GREAT ADVANCES IN CATARACT SURGERY THROUGH HISTORY.

A) UNTIL 1750 – ONLY IMPROVEMENT IN VISION POSSIBLE BY POKING THE CATARACT LENS THROUGH THE PUPIL SO THAT IT FELL DOWN INSIDE THE EYE (COUCHING).

B) 1750 – 1950 – FURTHER IMPROVEMENT WAS ACHIEVED BY ACTUALLY REMOVING THE CATARACT FROM THE EYE.

C) 1950 – THE PRESENT – STILL FURTHER IMPROVEMENT BY IMPLANTING A PLASTIC LENS INSIDE THE EYE.

D) CONTINUING IMPROVEMENT WITH LENSES UNDER DEVELOPMENT TO FURTHER REDUCE DISTORTION AND PERMIT THE PATIENT TO SEE BOTH NEAR AND FAR WITHOUT EXTRA GLASSES.

INDIVIDUAL IMPROVEMENTS IN RECENT YEARS:

A) GREATER SAFETY - THROUGH ULTRASOUND (PHACOEMULSIFICATION) PERMITTING TINY INCISIONS THUS REDUCING THE DANGER OF WOUND PROLAPSE.
- "ROOSTER GOO" (VISCOSTYLACTICS) PROTECT THE INSIDE OF THE EYE DURING SURGERY.
- TOPICAL (DROPS) ANAESTHESIA REPLACE INJECTIONS BEHIND THE EYE.
- SAFER ENTRY INTO THE LENS PERMITTED WITH CAPSULORRHAXIS.
- PLACEMENT OF THE IMPLANTED LENS BEHIND THE IRIS FOUND TO BE THE SAFEST POSITION.

B) GREATER ACCURACY: - THE MICROSCOPE REPLACES THE LOUPE FOR MUCH FINER VISUALIZATION DURING SURGERY.
- INDIVIDUALIZED CALCULATION OF IMPLANTED LENS' POWER PERMITS ACCURATE PREDICTION OF POST OP VISION
- NEW INTRAOCULAR LENSES ARE SHARPER AND HAVE GREATER RANGE OF FOCUS.

C GREATER CONVENIENCE: – SHORTER OPERATING TIME (15-20 min)
- FASTER RECOVERY TIMES WITH SMALL INCISIONS AND TOPICAL ANAESTHESIA.
- OPERATION POSSIBLE AT ANY STAGE OF CATARACT DEVELOPMENT