Introduction and cataract basics

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Welcome back I'm your host, Doctor Ronny Banach, and today I am so honored to have with me as my expert guest, doctor Kenneth Rosenthal. He is a surgeon director of Rosenthal Eye Surgery.

Thank you so much for joining us. Doctor Rosenthal And thank you so much for having me. I'm looking forward to speaking with you this morning. Absolutely. No.

So for our audience, Doctor Rosenthal is a world renowned cataract surgeon. He is based out of New York City. He gives many talks nationally, internationally.

And again, we are so honored to have you with us today to share your expertise in this topic of cataracts. But before we talk about cataracts, could you first share with our audience what got you so interested in this particular subspecialty of cataract surgery?

Just please share your journey with this. Sure. Thank you. It started probably the seminal moment was, believe it or not, when I was in high school and my grandma Rose had cataract surgery.

Now we have to remember this was in the 1960s or early 70s. And in those days, cataract surgery was very different. So she was completely blind from her disease, from her cataracts, because in those days we waited until cataracts were ripe, until they were so bad that the patients were banging into walls.

And she had cataract surgery done and she had successful surgery. She wore those thick Coke bottle glasses that you may have seen historically that people wore back then.

And that was before intraocular lens were introduced in the United States. And so that prompted my interest initially. But if you fast forward, then for a period of time when I was in medical school, I simply did a rotation and deciding what to do.

I did a rotation in ophthalmology, which, by the way, was required in my medical school. And the first day became clear what I wanted to do. And if I thought about it, this made sense because, I'm a musician and pianist, so my I enjoy things, doing things with my hands and have dexterity.

My father was an engineer, so I drew on some mechanical and analytical things. And of course, with the scientific background, my family is a perfect meld of that in cataract surgery in my world is the epicenter of that.

Just made a lot of sense. And so I was drawn to it very early. Thank you for sharing your journey. And I have to say, your hands are so skilled. I've seen some of your work.

It is beautiful.

Who gets cataracts and risk factors

And so your patients are very fortunate to have you as their doctor in their surgery here to kind of appreciate that it's comes from the heart. And I really mean every words.

Doctor Rosenthal, for our audience, give us just a general overview of we've heard this term cataract. A lot of people don't really know exactly what it means.

So what is a cataract? Why does it develop? How does it impact vision? Just get a 30,000ft view of the topic. Sure. Okay. So cataract is nothing more or less than a clouding of the natural lens of the eye.

The eye is built like a camera, if you will, and the eye has a lens inside of it. And when that lens opacities, it becomes cloudy. It impedes the vision and prevents light from getting from the front of the eye to the back of the eye.

And patients will usually have symptoms when the cataract develops sufficiently, things like the just decreased vision in general, and it may take the form of glare, particularly glare from headlights at night is a common is a common complaint that patients have trouble seeing small print and then just generally, people may just have difficulty conducting what we call activities of daily living, the day to day tasks that require us to have good and reliable vision.

And so at the point that the cataract is becoming significant in that way, that's when we entertain cataract surgery. Thank you for that eloquent explanation.

Now, I wanted to ask in terms of cataracts, this oftentimes comes up. Does everybody get them or are more people or some people more at risk? Could you explain that a little bit? Sure.

The answer is yes. If you and I often tell my patients who have early cataracts, if you live long enough, you will have cataract surgery. Having said that, I had the pleasure of seeing about three weeks ago a very nice lady who's 107 years old and who is just now coming to cataract surgery.

She lives alone, independently, has all of her faculties, and now is first have. But more typically cataracts will develop earlier on, usually the average age for cataract surgery.

The United States last I look was in the mid 70s, but it runs the gamut. You can have childhood cataracts. In fact, you can have cataracts that you're born with.

They're called congenital cataracts. They're a little different than adult cataracts, but they are nonetheless share the feature of cloudy lens. So you could develop it in any age, but there is an increased incidence of cataracts as we get older.

And it's inevitable. Pretty much. Yeah. Yeah. To echo what you said earlier, if you're fortunate to live long enough, you will develop a cataract. And what I always tell my patients is that even though you may have a cataract, it doesn't necessarily mean that you need to get surgery right away, as you mentioned in your centenarian patient.

She was not affected by her cataracts. She probably had them for for decades before she finally came to you for surgery. Just having a cataract does not mean that you have to be rushed into any type of intervention for them, unless they're affecting a person's at daily activities.

