OPTIMA®
OPHTHALMIC MEDICAL ASSOCIATES, INC.

Patient Information Regarding

Monovision

The use of one eye for distance and one eye for near vision is referred to as monovision. It is one of the options to consider as part of your refractive surgery decision. Monovision has been used successfully for decades with contact lens correction and with various types of refractive and cataract surgery. By correcting one eye for distance and one eye for near, the visual part of our brain tends to suppress or filter out the image from the blurred eye. The brain adjusts to each eye being focused at a different distance within 6-8 weeks. You do not need to consciously make any adjustments. The patient is not bothered by the eye that is not in focus. We can create monovision using the laser such that the dominant eye focuses at distance and the non-dominant eye at near.

Your visual function depends upon how old you are. For example, if you are 30 and we correct each eye to excellent distance vision, then you will have good vision at almost any distance. This is due to your young age. The eye will be able to accommodate (adjust focus) from far to near. If, on the other hand, you are over 45 and we correct each eye to excellent distance vision, you will not see well at a typical reading distance and will need reading or near vision glasses. This change in accommodation (focusing ability) will generally begin to be noticed in the early forties and will get worse over the following few years (presbyopia). This loss of ability to change your focusing distance from far to near will occur whether or not you have refractive surgery.

There is no right or wrong answer to the question of whether to have monovision. This information is provided to help you make this decision.

As a rule, we suggest against monovision if you are under the age of 43. We generally recommend against monovision at any age for people who may need to see better than average for certain tasks. Some examples might be pilots, race car drivers, someone who drives for a living (especially at night), and avid golf or tennis players.

In our experience, most people over the age of 43 who try monovision and take a few months to become accustomed to it, like it and find it very useful. Those who have monovision will be able to see well enough both at distance and near to do most things at any age without corrective lenses. Depending on the exact result obtained (as is true for everyone having refractive surgery) there might still be some situations when the very best vision or the maximum visual comfort might require wearing glasses (or possibly contacts). Night driving and prolonged reading are two such examples.

It is helpful to realize that without a specific cure for presbyopia, once you are past the 40 year age range, all refractive corrections involve compromise. If you have both eyes corrected for good distance vision, you will need glasses for close vision. If you have both eyes corrected for close vision (not a wise choice) you will need glasses to clearly see everything far away. If you choose monovision, although your vision may work well for almost all purposes, you might feel it is less than perfect.

We know of no ideal way to help you make this choice. Simulating monovision in the office with glasses or contact lenses can be helpful. We suggest that if significant doubts remain in your mind, then you aim to have your vision corrected for good distance vision and plan to use reading glasses for near tasks.

It is important to note that if you choose monovision and are unable to get used to it, it can be reversed by performing an "enhancement" procedure on the near eye. Once the enhancement is performed the near eye will then see more clearly in the distance and reading glasses will be required for all near tasks.

As always, if you have any questions, please call us at:

510-886-3937 Ext "3" (Daytime)

For After Hour Emergencies
888-307-9038
www.optimaeye.com

Mark R. Mandel, M.D