

A large, stylized graphic of a human eye, split vertically. The left side is a solid purple color, and the right side is a light cream color. The eye is composed of white outlines for the eyelids, eyelashes, and iris. The overall design is elegant and artistic.

WHAT YOU
NEED TO KNOW
ABOUT AGING EYES



Aesthetic
VISION CENTER

ALOHA AND WELCOME!

Here at Aesthetic Vision Center we take a “whole you” approach to eye care. As a dual-trained ophthalmologist and cosmetic facial surgeon, I specialize in procedures that improve vision and appearance.

As you age, eye disease may adversely affect your independence and the ability to perform daily tasks. Vision loss can happen quite suddenly or over the course of many years.

The procedures to correct vision issues often cross between medical and cosmetic lines.

For example, droopy skin around the eyelids and brows can physically affect driving as well as doing simple tasks like watching television or reading a book. Correction of this condition may also improve side vision and the appearance of the eyes and/or brows, resulting in a more alert look. Specialized tests determine whether this procedure is covered by insurance.

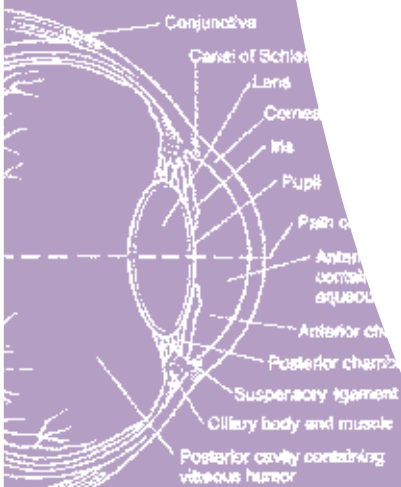
Seniors may also experience a loss of visual sharpness from cataracts or glaucoma. These issues can be managed with regular exams, monitoring, and corrective procedures.

Proper diagnosis and regular exams are the keys to your eye health, whether your vision issues are the results of aging and/or are hereditary.

Today, the advances in vision care have made seeing better accessible to almost everyone.

Vision health starts with being knowledgeable as you or loved ones age. I hope to help you see a better you.

Hugo Higa, M.D.
Aesthetic Vision Center



CATARACTS

The most common cause of a cataract is aging. Cataracts are the third most common reason for vision loss in the elderly. From ages 65-74, 18% of vision loss can be attributed to cataracts. For ages 75-84, cataract-related vision loss rises to 46%. A cataract is a clouding of the normally clear lens of the eye. As one ages, the loss of lens transparency may be so mild that vision is only slightly affected, or so severe that no shapes or movements are seen, only light and dark.

When the lens gets cloudy enough to obstruct vision to any significant degree, surgery may benefit the patient.

Reducing the amount of ultraviolet light exposure by wearing a wide-brim hat and sunglasses may reduce risk for developing a cataract. Once a cataract interferes with vision, the only way to

improve eyesight is to have the cataract surgically removed. Glasses or contact lenses may not be able to sharpen vision enough if a cataract is present. Surgical correction should be performed when lifestyle and ability to do daily tasks becomes difficult.

CATARACT SYMPTOMS

The typical symptom of cataract formation is a slow, progressive, and painless decrease in vision. Other changes include: blurring of vision; glare, particularly at night; frequent eyeglass prescription change; a decrease in color intensity; a yellowing of images; and, in rare cases, double vision.

TREATMENT

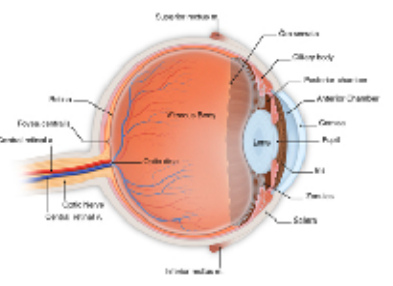
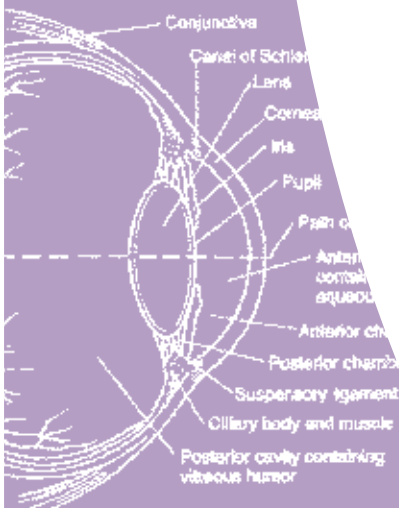
One and a half million people have cataracts removed every year, and 95% have a successful result. There are no medications, eye drops, exercises, or glasses that will cause cataracts to disappear or prevent them from forming.