Is that fair to say, doctors? And then precisely, it has to do with what the patient's particular needs are. Now, as one might imagine, everyone's needs are different.

So someone who is who is you or me, who's doing surgery, who and is keeping vision would probably come to surgery much earlier because her vision on the other.

And so that's at one extreme. At the other extreme would be, let's say, a more sedentary individual who spends most of the time, say, watching TV and doing general tasks, doesn't read and doesn't have a lot of visual needs.

Indeed, the cataract may be a lot worse before it starts to impact the activities of daily living, as we say. And then there's everything in between, and most people fit in between those two things.

And again, it's our task as surgeons, as the doctor responsible for making that decision to to give patients good advice as to when the time is to have surgery.

But more and more, we're going earlier and we'll I guess we'll get to that eventually because we keep getting better and better at doing the surgery. So the risk profile, since it becomes less, will accordingly allow us to do surgery in an earlier stage.

Contrasted, if I will, with what I describe to you as my grandmother's journey where she would basically banging into walls before, in an earlier age where cataract surgery was far riskier, that cataract surgery now has a much lower risk profile.

In fact, it's probably one, if not the most safe, one of the safest surgical procedures in all of medicine. Doctor Rosenthal, it seems like age is perhaps the biggest risk factor for cataract development.

As you mentioned earlier, there can be other things like pediatric cataracts, congenital cataracts. What are some additional risk factors patients may have for cataract development or cataract progression?

So less common, but also prevalent enough are systemic diseases that affect the eyes. The most common one in my practice is diabetes. So patients who have particularly poorly controlled diabetic condition are more prone to develop cataracts later on earlier on than they would, otherwise.

Considering other factors, other risk factors are things like patients who take steroids or cortisone for a variety of medical conditions. And, by the way, less well known.

Is there a number of nasal sprays used to things like sinusitis and allergies that have corticosteroids in them? And indeed those have been linked to development of cataracts to something which, by the way, is often not heated by the patient.

They're not aware of it. Of course, taking steroids is sometimes inevitable. The cataracts that develop, but no more difficult or easy to remove. But that is an additional risk factor.

Poor nutrition would be one, but in the United States is extremely rare to see people who are severely malnourished. But that is also a less common factor worldwide.

Yeah. Just to expand on what you said earlier about steroid use. I've even had patients who take natural steroid sprays or inhalers for asthma. But people who use a lot of topical steroids for certain skin conditions, especially when it's around their face, I've even seen earlier cataracts develop in patients who do take even topical steroids and drop form as well.

So it's basically, is this correct? Like any type of steroid can maybe use, I left out perhaps the most common in our practice, which is topical steroids in the eye.

So there are a lot of eye conditions that are treated with steroids. And sometimes people are treated with steroids in a less than careful way and advised in advisedly careless way.

And they use more steroids and they need to develop early cataracts. By the way, topical steroids are also associated with the development of glaucoma, which is also their condition.

And so one has to be always cognizant of it. Absolutely. And definitely let your eye doctor know if you're taking

steroids of any kind. When you go for your annual visit, make sure that you let your doctor know that you're on steroids.

One other quick thing I wanted to ask you about. What about trauma? Could that be a risk factor for cataract progression? Yeah, sure. Yeah. And injury.

And interestingly enough, injury that's remote.

Preventing progression and when surgery is needed

And we see patients who had hit an eye with a baseball as a teenager. And now they're 70 and they've developed traumatic cataracts. And we know that too because traumatic cataracts often look different than regular cataracts.

And they constitute a subset of the high risk group for cataract surgery, because the natural support system of the cataract of the lens of the eye, if they're called annuals, they're like trampoline wires.

They become distended and or broken, and it can lead to instability of that lens. And that requires the special kinds of surgical interventions. But indeed, trauma is an important consideration.

Now, I wanted to move on to ask you about prevention things people can do. We mentioned, okay, it's going to cataracts happen to everyone. No matter how clean a life you have, you will still develop a cataract if you live long enough.

But what are once a cataract develops? Are there things people can do to prevent it from progressing? What are your thoughts on that? So first of all, I'm going to preface it by saying yes, but because the truth is that cataracts will progress despite our best efforts in the majority of people, there are things that we can do to, to to delay the need for surgery, though, in the case that the cataract doesn't develop too quickly.

