Cataracts treatment

Prevention & Treatment Wearing UV-protecting sunglasses and regular intake of antioxidants may slow the development of cataracts. N-acetylcarnosine eye drops is topical non-surgical treatment of cataracts, which can improve transmissivity and reduce glare sensitivity. The most common types of surgical treatments include intracapsular cataract extraction (ICCE), Extracapsular cataract extraction (ECCE) and phacoemulsification (Phaco). Surgical removal is more effective for stopping cataract formation.

Progression of cataracts can be slowed by avoiding large amounts of ultraviolet light, notsmoking, and following a healthy diet. Wearing UV-protection sunglasses when exposed to sunlight can be helpful. Non-surgical Topical treatment (eye drops) with the less well-known antioxidant N-acetylcarnosine has been shown in randomized controlled clinical trials to improve transmissivity and reduce glare sensitivity for patients with cataracts. Surgical: Currently, the most effective treatment for cataracts is surgical removal. Medications cannot stop cataract formation.

They most common types of surgical treatment include: intracapsular cataract extraction (ICCE) Extracapsular cataract extraction (ECCE) phacoemulsification (Phaco) intracapsular cataract extraction involved removal of the entire lens and its supporting structures. Extracapsular cataract extraction (ECCE) and phacoemulsification (Phaco) involves removal of the cataract leaving the posterior capsule intact. The difference between ECCE and Phaco is the size of the incision and the technique of cataract removal. With ECCE, the incision is approximately 6 millimeters.

The central nucleus of the cataract is removed by gentle external expression. Then the incision is closed with about 3 sutures. By comparison, a Phaco incision is only approximately 2 millimeters. Ultrasound energy dissolves the nucleus and it is aspirated through a small instrument. The incision may or may not require any sutures to close it. Phaco can offers the patient the quickest recovery both techniques (Msics and Phaco)gave similar results, but that manual small-incision surgery is faster, less expensive, and lesstechnology-dependent than phaco- emulsification.

Thus manual small-incision surgery appeared more appropriate in low-income countries. 6, 7 A systematic review provides evidence from seven RCTs that phacoemulsification gives a better outcome than ECCE with sutures. We also found evidence that ECCE with a posterior chamber lens implant provides better visual outcome than ICCE with aphakic glasses. The long term effect of posterior capsular opacification (PCO) needs to be assessed in larger populations. The data also suggests that ICCE with an anterior chamber lens implant is an effective alternative to ICCE with aphakic glasses, with similar safety.

Phacoemulsification provides the best visual outcomes but will only be accessible to the poorer countries if the cost of phacoemulsification and foldable IOLs decrease. Manual small incision cataract surgery provides early visual rehabilitation and comparable visual outcome to PHACO. It has better visual outcomes than ECCE and can be used in any clinic that is currently carrying out ECCE with IOL. Further research from developing regions are needed to compare the cost and longer term outcomes of these procedures e. g. PCO and corneal endothelial cell damage.

In more than 95% of cases, a new lens, known as a lens implant or intraocular lens is inserted at the same time as the cataract removal. Although modern techniques have made cataract surgery quite safe, complications can occur with any surgical procedure, including cataract extraction. These include hemorrhage, infection, loss of a portion of the cataract into the eye, displacement of the intraocular lens, glaucoma, and retinal detachment. Fortunately, all these complications are rare and usually can be managed. Blindness is a rare complication of cataract surgery. http://www. cataractcare. com. au/