Cataract in Adults: A Patient's Guide

What is a cataract?

A cataract is a cloudy area in the lens of the eye, this definition does not include reduction of vision. A normal lens is clear. It lets light pass to the back of the eye. A cataract blocks some of the light, so as a cataract develops, it becomes gradually harder for a person to see.

Cataracts are a normal part of aging. About half the population aged 65 to 74 have cataracts. About 70 per cent of those aged 75 and over have this condition. Most people with cataracts have a cataract in both eyes. However, one eye may be worse than the other because each cataract develops at a different rate. Some people with cataract don't even know it. Their cataract may be small, or the changes in their vision may not bother them very much. Other people who have cataracts cannot see well enough to do the things they need or want to do.

What are the symptoms of a cataract?

Some signs of a cataract are:

- Cloudy, fuzzy, foggy, or filmy vision
- Changes in the way you see colours
- Problems driving at night because headlights seem too bright
- Problems with glare from lamps or the sun
- Frequent changes in your spectacle prescription
- Double vision
- Better near vision for a while - only in farsighted people

However, these symptoms also can be signs of other eye problems, and a specialist examination is needed if any of them occur.

How is a cataract diagnosed?

An eye examination is all that is needed to find a cataract. Your eye doctor will ask you to read a letter chart to see how sharp your sight is. You probably will get eye drops to enlarge your pupils (the round black centres of your eyes). This helps the doctor to see the inside of your eyes. The doctor will use a bright light to see whether your lenses are clear and to check for other problems in the back of your eyes.

Other eye tests may also be used occasionally to show how poorly you see with a cataract.

How is a cataract treated?
A change in your glasses may help improve your vision and be treatment enough. The way to surgically treat a cataract is to remove the lens and replace it with an artificial lens implant. Just because you have a cataract does not mean it must be removed immediately. Cataract surgery can almost always be put off until you are sufficiently unhappy with the way you see to be prepared to accept the inherent risks of surgery.

Your eye doctor will tell you whether you are one of those people who must have surgery. For example, your doctor may need to see or treat an eye problem that is behind the cataract. Or surgery may be required because a cataract is so large it could cause other problems such as raised pressure.

**How do I decide whether to have surgery?**

Most people have plenty of time to decide about cataract surgery. Your doctor cannot make your decision for you, but talking with your doctor can help you decide. Tell your doctor how your cataract affects your vision and your life. Circle the statements below that apply to you and share this list with your doctor:

- I need to drive, but there is too much glare from the sun or headlights.
- I do not see well enough to do my best at work.
- I do not see well enough to do the things I need to do at home.
- I do not see well enough to do things I like to do (for example, read, watch TV, sew, hike, play cards, go out with friends.
- I am afraid I will bump into something or fall.
- Because of my cataract, I am not as independent as I would like to be.
- My glasses do not help me see well enough.
- My eyesight bothers me a lot.

You may also have other specific problems that you want to discuss with your eye doctor.

**What should I know about surgery?**

Your doctor will discuss the options with you before choosing the best kind of cataract removal and lens replacement for you. He or she will also explain how to prepare for surgery and how to take care of yourself after it is over.

Most people do not need to stay overnight in a hospital to have cataract surgery. You may have your cataract removed and leave when the doctor says you are fit to leave. However, you will need a friend or family member to take you home. You also will need someone to stay with you for at least a day to help you follow your doctor’s instructions.
It takes a few months for an eye to heal after cataract surgery. Your eye doctor should check your progress and make sure you have the care you need until your eye recovers fully.

**Removing the lens**

There are three types of surgery to remove lenses that have a cataract, the majority of operations are nowadays phakoemulsification:

- **Phacoemulsification** (pronounced FAY-co-ee-mul-sih-fih-CAY-shun). In this type of extracapsular surgery, the surgeon softens the lens with sound waves and removes it through a needle. The back half of the lens capsule is left behind. In some cases the lens is prepared for removal by laser.

It is unusual to use the following options

- **Extracapsular surgery.** The eye surgeon removes the lens, leaving behind the back half of the capsule (the outer covering of the lens). This technique is used when the lens structure is impaired and phakoemulsification is unsafe.
- **Intracapsular surgery.** The surgeon removes the entire lens, including the capsule. This method is rarely used.

**Replacing the lens**

A person who has cataract surgery usually gets an artificial lens at the same time, although some very shortsighted people may not need one. A plastic intraocular lens, is placed in the lens capsule inside the eye. Rarely are contact lenses and cataract glasses used nowadays except where this is mandated by co-existent eye diseases such as severe uveitis. Your doctor will help you to decide which choice is best for you.

**Can a cataract return?**

A cataract cannot return because all or part of the lens has been removed. However, in about half of all people who have extracapsular surgery or phacoemulsification, the lens capsule becomes cloudy. This cloudiness of the lens capsule, if it occurs, usually develops a year or more after surgery. It causes the same vision problems as a cataract does.

The treatment for this condition is a procedure called YAG capsulotomy. The doctor uses a laser (light) beam to make a tiny hole in the capsule to let light pass. This surgery is painless and does not require a hospital stay.

Most people see better after YAG capsulotomy, but, as with cataract surgery, complications can occur. Your doctor will discuss the risks with you. YAG capsulotomies should not be performed as a preventative measure.
Is cataract surgery right for me?

Most people who have a cataract recover from surgery with no problems and improved vision. In fact, serious complications are not common with modern cataract surgery. This type of surgery has a success rate of 95 percent in patients with otherwise healthy eyes. But no surgery is risk free. Although serious complications are not common, when they occur they could result in loss of vision.

If you have a cataract in both eyes, experts say it is best to wait until your first eye heals before having surgery on the second eye. If the eye that has a cataract is your only working eye, you and your doctor should weigh very carefully the benefits and risks of cataract surgery.

You will be able to make the right decision for yourself if you know the facts. Ask your doctor to explain anything you do not understand. There is no such thing as a "stupid" question when it comes to your health.

Some questions you might ask...

- Do I need surgery right away?
- If not, how long can I wait?
- What are my personal risks?
- What benefits can I expect?
- If I choose surgery, which type is best for me?
- Which lens replacement is best for me?
- What are the chances of developing cloudiness in the lens capsule after cataract surgery?
- What are the benefits and risks of YAG capsulotomy?

You may wish to write down other questions to ask your doctor to help you make an informed decision about treatment.

Benefits and risks of cataract surgery

Improvements in activities

- Everyday activities
- Driving
- Reading
- Working
- Moving around
- Social activities
- Hobbies
- Safety
• Self-confidence
• Independence

Possible complications

• High pressure in the eye
• Blood collection inside the eye
• Infection inside the eye
• Artificial lens damage or dislocation
• Drooping eyelid
• Retinal detachment
• Severe bleeding inside the eye
• Swelling or clouding of the cornea
• Blindness
• Loss of the eye

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