FROM THE PARISH NURSE….

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The Parish Nurse found this article on *Mayo Clinic Family Health Book* and its worth reading.

Cataracts

Signs and Symptoms

- Blurred vision
- Impaired vision at night or in very bright light
- Halos around lights
- Second sight (the ability to read without glasses; often occurs with increasing age)

Cataracts are a major cause of vision loss worldwide: almost 20 milion people are blind because of the condition. In the United States, more than 1 million cataract operations are performed each year.

Many people find the idea of cataracts alarming, assuming that if they develop them they will become blind. In truth, however, cataracts are one of the least serious eye disorders because surgery can restore lost sight in most instances.

A cataract is a clouding of the normally clear lens of the eye. The lens, one of the two main focusing mechanism of the eye, lies just behind the pupil. The clouding of the lens blocks the passage of light needed for sight. Although a cataract often starts in only one eye, usually both become involved. Cataracts are accompanied by changes in the chemical composition of the lens, but the cause of these alteration is unknown.

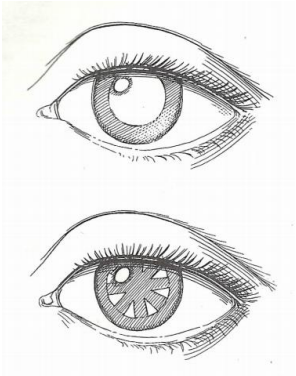
Everyone develops some clouding in the eye lenses with aging. In this sense, most people order than 60 have some degree of cataract formation.

Age is not the only factor in the development of cataracts. Certain diseases, such as diabetes mellitus, contribute to the formation of cataracts. People who take corticosteroid drugs for diseases such as rheumatoid arthritis over a period of years may develop cataracts. People who receive high amounts of ultraviolet radiation from the sun over a period of time seem to have an increase risk of developing cataracts.

Occasionally a child is born with cataracts or develops them shortly after birth. Certain eye disorders such as iritis or an injury to the eyeball also can contribute to the development of cataracts. Cataracts tend to run in families.

Diagnosis

Because everyone experiences changes in eyesight later in life, you may not even notice the gradual clouding of a lens. You may first discover a problem when you have trouble passing a vision test to obtain a driver's license.



Cataracts (clouding of the eye's normally clear lens) are of several forms. Above: a nuclear cataract. Below: wheel-spoke-patterned peripheral cortical cataract. Almost all cataracts can be effectively treated by surgery.

You may notice a gradual change in your vision. This change often is described as a film-like covering over one or both eyes; the sensation may be rather like looking through fog. Your vision may be worse in dim or bright light (which results in narrowing of the pupil opening).

You may begin to have problems with night vision, particularly when driving, Glare and halos around oncoming lights make driving uncomfortable and dangerous. Some people notice a change in sight when reading. They find that they can read without

their eyeglasses, a condition known as second sight. As the degree of clouding increases, the temporarily improved reading ability decreases.

Second sight is caused by a form of cataract known as nuclear sclerosis. Nuclear sclerosis is the most common form of cataract among older people. As the name implies, the cataract is located in the center (nucleus) of the lens. In early stages of development, the cataract serves to increase the focusing power of the lens.

People with nuclear sclerosis may find that they need a change in prescription glasses more frequently than in the past.

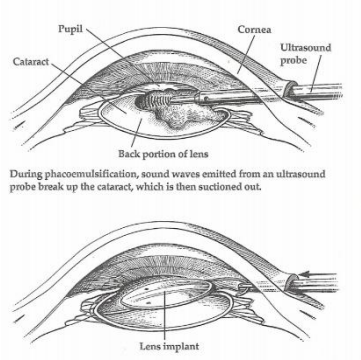
If you notice changes in your vision, see your ophthalmologist for a complete examination. Cataracts are often not visible to the observer until they are quite advanced. Your physician will conduct a complete eye examination, including a slit-lamp examination, and may use ultrasonography to evaluate the posterior part of the eye to discover whether there are other abnormalities that cannot be seen through the ophthalmoscope because of the opacity of the cataract.

Treatment

The most effective treatment for a cataract is surgical removal. However, before such a major step is taken, a few simpler approaches can help temporarily.

Eye drops to widen your pupil may help if you have small cataracts near the back of your lens. Repositioning a workroom light to avoid glare on the clouded lens also may help. Keeping your prescription for glasses up to date may make a difference too.

Surgery



During phacoemulsification, sound waves emitted from an ultrasound probe break up the cataract, which is then suctioned out.

