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ABOUT CATARACT

*Umesh Bareja**

Cataract is commonly called Safed Motia. Each eye has a transparent lens, needed for focusing on objects located at different distances. Any opacity occurring in our natural lens (which is like the lens of camera) is called cataract.

Normally, it is an aging process, developing after 60 years of age. In India, cataract develops a decade earlier compared with western countries because of nutritional and environmental factors. In the latter scenario, exposure to ultra violet rays from the sunlight plays an important role. Indians, in general, don't use protective goggles when going outdoors. If one develops cataract at a young age (<50 years), he/she is likely to have diabetes, high myopia (near sightedness where objects located at far distance cannot be seen clearly), history of trauma or steroid intake. Besides, if there is a family history of early development of cataract, next generation might repeat the story. Smoking also plays an important role in early onset cataract. Very rarely, cataract can develop in childhood (even at birth sometimes). It can be linked to some infections or systemic problem, more so if it occurs in both the eyes.

If it occurs only in one eye, it is usually an isolated thing not requiring investigations.

The normal symptoms of cataract are blurring of vision, frequently changing power of glasses or difficulty in driving at night time. Patients who have cataract in the central area can have problem in strong light especially sunlight.

There is no medical treatment of cataract. Drops like Cineraria Maritima are frequently used to slow the progression, but their effectivity is questionable.

The only definitive treatment of cataract is surgery. It is recommended once the cataract starts interfering with routine activities (like reading, writing, watching TV or driving at night time). These days, it is strongly recommended not to wait for cataract to become mature before undertaking surgery. If cataract becomes hard/mature, it can lead to complications like glaucoma (also called Kala Motia). At times, vision is reasonably good but the lens keeps on getting harder. In this situation also, it is better to plan surgery earlier than later.

* *Sr. Consultant, Ophthalmologist*
Sitaram Bhartia Institute of Science & Research, New Delhi

YouTube Channel Link
https://www.youtube.com/@drumeshbarejaeyedoctor

The next question which bothers most people is which lens to get implanted after the surgery. There is no doubt that foldable lens is the first choice in which the lens can be implanted through a small incision (2-3 mm) and no stitch is required after the surgery.

People are also confused about Indian vs imported lenses. Indian lenses have come of age and give excellent results. Nevertheless, imported lenses are still preferred as the first choice because of their better quality and branding.

Most of the times, a lens which corrects you for distance vision is the first choice (Monofocal lens). Around 80-90% surgeries are being done using Monofocal lenses. There are some lenses which claim to correct both distance and near vision (multifocal lenses). However, one might not achieve perfect vision with a multifocal lens. Glasses with a small power could still be needed to be used after implantation of a multifocal lens.

