

CATARACT FAQ

By Brian Beise

It's easy to take vision for granted when it's working right. And when you've gone for decades using your eyes during every moment of your waking life, it can be jarring to have that sense rapidly deteriorate. Unfortunately, **cataracts** are a common problem in the United States, with approximately 20.5 million Americans aged 40 years or older experiencing impaired vision because of the condition.

What are cataracts?

When light hits the eye, it passes first through the cornea, the eye's clear surface that functions like a camera lens as it focuses the light. It then passes through a crystalline lens that further refracts and focuses the light, helping the eye automatically focus on objects by changing shape (a process called accommodation). This complex, automated part of the eye is responsible for making the images we see sharp and clear – and in a healthy eye, it is completely transparent.

A cataract is a build-up of protein on this crystalline lens in the eye. Cataracts cloud the lens, leading to partial blurring of vision – it can feel almost like looking through dirty glasses. Depending on their type and location, cataracts can also dim colors and cause halos and/or glare in response to any kind of light.

Age-related cataracts (ARC) develop gradually. At first, the protein build-up might not cause any symptoms, but over time, a small blurred spot might spread to cover most of the field of vision. Vision can double, and nearsightedness can worsen as the cataract progresses. As cataracts obstruct vision, they can become debilitating. Fortunately, they are also highly treatable. Read on to learn about how to prevent, detect, and treat cataracts.

WHAT DO YOU NOTICE AS THEY DEVELOP?

According to Dr. Charles A. Kirby, an ophthalmologist with the Chattanooga Eye Institute, every patient's experience with cataracts is different. "Different people get different symptoms depending on the type of cataracts they have," he says. "Most people have difficulty with driving – when they can't drive safely, that becomes a big issue. Others recognize the issue as a result of having difficulty reading."

He adds that other common complaints include glare at night and in sunlight, difficulty distinguishing differences in color and contour, blurring/loss of definition, and difficulty with depth perception. The time it takes for cataracts to develop to the point where they significantly obstruct vision also varies. "We have patients where it takes 10-15 years for them to develop," says Kirby. "For other people, it can be 6 months or less."



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What causes them?

Most cataracts are the result of aging. The statistics demonstrate this: among Americans age 40 and over, approximately 6-7% are affected by cataracts. Among those 80 and older, 50% have cataracts. But while most cataracts are age-related, there are other types and causes, too. Some cataracts are related to another medical condition – like diabetes. Direct trauma can precipitate cataracts, and sometimes infants are even born with them (congenital cataracts).

Other things that can contribute to the development of cataracts, include excessive exposure to ultraviolet rays, smoking, excessive alcohol consumption, hypertension, obesity, and having a prolonged use of certain prescription medicines, particularly steroids. People with high myopia (nearsightedness) and/or a family history of cataracts have a higher risk of getting cataracts.

Can you prevent them?

While there are many supplements out there claiming to be able to “lower your risk of developing age-related cataracts,” it’s important to be careful with these. Currently, there are no guaranteed ways to prevent age-related cataracts, so any claims should be treated with skepticism.

However, there is active research going on in the field of prevention. Just last year, researchers at the University of California, Irvine, achieved atomic-scale views of a protein needed to maintain the transparency of the lens – a development that could help lead to new treatment approaches. There is also a chemical called



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Dr. Charles A. Kirby,
ophthalmologist,
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—Dr. Charles Kirby

N-acetylcysteine amide (NACA) that is showing promise in the form of eyedrops as a preventative measure for cataracts. This treatment still needs testing, however. Before trying any treatments, discuss them with your doctor.

A large part of preventing cataracts that develop from certain causal factors, involves living a healthy lifestyle: exercising regularly, developing healthy eating habits, not smoking, drinking in moderation, and visiting your eye doctor for regular checkups. Paying attention to the possible side effects of any medications you take and avoiding excessive exposure to sunlight can also reduce your risk of cataracts.

There are popular theories suggesting that eating lots of fruits and vegetables that are high in antioxidant content can help prevent cataracts. While there is no conclusive research that this is an effective preventative measure, eating fruits and vegetables every day is certainly an important part of living a healthy lifestyle!

Treatment

The good news is that cataract surgery is extremely common and highly successful in restoring vision. In the United States, 3 million Americans undergo this operation every year, with a success rate of 98%. Furthermore, 99.5% of those 3 million patients experience no severe postoperative complications.

In the most common kind of cataract surgery, the surgeon uses local anesthetic drops to numb the eye, and then inserts a tiny probe through an incision often as small as three millimeters. The probe transmits ultrasound waves to break up the cataract. The crystalline lens is then suctioned out through the probe, and an intraocular lens (IOL), which is essentially a “replacement” for the eye’s natural lens, is put in place. No stitches are required, and recovery time is minimal. Most patients go home on the day of the procedure.

In the last five years, new types of intraocular lenses have greatly increased the options patients have for recovering vision.

We now have multifocal, accommodative, and monovision lenses. Depending on the patient, these implants can sometimes allow reading and driving without eyeglasses.

“The results of cataract surgery continue to improve and the complications tend to be less every year,” says Dr. Kirby. “We are at a wonderful stage in ophthalmology where we have different IOLs to replace the natural lens and even ways to decrease and correct astigmatism. We are able to do more than we could five years ago, and we will be able to do more five years from today.”

He continues: “That being said, it’s important to understand that complications can occur with any surgery. People should be aware that there is no guarantee that you are going to get a perfect result. As a surgeon, I have to manage people’s expectations. I tell people that the risk of cataract surgery is very low, but it is not risk-free.”

If you are suffering from cataracts, speak to your doctor about surgery and other treatment options today. **HS**