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HINDSIGHT IS 20/20: NEED STRONGER SPECS AND YOU'RE ONLY 50? COULD BE CATARACTS.

Vlad was 38. Ann's brother was in his early forties. Tessa was 43. I was 45.

In the fall of 2012, I was diagnosed with cataracts in both eyes; two months later, I had very simple surgery to remove them. The diagnosis came about eight months, three different types of contacts, four doctors, and approximately seven consultations after I first told my eye doctor the glasses with progressive lenses I'd been trying to wear for the past several months weren't working.



"I just can't see," I said. "It's like I'm looking through a fog."

More than seven opportunities to diagnose me, all missed. At first glance, I fell far outside the profile of a typical cataract patient. But only at first glance, and first glances are often fuzzy.

What if one of the doctors had thought about my symptoms as if they didn't belong to me, and looked at them as if they were happening to someone younger or older? Or what if I had done my research, pushed for answers, and asked questions? Would the diagnosis have happened sooner?

During a routine visit to my optometrist in March 2012, I told him that for a while I hadn't felt I was seeing clearly, neither close up (I was already wearing reading glasses.) nor at a distance, regardless of the time of day. Plus, I was experiencing terrible glare, day and night, with halos around every light.

Overall, my vision was cloudy, blurry, foggy, filmy. Pick the adjective. He attributed it to a combination of getting older -- experts call it "age-related deterioration" -- and the effects of my RK (radial keratotomy) surgery 20 years earlier. Before Lasik, surgeons learned that making spoke-like incisions in a cornea to flatten it produces clearer distance vision. In 1993, I went under the diamond-tipped knife, and for the next two decades I had great distance vision, outside of some halos around lights, a result of the scarring. My reading vision had begun to decrease about three years earlier, and I'd been making do with over-the-counter reading glasses.

At this visit we talked about the usual options -- progressives, bifocals, contacts, and reading glasses -- but I perked up when he mentioned the possibility of doing Lasik on top of the RK. He wasn't sure it was a viable option, but something worth exploring, so he gave me a referral to a Lasik surgeon.

This visit was the first of many missed opportunities for a diagnosis or further testing. I didn't ask, and he didn't offer. This scenario would be repeated by him and a variety of other doctors over the next half year.

The surgeon's office is bright and cheery, and the doctor's mood is just as optimistic. After reviewing the multiple measurements and pictures taken by his technician, he recommends performing PRK (photorefractive keratectomy, a version of Lasik) on my left eye and leaving the right one alone, for now.

I leave happy and call my mom.

"He was a great doctor, he knows Gerri [the doctor who did my RK], he was really positive," I ramble. And as I drive home, I relate the details of the appointment. "I think it's a good idea," I tell her, "but..." "But what?" she asks. "I only have one set of eyeballs, and the idea of doing Lasik over RK is a little unsettling." "Call Julian," she says. My cousin is a professor and chair of the department of

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ophthalmology for a university in Georgia; we've called him over the years when someone in the family needs a second opinion. "Send the records to me," he says. "I'll have one of my associates review them."

Several weeks later his associate and I are on the phone. He agrees PRK is a reasonable option, but as we're about to end our conversation, I ask "If I were your daughter, would you recommend the surgery?" "I'd recommend she explore her options," he says. So I did.

The first time I put on the stylish blue metal frames with the progressive lenses, I want to throw up. "It takes some people longer than others to get used to them," the optician says. It does get easier, but my vision is always just a bit "off," like I'm looking through salt water, and the halos and glare are worse. The optician tells me the prescription is right, so I head back to my doctor. He checks the glasses and agrees: "The lenses are slightly small for progressives," he says, "but the prescription is correct."

I continue to struggle and visit his office several more times in the next few months.

"Maybe you're one of those people who just can't wear progressives," he says on one visit. So we move on to the next option, contacts. Over the next six months, I attempt to wear one contact lens and reading glasses. Three different types of lenses give the same results: too dry, too uncomfortable, not clear enough. Each time I end up back in his office, and we smile weakly at each other when he walks through the door. Eventually he follows "Maybe you can't wear progressives," with "Maybe you can't wear contacts."