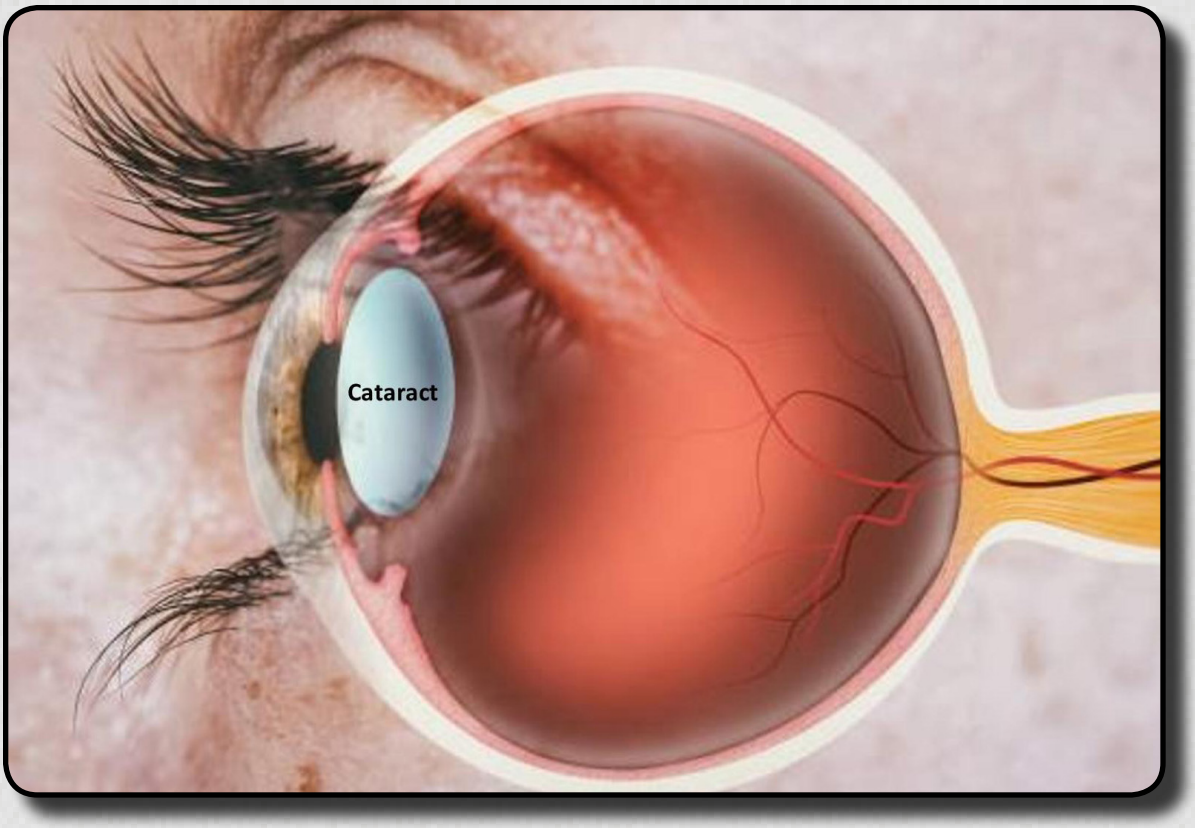
It should be emphasized that the outcome of the surgery depends on how efficiently it has been performed. Lens, overall, has a minor contribution to the result of the surgery. Unfortunately, people give major credit to the lens and not the surgery/ surgeon. The other misconception is that costlier the lens, better the outcome. Reality is far from it. The major determinant of good results is the skill with which surgery is performed.

Finally, after few years of surgery, 10-15% of patients can develop thickening of a supporting membrane behind the lens, which gives rise to some blurring of vision. It can be taken care of by a special laser. It is a 2 – 3 minute outpatient procedure. This thickening of membrane is a one-time event. It does not recur. The lens itself remains clear throughout the life. Younger the patient, more the chances of thickening of this membrane.

In summary, cataract is an aging process, the only definitive treatment of which is surgery. The technology of cataract surgery has advanced to the extent that one can get back to routine activities within 4-5 days.

Cataract Surgery: Myths Surrounding Robotic/ Laser Cataract Surgery

As mentioned above, there is no definite medical treatment of cataract. The only treatment is surgery in which gold standard is phacoemulsification or Micro Incision Cataract Surgery (MICS). In this technique, a tiny hole of about 2.00 – 2.50 mm is made at the junction of the white & black part of the eye. The front part of the lens is opened with an ultra-thin needle and cataractous lens churned and sucked with a high frequency ultrasound. Harder or more advanced the cataract, more is the energy required to churn it with ultrasound. Hence, in modern, times, cataract surgery is advised as soon as it starts interfering with routine activities of an individual.



At the end of procedure, an Intraocular Lens (IOL) is put inside the eye. It is usually a foldable lens which can be injected into the eye through the tiny opening created at the beginning of the surgery. Various types of lenses are available these days: Mono-focal, Multi-focal, EDOF (Extended Depth of Focus) and Toric. Most of the times, Mono-focal is the first choice which corrects the distance vision. A small power could be needed for the near work after the surgery.

The whole procedure of phacoemulsification/MICS is stitch less with a fast visual recovery. One can get back to routine work within 4-5 days.

Of late, one has started seeing misleading advertisements of Robotic/Laser cataract surgery. There is nothing robotic about the procedure. A few cases do benefit by laser assisted cataract surgery (FLACS – Femto Laser Assisted Cataract Surgery) but the basic technique still remains phacoemulsification/MICS. Laser is an added step – (a costly one at that) & a myth is being created that the whole procedure is done by laser in one minute. What laser actually does is that it creates opening in the front part of the lens and the procedure is completed by Phacoemulsification/MICS. The laser assisted cataract surgery doubles the cost & time taken for surgery. Its results are comparable with the standard procedure of Phacoemulsification/MICS.

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