



See is believing

a patient finds freedom from glasses, thanks to state-of-the-art cataract surgery at GMC

Jan Bannick used to cycle through her collection of eyeglasses during the course of a day like a model goes through her collection of outfits during the course of a fashion show.

The 70-year-old accountant from Lawrenceville had a pair for reading her computer screen, and another for reading a good book. She had a pair for wearing out on the town and another to protect her from the sun. At first, her growing collection was only a burden during some of her hobbies—reading, drawing and painting, to name a few. Then it hindered her ability to read street signs while driving. Later, it would hinder her performance at her office.

Jan Bannick, on her cataract surgery: “I could see. It was a miracle.”

“I had gotten to the stage at work where I was using a magnifying glass, which is no good because it really slows you down,” Bannick says.

Bannick was aware of her cataracts in both eyes for several years, but did not see a reason to surgically correct them before these problems ensued. In the early stages, a small cataract may not cause vision problems. But over time, if it grows larger, it will become increasingly difficult to see objects clearly.

“Typically, cataracts grow slowly, and the loss of vision is very gradual,” says Georgia Eye Associates’ Donald Poland, M.D. “Difficulty with night driving is one of the first symptoms of a cataract. As cataracts continue to grow, they may cause difficulty with day driving, reading fine print, seeing the computer or watching television.”

A cataract is a “clouding” of the lens. The lens in the eye, located just behind the iris, works like the lens of a camera. It picks up images, then focuses the lights, colors and shapes on the retina,

no



Left to right: Jana Brand, Susie Burden, Donald E. Poland, M.D. and Becky Buscema

the transmitter located at the back of the eye that sends the images to your brain. The cloudier the lens, the more impaired the vision.

“Ms. Bannick was complaining of blurred vision and having difficulty at work,” says Dr. Poland. “She had a comprehensive eye exam and cataracts were discovered. New glasses would not improve her vision—her options were to live with the vision she had, or have cataract surgery to restore her vision.”

Facing the prospect of cataract surgery, Dr. Poland told Bannick about the different choices she had when selecting an intraocular lens (IOL). An IOL is a lens that is implanted in the eye during cataract surgery, to replace the natural lens that has been affected by the cataract. The options are a multifocal IOL, astigmatism correcting IOL or monofocal IOL.

After careful consideration by both doctor and patient, Dr. Poland performed cataract surgery on Bannick at Gwinnett Medical Center, implanting the special multifocal IOL in Bannick’s eye during the surgery, effectively ending her career as an eyeglass model.


“Immediately after surgery, they sat me up on the operating table and I could see,” Bannick says. “It was a miracle.”

Dr. Poland used an AcrySof ReSTOR IOL, which he believes is the most dynamic multifocal lens on the market. The AcrySof



ReSTOR IOL is a lens that treats both cataracts and presbyopia—an age-related condition that hampers people’s ability to see or read near objects, forcing the need for reading glasses or bifocals. In clinical trials, four out of five patients who received this lens in both eyes reported never wearing glasses or bifocals following surgery.

“I couldn’t do what I wanted to do—I just wasn’t enjoying life,” says Bannick about the several months leading up to her surgery.

Now, Bannick is free to read, draw, paint, drive and work without the encumbrance of finding the proper glasses for the occasion. “I’m just tickled to death that I had this procedure done,” she adds. 

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get help today

To find a GMC ophthalmologist, visit gwinnettmedicalcenter.org, click “Physicians,” then “Find a Doctor.”

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