By now, we're both incredibly frustrated. Each time I leave his office teary, confused that he doesn't seem to know what's wrong, and mad at myself for not asking any real questions nor doing any research.

However, on the next visit, things are different; he sends me to a specialist in his office. This doctor has retired from the operating room, and now one of his primary roles is to consult on confusing, difficult cases, like mine. He dilates my pupils, and once they're "ripe" it only takes him about 15 minutes to see the reason for my troubles. He peers at my eyes from all different angles and uses a variety of machines, then steps back to deliver the news.

"I think you have cataracts," he says, the tone of his voice betraying his surprise. He leaves and returns minutes later with my doctor, who looks at my eyes in the low-lit room. Almost too close for comfort, his breath hot and minty, he agrees with the diagnosis.

A real diagnosis.

I want to scream with happiness, but instead I listen. I have posterior subcapsular cataracts. Of the three types of cataracts, these often start as small, opaque areas that form near the back of the lens, right in the path of light on its way to the retina. This type often interferes with reading vision, reduces vision in bright light, and causes glare or halos around lights at night. Exactly the symptoms I've been describing over and over.

The tests performed on older patients with these symptoms weren't performed on me until after the diagnosis. I wasn't asked the questions asked of older patients and the assumptions made of older patients were not made on me. Why? I can't blame anyone for the delay, but I have to wonder.

I learned some interesting facts after my diagnosis, including the range of factors that can speed up cataract formation, such as long-term use of corticosteroids, eye injury, family history of cataracts,

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diabetes, smoking, and surgery for another eye problem. I'm not a diabetic and I've never smoked, but my mother had cataract surgery at 67, and, at 25, I had multiple surgeries to correct my vision.

I asked Sonny Goel, M.D., an ophthalmologist and the Executive Medical Director of [LasikPlus Laser Vision Centers](#) and [Visium Eye Institute](#) for his thoughts. "Your age," he said firmly. "That's what it comes down to. We just assume people your age don't have them."

Now that I've had my surgery and am seeing clearly again, I can reflect. What happened to me is a good teaching moment for both doctor and patient.

I trusted each one of the doctors, each time I was in an office or on the phone; their tone, the explanations, the letters behind their names, all gave me confidence in their abilities, even as I grew more frustrated with every interaction.

Early on we're taught to have complete faith in our doctors, unless there is a real reason not to, and to believe they are exploring all possibilities with regards to our health. I was no different. I was certain that one of these educated, kind specialists would figure it out, and I just had to wait. Not again. My request for a new thought process for doctors and their patients is pretty simple.

Doctors, I understand your schedules are full; you see so many of us in a day. But when you can, take that extra minute or two to think about the person in front of you. Not just as a set of eyes, or a spleen, a liver, or a heart, but as a whole person. We are made up of those individual parts and every aspect of our being has an impact on other aspects. Please don't assume each of us will fit into a specific set of criteria at certain stages of our lives, and that sooner or later we'll go neatly into an established box of diagnosis and care. As I, and the others who developed cataracts generations before what is considered "normal," will tell you, that isn't always the case. If just one of my doctors had removed the "she's only 45" thought implanted firmly in his brain, and instead looked in detail at my symptoms and my history, several months of aggravation could have been avoided.

At the same time, though, I could have done more. No longer will I sit quietly when it comes to my health, and I'd ask that others take this new direction with me. Patients, we need to do our part as well. Maintaining this level of faith in our healthcare professionals takes work; we must learn to be our own best advocates. Don't assume a doctor will do all the work.

My friend Z. Colette Edwards, M.D., founder of Insight MD, a healthcare consultancy, and PeopleTweaker, a health, wellness, and executive coaching service, calls this "being a healthcare rebel." To me, this means taking a more active role in the direction of your own health. As the owner of your body, you know when something isn't right. Come to your medical visits prepared; do your research, and don't feel inadequate if you don't understand something and need to ask questions. Keep asking till you get the answers you need.

If I'd taken my own advice, I might have been seeing clearly again much sooner.

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