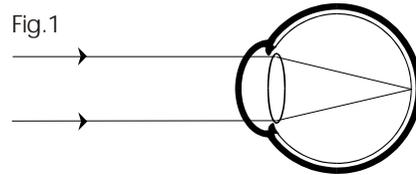
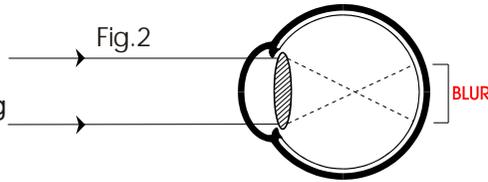


Cataracts

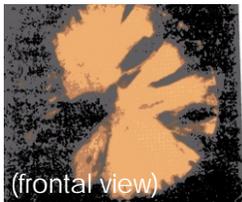
Inside the eye, just behind the coloured iris, is the intra ocular lens. This lens helps focus light correctly onto the retina (Fig 1). Ideally this lens should be crystal clear to allow light to pass through it to the retina.



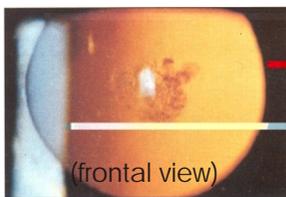
As the lens ages it often becomes less transparent (Fig 2). A cataract is simply the intra ocular lens which has become cloudy. This reduces the amount of light penetrating the eye and therefore makes vision hazy and less clear.



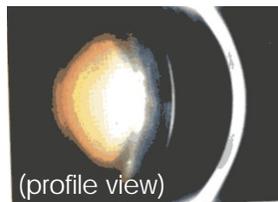
There are various sorts of cataracts and some affect vision more than others



CORTICAL



SUBCAPSULAR



NUCLEAR SCLEROTIC

The most common age related cataract is the nuclear sclerotic where the entire lens becomes yellow giving everything a brownish haze. These can also produce large changes in the spectacle powers.

When To Remove Cataracts

There are no hard and fast rules on when a cataract should be removed. Cataract surgery is far less risky than it used to be and as a result cataracts are often removed at an earlier stage before vision is badly affected. Your optometrist can advise you, but the decision to proceed must be a joint one between you and your optometrist or doctor.

Your quality of life should be the primary consideration.



If you are content with your vision and can do what you want in your daily life then cataract extraction would not necessarily be considered. However, if you find an important aspect of your life difficult, such as reading or driving (particularly at night or in fog when contrast is poor) then cataract extraction may be appropriate irrespective of how good your distance vision may be on a vision chart.

Monitoring Cataracts

If, after discussing the cataracts with you we decide together not to refer, then more regular checks may be an important management option. Eye examinations, perhaps every six months, allow us to monitor progression to ensure the most appropriate time for referral. Patients often appreciate this option as it allows them time to consider the problem while not causing a significant delay in the referral process. If we do delay referral, advice is important on how to optimise vision.

Spectacles

There may be rapid changes in the power required for spectacles and if appropriate we can increase the power at regular intervals.

Glare

People with cataracts become very sensitive to 'Disability Glare', bright sources of light directly in front of you. Such glare sources as car headlights should be avoided (generally tints do not help disability glare).

Light

As importantly, people become very light dependent. Good light for reading in particular is vital. A floor light behind you for reading can make a huge difference to comfort.



Cataract Extraction & Post Operative Sight Test

With modern surgical techniques cataract extraction is now a relatively straight forward affair. The surgery is usually done under local anaesthesia on a day care basis. The micro surgery techniques allow the removal of your natural lens and its replacement with an artificial one. The implantation of the artificial lens ensures you do not require unnaturally strong spectacles after surgery. The operation usually takes about half an hour and shortly afterwards you are allowed to go home. Post operative checks are made within a few weeks to ensure the absence of any complications and a sight test is necessary to calculate the new spectacle powers. We would always want to monitor our own patients and, of course, you are entitled to be tested by the optometrist of your choice.

Operative Complications

Although a very safe procedure it must be recognised that any surgery has associated risks. There is a very slight risk of infection; in its worst case an infection in the eye can cause blindness. Other complications can include unexpected haemorrhages, fragments of the natural lens being retained in the eye or malpositioning of the artificial lens implant. Everyone should be aware of the risks involved however it must be stressed these complications are extremely rare.

Late Post Operative Complications

Months or years after cataract extraction a fibrous material can sometimes develop across the surface of the implanted lens. This can reduce vision just as the cataract did, however surgery is not required to improve vision. The optometrist supplying your ongoing ocular care can refer you back to the ophthalmology department for laser. This is painless and only takes a few minutes to clear the debris blocking vision.

