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# Cataract and Optometrists Meeting

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## Cataract surgery and retinal detachment

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Retinal detachment (RD) occurs in ~1% of pseudophakic population per year whereas in phakic population RD is observed in ~0.01% per year. This difference indicates that cataract surgery significantly increases the risk for RD. Thereby the age seems to play an important role. For example, among pseudophakic eyes the population younger than 50 years is at significantly higher risk for RD than those older than 80 years of age. The reason therefore is the postoperative alteration of the vitreous including liquefaction and subsequent posterior vitreous detachment (PVD). Commonly, in people younger than 50 years the vitreous is still attached whereas in those older than 80 years the vitreous is completely detached. Several years ago we showed that cataract surgery accelerates the PVD process potentially causing traction, retinal tears and RD. In detail, we found that uneventful cataract surgery in eyes with completely attached vitreous promoted some degree of PVD in 71.4% of eyes after 3 months and in even 100% of eyes after 12 months. Vitrectomy is the most beneficial treatment method in pseudophakic RD. However, even after a successful surgery the visual acuity remains between 0.3 and 0.4 logMAR. In conclusion, cataract surgery promotes vitreous changes leading to PVD and occasionally traction and RD. Especially young people are at a significant risk for RD following cataract surgery. Although RD can be successfully treated with vitrectomy the final visual acuity sometimes remains discouraging. Therefore, young population should be scheduled for cataract surgery only in case of significant cataract.

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## Barriers to cataract surgical uptake in central Ethiopia

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**Purpose:** The aim of this study was to assess the factors that delay surgical intervention in patients suffering from age related mature cataract in Ethiopia.

**Materials & Methods:** A short term descriptive study was performed that evaluated patients with mature cataract presenting to outreach eye care clinics in rural central Ethiopia. Patients were interviewed to determine the reasons for delay in their cataract surgeries.

**Result:** A total of 146 subjects (57 male and 89 females) with operable age related cataract were evaluated at 31 outreach clinics. Over 86% of the respondents were above 55 years of age, (range, 45–78 years). The male to female ratio was 1:1.5 and 30.2% of the subjects were blind bilaterally (best corrected visual acuity <3/60). The majority of the respondents were farmers (53.4%) and 86.3% were illiterate. The major factors that delayed cataract surgery included: Cost of surgery (91.8%), insufficient family income (78.1%), good vision in the fellow (unaffected) eye (39.7%), and the distance to hospital from their village (47.9%).

**Conclusion:** Surgical cost, insufficient family income, and the distance to an eye care centre were the major factors delaying cataract surgery in rural Ethiopia.

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