The chief amongst those is what I mentioned earlier is better control of diabetes. If patients have diabetes and they're out of control and they control, it's going to slow down the progression of the cataract.

Exposure to sunlight may have a role, so patients who spend a lot of time outdoors should be wearing good protective eyewear. And by the way, it's not so important that they're dark, but that they have good ultraviolet protection.

And then generally there are nutritional the nutritional aspects are a little bit more controversial, but there is some evidence that antioxidant vitamins AC as well may have some role in somewhat retarding development of cataracts.

Absolutely. I am thinking back to the studies that were published. I know that some were controversial, some that they helped, and many others said that they didn't, whether it's dietary or supplement wise.

But I always tell my patients it's always important to have a diverse diet rich in fruits and vegetables because even though it may not prevent cataract progression, it will help you in many other aspects of your eye health.

So that's always key as a foundation to eye health, I wanted to ask you also, Doctor Rosenthal, there are some products on the market. Some of my patients have come to me taking eyedrops that you have been branded or they're promoted to help prevent cataract progression.

What are your thoughts on those types of products? They're available over the counter for cataracts, right? In a word, in my opinion, they don't work.

Every few years something new comes out and I have yet to see something that I feel is convincing in terms of either preventing progression of and or reversing cataracts, but you still see them on the market and egregiously, I think some of them are actually labeled that way reverse you cataracts and so on.

Oh, with one of them. I'm not to be political here, but one of the new administration's projects as well is to try to produce some truth in advertising, even for over-the-counter items.

And I think that's a key target. I think that people spend money on things that have no proven benefit. And the truth is, and I don't mean to be glib, about cataract surgery, it is real surgery.

And of course it has risks. But since it is one of the highest, most successful procedures with the highest yield and the greatest patient happiness, there's very little reason to to agonize over it when the time comes.

Yeah. Thank you for your opinion. I'm very much so in agreement. I typically do not recommend to my patients that they use these over-the-counter products.

However, if someone is really adamant they want to take their homeopathic medications for their eye health and for prevention, I don't tell them to stop.

I'm very much aware that some people truly want to do things, whatever they feel they're in line with, to promote their eye health, and as long as it's not going to hurt, I don't tell them that they absolutely need to stop those impede.

They are coming to surgery when they really need it. Because yes, the cases where people wait longer than is ideal. We can remove the worst of cataracts and we can have quite good results.

But the truth is that a very advanced cataract does bear somewhat of a higher risk profile than a more moderate cataract, and if it becomes ill advised to wait an excessive period of time, not the least of which too is that when patients cataracts become severe enough and it impedes their vision enough, there are risks to them.

For example, trips and falls because. Yes. And that is that's one of the indications where we will step in even when the patient is not have a lot of complaints and say, look, you really need to do something.

We've seen from time to time people who have repeated automobile accidents. And it's clear that it's because they can't see. And that's where you have to step in and be the doctor and say, this is what you really need.

Yeah, yeah. And I've actually had that conversation with a few patients where I basically tell them your vision is no longer it doesn't meet the state's requirements to drive.

So unless you have your cataract surgery, you really should not be driving at this stage. It's a risk to you as well as to others. Yeah, absolutely. Doctor Rosenthal, thus far this has been such an enlightening conversation.

You have been so informative, giving some really unique insights into cataracts. And I'm looking forward to hearing more about cataract surgery as well.

But first we're going to hear from one of our sponsors. We're going to take a very short break Please stay tuned.

Modern cataract surgery and lens innovations

Today we're chatting with Doctor Kenneth Rosenthal, a leading cataract surgeon. So Doctor Rosenthal, let's now dive into your specific area of expertise, which is surgery.

Tell us about cataract surgery. How is it done? And also maybe how is it different now than what your grandma Rose experienced? What are some of the technological innovations that have happened over the past few decades that make cataract surgery such a safe and effective procedure?

Sure. Good. Thank you. So this is one of my favorite topics to talk about. And I've been around just long enough to see an incredible evolution over what I would consider historically, a very short period of time.

And the evolution of cataract surgery from a moderately to high risky procedure to an elegant, highly successful, very safe procedure with incredible visual results.

What I'm going to say, I'm going to go to the punchline first, and then come back and retrace it. And the punchline is that when we do cataract surgery on the on patients most of the time now, we exclude patients, of course, who have other we call co-morbidities.

