Cataracts and Surgery

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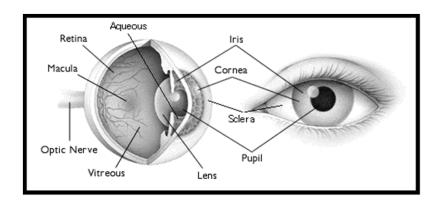
Epidemiology

- Leading cause of blindness in the world
- 17 million reversibly blind expected to increase
- In US 3 million patients undergo cataract surgery each year
- Medicare spends \$3.4 billion per year on cataract surgery

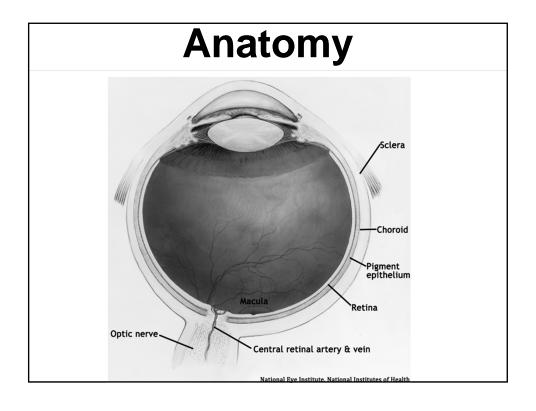
Impact of Decreased Vision

- Increasing difficulty with ADLs
- Decreased earning potential
- Limited Participation and Social Isolation
- Anxiety and Depression
- Increasing dependence on others
- Impacts on other members of the family childcare, transportation, etc.

Anatomy

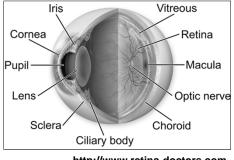


http://see.eyecarecontacts.com/eye_anatomy.gif



Anatomy

- Crystalline Lens
 - 9mm across
 - 5mm depth at center
- No blood supply
- No innervation
- Refracts light
- Performs accommodation



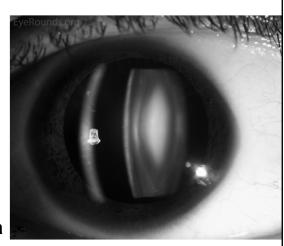
http://www.retina-doctors.com

Aging Crystalline Lens

- · Increase in weight
- Increases in thickness
- Decrease in ability to accommodate
- Loss of clarity

Types of Cataract

- Nuclear
 - Typical age related change
 - Slow, gradual
 - Overall decreased vision, color, contrast
 - Induced myopia



Types of Cataract

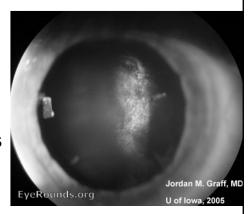
- Cortical
 - Asymmetric
 - Spokes
 - Glare
 - Double vision
 - Can become symptomatic quickly



http://webeye.ophth.uiowa.edu/eyeforum/atlas/photosearlier/immature-senile-cortical-cataract-OD.jpg

Types of Cataract

- Posterior Subcapsular
 - Can grow quickly
 - Glare
 - Reading problems
 - Steroids
 - DM
 - Younger



http://webeye.ophth.uiowa.edu/eyeforum/atlas/ photos-earlier/PSC_01242005zoom2.jpg

Changes in Vision

- Blur
- Decreased contrast
- Decreased color
- Glare
- Halos
- Poor night vision
- Myopic shift



http://www.eyeconsultantsde.com/images/ cataracts-vision.jpg

Improving Vision

- Updating glasses
- Improved lighting for reading
- Magnification
- Anti-glare lenses / coatings

When is the "Right" Time for Surgery?

- Vision is having negative impact on ADLs
 - Reading
 - Driving
 - Socializing
 - Living independently
- Often the input of a family member or loved one is very insightful

When is the "Right" Time for Surgery

- Benefits outweigh risks
- Almost never an emergency
- A decision to be made together with your eye care provider
- Need to monitor other eye diseases

Role of the Primary Care Provider

- Encourage regular eye exams
 - Birth / Infancy
 - Preschool
 - School Years
 - 20's x 1; 30's x 2
 - Baseline again at 40
 - Every 2-4 years until 54
 - Every 1-2 until 64, then yearly
 - More often at all ages if systemic disease

Role of the Primary Care Provider

- Encourage eye exams:
 - Systemic diseases (DM, HTN, medication toxicity)
 - Vision changes / complaints
- Discuss vision impact on ADLs at regular exams
- Pre-op testing
 - More evidence that little to no testing needed for routine patients
 - Some patients may require pre-operative clearance

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Pre-Op Consultation

- Outpatient clinic visit
 - 1 hour

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- Full dilated eye exam
- Determine Lens Implant Strength
 - Measure Axial Length
 - Measure Corneal Curvature

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 - 1 hour
- · Full dilated eye exam
- Determine Lens Implant Strength
 - Measure Axial Length
 - Measure Corneal Curvature
- Discuss Risks and Outcomes
 - 1/1000 significant complication risk
 - 50-75% will use no glasses for distance vision after (if no astigmatism)

Pre-Op Considerations

- Anesthesia
 - Topical
 - MAC with Retrobulbar Block

Pre-Op Considerations

- Anesthesia
 - Topical
 - MAC with Retrobulbar Block
- Blood Thinners
 - Coumadin
 - Plavix, Aspirin etc...

Cataract Surgery

- Outpatient Surgery
 - Minimal MAC sedation

Cataract Surgery

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- 5 minutes to 1 hour in length

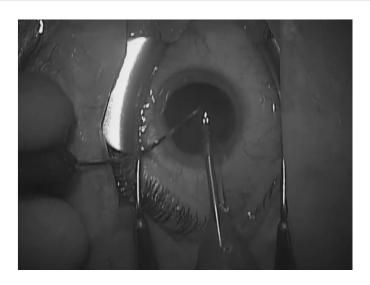
Cataract Surgery

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- 1 eye at a time
 - Fellow eye 1 to 4 weeks after first eye

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 - Minimal MAC sedation
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 - Fellow eye 1 to 4 weeks after first eye
- "Out of balance" between the surgeries

Cataract Surgery



Post Op Surgery

- Follow up typically POD#1, POW#1 and POM#1
- Vision usually improved POD#1 or by POW#1
- Eyedrops for 1 month after the surgery
 - Antibiotic
 - Steroid
 - Optional NSAID
- Limitations for 1 week after surgery
 - No heavy lifting
 - No swimming
 - Wear eye patch when sleeping at night

Lens Implant Options

- Monofocal lens
 - Covered by insurance
 - Will improve vision at either distance or up close without glasses (not both)
 - 50-75% will not need glasses for distance or up close
 - If you have astigmatism, will still need glasses to correct it

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- Premium Lens Implant
 - Not covered by insurance (Out of pocket expense)
 - Lens implants to correct astigmatism
 - Lens implants to correct presbyopia
 - Accommodative lens
 - Multifocal lens