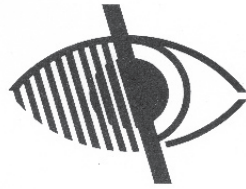


The Partially Sighted Society



Information Sheet

CATARACTS

When cataracts are mentioned, people often think of a film that grows on their eyes, causing them to see blurred or double images. However, a cataract does not form on the eye, but rather within the eye. A clouding of the eye lens causes visual problems, and the most common cause is age related.

The lens is the part of the eye that helps focus light onto the retina. It is made mostly of water and protein. In a normal eye, light passes through the lens and gets focused onto the retina. To produce a sharp image the lens must remain clear. When a cataract forms, some of the protein becomes clumped together. This causes cloudy areas in the lens, some light is blocked from reaching the retina and this interferes with vision.

Early cataract may not interfere with vision at all, but as it becomes more advanced, symptoms may become noticeable (this used to be called the cataract becoming 'ripe'). These may vary from person to person, but generally cause blurry vision, glare problems, double or even triple vision, poor night vision and cause colours to become faded. It is not yet known exactly what causes the formation of Age Related cataracts, but it is thought there may be several risk factors, including smoking, excessive exposure to sunlight and diabetes. Other types of cataracts are less com-mon, but may be congenital, that is babies are born with, or devel-op them soon after birth, second-ary; linked to other conditions such as diabetes, or as a result of trauma.

If any of the above symptoms are noticed, it may be that you are forming a cataract. An Ophthal-mologist would be able to confirm or deny this by carrying out a few simple tests. These would include a visual acuity test, to measure how well you see a dis-

tance eye chart, eye drops to dilate the pupil and allow the Optician or a Ophthalmologist to see more of the lens and retina and generally check the health of the eye. A pressure test to check for glaucoma would be routinely carried out.

If a cataract is detected, it may not necessarily need to be removed. In the early stages, vision may hardly be affected and temporary measures such as magnifying lenses or improved lighting may be suggested. If however, the cataract is interfering with everyday tasks such as reading, watching the TV, or driving then surgery is the only treatment. The lens is removed (not by laser) and replaced with a substitute lens. If cataracts were present in both eyes, they would be removed one at a time. The visual outcome would depend on any other eye problems present, such as Age Related Macular Degeneration, or Diabetic Retinopathy.

Having a cataract removed today is a very quick, safe and effective operation, and does not normally require an overnight stay. Most people remain awake during the procedure.

A few weeks before the operation is due, tests will be carried out at the hospital. The curve of the cornea (clear surface at the front of the eye) and size and shape of the eye needs to be detected. Most people will have an intraocular lens fitted in place of the lens (IOL). This is a clear artificial lens that becomes a permanent part of the eye. Some people may not be able to have an IOL fitted, either due to disease of the eye or problems during surgery. If this is the case a contact lens may be suggested. Rarely nowadays, powerful magnifying glasses may be offered.

There are two main types of surgery carried out for the removal of cataracts. Phacoemulsification (Phaco) or extracapsular surgery.

Phaco involves making a small cut at the side of the cornea, and inserting an instrument, which emits ultrasound waves. This breaks up the cloudy lens, which is sucked away and the IOL is inserted. This is the most common procedure nowadays.

Extracapsular surgery involves a larger cut around the cornea, and the hard centre of the lens is removed. Any remaining lens is sucked out.

Both procedures take less than an hour. After the operation, a patch is placed over the eye and you will probably need to remain in hospital for a few hours to check for any complications. When you return home, some mild discomfort may be felt and the eye may feel rather sensitive. Drops may be given to control pressure in the eye. Instruction on after care and any symptoms to watch out for would be issued by the hospital. Most people will heal completely in 6 weeks.

A follow-up appointment will be made to check on your progress.

As mentioned previously, cataract surgery is very effective and complications are rare. If however, the retina of the eye is affected by another condition, the Ophthalmologist may advise that this procedure will not completely restore full vision.

Sometimes, even after successful cataract removal, the part the lens which is not removed, may become cloudy causing blurry vision. This may develop some time after the operation, and is removed by laser treatment (YAG laser Capsulotomy). This would be carried out at an out patients appointment, and is not painful.

The latest research into the formation of age related cataract is concentrating on why cataracts form and the risk factors involved. Some studies are looking into the use of certain vitamins to delay or prevent them from forming.