The only treatment for a cataract is to remove the lens and replace it with a plastic intraocular lens. Unlike contact lenses, which must be removed, cleaned, and reinserted, the lens remains in the eye after surgery.

Dr. Higa performs a procedure known as phacoemulsification, or “phaco” for short. With this procedure, numbing eyedrops are used to anesthetize the eye, and a small incision is made without the need for stitches. The lens is removed, and a new one is inserted. This surgery is performed on an outpatient basis. Ninety percent of procedures performed achieve at least an eyeglasses corrected vision of 20/40 or better.



Normal vision (left) compared with vision with a cataract which can affect the color and sharpness of objects (right)



MACULAR DEGENERATION

Age-related macular degeneration (AMD) is a disease caused by the breakdown of the macula, the small part of the eye's retina that is responsible for central vision. This condition affects both distance and close vision and can make some activities, such as threading a needle or reading, very difficult or impossible. Macular degeneration is the leading cause of severe vision loss in people over 65.

MACULAR DEGENERATION SYMPTOMS

The visual symptoms involve distortion or a large blind spot in the center of your visual field. Side vision is not affected; rather, one loses the sharp, straight-ahead vision necessary for driving, reading, recognizing faces, and looking at detail. Straight lines may appear crooked.

While age is the most significant risk factor for developing AMD, heredity, blue eyes, high blood pressure, cardiovascular disease, and smoking have also been identified as risk factors.

TYPES OF MACULAR DEGENERATION

Ninety percent of the people who have AMD have the **dry type AMD**. This form of AMD is characterized by a build up of material under the macula. It often takes many years to develop, and vision loss tends to occur gradually.

The **wet type of AMD** is more serious and occurs in 10% of those diagnosed with this disease. Vision loss may be gradual or sudden. In this form of AMD, abnormal blood vessels grow in a layer beneath the macula, leaking fluid and blood, damaging the retina, and creating distortion or a loss of central vision. A dye test is performed to help diagnose which form of AMD is present.

TREATMENT

For the wet type of AMD, treatment is focused on preserving what central vision remains. Laser treatment or a new procedure, known as photodynamic therapy (PDT), can help prevent further loss of vision. The benefit of PDT is that it may inhibit abnormal blood vessel leakage associated with wet AMD, and may limit further damage to the overlying retina.

Unfortunately, the abnormal blood vessels may re-grow or begin to leak again. Every three months, a repeat examination, including a dye test, is required. Multiple treatments may be necessary.

For the dry type of AMD, there is no treatment; however, it is important to be examined regularly, as wet type AMD may also develop.

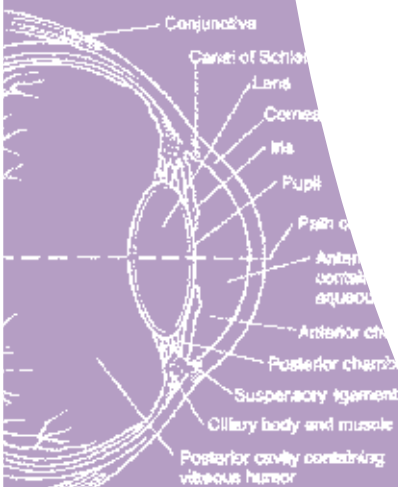
MACULAR DEGENERATION AND NUTRITIONAL SUPPLEMENTS

Although the exact causes of AMD are not fully understood, a recent scientific study shows that antioxidant vitamins and zinc may reduce the impact of AMD for some people with the disease.

It is very important to remember that vitamin supplements are not a cure for AMD, nor will they restore vision already lost from the disease.



Loss of central vision



GLAUCOMA

Glaucoma is a disease of the optic nerve, the part of the eye that carries the images we see from the eye to the brain. Glaucoma damages nerve fibers, which can cause blind spots in our vision and/or vision loss.

Early treatment and regular eye exams can often prevent further loss of sight due to glaucoma.

Risk factors include elevated pressure in the eye, family history of glaucoma, Asian ethnicity, advanced age, or certain optic nerve conditions.

