

CATARACT MICROSURGERY



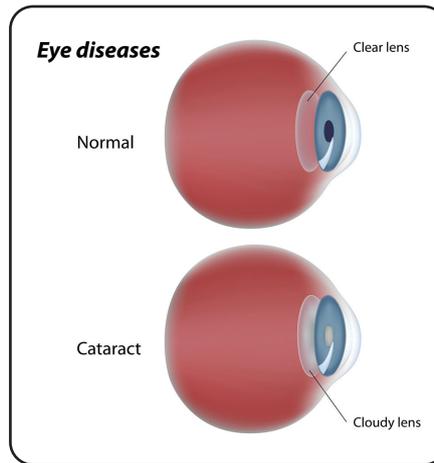
BY *Dr. Mark Deist*

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Introduction

With advancing age, the human crystalline lens becomes progressively opacified due to a deterioration in the lens metabolism and nutrition.



Surgical treatment of lens opacification (cataract) is the *only* effective solution for poor vision which fails to improve with glasses.

Modern Cataract surgery is deemed one of the most predictable and successful operations performed on the human body.

What symptoms do cataracts cause?

- Blurred distance vision.
- Increased sensitivity to light.
 - Excessive glare
 - Intolerance of motor-vehicle headlights
- Ghosting or double vision in one or both eyes.
- Impaired perception of colour viz. difficulty in interpreting colour changes at traffic lights.
- Difficulty in following small targets such as golf balls.
- Routine eye examinations by optometrists may reveal cataracts which are 'asymptomatic'.

Any of the above symptoms warrant a thorough ocular examination by an eye care professional (an optometrist or an ophthalmologist).

What causes cataracts ?

Many causes give rise to the altered metabolism of the lens, which in turn leads to murky lens proteins (cataract).

- Old age (senile cataract is the most common lens opacity).
- Uncontrolled diabetes.
- Following injury (blunt or penetrating) to the eye.
- Prolonged use of certain medication (steroids e.g. Cortisone).
- Occupation:- Excessive unprotected exposure to infrared and UV light, glass blowers, furnace operators, welders etc.).

Concerning cataract in children, one third of cases have no cause, one third is inherited and the remaining third is associated with severe systemic disease, which may include malignancy.

All children with lens opacities must be examined by an eye specialist as soon as the diagnosis of cataract is made.

How are cataracts treated?

When the symptoms attributed to lens opacification are severe enough to impair the quality of ones' life, surgery is warranted.

Modern cataract surgery is performed through tiny (3.5mm or less) incisions which require no sutures. The cataractous lens is removed by a process called phaco emulsification (high frequency ultrasound). Once the lens remnants are aspirated, an intraocular lens (artificial lens of appropriate power) is inserted into the eye. This lens allows focused vision.

Modern cataract surgery is usually performed using topical anaesthetic eye drops (i.e. no needles nor general anaesthetic) and the patient is out of theatre within 30 minutes.

Furthermore, once fully recovered from the operation, patient may go home to rest.

What results can one expect?

Provided the operation is free of complications and the eye has no other pathological problems (viz. age related macular degeneration, glaucoma, corneal scarring, etc.) 20/20 best corrected vision is achievable in a high percentage of cases.

Residual refractive errors (astigmatism, minor intraocular lens power errors) may occur in the best of 'hands'. These 'surprises' are treated by

prescribing spectacles/contact lenses or performing refractive surgery viz. corneal relaxing incisions for astigmatism or excimer laser to the corneal surface.

Furthermore, pre-existing refractive errors (short-sightedness, farsightedness, and astigmatism) can be simultaneously treated during primary cataract surgery.

Finally, reading glasses will be required after cataract surgery in most patients. Temporary readers can be used in the immediate post operative recovery period. Final accurate readers will be prescribed within one month of surgery after the eye has stabilized during the healing phase. However, some patients choose 'monovision' in order to read without glasses. Here the surgeon converts the dominant

eye for distance and the other eye is left shortsighted in order to perform near tasks viz. reading. The monovision option requires careful debate with your surgeon.

What side effects and complications can occur?

Full recovery from cataract surgery usually takes four weeks but this depends on your own ability to heal.

It is quite normal to expect your eye(s) to be red and sensitive to light for the first few days. Functional vision usually returns within 24 hours and steadily improves over the first week or two.

Although rare, complications during cataract surgery and following successful cataract surgery may result in a permanent loss of vision.

Fortunately, blindness is extremely rare following modern cataract surgery. Your surgeon will discuss some of the important complications such as infections, haemorrhage and vitreous loss (which requires further surgery procedure to remove the vitreous 'jelly') prior to scheduling your surgery.

The post-operative period

- During the healing phase following cataract surgery, protection of the eye is important. Please wear the protective eye shield whilst sleeping for at least one week. During the day, wearing a good pair of sunglasses is strongly recommended.
- In addition to the above protection, strict eye hygiene is to be adhered to, my staff will explain in detail how to clean your eye.

- Post operative visits will be scheduled as follows:
Day 1 (immediately the next day after surgery), one week later from the first day after surgery, one month from surgery and at six months. An annual eye check-up is considered good eye hygiene.
- If following surgery you experience pain, decreased vision, swollen eyelids and flashes, please telephone your eye surgeon immediately.

Preventative measures

- Use medication as directed.
- Don't rub or press on your eye and use your shield at night.
- Exertion like bending or lifting objects increases your intraocular pressure. Don't lift objects heavier than 20 Kg.
- You may exercise lightly.
- Avoid tap water / shampoo from entering your eye.
- Wear sunglasses

Dr. Mark Deist

MChB FCS (Ophth)
Ophthalmic Surgeon

53 Saxon Road, Hurlingham, Sandton, 2196

Tel: (011) 217-7520 • Fax: (011) 783-7677

Email: deist@icon.co.za

Website: www.drdeist.co.za