So we have other medical problems or other problems with their eyes that preclude having perfect vision. But if you have an otherwise perfect eye with the cataract, the likelihood of you restoring perfect vision is extremely high.

And in fact, I would have to say that in the majority of patients, they see better after cataract surgery than they've ever seen in their life in as a use.

And that's a remarkable. And let me lead you through how we got there. Okay. So if we go back to the 1950s and 60s, the conventional surgery was that we remove the natural lens of the eye, but you didn't replace it with anything.

You give patients these very thick sort of Coke bottle glasses and indeed they work. But of course, you were also working there with a large incision.

So if we look at large incision and no lens to put in the eye, we had a very different operation. Oh, probably the greatest innovation in eye surgery and its history was the development of the intraocular lens.

The traditional lens was invented by a gentleman by the name of Harold Ridley, who ultimately, by the way, was knighted by Queen Elizabeth for his achievements.

And actually, I had the honor of being invited to a 75th celebration. 75th Anniversary celebration of the invention of the Dracula lens in London. It was actually held in the Tower of London, and it was absolutely an awesome experience.

And realize that now, 75 years later, not only do we have an interactive lens, but highly evolved once and I'll get. But that's where we've come to the intraocular lens.

And by the way, Harold Ridley met with tremendous opposition. He was called a charlatan. He they people tried to take his license away. It was a horrendous deal for him and the the.

But he prevailed. And by the way, never patented the intraocular lens and never derived a dime of royalties from this incredible invention. So his great gift to the world.

Now the intraocular lens. So let me follow the intraocular lens path forward has continued to evolve. We developed lenses that function better, lenses that have been engineered so that the visual outcome from them is better than the natural lens of the lens that we're born with, for the sake of being sacrilegious.

That God gave us is an imperfect lens in some ways, but the engineers have figured out ways to make the vision even better. So the intraocular lenses that are available now are highly evolved lenses that provide an incredible quality vision.

That's why I said that a large percentage of patients see better than they've ever seen. Now, if you add to that some lens features, I'm going to talk about two in particular that I've been involved with and that I think are very exciting.

I was very fortunate to be the first person in to in New York to use a particular lens now, which is called an E dot for extended depth of focus. And this particular lens gives a full range of vision.

And this lens allows patients to see without glasses. Now I want to give you perspective here. Picture an 85 year

old patient who now does not wear glasses at all.

Not for reading, not for distance, not for driving. That's remarkable. Not only that, patients who have been extremely nearsighted, meaning they couldn't see past the end of their nose without glasses, now suddenly are able to see without glasses.

And also, we can do that by implanting an interactive lens appropriate. The other exciting lens, which goes along parallel with that is a lens called a light adjustable lens.

And without going into too much detail about that, the light adjustable lens is a lens that you put in the eye and look you put. Sometimes we put on a new suit and we think it fits pretty well until we get at home, but we can bring it back to the tailor a few days later and have them make it fit perfectly.

Bespoke version of the intraocular lens. Because this lens can be implanted in the eye, and then you can make adjustments as the person wants to see a little better close up or far you can adjust that lens is power or prescription after the surgery.

So that's another great innovation that we've been working with a lot now and which really does enhance it decreases patients need for wearing glasses and improves the quality of vision overall.

Okay, now that's the intraocular lens track. Let's go back to the other parts of the procedure. I mentioned to you that in the 1950s and 60s, a large incision had to be made and the cataract was removed in an entire piece.

Charlie Kelman, who's from West from New York, invented an device that could go into the eye and break up the cataract and make the incision. Now, modern day cataract surgery.

Less than two millimeters in size. That means that the that's about the size of the tip of a pencil. What does that mean? It means less invasive surgery.

So we we meaning us up the it just really started the exploration of what's now been considered minimally invasive surgery for was really the first one that.

And so now we have a minimally invasive procedure. And of course those instruments have undergone incredible refinements to so that the healing process is faster, the surgery is safer.

And very importantly, we've developed techniques which allow us to do more difficult cataract surgery without having morbidities. Then the last leg of the three legged stool is the femtosecond laser.

Now this is a laser which was developed more recently in the last 15 to 20 years, and much more commonly used in the last decade. And this is a laser specifically designed for cataract surgery.

And this laser opens up the cataract very precisely. And then it fragments the cataract into pieces. Now, you do this before you go into the operating room.

So what happens when you go into the operating room? The lens has already been fragmented, and the surgery removal of that lens is much more gentle. That means there's less energy fed into the eye.