TYPES OF GLAUCOMA

The most common form is **primary open-angle glaucoma**. The aqueous fluid normally circulates from the back portion of the eye to the front, where it drains out through small holes. In primary open-angle glaucoma, the drainage is partially blocked. This causes the pressure

inside the eye to increase, which can damage the optic nerve and lead to vision loss. Most people who develop primary open-angle glaucoma do not notice symptoms until their central vision becomes impaired. In **angle-closure glaucoma**, the iris may press against and completely close off the drainage angle, abruptly blocking the flow of aqueous fluid and leading

to increased eye pressure, and eventual optic nerve damage, if not treated. In **acute closed-angle glaucoma**, there is a sudden increase in eye pressure due to the buildup of aqueous fluid. This condition is considered an emergency because optic nerve damage and vision loss can occur within hours of the problem. Symptoms can include nausea, headache, vomiting, seeing haloes around light, and severe eye pain.



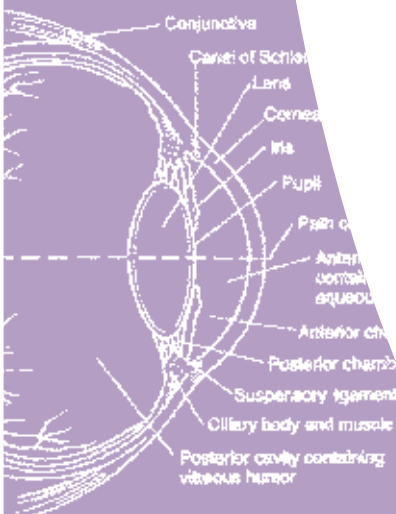
Normal vision (left)
Vision with glaucoma
(right)

SYMPTOMS

Typically, loss of vision due to glaucoma starts with areas of vision loss in the visual field. Because the side vision is primarily affected, vision loss may not be noticed in day-to-day activities until significant damage, including central vision loss has occurred. Annual glaucoma exams are critical for people 65 years old or older to measure intraocular pressure, drainage of fluids, optic nerve damage, and peripheral vision.

TREATMENT

As a rule, damage caused by glaucoma cannot be reversed. Eye drops, surgery, and oral medications may be prescribed to treat glaucoma. To help prevent or reduce progression, surgery may be necessary to control elevated intraocular pressure. Glaucoma can continue to progress and adjustment to treatment may be necessary from time to time.



PRESBYOPIA

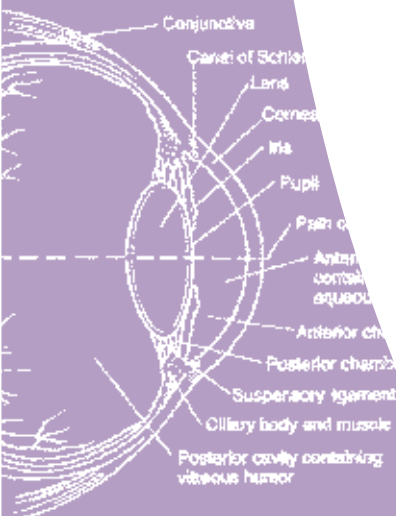
Presbyopia is a vision condition in which your eyes gradually lose the ability to see things up close. It is not a disorder or disease but rather a natural aging process of the eye. The first symptom that may appear is difficulty focusing on near objects, such as a menu or newspaper print. To adjust, the individual usually squints their eyes, increases the light in the room, and/or holds the reading material farther away from them.

Non-surgical treatment methods include reading glasses or monovision correction with contact lenses. Monovision involves wearing contact lenses to correct one eye for distance and the other for close up tasks. The adjustment to focusing with monovision and/or the inconvenience and difficulty of putting in contact lenses daily make this a less desirable option for many people.

Surgical methods for treating presbyopia include laser-assisted-in-situ-keratomileusis (LASIK) and clear lens extraction. LASIK surgery creates a thin flap in the cornea (the clear window of the eye), followed by vision correction treatment with a specialized laser.

Clear lens extraction involves removing the lens of the eye and replacing it with an artificial lens to achieve near focus.

Recently, a multifocal zone lens implant device that corrects both near and far vision was approved.



DROOPY EYELIDS

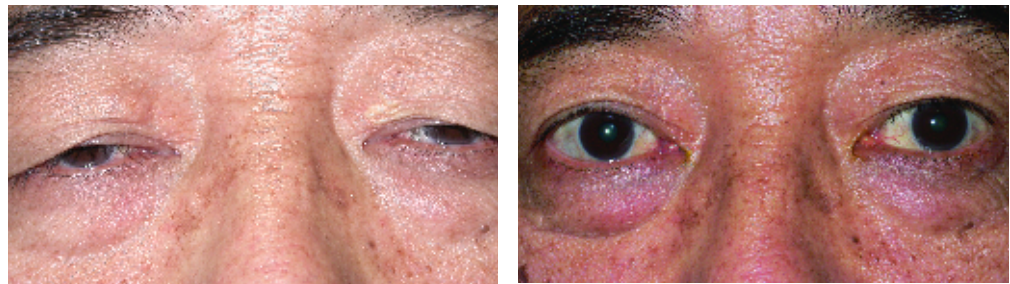
As we age, the delicate skin around the eyes can appear puffy or saggy. Eyelid skin stretches, muscles weaken, and the normal deposits of protective fat around the eye bulge. The surgical procedure to remove excess eyelid tissues (skin, muscle, or fat) is called a *blepharoplasty*.

