

INDICATION FOR SURGERY

At the moment, there is no medical treatment for cataracts. Although there are some drops and nutritional supplements that are supposed to retard the progression of a cataract, there is no scientific evidence that they work. A cataract forms slowly but the visual symptoms may develop rapidly due to the marked blurring that occurs when the opacity reaches the visual axis (the center of the pupil). While there is no urgency in removing a cataract, significant opacification and visual impairment are good enough indications for cataract surgery. Examples of visual impairment are: cloudy vision preventing the person from engaging in usual activities like driving or watching TV; blurred vision despite repeated changing of spectacles; difficulty reading even with glasses; and, frequent falls due to missteps when going up and down the stairs.

CATARACT SURGERY

The technique for removing the cataract has evolved throughout several centuries. Currently, cataract surgery is done with the aid of a powerful microscope that gives the surgeon a magnified view the structures of the eye. An opening is made in the front portion of the outer membrane of the cataract, the hardened lens fibers in the center (called the nucleus) and the looser fibers in the periphery (the cortex) are removed, leaving behind the back portion of the transparent outer membrane intact. This membrane is known as the capsule of the lens. Keeping the capsule intact greatly improves the outcome of cataract surgery in terms of reducing risks by shielding the back of the eye from the trauma of surgery. It also provides a way by which an artificial lens can be implanted securely after surgery to replace the focusing power of the natural lens (see IntraOcular Lens Implantation).

OTHER COMPLICATIONS

There are many possible complications but they all occur rarely. Clinical significance will vary with severity. These include Cystoid Macular Edema (see Macular Diseases) and Retinal Detachment (see flyer). Worsening of diabetic retinal disease (see Diabetic Retinopathy) has been a concern. Patients with diabetic retinopathy will require close monitoring and may need laser treatment before and after the operation. Some problems are uniquely related to the size of the ECCE incision including astigmatism, foreign body sensation from the sutures, and reopening of the wound if the eye is traumatized even months following surgery.

DISCLAIMER

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A cataract is any significant opacity that develops in the normally transparent lens of the eye. The natural lens is circular with a diameter of about 10 mm when viewed from the front; it is somewhat ovoid when viewed sideways with a thickness of about 4 mm. The lens is situated behind the pupil. It is suspended by web-like fibers (zonules) that radiate from the sides of the lens along its entire circumference and are attached to the ciliary muscles behind the iris. Since the lens is normally transparent, it cannot be seen by the naked eye. Nor can it be seen in its entirety since the iris covers it partially. The lens is made up of elongated protein fibers arranged compactly in parallel columns. The composition and the organization of the lens fibers make it transparent. Disorganization of the fibers from trauma, and, coagulation of the proteins due to aging, injury, steroid intake, and diabetes mellitus result in a loss of transparency that is usually progressive, eventually blocking or scattering the light as it strikes the opaque areas of the lens.

MODERN CATARACT SURGERY

