

Cataracts

The Following Information has been Prepared for You:

A cataract is a clouding of the lens inside the eye, that is located just behind the pupil of the iris. The lens is normally transparent and clear, but age, sunlight exposure, smoking, diabetes, steroids and heredity can cause the lens to become white or yellowed or opaque in color and eventually fully cloudy.

Symptoms of cataracts develop slowly and are painless. Increased sensitivity to glare and headlights, decreased vision performance (especially in low-light situations), trouble driving at night, seeing halos or rings around objects, frequent changes in your eyeglasses or contact lens prescriptions, color vision distortion and loss of contrast sensitivity are common symptoms. Cataracts do not cause complete blindness, but it is possible to lose enough vision to be declared legally blind. Poor vision can cause an increased risk of falls, automobile accidents, and is associated with Alzheimer's development.

Although cataract formation can be evident at birth or can form early in life, they are most common in patients over 45. When cataracts occur in infants, it is usually the result of an infection during pregnancy such as toxoplasmosis, rubella, syphilis or herpes simplex. Cataracts may also be caused by medical conditions such as diabetes, metabolic disease, use of corticosteroid medications, eye injuries and inflammations, insufficient dietary Vitamin C, alcohol abuse, smoking, or exposure to toxic substance, sunlight, or radiation. Cataracts are commonly found in both eyes but one eye can have an earlier start than the other. The eyes can then suffer from increasingly cloudy vision at a variety of rates.

There are four primary types of cataracts. Nuclear cataracts are the most common and are typically known as "age-related cataracts." They occur in the center of the lens and cause predictable eyeglass prescription changes as they tend to slowly develop. Cortical cataracts begin on the outer edges of the lens and cause opaque "spokes" to radiate in toward the center of the vision. They are commonly associated with diabetes. Subcapsular cataracts affect the back of the lens and tend to progress more quickly than other types. They are associated with the use of corticosteroid medications, diabetes, extreme nearsightedness, and retinitis pigmentosa. Water vacuole cataracts occur in various layers of the lens and can occur centrally or peripherally. They are commonly associated with diabetes. They typically don't affect vision enough to warrant surgical removal. Patients can have a combination of different types of cataracts within their lenses.

Since light enters the eye through the pupil, any degree of cataract can cause blurry vision. At first, the cataract can cause vision prescription changes which can be corrected with new eyeglasses or contact lenses. Advanced clouding can cause blur or night-time vision loss that is not correctable with a new prescription, and that is when cataract surgery is considered. If a person experiences poor vision in dim lighting, glare around lights at night, doubling of vision, or an inability to see subtle differences in colors like black and blue, cataracts may be progressing. When cataracts cause enough symptoms to impair daily function, a cataract surgeon will evaluate them and offer surgery if appropriate.

When preparing for cataract surgery, it is very important to maintain good eyelid hygiene before the procedure. Your doctor may recommend special eyelid cleansers or antibiotic drops to be used before surgery.

Cataract surgery is very technologically advanced and very safe. However, as with any surgical procedure, there are risk factors associated with cataract surgery so caution must be taken when considering surgery. Today surgeons can perform the surgery without sedation, using topical anesthetic eyedrops. Incisions are so small that they can close on their own without stitches. Laser-assisted procedures are becoming more popular. During surgery, the front of the lens capsule is opened and ultrasonic waves break the lens into pieces (this is called "phacoemulsification") and the pieces are vacuumed out of the capsule. An implant is then inserted into the capsule. Cataract extraction does not take long, and is done as an out-patient procedure, with minimal recovery time. You may be asked to wear an eye shield during sleep for one week after surgery, use eye drops, wear sunglasses and avoid bending and heavy lifting. Cataract surgery is performed on only one eye at a time. The other eye may be scheduled a couple of weeks later. Your optometrist will perform your post-operative exams, usually scheduled at 1 day, 1 week, and 1 month after the surgery. Glasses, if needed, will typically be prescribed one month after the second eye's surgery, but you may find some over-the-counter reading glasses to be helpful while waiting for your final prescription determination.

Cataract implants can often restore clear, sharp vision. There are single vision lens implants, astigmatism-correcting implants, and bifocal implants available. Depending on the type of implant lens, glasses may be less necessary after surgery than they were before. In fact, some patients choose to have cataract surgery done early on, to avoid wearing glasses or contact lenses. However, this early removal is called a "clear lens exchange" and is not covered by insurance. Additionally, insurance does not cover the upgrade cost to go from a single vision implant to an astigmatic or bifocal implant. Talk with your surgeon about the cost to upgrade, because many patients find it is well worth it.

Please make time to have a complete eye and vision examination annually, as we continue to monitor your cataracts. Contact our office with any significant vision changes that you feel require immediate attention.

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	☐ Very helpful - all questions are answered ☐ Somewhat helpful - I still have questions ☐ Not helpful – none of my questions were answered
Comments / Questions / Typos:	

Provider Contact Information

Family Eye Care & Pediatric Vision Center, PLLC
Melissa Holliman, OD
David Holliman, OD
Brandon Holliman, OD

1203 N. Eastman Rd
Kingsport, TN 37664
Phone: (423) 274-3321
Fax: (423) 247-3631
FamilyEyecareKingsport@gmail.com
Website: DrHolliman.com