Blepharoplasty can be performed on the upper eyelid, lower eyelid, or both. The surgery is performed for either cosmetic or functional (medical) reasons. Sometimes, excess upper eyelid tissue obstructs the upper visual field or can weigh down the eyelid and produce tired-feeling eyes. When blepharoplasty is performed to improve vision, rather than for cosmetic reasons only, it may be covered by insurance.

Blepharoplasty for the lower lid removes the large bags under the eyes. It is unusual for insurance to cover lower lid blepharoplasty.

PTOSIS

Ptosis is the drooping of the upper eyelid. The lid may droop only slightly or it may cover the pupil entirely. In some cases, ptosis can restrict and even block almost all normal vision.



Before

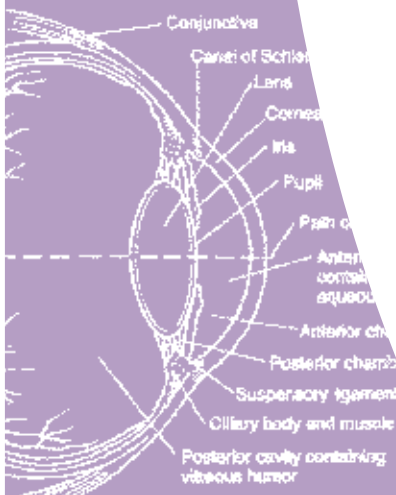
After

The levator muscle is responsible for elevating the eyelid. When the levator muscle becomes separated from the eyelid as a result of aging, cataract or other eye surgery, an injury, or an eye tumor, ptosis will develop. Sometimes a small tuck in the levator muscle and eyelid can raise the lid sufficiently.

DROOPY BROWS

Sun, wind, and gravity affect the skin and muscles of the face over time. One of the most noticeable aspects of aging is a progressive drooping of the eyebrows. This can cause wrinkling of the forehead from raising one's eyebrows, as well as vertical wrinkles or furrows between the eyebrows. Sometimes the eyebrows or excess eyelid tissue can obstruct vision.

A brow lift or forehead lift elevates the brow and smoothes forehead skin, and can remove vertical lines between the eyebrows. Incisions are made in inconspicuous places, either behind the hairline, in one of the forehead wrinkles, or immediately above the eyebrows. The operation is usually an outpatient procedure.



FREQUENTLY ASKED QUESTIONS

CATARACTS

What happens in cataract surgery?

Aesthetic Vision Center performs No-Stitch, No-Injection cataract surgery. This means that no injection is needed to numb the eye. Eye drops are used to anesthetize the eye. Surgery involves the removal of your clouded lens and insertion of a plastic intraocular lens that will correct your vision. Following the procedure, no stitches are generally needed to close the wound. It is self-sealing.

Do you use a laser to remove cataracts?

No, we remove the lens with an ultrasonic probe, called phacoemulsification. This procedure allows for faster vision recovery after the procedure.

Can I go home after the surgery?

Yes, cataract surgery is done on an outpatient basis.

Can I drive myself?

You will need to arrange for a driver to drop you off and pick you up on surgery day.

GLAUCOMA

How often should I get an eye exam for glaucoma?

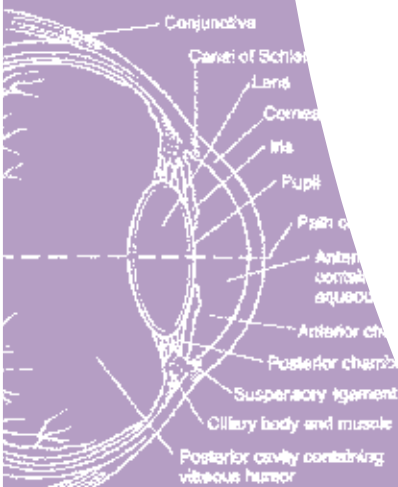
-Ages 40-64: An exam is recommended every 1 to 2 years.

