

Peacock and Murphy

~ INDEPENDENT, PROFESSIONAL EYECARE ~

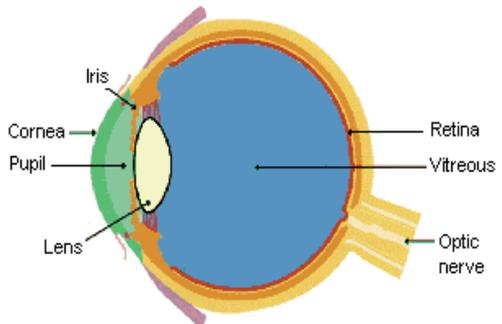
Cataracts

When people have been told that they have a cataract, often their reaction might be that of concern and fear about complete loss of sight. This is a normal reaction and is often based on a lack of understanding about what cataract actually is and what can be done to correct the condition. We hope that these pages can answer questions about cataract and how it is treated.

What is Cataract?

When a cataract develops it is a clouding or opacity of the lens which is inside the eye. People often describe cataract as 'looking through a chiffon scarf'. In order to understand what a cataract is, it is useful to learn a little about how the eye works.

Inside the eye, behind the coloured part of the eye (iris) with the black hole in the centre (pupil) is a lens. In the normal eye the lens is clear or transparent. It helps to focus light rays on to the tissue at the back of the eye (retina). When cataract develops the lens becomes cloudy and prevents the light rays passing into the retina. The picture that the retina receives becomes dull and fuzzy. Cataract usually forms slowly and people experience a gradual blurring of vision.



Cross-section diagram of the normal eye.

Cataracts Misunderstandings

Q. Do cataracts spread from eye to eye?

A. No. But often they develop in both eyes at the same time.

Q. Has my cataract been caused by overuse of my eyes?

A. No. Cataract is not caused by overuse of the eyes and using the eyes when cataract starts to develop will not make the cataract worse.

Q. Are there different kinds of cataract?

A. Yes. Cataracts can be caused by injuries to the eye. A cut, blow or burn to the eye can cause damage to the lens inside the eye. This type of cataract is called a traumatic cataract.

Q. Can children have a cataract?

A. Yes. Babies can be born with this condition. This is called congenital cataract.

Q. My cousin developed cataract, he has diabetes, is there a link?

A. Yes. Cataract is more common in people who have certain diseases such as diabetes.

Q. My friend tells me that anyone can develop cataract, it's part of growing old!

A. Most forms of cataract develop in adult life. The normal process of ageing causes the lens to harden and become cloudy (opaque). This is called age-related cataract and it is the most common type. It can occur anytime after the age of 40.

Q. Patient: 'I didn't know that I had cataract until my optician told me!'

A. Some people may or may not be aware that cataract is developing. It can start at the edge of the lens and initially may not cause problems with vision. Generally, as cataract develops, people experience blurring or hazing of vision. Often they become more sensitive to light and glare.

Q. Patient: 'I seemed to have to go to my optician more often to get new glasses'.

A. There may be a need to get new prescriptions for glasses more often when cataract is developing. When cataract worsens, stronger glasses no longer improve sight. The hole in the iris (pupil) may no longer look black, a white or yellow appearance may be seen. The lens behind the pupil becomes more dense and cloudy (opaque) as the cataract develops.

The Hospital

Q. What will happen when I go to the hospital?

A. At the outpatient clinic, an ophthalmologist (eye doctor) will examine your eyes. You will have a sight test and then a full eye examination. Instruments such as an ophthalmoscope and slit lamp are used to allow a good examination of the eye.

Often eye drops are put in your eye to make the pupil (hole in the iris) bigger. This helps the ophthalmologist to examine your eye fully. The effect of these drops will wear off after a few hours, however your vision will be blurred initially. For this reason you should not drive to appointments and you must be careful that you do not miss your footing and fall e.g. down steps.

Treatment

Q. When do I have my cataract treated?

A. When cataract progresses to the point that it is interfering with daily activities and normal lifestyle, cataract surgery is usually indicated.

Q. Could anything have been done to stop me developing cataract?

A. There is no known prevention for cataract. Modern surgery is highly successful for the majority of patients.

Q. I thought that nowadays cataract is quickly removed with a laser beam?

A. Surgery is the only effective way to remove the cloudy lens. Cataract cannot be removed with a laser beam.

Q. I have cataract developing in both eyes - do I have treatment to both eyes at the same time?

A. No. It is common for cataract to develop more quickly in one eye than the other. The timing of an operation is decided by the ophthalmologist. Usually, the more seriously affected eye is operated on first.

Q. What does the operation involve?

A. Removal of the lens involves an operation which makes a tiny opening into the eye at the edge of the cornea.

Ophthalmologists use a microscope to carry out the operation. The eye is never removed and replaced when operations are carried out. Sometimes very fine nylon stitches are used to close the wound, although this is now quite rare. Occasionally these are removed at the slit lamp at a later clinic appointment. This is a painless procedure.

Q. What kind of anaesthetic is necessary?

A. Most operations for cataract are performed under local anaesthetic. This is a method of pain prevention usually given by eye drops or injection around the eye. You may opt for a full anaesthetic if you prefer.

Q. When I have had my cataract operation, the cloudy lens will be removed from inside my eye. I know from looking at the diagram that the lens helps to focus the light rays to the back of my eye. How do I see in focus after the operation?

A. The usual method for cataract operation involves removing the human lens in the eye and replacing it permanently with a clear plastic implant lens.

This intraocular lens (IOL) corrects the vision in the eye after the cataract operation. Many people still require glasses with an intraocular lens implant.

However, for some individuals a plastic lens implant is not suitable. In these circumstances a contact lens (a lens fitting on the cornea) or a special glasses will be given to correct the vision some weeks after the operation.

Q. Will I have to stay in hospital for a long time?

A. No. Most operations for cataract are performed on a day care basis. This means that you are admitted to hospital, have your operation and are

discharged home all in the same day. You do not stay overnight in hospital. For a minority of patients an overnight stay is needed.

Q. Will I have any special tests carried out?

A. Yes. Before you go into hospital a nurse in the outpatients department will carry out special tests to measure your eye. This helps decide the strength of intraocular lens you need.

The nurse will organise any tests for your general health, such as blood tests and electrocardiograph (ECG). This may involve a visit to the hospital before the operation.

Q. What are the complications of cataract surgery?

A. Serious complications are uncommon following cataracts surgery, however, like most operations problems may develop occasionally. If any of the following occur you must attend the Accident & Emergency Eye Unit or, if this is not possible, your General Practitioner.

Infection following cataract surgery is very uncommon but can be serious. If the eye should become red or sore in the days following surgery, you must contact the ophthalmology department or go to the Accident & Emergency.

Inflammation of the eye. This is called uveitis. The eye may become red and aching. This can be treated with drops.

An accumulation of fluid in the retina may occur causing blurring of the central vision - this is known as cystoid macular oedema. This usually resolves itself within a couple of weeks using drops.

The implanted lens may occasionally move from its original position causing distorted vision. If this happens, further surgery may be needed to reposition the displaced lens.

The retina may become separate from the inner wall of the eye. This is referred to as a retinal detachment and may require surgery. If you notice a shadow in your field of vision, floaters or flashing lights, come to the Accident & Emergency Department.

Thickening of the membrane behind the new lens can occur in the months following surgery. This is referred to as capsular opacity. Although the vision becomes blurred it can be treated with laser.

In the rare event that stitches have been used, there is a very small risk of the thread breaking. If this happened, the eye would be red and sore.