

Table 5: Post-operative Corrected Visual Acuities in Patients Returning for Follow-up

Visual Acuity	Week 1	Month 1	Month 2
< 3/60	1 (0.2%)		
3/60—6/60	7 (1.2%)		
6/36—6/24	36 (6.3%)	2 (1%)	2 (5.1%)
6/18—6/6	515 (90.5%)	189 (97.4%)	36 (92.3%)
Not mentioned	10 (1.8%)	3 (1.6%)	1 (2.6%)
Total	569	194	39

Table 6: Causes of Blindness after Surgery (1st Post-operative Day)

Causes	Numbers
'Aphakia'	16 (2%)
Posterior capsular opacity	4 (0.5%)
'Poor fundal glow'	4 (0.5%)
Optic atrophy	3 (0.4%)
Retinal scar	3 (0.4%)
Corneal opacity	2 (0.3%)
Retinal detachment	2 (0.3%)
Phacomorphic glaucoma (previous)	2 (0.3%)
Posterior synechia	1 (0.1%)
Maculopathy	1 (0.1%)
Age-related macular degeneration	1 (0.1%)
Macular hole	1 (0.1%)
Retinal haemorrhage	1 (0.1%)
Total	57



Spectacles after cataract surgery

Photo: Pak Sang Lee

In Nepal, cataract is still the major cause of blindness. Some centres are carrying out extracapsular cataract extraction with posterior chamber intraocular lens implantation while other centres are doing intracapsular cataract extraction and prescribe spectacles afterwards. In our view, as the quality of vision is better with IOL implantation and intraocular lenses are available at cheaper prices, intraocular lens implantation is a cost-effective procedure after extracapsular or intracapsular cataract extraction.

presenting, *uncorrected* vision to be less than 3/60. Other important causes were often due to posterior segment disorders present before the surgery.

ECCE versus ICCE

Both of the procedures have certain advantages and disadvantages. ECCE offers well-known advantages:² low frequency of vitreous loss and cystoid macular oedema, but still the risk of opacification of the posterior capsule. Twenty-one percent of the patients had posterior capsular opacification at follow-up.³ Intracapsular cataract extraction is a reasonably successful, appropriate and cost-effective procedure. It is particularly suitable for treating the increasing number of blind cataract patients in areas of the world where resources are limited.^{4,5,6} However, of 235 aphakic patients followed for 1-10 years in Karnali, Nepal only 23% were wearing aphakic spectacles in good condition, 25% had lost or broken their spectacles, 31% were wearing scratched or repaired spectacles, 5% never received spectacles and 16% were dissatisfied.⁷

Conclusion

Extracapsular cataract extraction with intraocular lens implantation is a procedure with less sight threatening and eye threatening complications, in the hands of an experienced surgeon. Technical expertise can be learned with practice. In our country where aphakic glasses are not easy to buy in many parts of the country, IOL implantation during cataract surgery in eye hospitals and eye centres is a better alternative to aphakic correction with spectacles.

References

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