PREVENTIVE CATARACT SURGERY FOR THE PROLONGATION OF LIFE

Hirsch and Schwartz found that the mortality rate of patients 50 years old or older who had their cataract removed was nearly twice that of patients who underwent one of six other, non-eye-related, procedures. Their findings suggest that senile cataract reflects a systemic disorder, not just a local ocular disease. Podgor et al. found that diabetic persons with lens changes had an estimated death rate more than twice that of diabetics without lens changes. Farber et al. also reported association between cataract surgery and increased mortality (31.7% in 5 years).

Today, some authors recommend removal of lenses with cataractous changes formerly considered insignificant (“20/20 cataracts”). Although many visual and surgical reasons have been presented to justify early cataract extraction, no mention has been made of the life-prolonging effect of preventive cataract surgery.

In the past 10 years, we conducted the following study:

Crystal clear lenses of patients between 40 and 60 years of age were removed. A total of 425 such operations were performed. Of these, two patients were killed in automobile accidents, three were murdered by jealous spouses, and two died in industrial accidents. These deaths were not considered a result of the cataract surgery.

During the same period, 782 patients between the ages of 50 and 85 had cataract operations because cataracts had decreased their vision to anywhere from 20/50 to counting fingers. Of these patients, during the same 10 years, 282 died within 5 years, and another 287 died within 10 years following surgery. The causes of death included cerebral vascular accident in 62 patients, cardiovascular disease in 296, pneumonia in 12, and cancer in 36.

Based on this study we recommend that in order to prolong the patient’s life, the crystalline lens should be removed before cataract develops.

References

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A CLINICAL COMPARISON OF TWO METHODS OF GLARE TESTING

The glare testing performed for the study, “A Clinical Comparison of Two Methods of Glare Testing” (Ophthalmic Surgery 1987; 18:680-682), was done with a prototype Brightness Acuity Tester (BAT) furnished by Mentor O & O, Inc. The “high” setting on the prototype model corresponds to the “medium” setting on the BAT currently in production—an illumination of 2500 foot-candles, roughly equivalent to an overcast day. Readers are urged to consult the instructions accompanying the Mentor O & O BAT for use of the various settings.

We believe that measurements made with the BAT, the Miller-Nadler Glare Tester, or other tests of functional acuity are best interpreted by the physician with an awareness of the individual’s history, symptoms, findings, and visual needs.

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DETECTION OF CONJUNCTIVAL LEAKS FOLLOWING FILTRATION SURGERY

A common complication of filtration surgery is a leaking conjunctival bleb. If prolonged and persistent, the leak may lead to adhesions, cataract formation, or even endophthalmitis. Detection of leaks is important because their management differs from that of patients having similar findings, such as shallow anterior chamber and hypotony, but no leak.

The Siedel test is performed by anesthetizing the conjunctiva with a topical anesthetic, applying fluores-