



ASK THE OPTOMETRIST

ASK THE OPTOMETRIST IS A SERIES OF INFORMATION NEWSLETTERS THAT WE ARE PLEASED TO PROVIDE OUR PATIENTS TO ELABORATE ON A VARIETY OF RELEVANT EYECARE TOPICS.

CATARACTS

Q1: WHAT IS A CATARACT, AND WHAT CAUSES ONE TO FORM?

A CATARACT IS A CLOUDING OF THE NATURAL LENS INSIDE THE EYE, JUST BEHIND THE IRIS OF THE EYE CENTERED IN THE PUPIL. CONTRARY TO COMMON PERCEPTION, IT IS NOT A 'FILM' ON THE SURFACE OF THE EYE, ALTHOUGH IT CERTAINLY CAN CAUSE VISION TO APPEAR 'FILMY' – READ ON FOR MORE SYMPTOMS. CATARACTS ARE AN INEVITABLE CONSEQUENCE OF AGING – IF YOU LIVE LONG ENOUGH, YOU'LL GET A CATARACT. SOME GENERAL HEALTH CONDITIONS (LIKE DIABETES) AND MEDICATIONS (LIKE STEROIDS) CAN CAUSE CATARACTS; ULTRAVIOLET RADIATION HAS LONG BEEN CONSIDERED A CAUSE OF CATARACT FORMATION.

Q2: HOW DOES A CATARACT AFFECT VISION?

A CATARACT ACTS AS A FILTER THAT REDUCES THE AMOUNT OF LIGHT THAT REACHES THE RETINA, THE LIGHT-SENSITIVE TISSUE LINING THE EYEBALL. A DULLING OF COLORS, INCREASED GENERAL BLURRING, AND SCATTER OF LIGHT (PARTICULARLY AT NIGHT) ARE COMMON SYMPTOMS. CATARACTS MAY ALSO CAUSE A CHANGE IN PRESCRIPTION; TYPICALLY AN INCREASE IN NEARSIGHTEDNESS AND ASTIGMATISM – IN FACT, CHANGING EYEGGLASS LENSES MAY BE ALL THAT IS NECESSARY TO ADDRESS AN EARLY CATARACT.

Q3: HOW WILL MY OPTOMETRIST DIAGNOSE A CATARACT?

EACH AND EVERY COMPREHENSIVE EYE EXAMINATION INCLUDES THE USE OF AN INSTRUMENT KNOWN AS THE SLIT LAMP BIOMICROSCOPE, A SPECIALIZED MICROSCOPE THAT PROVIDES A MAGNIFIED VIEW OF THE EXTERNAL AND INTERNAL STRUCTURES OF THE EYE. AIDED BY A DETAILED CASE HISTORY (FAMILY HISTORY, GENERAL HEALTH, MEDICATIONS, AND SYMPTOMS), YOUR OPTOMETRIST WILL ASSESS YOUR EYE HEALTH, AND MAKE RECOMMENDATIONS FOR TREATMENT AND FOLLOW-UP.

Q4: WHAT CAN BE DONE IF I HAVE A CATARACT?

TO BEGIN WITH, THE SYMPTOMS OF A CATARACT MAY BE ADDRESSED WITH NOTHING MORE THAN A CHANGE IN EYEGLOSS PRESCRIPTION. GIVEN THAT CATARACTS ARE TYPICALLY VERY SLOW TO CHANGE, THIS MAY BE ALL THAT IS NECESSARY IN SOME SITUATIONS. SHOULD THE SYMPTOMS CONTINUE TO PROGRESS, SURGICAL REMOVAL OF THE CATARACT MAY BE RECOMMENDED. IN THIS CASE, FOLLOWING YOUR EXAMINATION, YOUR OPTOMETRIST WILL REFER YOU TO AN OPHTHALMOLOGIST FOR SURGICAL CONSULTATION. WHILE SOME MAY ARGUE WITH THE TERM 'MINOR SURGERY', CATARACT EXTRACTION WITH LENS IMPLANT IS ONE OF THE MOST COMMON SURGICAL PROCEDURES PERFORMED IN NORTH AMERICA, AND ENJOYS A VERY HIGH SUCCESS RATE. MODERN TECHNIQUES UTILIZE TOPICAL (EYE DROP) ANESTHESIA, TAKE LESS THAN 15 MINUTES, AND NO STITCHES ARE NECESSARY. RECOVERY IS VERY QUICK – ANTI-INFLAMMATORY DROPS ARE USED FOR SEVERAL WEEKS FOLLOWING SURGERY, AND MOST PATIENTS ARE ABLE TO RETURN TO NORMAL ACTIVITY LEVELS SHORTLY THEREAFTER.