

# The Facts About Cataracts



## What is a cataract?

The lens of the eye is made mostly of water and protein. As the eye ages, some of the protein may clump together. This can start to cloud small areas of the lens, blocking light from reaching the retina and interfering with vision. This is a cataract.

At first the cloudiness may affect only a small part of the lens. But over time, the cataract may grow larger and cloud more of the lens, interfering with vision. Cataracts affect almost everyone, sooner or later. About half of North Americans older than 65 have some degree of clouding of the lens.†

## How cataracts develop

Most cataracts develop slowly. A cataract can take months or even years to reach a point where it adversely affects vision. Some people first notice a cataract as a reduction in central vision. Other people may experience a problem in peripheral (or side) vision. And some may notice glare when looking toward a light.

## What to expect during surgery

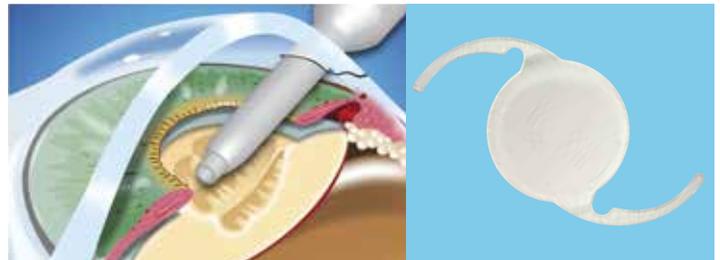
Today, cataract removal is generally performed as an outpatient procedure, under local or topical anesthesia. You will be fully awake, but you will be comfortable and feel little or no discomfort.

Typically, you will be asked to arrive an hour or so prior to your procedure, and you will be allowed to leave after a period of observation following your procedure. With the removal process lasting only about 20 minutes, the entire procedure — from entering the operating facility to returning home — usually takes only a few hours.

To remove your cataract, your doctor will use a technique called phacoemulsification — or phaco for short. Your doctor will make a tiny, 1/8-inch incision and insert a small ultrasonic phaco probe. The probe will break apart the clouded lens and suction it out.

Next, a soft, flexible, folded IOL will be inserted through the same tiny incision, into the lens capsule of your eye. Once the IOL is inside your eye, your doctor will allow it to unfold in the proper position. Because this procedure is performed through an incision that is very small, your eye will be able to heal rapidly with little discomfort.

*Cross-section of the eye*



Most people need to wear glasses after cataract surgery. You can usually get a final prescription for eyeglasses three to six weeks after surgery, if necessary.

Complications after cataract surgery are rare, and most can be treated. They include inflammation, infection, bleeding, swelling, retinal detachment, and glaucoma. The risks are greater for people who have other eye diseases or serious medical problems. Contact your doctor immediately if you experience any discomfort or changes in your vision.

†The Mayo Clinic. Diseases & Conditions: Cataracts.

# Treating a cataract

The decision to treat a cataract is reached by you and your doctor, based on the degree to which the cataract is impairing your vision. Since there is presently no medical treatment for cataracts, the best option is cataract removal. After the cataract is removed, a tiny man-made lens is inserted into the eye to restore vision. The man-made lens is called an intraocular lens, or IOL for short.

## How cataracts affect your lifestyle

Typical signs of cataracts include:

- Clouded, blurred, or dim vision
- Increasing difficulty with vision at night
- Sensitivity to bright sunlight or oncoming lights at night
- Halos around lights
- The need for brighter light for reading or other activities
- Frequent changes in your eyeglass or contact lens prescriptions
- Fading or yellowing of colours
- Double vision or ghost images in one eye



*The left portion of the photo simulates vision impaired by cataracts; the right portion simulates the same scene after cataract surgery.*

# Cataract FAQ

Q: How is most cataract surgery performed?

A: Most surgeons today use ultrasound vibrations to break apart the cataract and remove it. This process is called phacoemulsification.

Q: Can I expect a rapid recovery?

A: Today's surgeries are performed with the smallest possible incision, in order to speed the recovery of vision and reduce the restrictions on your activities after surgery.

Q: What if my medical history or current medication prevents me from considering an injection of local anesthesia?

A: Today, anesthesia may also be administered topically. This means no injection is required, and the medication numbs the eye without entering the bloodstream.

Q: How soon after surgery will I be able to see?

A: In some instances, you will be able to see immediately following surgery, although most people experience clearer vision the day following surgery.

Q: If I wear corrective eyeglasses or contact lenses before cataract surgery, can I expect improved vision and restored sight?

A: Today's cataract surgery is safer, and the visual outcomes better, than ever before. This is due to developments such as smaller incisions, refractive surgery to correct vision after cataract removal, and the precise matching of the IOL to the eye.