



Near Vision Options

The aging process is inevitable and leads to the need for reading glasses for those approaching and those beyond 40 years old. The medical term is **Presbyopia**.

The first symptoms include the need to push reading material further away, requiring more light to read comfortably, or tired eyes at the end of the day. Over-the-counter reading glasses might be helpful, but they should not be purchased until a comprehensive eye examination is performed to rule out cataract, glaucoma, refractive errors such as astigmatism and other pathology.

When planning LASIK surgery, it is very important to decide beforehand what your visual goals are with regard to near and distance vision, especially if you are approaching or beyond 40 years of age.

Presbyopic patients who are near-sighted (myopic) can see close-up without their glasses or contact lenses. High myopes (e.g. over -5.00) will hold material uncomfortably close in order to read.

There are three options regarding treatment in a presbyopic patient:

- 1) **Best distance vision in each eye.** Wear reading glasses as needed.
- 2) **Full Monovision.** Best distance vision in dominant eye, and full under correction in non-dominant eye, enabling both good distance and good reading vision. All patients do not tolerate this solution, because it may sacrifice depth perception and night vision. Those that tolerate full monovision are those who have worn monovision contact lenses, far sighted patients (hyperopes), and those highly motivated to be glasses free. Some patients tolerate monovision most of the time, but opt to wear a balance lens (glasses or contact lens) in the near-sighted eye for driving or movies.
- 3) **Partial Monovision.** Best distance vision in dominant eye, and partial under correction in non-dominant eye enabling good binocular distance vision with minimal adverse effect on depth perception and night vision. This will still allow fair to good near vision and very good intermediate vision. For patients in their forties, this might delay the need for reading glasses. This is recommended in most patients near or over forty.

The best way to determine what is right for you is to have a thorough evaluation, usually with a contact lens trial. This evaluation may take a few visits, but is easily incorporated into your standard pre-op evaluation. If you are unsure about whether to proceed with full or partial monovision, we recommend that you proceed with monovision and allow the brain to become accustomed to the new vision.

If you have any questions regarding monovision please let us know.