress

Foldable IOL implantation



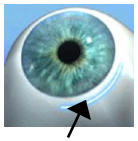
Final IOL position

- **Micro-Incision Cataract Surgery (MICS)**
  - MICS is nothing but phacoemulsification done through a micro-incision (incision size 2.2 mm or less).
  - This provides for rapid visual recovery following surgery.

- **Manual Small Incision Cataract Surgery (SICS)**
  - Incision size is 5-5.5 mm.
  - Manual SICS involves making a tunnel in such a way that the cataract can be brought out through the tunnel manually. The IOL is then implanted.
  - Stitchless.

Manual SICS incision

- **Extra Capsular Cataract Extraction (ECCE)**
  - Incision size is 10-12 mm.
  - The cataract is removed in one piece. The IOL is then implanted.
  - Requires stitches for closure of incision.
  - Visual recovery can take longer and final glass prescription takes 6 weeks.



Conventional ECCE incision

Sight and Smile Centre is equipped with the state-of-the-art US FDA approved machine for performing phacoemulsification cataract surgery.

Femtosecond laser assisted cataract surgery)

In this method of cataract surgery, the incision, the opening in the lens capsule (CCC) and softening of the cataractous lens are laser-assisted while all the other steps of cataract surgery are totally reliant on the phacoemulsification procedure.

Intraocular lens (IOL)

An IOL is an artificial lens implanted in the eye following removal of the cloudy lens during cataract surgery.

IOL's were traditionally made of inflexible PMMA material. Now-a-days, foldable IOL's made of acrylic material are in use.

Traditionally, the IOL used in cataract surgery is a monofocal IOL which gives good distance vision without glasses. Glasses are required only for near vision.

Monofocal IOL

Toric IOL's provide good distance vision to patients who have pre-existing corneal astigmatism (cylindrical component). Multifocal IOL's provide good vision for both distance and near without glasses.

When can the other eye be operated?

If the recovery of the first eye is good, the other eye can be operated on the next day itself.

Can cataract develop again in the operated eye?

Cataract cannot develop again in the operated eye. However, in some patients, the thin membrane which supports the IOL may become thickened after a few years. This leads to cloudy vision. A simple walk-in, walk-out laser procedure called YAG capsulotomy removes the thickening and restores vision.