THE AUSTRALIAN

What are cataracts, and should you have surgery? A top eye surgeon clears things up

With cataract surgery becoming Australia's most common elective procedure, a leading ophthalmologist explains when treatment is necessary and what patients can expect.

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A representation of what a person with cataracts might be able to see before and after surgery. Picture: iStock

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One of the most common conversations in an eye clinic starts something like this: "My sister has just had her cataracts done. What does that mean, exactly? She's only 69 years old; will that mean I will get them too?"

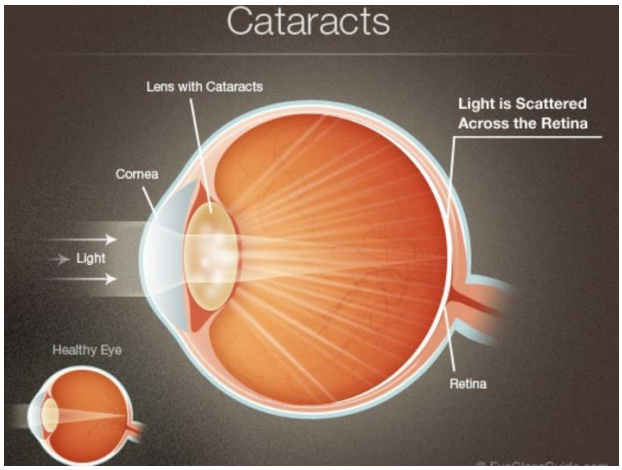
It's not surprising that these questions come up so regularly. Cataract surgery is perhaps the most common elective surgery in the nation. One in nine elective procedures is cataract extraction.

Successful treatment can make a significant difference to a person's quality of life. Which is why it's important to understand what cataracts are, whether they can be treated, and what treatment is available.

What is a cataract?

A cataract is a gradual change in the natural lens inside the eye, such that it becomes more and more cloudy over time. The cataract can cause a gradual dimming or blurring of vision, or glare, particularly with night driving, or outside on sunny days. Early on, the blurring may

be corrected by spectacles, but very frequently the changes progress and the vision deteriorates.



Cataracts scatter light across the retina.

The change resulting in cataract is most often associated simply with ageing but can occasionally be related to other conditions such as diabetes or previous injury. There is research implicating excessive sunlight exposure in the generation of cataract – obviously relevant to Australia and the desirability of wearing sunglasses outdoors – but cataract is, in fact, common throughout the world.

Other modifiable risk factors – to be avoided where possible – include smoking, long-term steroid medication and radiation exposure. Cataracts cannot otherwise be prevented. A cataract is not a growth, nor a “skin across the eye” (this is a pterygium, and has nothing to do with cataract, but is also sun-related).

Is cataract an inherited risk?

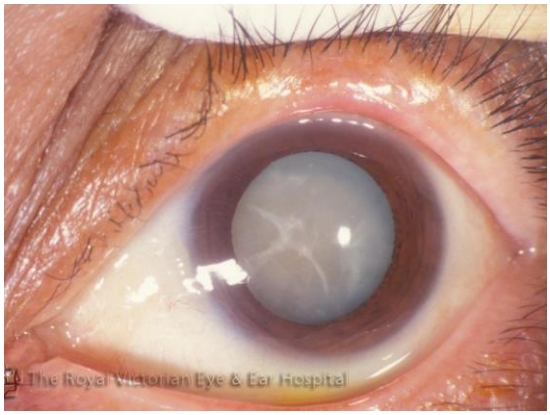
The increased tendency for cataract with age generally means that a genetic predisposition is difficult to discern (eg, for siblings) and largely unnecessary, except in cases of childhood cataract, which make up a tiny proportion of annual cataract cases.

When should it be treated?

A cataract is not generally visible to the naked eye unless it is very advanced (when it may produce a white pupil: this is rarely encountered in countries with advanced healthcare systems).

The cataract does not damage the health of the rest of the eye and, if the eye is otherwise normal, the decreased vision due to the cataract is most often reversible.

Sometimes surgery will be recommended by an optometrist when further changes in glasses will ultimately provide no benefit, and referral to an ophthalmologist (eye surgeon) will be made.



A mature cataract. Picture: Royal Victorian Eye and Ear Hospital

The decision to remove a cataract is based on how the individual is coping with the decreased vision.

Those for whom excellent vision is essential will desire early removal of the cataract; those whose vision is adequate for their needs may delay surgery until they feel any diminished visual function interferes with their tasks of daily living. (There are occasionally other reasons to remove a cataract, such as in certain subtypes of glaucoma.)

Within a reasonable time frame, delaying surgery will not usually compromise the outcome of a later operation: it is very rare to encounter an “urgent” cataract, so the surgery is elective.

Treatment: surgery

There are no drops or special diets that will bring any improvement: surgery is the only way vision can be restored. Cataract surgery is one of the most common operations performed in modern medicine, with more than a quarter of a million cataract operations performed each year in Australia, a figure that continues to climb with increased life expectancy.

The surgery requires the removal of the whole of the substance of the natural lens.