That means there's less surgical trauma, there's less inflammation, and the faster healing of that patient. It also enables us to safely do surgery and patients who have other problems.

We published a paper a few years ago showing that, for example, patients with cornea problems who would be affected adversely by a lot of surgery did better with the femtosecond laser than by doing conventional surgery.

So those are I to my mind, those are the three major innovations. And if you look at the visual outcomes and you look at the patient happiness factor in all of this, it's remarkable.

Yeah. Wow. That is amazing. This evolution that you walked us through that Doctor Rosenthal. So just to recap for our listeners three major types of innovations with cataract surgery.

Number one, the procedure itself, the size of the incision and how the lens is removed. And correct me if I'm wrong, but we're still mainly using ultrasound energy for removal of the lens.

Is that ultrasound in vacuum but less. But love it because look right. Yep yep yeah. And then we have the femtosecond laser that can be used before the actual procedure.

So it's almost like a two step procedure. So the laser can help to open up the cataract kind of bag that holds the cataract. And then to fragment the cataract.

And then we have these amazing range of options for lens implants, which didn't exist until relatively recently when even when Doctor Ridley created the first lens implant, it took a very long time, many different iterations to get the optical quality and the range of focus.

As you mentioned, the enhanced depth of focus and then the light adjustable lens to have all of those developments come become available for our patients.

Now, I know that there is some choice when it comes to cataract surgery the laser, the lens options in our last few minutes together. Doctor Rosenthal, can you walk us through maybe in just a minute or two, how a patient can help.

It can be how you can help a patient make that choice in terms of the procedure and the lens options that are best suited for that patient. Sure. So first of all, good shirt, good medical care begins and ends with a conversation with the patient.

And in in our practice we spend a lot of time getting to know the patient, getting to understand what the visual needs are, what their limitations are, and and frankly, what they don't want.

So for example, the and I should disclose here, for example, that some of the because of the way the insurance system is established, some of these do come at additional out-of-pocket costs.

And so one has to be sensitive to the vision, to the financial, okay, financial limitations of patients in some cases as well. But if we look back at the pure medicine of it or from sample, if I have a patient who who has a very active lifestyle, they drive, they watch, they drive, they use a computer, they read, they carry their iPhone around.

Those are patients who are very good candidates for being spectacle free. Also patients who are extremely near or very far sighted, who have gone their whole lives, basically shackled to glasses or contact lenses, now have the option of having those kind of that kind of a procedure, right?

Adjustable lens. I consider it the perfectionist lens, the light adjustable. That is probably the lens I'll have when I need cataract surgery, because it does allow such exact focus.

My number one candidate is my golfer who wants to see that golf ball at 300 yards. Okay, so you can perfect the result there. So everything is a discussion with the patient.

And then we discuss the potential risks and benefits there as well.

Choosing the right procedure and recovery

The downside for the eye an adjustable lens for example is that it does require some work. After the surgery. They have to meet with the with my associate who does the adjustments.

And there's a number of visits there as well. So they have to be willing to do that. But that's just the conversation

that we have with them, you know?

Got it. So what I'm hearing from you, Doctor Rosenthal, is that there is no ideal procedure implant for everyone. And it really is a personalized choice based on the patient's individual needs and their activities of daily living.

What do they need to do in their daily life? So patients to sit down with their surgeon and have that conversation well in advance of the day of surgery, it should not be done on the operating table. Correct? Doesn't matter.

As a matter of fact, when I left out, which is extremely important, is we have to look very carefully at each patient to see whether or not there are any other problems with their eyes for example, a patient with macular degeneration is not generally a good candidate for some of these technologies.

So we have to Eminem evaluate that. We do 18 separate exams and tests on every patient that comes in for cataract surgery. And we do this a for the accuracy of measurement is you realize, is that to perfect that visual result, we have to do a lot of measurements, we do a lot of calculations, we do a lot of evaluation.

But we also do tests to determine the safety. In other words, is there a problem with the cornea? Is there a retina problem? Is a neurological problem.

Do they have glaucoma? Any of those things. And those always weigh into our decision about what to recommend to the patient as well. Wow. Thank you for sharing all of your insights about cataract surgery.

I can tell like you're one of the leading experts in this field. And your patients are proof of the miraculous recovery that people can have so quickly.

