

June 26, 2006

Heart to Heart

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Hope for People With Cataracts

What are cataracts?

Cataracts are cloudiness or opacities of the lens of the eyes that impair visual acuity. Located behind the pupil of the eyes, the lenses help the eyes focus, much like that of a camera. If the photographic lens is “dirty” the picture taken will be out of focus or blurry. And if the lens is covered with very thick smudges, the camera may not be able to “see and focus” at all. The same thing is true with our eye lenses. Cataract is not a tumor or anything else but a cloudiness of the lens causing change decrease in the clarity of the lens.

What causes cataracts?

Practically everyone over the age of 65 has cataract in one or both eyes that causes visual impairment. Diabetes and medications, like steroids, hasten cataract formation. When the eyes are exposed to excessive X-rays (as among radiology technicians), penetrating trauma, chemical burns, intense sunlight, or exposure to excessive heat also contribute to cataract formation.

How about smoking?

Smoking has been shown to lead to a higher occurrence of cataracts compared to abstinence from tobacco.

How fast does cataract form?

Cataracts usually takes years to develop, but some cases may worsen rapidly in a few months, because of the “dose” or intensity of the contributing factors at play. One or both eyes may be affected, usually both, simultaneously, and the severity in one could be worse than that in the other eye.

What are the symptoms?

The most common the person notices is hazy or blurred vision, poor night vision or in very bright light, even glare from headlights of oncoming cars when driving at night. There could also be “ghost” images, a change in color vision, poor distant vision and loss of contrast.

Do all cataract patients need surgery?

No. People with clear vision in spite of having cataracts do not need surgery. Only those with cataracts that impair vision and interfere with their ability to perform daily routine tasks (reading, driving, watching TV, etc) and any other activities that require a good sight would require an operation to remove the opacified or cloudy lenses and restore clear vision.

Is cataract surgery common?

Cataract surgery is one of the commonest and most successful surgeries today. In the United States, more than 1.25 million such procedures are performed annually. The outcome of the procedure depends on the overall health of the patient, age, co-existing medical diseases (diabetes, hypertension, etc.), the severity of the cataract and the presence of other abnormalities of the eyes.

How about non-surgical treatment?

Cataracts, when present in the lenses, never go away on their own or even with the use of medications. Only surgery can remove the cataracts. For temporary relief, until surgery is done, the use of eye drops to widen the pupil of the eyes may help improve vision among some patients. The use of Polaroid sunglasses and visor to protect the eyes from sunlight to reduce the glare and the use of brighter light bulbs instead of fluorescent light may help the patient see better indoors. But these are all temporary measures. Only surgery can remove the cataracts.

What is the timing of the surgery?

There was a time in the past where ophthalmologists recommended a waiting period “to ripen” or to allow for “full growth” or “maturity” of the cataracts before doing surgery. Advances in eye surgery today recommend early elective removal to avoid complications and avoid making the surgery more difficult. The other factors in the decision-making are the patient’s age, occupation and lifestyle. Today’s procedures are safer and more successful than ever.

How successful is the surgery?

Cataract surgery has a success rate of more than 95%. Most of these patients now have intraocular lens (IOL) implanted after removal of the cataracts. In those rare cases where IOL is not appropriate, the ophthalmologist may prescribe the use of contact lens, and in rarer cases, a thick and heavy eyeglasses may be an option. But in these cases the peripheral vision (side vision) is distorted. Since there are various operations available, it is prudent for the person to discuss in detail with the attending ophthalmologist as to which procedure is the best for him/her.

Are both cataracts removed at the same time?

No, there is an interval of 4 to 8 weeks or so between surgeries. And the operation on the second eye may not be necessary for visual acuity. The need is tailored to individual needs of the person. The trend in the procedure is using a small incision and ultrasound. Most sutures used on the eyes do not have to be removed so the surgery is referred to as “stitchless cataract surgery.”

What are the procedures performed?

There are two types: Phacoemulsification or “phaco” for short, also called “small incision cataract surgery,” where a small incision is made on the side of the cornea and a probe is inserted that emits ultrasound waves that soften and break up the diseased lens so it could be removed by suction. The other procedure is the Extracapsular surgery, where a longer incision is made and the entire cloudy lens is removed in one piece. Of the two “phaco” is the most common procedure done today.

Are there risks involved?

As with any form of surgery, there are potential risks involved with cataract surgery. They are possible bleeding, infection, and, retinal detachment, especially among those with myopia (nearsightedness). Patients must discuss with their eye surgeon the details of the reason for the recommended surgery, the type of procedure itself, and possible risks and complications. With rare exceptions, this surgery yields a most rewarding transformation – from a state of near blindness or total darkness to an instant and “miraculous” restoration of clear sight.