-Ages 65 or older: An exam is recommended every year.

MACULAR DEGENERATION

I have just been diagnosed with macular degeneration. How long before I will lose my vision completely, or lose the ability to function independently?

There are two type of macular degeneration. If you have the dry form, you can see well for a number of years. If you have the wet form, vision loss is possible over a few months. Generally, for both forms, side vision is left intact after central vision deteriorates. A person may be able to still perform daily activities and tasks using their side vision. Visual rehabilitation may help a person maintain an independent lifestyle even with this condition.



EYELID SURGERY

Will my eyelids have the “surprised look” after the surgery?

This is a condition that can result if eyelids are overcorrected, and can lead to an inability to close the eyes. Dr. Higa is an ophthalmologist and an oculoplastic surgeon (an expert in plastic surgery for the eyelid and surrounding area). He is well aware of the consequences in patients left with eye exposure following surgery; therefore, he takes great care in achieving a normal eyelid look when performing eyelid surgery.

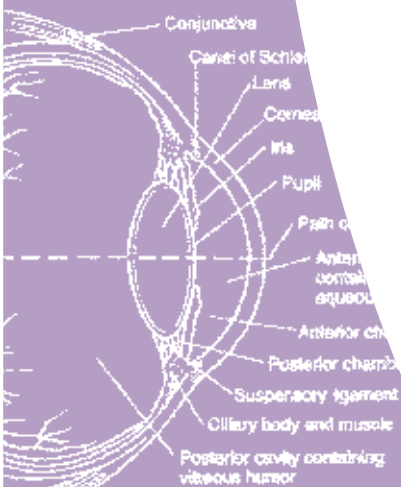
How long does it take to recover from the procedure?

Following surgery, you will apply an ice pack on your lids regularly for about three days to minimize swelling. After this initial period, you will start using warm packs. Most post-operative bruising resolves in one to two weeks. Residual bags and puffiness are due to swelling after surgery. They usually become less noticeable after a few weeks and resolve by a few months.

PRESBYOPIA

Can't I get by with the reading glasses I buy at the store?

Yes, “off the shelf” reading glasses are fine for most individuals; however, for those who desire to be less dependent on glasses, there are surgical alternatives, such as LASIK or clear lens extraction. Non-surgical alternatives include contact lenses.



YOUR PERSONAL WORKSHEET FOR EYE HEALTH

Name _____

Birthdate (month/day/year) _____

Optometrist Name _____

Phone _____ Date of Last Exam _____

Eye Conditions/Diagnosis to Watch _____

Eyeglass Prescription _____

Date Purchased _____

Eyeglass Store _____

Phone _____

Ophthalmologist Name _____

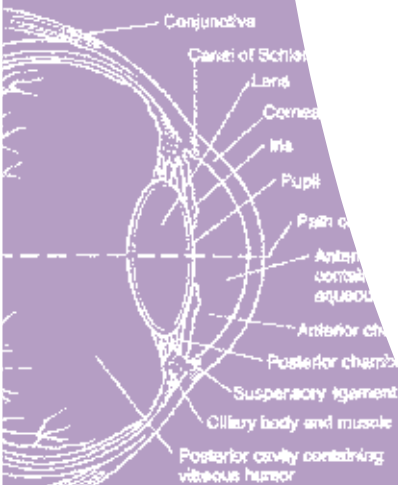
Phone _____

Eye Conditions/Diagnosis _____

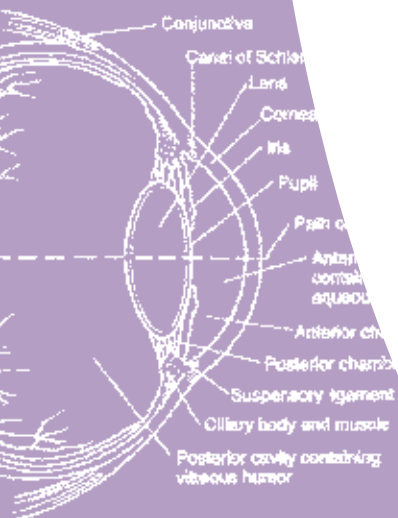
Family Eye Health

Please use the following area to record eye health conditions that may run in your family and/or relatives. This information may be helpful in early detection through regular eye check ups.

Condition Present in Family	Relative(s)
Macular Degeneration Yes/No	_____
Cataracts Yes/No	_____
Glaucoma Yes/No	_____
Keratoconus Yes/No	_____
Droopy Eyelids/Brows Yes/No	_____



NOTES



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