

# **Answers To Common Questions About Cataract Surgery**

**From John Boatwright, MD**

I have not yet had cataract surgery myself, but I have been performing it on patients for over 25 years. I have seen cataract surgery's safety and outcomes improve dramatically over the years thanks to the advanced surgical techniques and technology that have been developed over time.

## **What is a cataract and when do people develop them?**

Like the lens of a camera, the eye's lens focuses to keep images of both close and distant objects clear. A cataract is the clouding of the lens of the eye. Cataracts start forming much earlier than most people think. The opacity starts quite early, but is subtle and not noticeable for quite a while. Once the opacity builds up enough that a physician can look at the eye and see it, we call it a cataract.

We are seeing people coming in at earlier and earlier with cataracts that are ready for surgery, which prompts the question of whether people are getting cataracts earlier or surgery is being done earlier. I feel it may be a little of both. Cataracts are occurring a bit earlier for a variety of reasons such as medications and an increase in the occurrence of diabetes. I also see that people are not waiting as long to have their surgery because the surgery is better and safer than years ago. In addition, our surgical and optical results are significantly better.

## **How common is cataract surgery?**

Cataract surgery is the most commonly performed procedure in the United States, with about 3 million procedures being done annually. It's also the most successful surgery. It is an outpatient surgery and most people are up and about the same day. Depending on your type of work, you may even return to work the next day. The recovery is among the quickest of any surgical procedures, but full healing and visual stability does vary some. Many times patients are surprised to hear how quickly they can be rehabilitated,

however there are some patients that want to know why it's still blurry as soon as the drape comes off in the operating room.

**Is it possible to improve vision problems such as nearsightedness, farsightedness or astigmatism with the surgery?**

Absolutely. Cataract surgery not only has the ability to remove the clouding caused by the cataract, but also enables us to correct patients' vision. Less traumatic surgery and better technology combines to allow us to do so much more. Using advanced technology replacement lenses and lasers, we can correct people's nearsightedness, farsightedness and/or astigmatism. For those that want the absolute least dependence on glasses or contacts after cataract surgery, multifocal replacement intraocular lenses can correct "old-sightedness," the need for reading glasses. While multifocal lenses are not for everyone that wants them, they work extremely well for those that are good candidates.

**I've heard that cataracts have to be "ripe" for surgery. What does that mean?**

Ages ago, when ophthalmologists hesitated to operate on cataracts until patients could hardly see, the term "ripe" was coined. Surgery was more unpredictable and dangerous then, so people would wait to have it done until they could not see at all, or until the cataract was "ripe." Nowadays, no one would want to wait until the cataract was so severe that they could not function on a daily basis.

**What are you waiting for?**

When you see me for your dilated eye exam, I will evaluate your cataracts and let you know if I feel they are ready for surgery. From there, it is up to you to determine if you feel your vision affects your ability to perform daily or recreational activities in the manner in which you are accustomed to doing so.