Ophthalmic surgery to treat cataracts has been available for over three decades. Picture: iStock

“Phacoemulsification” is the technique now established and refined over more than three decades; it uses an ultrasound needle to break up and remove the lens. This needle requires

only a “keyhole” entry into the eye (less than 3mm) and therefore usually needs no stitches. The small incision with this technique allows great wound stability, minimal discomfort and early recovery of vision compared to historical methods.

What about laser cataract surgery?

Around a decade ago, there was much excitement in the eyecare community about the development of femtosecond laser-assisted cataract surgery (FLACS), which a number of surgeons integrated into their surgical technique. Research over the subsequent years has shown that while this technology is indeed fascinating, the results of the surgery are generally equivalent to what is being achieved with the already-elegant operation of phacoemulsification.

While FLACS remains preferred by some surgeons, and used in certain special circumstances by others, many have moved away from the technique because of logistic complexity and costs, time utilisation inefficiencies, and higher costs for patients.

Implant lenses

Prior to the advent of intra-ocular (implant) lenses, patients who had undergone cataract surgery would wear very obvious “Coke bottle” (aphakic) glasses. It is one of the most famous (and true) tales in eyecare that a stimulus to consider implanting lenses in the eye after cataract surgery came from the observations of a British ophthalmologist (later, Sir) Harold Ridley during the Battle of Britain. RAF pilots sometimes suffered eye injuries from the shattered perspex of their Spitfire or Hurricane fighter canopies, but the canopy fragments did not seem to generate any adverse reaction or inflammation inside the eye.

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Several decades of research followed Ridley’s pioneering work, and by the mid-1980s it became routine to implant an intra-ocular lens (IOL) in every eye having cataract surgery. Measurements for this implant – which must be individualised for each patient – are obviously done prior to the operation.

Premium implants

The most prominent advance in cataract surgery in recent years has been the development of a range of much more sophisticated implant lenses. These so-called “premium” IOLs aim to provide a much greater range of clear vision without the need for glasses after surgery. These may include (toric) lenses to correct astigmatism, and extended-depth-of-focus and multifocal implants. This is an area of exciting ongoing developments.

It is important, however, to note two important caveats. Firstly, many of these implants perform optimally only if the eye is free from other diseases, so they are used with caution in settings such as (for example) glaucoma, macular degeneration or diabetic eye disease.

Secondly, while undoubtedly the optics are very innovative, there may be potential compromises to be tolerated in order to achieve glasses independence with these lenses. Some multifocal IOLs, for example, provide spectacle independence but at the cost of some night-time starburst effects or haloes when driving.

New iterations of the lenses continue to be developed, and there is every expectation that these issues will finally be overcome.

“Monovision” is another technique used to try to avoid glasses after surgery, where one eye is set as the distance eye, and the other as the near (reading) eye, although not all individuals can adapt to this deliberate imbalance.

Ultimately, if vision loss has been the reason for the surgery, the need for “finetuning” of the vision afterwards with a mild pair of glasses is hardly a catastrophe.

Refractive lens exchange

There is, however, a special category of surgery candidate. Cataract surgery is lens surgery, and it is obvious that if cataract surgery might provide freedom from glasses by using implant lenses, then there may be people who wish to discard their glasses who desire the surgery even though they have no cataract.

The operation is indeed identical if there is no cataract – simply called clear lens extraction (CLE) or refractive lens exchange (RLE) – but the need to be free of glasses is obviously an imperative outcome to the patient. It is vital to discuss appropriate expectations in this setting, but also to recognise that Medicare will not contribute to the costs of RLE surgery.

The operation

In the vast majority of cases, the surgery for cataract is performed as a day-case procedure under local anaesthetic. It is rare for surgery to need general anaesthesia, although an anaesthetist is usually present.

Depending on the density and difficulty of the individual cataract, the operation will normally be completed in anywhere from 10-30 minutes.

It is conventional practice to separate cataract surgery to different days for each eye. Picture: iStock

When each eye requires cataract surgery, it has been the practice to separate the operations to different days. In part this relates to issues of potential complications such as infection. Every operation has a risk of complications, and while these are very rare in cataract surgery – and ought to be outlined to the patient before surgery – an infection involving both eyes simultaneously could be a catastrophe.

While a small number of surgeons are now performing bilateral same-day surgery, it remains a contentious issue, and the subject of ongoing debate and research.

After the operation

Most patients will use eye drops in the early period after surgery and, while vision is very often significantly better quite quickly, the final visual result is usually judged 2-4 weeks after surgery.

Very few restrictions on daily activity are needed in this period after the surgery – swimming or weightlifting are usually undesirable in the early stages – but the eye can be used for TV, computer use, reading, walking, etc (with driving under specific advice), and a full return to activities is expected within 3-4 weeks, with any final need for glasses judged at that time.

Summary

Modern cataract surgery is a remarkable operation, and often a transforming intervention for vision improvement. As the most commonly performed operation in ophthalmology, the vast majority of eye surgeons in Australia are expertly trained and experienced in the surgery. Ongoing developments, particularly in the field of premium implant lenses, offer exciting further advances to come.

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