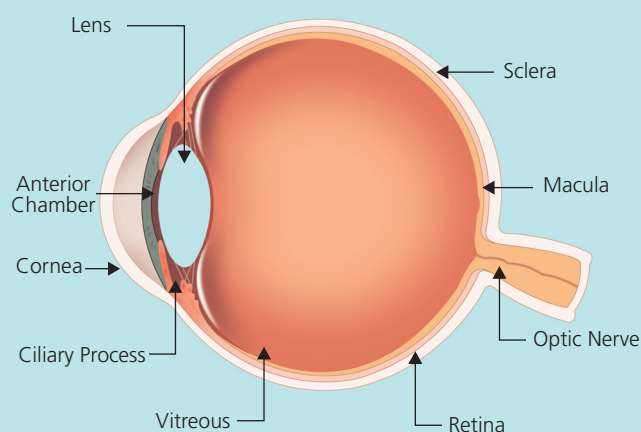


CATARACT

Sight is our most precious gift, enabling us to enjoy the beauty of the world in which we live. For most people with poor vision from cataract, the prospects of regaining good vision and resuming normal daily activities are excellent. Our centres are oriented towards providing low-stress patient-friendly care.

Anatomy of an Eye



Q. What is a cataract?

A. The term 'cataract' is used to describe the clouding of the natural lens of the eye, usually as part of the natural aging process. The vision dims because the cataractous lens blocks light from focusing on the retina.

Q. What causes a cataract?

A. The most common type is related to aging and referred to as a senile cataract.

Other common causes:

- Family history
- Medical problems, such as diabetes
- Long-term use of medications, such as steroids
- Injury to the eye
- Congenital
- Previous eye surgery
- Long-term unprotected exposure to sunlight

Q. What are the symptoms of a cataract?

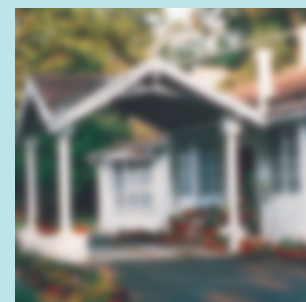
A. Common symptoms of a cataract:

- Painless blurring of vision
- Glare or light sensitivity to oncoming lights

- Frequent changes in eyeglass prescription
- Poor night vision
- Needing a brighter light to read
- Double vision in one eye
- Fading colours



Normal Vision



Cataract

Common misconceptions cleared:

- Cataract is not a film over the surface of the eye
- It is not caused by overusing the eyes
- Not infectious [will not spread from one eye to the other], nor a cancer
- Not a cause of irreversible blindness

Q. How is a cataract detected?

A. A thorough eye examination by an ophthalmologist detects the presence and the extent of a cataract.

Q. How fast does a cataract develop?

A. Cataract development varies among individuals and may even vary between the two eyes. Most cataracts associated with the aging process develop over years. Cataracts in younger patients and in those with diabetes may develop rapidly.

Q. Treatment of a cataract?

A. Surgery is the only way a cataract can be removed. No dietary supplements, medications, exercises or optical devices have been proven to prevent or cure cataract.

Q. When should surgery be done?

A. Surgery should be considered when the cataract causes enough visual disturbances to interfere with daily activities, such as job requirements, safe driving and household activities. Based on these needs and examination findings, the patient and the ophthalmologist should decide together when surgery is appropriate.

It is not true that cataracts need to be 'ripe' before they can be removed. In fact advances in the field of cataract surgery have made it easier to remove an immature cataract than a mature ['ripe'] cataract.

Q. What should I expect from a cataract surgery?

A. Cataract surgery is a microscopic surgery usually performed under topical (eye drops) anaesthesia.

The cloudy lens is removed by **Phacoemulsification**, which is the latest micro-incision technique of cataract removal wherein a probe breaks the cataract into tiny pieces and removes them. For a foldable implant the incision size is small (2.0 - 3.0 mm) is self-sealing and needs no stitches.

Q. What are the benefits of low-stress phacoemulsification surgery for cataract?

A. The wound is microscopic [resulting in faster healing and visual rehabilitation], the surgical time is reduced, and no Injection or stitches are required. There is minimal or no post-operative discomfort and a quick return to your normal routine.

Cataract Surgery can now be customized to reduce and usually eliminate dependence on glasses for distance, intermediate vision and reading.

Types of Intra Ocular Lenses

- **Monofocal** = Focus of lens is available in only one distance which is usually for far. There will be a 100% need for near or reading glasses after surgery; far glasses, if at all required are for very fine vision.
- **Wavefront = Better contrast** = the ability to differentiate depth of colours especially of the same family, e.g. Grey and Black. Very useful for those with outdoor work, driving or work related to colours like designers, many take this lens by choice.

- **Toric** = For those having cylindrical errors or astigmatism; this error is compensated in the lens and reduces the need for cylindrical glasses post surgery.
- **Extended Depth of Focus (EDOF)** = Lens gives better clarity at intermediate distance eg. Computer work, in addition to clarity for distance.
- **Multifocal** = Lens has focuses of near and far, hence reduces or eliminates the need for any glasses post surgery. Computer Glasses may be required for comfort.
- **Trifocal** = Lens has focuses of near, intermediate and far, hence reduces or often eliminates the need for any glasses post surgery.

Plan your Cataract Surgery at Shroff Eye in 9 easy steps™

- S**end us an e-mail with your queries or
- H**ave your consultation appointment scheduled by e-mail or telephone
- R**igorous Evaluation- Check up and specific tests by appointment
- O**rganize and Schedule the Cataract procedure (After the investigations and Lab tests are done and checked)
- F**ix the surgery date
- F**ollow up check next day with the Doctor
- E**ye drops to be used as per prescription
- Y**our next check is with the doctor and Final Check up with the optometrist for glasses
- E**njoy your vision..

Open your eyes to a whole new world!

This leaflet is intended to provide general information for patients.

"Fact About Cataract"


Shroff Eye Opener® # 14

Treat your cataract when it starts to interfere with your quality of life

shroffeye.org • lasikindia.in • smilerelex.com • Email: info@shroffeye.org • Emergency Calls: +91 9821163901


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