

CATARACTS and CATARACT SURGERY

Information for Patients

About Cataracts

Cataracts are the main cause of treatable vision loss in the United States. Cataract surgery is the most common type of eye surgery performed in this country; well over a million operations are performed every year. Many misconceptions exist about cataracts and cataract surgery. We will explore many of the frequently asked questions about this common problem.

Just what is a cataract?

A cataract is a clouding of the natural lens of the eye. The natural lens acts to focus light rays onto the retina at the back of the eye in a way that is similar to a camera. A cloudy lens scatters or blocks light coming into the eye and vision is worsened. A cataract is NOT a film covering the eye.

What causes cataracts?

In only a few instances can we determine the cause of cataracts. The causes include certain eye diseases, heredity, injury, radiation, diabetes and a few drugs and toxic substances. There is some information that ultraviolet light may play some part in cataract formation. However, in the large majority of patients, the cause of cataracts is unknown and seems to be a normal part of the aging process.

Cataracts usually form over a period of months to years, but the process can be quite variable from individual to individual. It is not known why some cataracts progress quickly and some very slowly. It is not possible to predict how fast a cataract will grow. There is no known prevention.

What are the symptoms?

Cataracts usually cause blurred or dimmed vision. There may be distortion or glare, especially at night or with bright lights. Colors are often less distinct. Sometimes increasing nearsightedness is a symptom.

Both eyes are often affected, usually one before the other. If one eye remains normal, a cataract in the other eye may not be noticed. Pain, redness, itching or headache are usually *not* associated with cataracts.

When should a cataract be removed?

A cataract should only be removed when the resulting limited vision begins to interfere with visual needs of the patient, whatever those needs might be. Often in the case of an early cataract, it is possible to improve vision by changing glasses. A good, bright light also helps, and sometimes a magnifying aid is useful. However, the time may come when the only way to improve vision is with surgery. Most doctors feel that surgery can be considered when significant visual limitation is present. This limitation varies from person to person but can include problems driving, reading or visual problems at work. Once your surgeon determines that there is enough cataract formation to warrant the risk of surgery, it is your decision whether the cataract is causing enough trouble for you to go ahead with an operation.

How is a cataract removed?

The cloudy lens is usually removed by using an ultrasonic method called *phacoemulsification*, which liquefies the cataract and then vacuums it out. The cataract is usually replaced with an *intraocular lens implant*, which will focus light rays. Cataract surgery is performed using microsurgical instruments and a special operating microscope. Tiny sutures may be used to close the incision, but often sutures are not necessary with modern surgical techniques.

What is an *intraocular lens implant*?

The intraocular lens, also known as a “lens implant” or “IOL,” is usually placed in the eye at the time of surgery and serves to focus light entering the eye. If the natural lens were simply removed and nothing further done to focus light, vision would be very blurred. Using the intraocular lens to focus the light is currently the most common way of solving this problem/ The implant is intended to be permanent and does not require removal for cleaning. In rare cases, an intraocular lens may later need to be repositioned or removed. Occasionally, an intraocular lens cannot be implanted and glasses or contact lenses must be used instead. Modern intraocular lenses block ultraviolet light to protect your retina.

What are the risks of surgery?

Any surgery has risks, and cataract surgery is no exception. There is always the possibility of bleeding or infection as well as other complications including glaucoma, retinal detachment and retinal or corneal swelling which could limit the vision, decrease vision or even result in blindness in the operated eye. However, cataract surgery yields satisfying results in most patients. Typically we expect a 95% or greater success rate in improving vision; that is, better than 20/40 vision. This final vision cannot be accurately predicted in advance. Surgical complications may occur and must be taken into consideration when weighing the risks and benefits of any procedure.

Sometimes a “secondary cataract” may form months or years after successful cataract surgery. Patients may notice symptoms similar to the original cataract. Fortunately, vision can be cleared with a quick painless laser procedure called “YAG capsulotomy,” performed in the clinic.

Before your surgery

Several appointments will be made for you before your actual surgery date. You will meet with one of our technicians for measurements of the eye. Also your primary care doctor may need to evaluate your general health to be sure that it is all right for surgery. This may or may not require a formal appointment. You will see your surgeon shortly before surgery to review final details such as possible laboratory tests, medications, and answering any questions you may have. Our staff will arrange all of your appointments ahead of time. Please call if you have any questions about them.

Your surgery will be done on an outpatient basis at Alameda General Hospital. Expect a confirmation call from the operating room in the mid to late afternoon on the day before surgery. Please arrive by the time you are given. Leave jewelry and valuables at home. If Dr. Hunter prescribes any eye medicines for use before surgery, pick them up at the pharmacy and use them as directed.

Do take the medicines you regularly take with a glass of water except for your diabetes medicine, but otherwise do not eat or drink anything after midnight the night before surgery. Dentures, hearing aids, or contact lenses in the other eye may be worn as usual. Do not put on any makeup on the morning of surgery.

On the day of surgery

When you arrive, you will be asked to change into a hospital gown. You will be offered a medication for "nerves" if you would like to take it. Eye drops for infection control and anesthesia will also be administered. The surgery itself takes 10-20 minutes but expect to spend about 3-4 hours in the surgery area altogether. Most of this time is spent preparing for surgery.

During surgery you should feel little or no pain. You will feel cold water, see bright colors and may feel pressure. You will be able to hear Dr. Hunter talk and let him know if you are having any pain.

After your surgery

After the procedure you will dress and may go home shortly thereafter. *You must not drive yourself home!* Please make arrangements beforehand for a ride.

The day of surgery you should plan to take it easy. Generally there is very little if any discomfort following cataract surgery. If you do experience some mild pain, itching, or scratchiness you may take Tylenol or any over the counter pain medicine that you prefer. Dr. Hunter will ask you to begin your eye drops starting when you return home. In some cases, your eye will be patched after surgery. If this is the case, no eye drops will be needed the first day and night. You will receive specific written instructions at the end of surgery before you leave the recovery area.

You will return to see Dr. Hunter the day after surgery. Most people are comfortable driving to their appointment the day after surgery but you may want to arrange a ride just in case. Please also bring all of your eye medicines with you to this appointment. Dr. Hunter will discuss how these medicines should be used.

For the first week following surgery you should protect the eye from injury. Do not rub or put pressure on the eye. Please avoid strenuous activities including lifting more than 25 pounds and bending with your head below waist level. Do not sleep on the operated side for at least 2 nights following surgery. You may read or watch TV if you are comfortable and may shampoo your hair 2 days after surgery. Many people return to light work immediately after surgery, but please discuss your needs with your surgeon. Also please ask about any specific activities you may have in mind.

Improvement in vision is gradual. You will have an optometry appointment about a month after surgery to update your eyeglass prescription. These glasses may need to be adjusted later as your eye continues to heal.

You may have some sensitivity to light or a scratchy feeling which will decrease over time. You should contact your doctor if you note any of the following:

- Increasing eye pain
- Decreasing vision
- Flashes of light
- Sudden new black spots ("floaters")

Questions? Ask Dr. Hunter or contact our Eye Surgery schedulers at 510-752-6647.