

AGE-RELATED macular degeneration is a leading cause of blindness. Bronwen Dunn, 83, a retired administrator from Stoke-on-Trent, had a new operation to improve her sight, as she tells OONA MASHTA.

THE PATIENT

SIX years ago I started suffering from eyesight problems. Print in newspapers and books became blurred and after a few months of this, I went to my optician who said I was very likely to be suffering from the early stages of age-related macular degeneration (AMD).

Both my eyes were affected, though my right was worse.

I'd known someone who had AMD, so I knew exactly what it was — I was scared that eventually I might go completely blind.

My optician said I'd need the diagnosis confirmed by a hospital eye specialist — so I saw my GP, who referred me to the eye clinic at the Royal Stoke Hospital.

Three weeks later, hospital tests confirmed AMD. The macula, the part of your eye that helps you see straight ahead, becomes damaged. This was why I could only properly see the edges of what I was looking at, and reading small print was impossible.

I had 'dry' AMD, which is caused by a build-up of waste products in the eye, and for which there isn't any drug treatment.

The doctors recommended I eat lots of green vegetables and take a dietary supplement called Macushield to try to prevent my eyesight from getting worse. But all my life I've eaten healthily as I dislike junk food, so the dietary advice didn't make any improvement.

At the time, my eyesight wasn't too bad, although I had to use a magnifying glass to read.

Then, four years ago, my eyesight deteriorated so much I had to give up reading. I also had to give up driving, a huge blow as I lost a lot of independence and started relying on my son, Adrian, 60, for lifts.

I went back to the hospital in March last year and the consultant recommended I had a cataract removed in my right eye to try to improve my sight, even though it wasn't related to the AMD.

BUT despite the operation, there was no change in my sight. I was very disappointed. I also stopped being able to recognise people's faces and it was very depressing.

Then last summer I saw an advert for a new implant for AMD, where they implant a lens in each eye which would magnify what you saw, and would be much stronger than glasses.

I had to pay to have the procedure privately as you can't get this particular implant on the NHS. I saw the surgeon in March — he

Tiny telescope inserted into your eye that's 10 TIMES stronger than glasses



Picture: SHUTTERSTOCK

ME & MY OPERATION IMPLANT FOR POOR VISION

told me the implants aren't a cure, as they don't repair the macula, but I was willing to take the risk because it could improve my quality of life.

I had my right eye done five weeks ago and hope to have the implant in my left eye soon. The procedure was done under a local anaesthetic and I didn't feel anything, but I was aware the doctor was doing something to my eye.

It took 15 minutes and I went home afterwards. I had an eye patch for the first night, which I was allowed to take off the next day, and had to take two types of eye drops a day.

Now I'm reading for the first time in four years — I still need reading glasses, but I'm able to enjoy reading books again, which

is important to my quality of life. I'm still hoping for even more of an improvement, which my surgeon said might happen.

THE SURGEON

BRENDAN MORIARTY is a consultant eye surgeon in South Manchester and an adviser to NICE.

AGE-RELATED macular degeneration is the most common cause of sight loss.

It attacks the macula, which is responsible for 'straight-ahead' sharp vision — it causes a central blind spot and blurred sight that makes reading and recognising faces, as well as daily activities such as cooking, difficult, if not impossible.

AMD occurs because of wear

products, these blood vessels can leak beneath the macula, causing sudden and dramatic vision loss.

As the macula is only responsible for central vision, patients usually still see things with the edge of their eyes, their peripheral vision as it is called.

Previously there was no drug treatment for dry AMD. There is some evidence that a diet high in vitamins A, C and E, as well as substances called lutein and zeaxanthin, may slow the progression.

Now there are several types of implantable lenses available for it. NICE has approved implantable lenses as a treatment for advanced AMD, so they're likely to become more widely available on the NHS — but the procedure should be monitored, as NICE has requested more research into its long-term safety and effectiveness.

One of the most recently designed implantable lenses is the Scharioth Macula Lens. Initial results of an international small study showed it can magnify images by 300 per cent (compared with 30 per cent for ordinary glasses).

The operation needs only a tiny 2.5mm incision — other macular lenses usually need a large one — so recovery is quicker. The lens helps patients to see better close up.

It is not a cure as the macula is not repaired, but it can significantly improve vision and quality of life. It is designed for patients who have had cataract surgery, but it can also be implanted simultaneously during a cataract operation. Patients have a local anaesthetic injected around the eye, then I make a tiny incision in the cornea, the transparent part of the front of the eye.

Through it I insert a small acrylic folded lens using forceps to sit on top of an artificial lens inserted during a cataract operation. So it is like a piggy back: two artificial lenses on top of the other like a telescope.

Two tiny plastic feet keep the lens held securely.

The benefit of this procedure is that it can be reversed. So if a patient was unhappy with it or in future they wanted to try a different lens, it can be removed.

WHAT ARE THE RISKS?

■ **INFECTION**, which can be treated with antibiotics.

■ **IT DOESN'T** work for every patient, but the doctor will be able to identify those it will help.

'For some people with advanced disease a magnifying implant may be very helpful, although the published evidence is limited,' says Tim Jackson, a consultant ophthalmic surgeon at King's College Hospital, London.

'The Scharioth implant is potentially exciting and I look forward to seeing further results, so we can find out who might benefit, balance of risk and benefit, and the long-term outcomes.'

■ **THE procedure costs about £6,700 for each eye.**

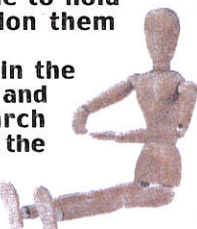
EXERCISE SABOTEURS

THE mistakes that could make your exercise regimen less effective. This week: Sit-ups
THE number one mistake people make is get someone to hold their feet, or position them under something.

A study published in the *Journal of Strength and Conditioning Research* found that this limits the amount of work the abdominal muscles need to do and

instead switches the effort to muscles at the front of the hip.

It also puts pressure on your upper back. To do a sit-up properly, simply place your feet flat on the floor as you curl up. A better move might be to dump sit-ups in favour of a plank. Get into a press-up style position, but balance on your toes and tighten your tummy. This works more abdominal muscles than sit-ups.



THE LUNCH CRUNCHER

How to make your calories go further

YOU CAN HAVE THIS



Morrisons prawn pasta salad (531 calories)

OR THIS



Tesco prawn layered salad

+



120g pot Yeo Valley natural yoghurt

+



100g raspberries (Total: 534 calories)

THE Tesco prawn salad has a higher proportion of vegetables and prawns (but less pasta) than the Morrisons one, so it's more filling despite being lower in calories. Add the yoghurt and raspberries, and this alternative lunch gives more than six times more fibre, two-and-a-half times more protein and is two of your five-a-day (the original lunch provides none).