

Cataract surgery

What is a cataract?

When the lens of the eye becomes cloudy, it is called a cataract.

The lens focuses light on the retina (at the back of the eye), which sends the images to the brain. The lens must be clear to make sharp images. A cloudy lens cannot focus light properly and may prevent light from entering the eye. The images sent to the brain will be blurry.

Cataracts are common in older adults because the lens gets cloudy with age. However, a cataract can be present at birth or develop in childhood. If left untreated, a cataract in childhood can have lasting effects. If the brain only receives blurry images, the vision centres in the brain will not develop normally.

Will my child need treatment?

First we need to know how the cataract is affecting your child's vision:

- We test the vision in both of your child's eyes. The way we do this depends on your child's age.
- We examine both of your child's eyes. By shining a light into your child's eyes, we can check the cloudiness of the lens.

Then the doctor will recommend treatment, depending on:

- his or her age,
- how long the cataract has been there, and
- the results of the vision test and eye exam.

What we see:	How this affects vision:	What we recommend:
Small cloudy area at the edge of the lens.	It is unlikely that your child's vision is affected.	 No treatment is needed. We will continue to check the vision and the cataract, in case it becomes worse.
Small cloudy area in the centre of the lens.	There is some effect on vision.	 We may patch the other eye for a few hours a day, to force the brain to use the weaker eye.
		 We may use dilating drops to make the pupil bigger and allow more light into the eye.
Large cloudy area in the centre of the lens, or	Your child's vision is severely affected.	 Surgery may be recommended, depending on your child's age and how long the cataract has been there.
The whole lens is cloudy.		nas been there.

When does a cataract need to be removed?

Surgery is usually needed when the cataract affects most or all of the lens. It also depends on how long the cataract has been there and your child's age.

- If the cataract has been there since birth, it is best to remove it within the first 2 to 3 months of age. The longer the cataract remains after this age, the poorer the vision in that eye.
- If your child is 4 or 5 years old and has had a cataract since birth, it is unlikely that removing the cataract will improve his or her vision.

The doctor will discuss your child's situation in more detail.

What happens during the surgery?

Your child will have a general anesthetic so that he or she will be asleep during the surgery.

Removing the cataract

- The lens of the eye sits in a capsule. During surgery, the doctor removes the front of the lens capsule and then takes out the cloudy lens (cataract).
- In children less than 5 years old, the doctor also removes the back of the lens capsule and some of the vitreous jelly from behind the lens.
 This is necessary because the back of the capsule and jelly could become cloudy and block the vision, just like the cataract.

Replacing the lens

- If your child is more than 2 years old, the cloudy lens is replaced with a lens implant.
- If your child is less than 2 years old, the cloudy lens will be replaced with a contact lens. An implant cannot be used, as this does more harm than good at this age.

The entire surgery can take up to 3 hours. After surgery, a pad and shield is place over your child's eye. Usually, children can go home the same day.

What risks are possible with cataract surgery?

Cataract surgery has more risks for children than adults. Before your child's surgery, the doctor will discuss the possible risks. Together, you can decide if cataract surgery is right for your child.

The risks include:

- Death associated with general anesthesia. This rarely happens.
- Retinal detachment or bleeding in the eye (which could cause blindness).
 This rarely happens.
- Infection in the eye (which could cause blindness). The risk is 1 in 1000.
- A high risk of developing glaucoma later in life, which could cause blindness.

How do I care for my child after surgery?

The first night after surgery, you do not need to do anything to your child's eye.

The morning after surgery, your child will have an appointment in the 3V2 Eye Clinic. We will remove the pad and clean the eye. We will give you prescriptions and instructions for:

- an antibiotic to prevent infection
- a steroid to reduce swelling
- dilating drops

Do not press on the eye when putting the drops or ointment in the eye. Don't let anyone or anything poke the eye.

For 2 weeks, leave the shield on the eye all the time (day and night) and don't let your child play with other children or animals.

Your child's next clinic visit will be in 1 week. If your child's contact lens has arrived we will teach you how to insert and remove it.

When should I call the doctor?

Call your eye doctor right away if:

- the clear part of the eye (cornea) becomes cloudy and white
- there is increasing pain, swelling or a green discharge from the eye
- your child has a fever (temperature above 38° C)

If you are concerned about your child and cannot reach the doctor, take your child to the nearest hospital emergency room.

What follow-up care will my child need?

Your child will need regular check-ups at the 3V2 Eye Clinic. To check for glaucoma, your child may need an eye exam under anesthetic every 6 months for 2 or 3 years.

If your child was given a contact lens, it may be possible for him or her to have a lens implant later in life. Please discuss this with your eye doctor.

If you have questions or concerns please call the 3V2 Eye Clinic at 905-521-2100, ext 72400.