

HYPERMETROPIA

Long-sightedness or hypermetropia often starts with difficulty reading but usually at an earlier age than normal, and later progresses to affect your distance vision as well. This is different to the normal requirement for reading glasses that most people experience in their 40's.

Measured in units called dioptres, you will see a (+) sign in front of the numbers on your prescription, for example +2.00. Blurred distance vision typically occurs much later than in short-sighted people, most commonly in the 40-50 year old period. It often progresses quickly over a 3-5 year period and leaves no point where vision is clear.

The surgical options depend on the level of correction required. Where the amount of treatment required is +3.00 dioptres or less, LASIK or sometimes PRK can be used. These laser vision correction procedures use an Excimer laser to reshape the eye surface which can also correct any astigmatism if present.

LASIK uses a laser to fashion a flap that allows the surface cells to be retained, whereas in PRK these cells are removed and must grow back making recovery from PRK slower than LASIK. SMILE®, a third technology available for laser vision correction, is a procedure used to correct short-sightedness and is currently not used for the treatment of long-sighted eyes and therefore not suitable for you.

When an eye requires more correction than laser vision correction can provide, Refractive Lens Exchange is the preferred procedure. The natural lens is replaced with a higher powered artificial lens, a procedure that is performed as a day procedure under light sedation. Because removal of the natural lens compromises reading vision, it is generally not performed in people under 45 years of age and works best when over 50 years old since lens flexibility is significantly reduced by this age.

Most people having lens replacement surgery are content to use reading glasses for their near vision. However, Refractive Lens Exchange surgery offers other options such as trifocal intraocular lenses, that allow half of the light entering the eye to focus for the distance, and the remainder for near, greatly minimising the need for glasses. Generally both eyes are corrected the same so good depth perception is retained.

Which method works best for you depends on the individual characteristics of your eye and your lifestyle needs.

Once you reach 40 years of age you start to lose the ability to adjust your focus between near and far. Termed presbyopia, this is an inevitable fact of life but has important implications for laser vision correction in short-sighted people as you will likely give up some reading ability to gain better distance vision

A strategy used with laser vision correction to minimise the effects of presbyopia is to create blended vision where one eye is left slightly short-sighted to give near vision and the other is corrected for the distance. This can be very satisfactory for many people but it is not suitable for everybody. There are pre-treatment tests that can help you decide whether this approach would be suitable for you.

For a comparison of these procedures please see the chart provided to help you see which might suit you best or alternatively have a look at the pages dedicated to these technologies on our website.

For further assistance, or to take the next step in your visual journey, please don't hesitate to book a Pre-assessment Tele-Consultation or In-House Appointment during which we can further assess your individual eye health and refine your options.

We're here to help you see the possibilities.