

When I explain cataract to my patients, I tell them that cataract is not a disease that only a few people get, like glaucoma or macular degeneration. Rather, it is an aging change that gets everyone eventually. Cataract is merely clouding of the lens of the eye - just like brown or blonde hair will turn gray, and smooth skin becomes wrinkled, so too will a clear lens become cloudy.

In most people, cataracts start developing around age 60, and the average age for cataract surgery in the United States is 73. However, changes in the lenses of our eyes start to affect us in our 40's. When we are young, the lenses in our eyes have two basic qualities: (1) they are very transparent, and (2) they are very flexible. While our lenses lose transparency throughout our 60's and beyond, they lose the other quality, flexibility, much earlier. A baby's lens is as soft and flexible as a bag of honey, a middle-aged person's lens is more like a gummy-bear, and once we're 60, our lenses are as inflexible as a piece of plastic or glass. This loss of flexibility is why we start to need bifocals when we're in our 40's, and we get progressively more and more dependent upon stronger and stronger bifocals over the next 2 decades. Once we're 60, our lens is as hard as it is going to get, and now will start to lose that other quality, its transparency. This loss of transparency results in clouding of the lens, and we call that cataract. As you can see, cataract is really the continuation of a process that started decades before.

Most patients with early cataracts may not have a lot of symptoms. As cataracts worsen, many people will complain of increased glare while driving at night, the fact that colors look muddied or washed out, or that things just don't look as sharp as they used to. It is not uncommon for patients' glasses prescriptions to change as cataracts develop, and the treatment for early cataracts is often to just prescribe a new pair of glasses.

Many patients do not notice that their cataracts worsen for two reasons. First, cataracts develop slowly so their effects on a person's vision is gradual and not very dramatic. Second, cataracts most often affect the lenses in a person's two eyes similarly, so when they compare the vision in one eye to the other, they often cannot tell that anything is amiss. For these reasons, we recommend everyone have a full, dilated eye examination every year starting around age 55.

Patients will often ask me about when their cataracts will become "ripe". The concept of a "ripe" cataract goes back to the type of surgery that was done in the mid-1900's. At that time, the cataractous lens was removed from the eye as a single, intact piece, like removing the pit from an avocado. It was beneficial for the cataract to be very hard so that the surgeon could remove it without it breaking up into small pieces, and the term "ripe" was adopted for this reason.

Starting in the 1980's, the technique of cataract surgery changed to phacoemulsification, where the cataractous lens is broken up (emulsified) within the eye, and removed in microscopic pieces. Because the lens is broken down in this way, it is no longer advantageous for the surgeon to wait until it is very hard, and so we have gone away from describing a cataract in terms of its "ripeness". In the 21st Century, we recommend cataract surgery according to a patient's complaints. I tell my patients that in the old days, surgeons would tell patients when it was time for cataract surgery, while now surgeons wait for our patients to tell us when it is time for cataract surgery.

Some patients will put off cataract surgery for years or even decades after symptoms have developed because they have a fear or aversion to having the procedure done, or they just don't recognize that their vision has diminished. Although delaying cataract surgery for too long can cause glaucoma or inflammation within the eye, or make eventual cataract surgery technically more difficult to perform, it is rare for cataracts to develop this far in modern industrialized countries.

That brings us to the cataract surgical procedure itself. Cataract surgery is typically performed while the patient is sedated but awake. The procedure itself usually takes between ten and twenty minutes, and most patients can return to normal activities within a day or two of surgery. It is rare for patients to experience a significant amount of pain in the days following surgery, and most surgeons prescribe only eye drops for a few weeks as the eye heals. Although the risk of problems is low, all surgeries carry at least a small risk, and for this reason, most surgeons in the United States will allow one eye to heal before surgery is performed on the second eye.

What happens during surgery is that the surgeon removes a patient's cataractous lens and replaces it with a plastic lens that remains in the patient's eye for the rest of their life. All lens implants can correct patient's nearsightedness or farsightedness, for instance, and the majority of people are legal to drive a car without glasses following cataract surgery. There are many types of lens implants that are available for patients who wish to decrease, or possibly eliminate, their need to wear glasses after cataract surgery. For patients with significant astigmatism, toric lenses can be implanted to give good vision without the need for glasses or contact lenses. In addition, bifocal, multifocal, and improved depth-of-focus lenses can allow patients to not only drive, but also read and use a computer without glasses.

The fact that cataract surgery is a fairly quick, very safe procedure that is performed under mild sedation, coupled with the fact that patients experience very little downtime or discomfort, and can end up with vision that is better than it had been in years has truly made it one of the great medical miracles of the last 100 years.

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*What should you do if your patient is experiencing symptoms of cataracts?*

We are pleased to offer Cataract Surgery & Treatment at Associated Eye Care. An evaluation is required to assess candidacy for surgery and can be scheduled by calling 651.275.3000.

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*The information provided here is for the purpose of general education. It is not intended as medical advice for specific recipients of this article.*



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