At some point you probably will have to face the question of surgery (see When Is Cataract Surgery the Right Choice?). An operation usually is appropriate when your failing vision seriously interferes with your normal activities. The decision to have the procedure varies with each person, depending on age, occupation, and lifestyle.

In some instance, surgery may be recommended early if there is risk that the cataract may lead to other eye complications. In earlier years, people with cataracts were often advised to postpone surgery until cataract had “ripened” (totally clouded the eye). Allowing the cataract to become too advance also can (rarely) cause complications. With recent advances in the procedure, physicians no longer recommend waiting that long.

Years ago cataract surgery was a major operation. You may have received general anesthesia, stayed in the hospital for several days, and spent part of that time on your back with your head immobilized in sandbags. Today, with improved techniques, cataract surgery is done in about an hour or less, under local anesthesia, with no hospital stay. The lens is removed from the eye and in most cases, is replaced with an artificial lens. Alternative to an artificial lens include contact lenses or thick-lensed eyeglasses (see Alternatives to Intraocular Lens Implant).

The most common type of cataract surgery is extracapsular cataract extraction. This surgery involves making about a half-inch incision on your eye’s surface to remove the clouded lens. The membrane that forms the back portion of the lens capsule remains intact. (Rarely, surgeons use a procedure that removes the lens and the capsule).

Increasingly, eye surgeons are removing cataracts by using a new form of extracapsular extraction called phacoemulsification. Phacoemulsification requires an incision less than half the size of traditional surgery, and recovery is quicker. But both procedures offer good long-term results and are about 95 percent successful when done by experienced surgeons.

At times, cataracts can be removed successfully but vision does not improve. This may be the result of macular degeneration, which cannot always be diagnosed initially because of the presence of the cataracts – they preclude your physician from “looking in” in the same way that they affect your ability to “see out.”

Alternatives to Intraocular Lens Implant

Alternatives to the implantation of an intraocular lens include eyeglasses and contact lenses.

Eyeglasses
Until recently, thick-lensed eyeglasses were necessary. Although they are helpful, they do have significant drawbacks, including excess magnification, reduced side vision, and limited depth perception.

Contact Lenses
Contact lenses provide better vision than thick glasses. They are especially helpful if the lens of only one eye must be removed. Recent advances in the design and manufacture of contact lenses have made them more convenient and comfortable. Extended wear contact lenses often are prescribed after cataract operation. However, contact lenses often are not recommended for older people, particularly those who have arthritis in their hands, because these lenses can be difficult to insert and to remove.

Vision Problems After Cataract Surgery

After a cataract operation, your vision may gradually decrease because a thin membrane within your eye (the posterior lens capsule) may become clouded. The posterior lens capsule is left in the eye during most cataract operations because it is safer for the eye and it supports the implanted lens. If the capsule is causing your vision to cloud, this problem often can be solved with a laser. Usually the procedure is performed in the ophthalmologist's office or on an outpatient basis at a hospital.

It is important to remember that there can be many other reasons for decreased vision. Consult your ophthalmologist.

When Is Cataract Surgery the Right Choice?

Cataract surgery restores good vision to thousands of Americans every day – it is the most common surgery for Americans 65 or older. But some medical experts and government officials are concerned that a few ophthalmologists perform this surgery too often and too soon.

The U.S. Department of Health and Human Services published guidelines stressing that the decision to have surgery is yours and should be based on whether your cataracts interfere with your quality of life. In general, consider surgery when your vision problems hamper your lifestyle.

If you have cataracts and agree with one or more of the following statements, you may be a candidate for cataract surgery:

Because of my vision:

1. I don't feel confident when driving.
2. I can't do my best work.
3. I can't do read comfortable.
4. I can't do things I like to do.
5. I'm afraid I'll bump into something or trip and fall.
6. I'm not as independent as I'd like to be.
7. I don't see well enough, even with my glasses.

With cataracts, time is on your side. A cataract can increasingly cloud your lens, but it rarely damages other structures of your eye. Waiting to have cataract surgery will not jeopardize the success of the operation.

Still, if you believe having a cataract lowers your quality of life, and you're willing to have surgery, discuss your surgical options with an ophthalmologist. Like all surgical techniques, cataract surgery is constantly being improved. Talk to an experienced eye surgeon who can help you choose the type of surgery best suited to your type of cataract.

Litin, S. C., & Nanda, S. (2018). Mayo Clinic family health book. Rochester, MN: Mayo Clinic.