And some patients can go back to work sometimes even the next day or a few days later. Isn't that right, Doctor Rosenthal? That's right. Yeah. And in the average case, the patients have excellent vision.

Even day one. And it's not uncommon to see 2020 vision on day one doesn't always happen. It's not uncommon at all. And quick recovery to vision. We usually we operate on one eye at a time, but we usually try to do them fairly close together so the patients get a quick rehab.

But the results are really astounding. I want to leave you with a thought, because I have to put this in as one of the loveliest things that a patient ever told me.

First of all, I tell patients before surgery, expect to be amazed because my patient follows a vision. Gradually over time, they forget how good vision really is and then come in the next day.

The wow factor is there. And I can tell you that after doing this for over 40 years, the thrill is still there for me to be able to do that for patients and to see that result.

But the nicest thing a patient ever told me, this was an elderly Greek lady who had this very poetic Greek way about her, and she came the next day and she said, Doctor Rosenthal, you washed the flowers for me.

This is a lovely way of expressing what cataract surgery really does. It really clears their vision and gives them vibrant colors and clear vision. Yeah, I've had patients tell me I never I didn't realize that my vision was hazy for so long or what colors just so washed out.

Then after cataract surgery, I feel like I see in Technicolor. Like it's really incredible. Like the difference pre and post up again. Thank you, Doctor Rosenthal for explaining all of this in such an easy to understand manner and for all the work that you do.

One last question before before I let you go today, is there any common myth or misconception about cataracts or cataract surgery that you would just love to dispel for our audience today?

Sure. This is a long laundry list of misconceptions that people have. The thing we used to hear a long time ago, we don't hear it as much now, but we do.

Here is the concept that the cataract has to be right, as if it was some sort of optical fruit. But in fact, ripe came from the concept that cataracts and old in the old days, what we say had to be so bad that it had that had patients had to be completely disabled.

So patients would come in saying, but is my cataract right by, say, we don't use that expression anymore? The other silly things people say, do you have to take my eye out in order to add a socket in order to do the surgery?

Is the surgery painful? You know what to does. Sometimes we'll see patients with mildly cataracts in their intent that they need to have surgery, and we explain that we generally need only to have to do the surgery when they're having trouble.

And sometimes we come straight and say, if I have a cataract, don't you want to take it out and say, no, we don't need to do that. I would say those are probably the most common things.

Oh, and then of course, which we alluded to before, is patients asking me about eye drops or other medications that they can take that are going to make the cataracts dissolve. Yes.

And that's a misconception. Yeah. Yeah, yeah, I've definitely heard those and many more. Another common one is do you have to do the surgery again, or is my cataract going to grow back in a few years and will I have to have it done again?

So again, the answer is actually a good question because the answer to that is the cataract doesn't grow back. But a film may grow behind the lens implant.

And then in fact, sometimes it has been called a secondary cataract is a misnomer, but it also may block the vision again down the line. And that's a that's called capsular pacification.

And it's easily treated with an in office laser procedure that takes about 3 to 5 minutes. But that would be the only. But it's a simple fix if that happens and it's not a cataract showing that it's not. In fact, it happens.

I would have to say in the majority of people at someplace along the way. Yeah, yeah, I've definitely seen that as well. Again, Doctor Rosenthal, you are a wealth of information.

Thank you so much for doing everything you do for your patients and for us is up the list and advancing the field. I know you've participated in many research endeavors to help improve cataract surgery and get some of the new products onto the market, so thank you for your work with that.

If anyone wanted to learn more from you, perhaps even seek out a consultation for cataract surgery, how could they find you? Sure.

Myths, follow-up care, and how to contact the surgeon

And let me say before I answer that it's been a joy to spend some time with you and discuss basically my favorite topic, and I'm glad to have the opportunity to share it with others.

If anyone should be in touch with us. We have two offices. One is on the Upper East Side, across the street from the Metropolitan Museum. The other one is out in Long Island and Great Neck.

We also do teleconference with patients from literally around the world who want a general idea, want us to review records or and particularly patients who have a complex problem.

It's been unsolved so that those are the ways to reach us. Our website is some very simple eye surgery.org. And,

our contact information and information about what we do is there as well. Wonderful.

And we will include all of those links right below the interview. So if anyone wanted to reach out, perhaps seek a consultation of your surgery or a second opinion.

I highly encourage you to do so again, thank you, Doctor Rosenthal, for spending some time with us,