



Amigos de la Gente de Edad

Cataracts and eye surgery

Cataracts

What is a cataract?

- A cataract occurs when the lens of the eye becomes opaque. It is not a tumour, nor a formation of skin nor new tissue over the eye.
- Cataracts often affect both eyes, although usually one eye is affected more than the other.
- They usually appear in elderly people. The advanced age hardens the centre of the lens and the capacity to focus on objects decreases. At the same time as the lense ages, it becomes opaque.

What are the causes?

- Cataracts can be classified in four important groups, according to their causes.

Senile cataracts

- As indicated above, these are caused through normal ageing of the patient.

Congenital cataracts

- Inherited or caused by an infection or inflammation in a pregnant woman, which affects the foetus. They are present from birth and can appear as from childhood.

Secondary cataracts

- These are caused by other illnesses, such as diabetes and certain eye infections: iritis, glaucoma, detachment of the retina, etc.

Traumatic cataracts

- These are caused by ocular lesions, such as a blow on the eye, a cut, piercing, radiation or burn by chemicals, etc.

When to consult a doctor?

- If you have blurred vision or any other symptom that affects your vision you should go immediately to an ophthalmologist to have your eyes examined thoroughly.

How are they diagnosed?

- Cataracts cannot usually be seen from outside the eye without appropriate instruments. The ophthalmologist examines the eye with a series of instruments to find out the type, size and situation of the cataract. It will also be necessary to examine the interior of the eye which can only be carried out by an ophthalmologist through a close examination of your eyes.

When to operate?

- Modern surgery has advanced so much that this operation can be carried out at any stage of the cataract. The operation depends on visual needs of the patient and takes place, without any waiting, when the ophthalmic surgeon decides it is necessary.

What are the symptoms?

- A person may or may not become aware that a cataract is forming, depending on the size and situation of the opaque area of the lens. If it is on the outer edge of the lens, the vision is not affected but if the opacity is situated near the centre of the lens, this usually affects the vision.
- As the cataract forms, vision can become hazy or blurred; there can also be double vision and eyes can become more sensitive to light. Sometimes spectacles need to be changed more frequently than is normal.

How long do they last?

- Cataracts will exist until removed by surgery. They cannot be cured by drops, pills or lenses nor will they disappear spontaneously. Some develop slowly until the patient is quite old, while others develop more quickly, depending upon the cause or for sometimes unknown reasons. **Unlike a secondary cataract, a senile cataract cannot be removed nor cured by laser beam. It has to be removed by surgery.**

What is the treatment?

- Surgery is the only efficient way to remove the opaque lens. Fortunately cataract operations are very successful and over 98% of patients operated receive good vision.

What is Facioemulsification?

- It is a sophisticated ultrasonic technique for a faster operation with a shorter and more satisfactory postoperative convalescence. Once the opaque lens has been removed the eye must be fitted with a new lens to focus on objects. This new lens is called an intraocular lens for permanent use which is implanted in the eye instead of the natural one which became opaque and which is commonly called a cataract. Nearly a million

intraocular lenses are implanted every year in U.S.A. without any rejection and never need to be changed.

What is the prognosis of the operation?

- If all the instructions given by the ophthalmologist for the post operative period are followed exactly (for which you will receive detailed information) during the short convalescence the majority of day to day activities will be possible.
- In general, the prognosis for these operations is very good, except in rare cases.

Who can treat a cataract?

- Ophthalmology is a practice which is in permanent evolution and because of its complexity the ophthalmologists have tended to specialise in specific areas of the eye. Those ophthalmologists whose activity and experience in the outer segment of the eye become specialist for such an operation. **Only an ophthalmologist can prescribe treatment.**

Surgery for Myopia, Hypermetropia and Astigmatism

What is myopia?

- More commonly called short sight, this is a condition where the light rays focus in front of the retina, resulting in blurred vision of far objects. This is caused by a slight lengthening of the eye and, in some cases, it is because the cornea is more curved than usual.

What is hypermetropia?

- More commonly called extreme long sight, it is a condition where the light rays focus behind the retina, resulting in blurred vision, especially in near objects. It is caused by a slight flattening of the eye or because the cornea is flatter than usual.

What is astigmatism?

- This is caused when the cornea is elliptic instead of round. This makes it impossible for the light rays to focus clearly on the retina.

Refractive surgery

- Refractive surgery corrects the defects in the refraction of the eye known as myopia, astigmatism and hipermetropia.
- One of the most recent advances in the correction of refraction errors is LASIK (Laser assisted in situ Keratomileusis). This operation consists in reshaping the cornea to focus images on the retina and obtain perfect vision.
- Refractive surgery introduces a concept which is increasingly used. Nowadays medicine does not only cure but rather improves the patients' quality of life.

What is Laser assisted in situ Keratomileusis (LASIK)?

- LASIK presents an innovation in refractive surgery which combines microsurgery and the Laser Excimer. With microsurgery a corneal disc is raised for the application of the Laser Excimer to mould the cornea according to the defect to be corrected. The corneal disc is then replaced without any need for sutures. It is the safest technique with the fastest recovery. The operation is carried out and monitored by a computer which indicates the correct shape the cornea should have.
- It is not painful, does not need a hospital stay and lasts about 10 minutes. Moreover, the anaesthetic is applied with a few drops and the patient leaves with the eye uncovered.
- Before the operation, several examinations are carried out to measure the amount of myopia, hipermetropia or astigmatism in the patient's eye. They also determine the curvature and thickness of the cornea, plus the density of its cells.

Who can be operated on?

- Up to 30 dioptries of myopia and up to six of hipermetropia and astigmatism can be operative. Refractive surgery can eliminate the dependence on corrective lenses although the patient may still need some optic correction for certain activities (driving, reading, etc.)
- These operations should be carried out on patients over 20 years of age and is conditional on the refractive defect having stabilised, as surgery does not modify the natural evolution of the defect.

Source: Dr Luis Salvá Ladaria, Oftalmedic Centro Ocular, Clinica Juaneda, Palma de Mallorca

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For further information ring INFOLINE on (+34) 902 00 38 38 or send an email to info@ageconcern-espana.org