



THE OCULAR IMMUNOLOGY
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Dedicated to Eye Disease Cure and Education

Cataract

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Cataract is a scum or a film or a growth on the eye: right? Wrong!

A cataract is none of these. The word cataract simply means the development of an opacity in the crystalline lens inside the eye. We all have a natural lens inside the eye sitting just behind the pupil. It does the same job that the lens of a camera does: it focuses light rays into a clear picture onto the "film" (retina) at the back of the eye. If the crystalline lens becomes opaque, a clear view of the world will no longer be possible.

While there is no known effective medication to reverse cataract that has already developed, there are measures that may be effective at slowing the progression of a cataract once it begins or even before it is started. For example, protection of the eye from exposure to ultraviolet light may well provide some protection from developing cataract. The use of antioxidants is another possible factor that might help protect against cataract development.

Once cataract is disabling to the patient, the only effective known method of treatment is surgical removal of the cataract. Of all the surgeries known to man, cataract is without doubt the most common and the safest. Although it is extremely gratifying, it should also be realized that it is not without potential risks and complications. The likelihood of a complication, which results in loss of vision, is quite small. The risk of developing a complication that makes the outcome of the surgery less than perfect is approximately 1% with advanced machines and instruments. This means that approximately 99% of patients who undergo cataract surgery are extremely pleased with the outcomes, improved vision and comfort in doing and seeing what they need to do and see.

Many patients can manage their daily and necessary activities despite the presence of a small cataract; however, once the cataract becomes annoying or progresses to the point of becoming disabling, it is an appropriate time to discuss cataract surgery with an ophthalmologist. We believe this is the primary indicator for proceeding with cataract surgery, and that the presence of a cataract alone is not sufficient reason to proceed.

Surgical removal of cataract has undergone many developments over the past two decades; however, there is a misconception about the use of lasers to remove cataract. Although new laser procedures (femtosecond laser) can facilitate some steps of cataract surgery (the corneal incision, the anterior capsulotomy, lens and cataract fragmentation, and astigmatism correction), surgery is completed manually with the help of ultrasound energy and vibrations. It is important to note that laser-assisted cataract surgery is not covered by insurance companies, and the patient should pay for it.

Cataract surgery itself is generally done on an outpatient basis. It typically takes anywhere from 15 to 30 minutes to perform. A small incision is made for removal of the cataract and, generally, an artificial lens (lens implant) is placed in the eye after the cataract has been removed.

Topical medications are typically prescribed following cataract surgery. Although most patients may see after the patch is removed from the eye the next day, in some instances, it might take several weeks for the patient to see well, especially in more complex cataract surgeries.

Restriction in physical activities following surgery is generally minimal and is limited to activities that could raise pressure in the eye (such as bending at the waist to lift something heavy), activities that could place pressure on the outside of the eye (such as sleeping with the eye pressed against a hand or pillow), and extremely vigorous or jarring activities (for example, jogging) during the first two weeks after cataract surgery.

Medications are generally tapered and discontinued within a relatively short period after surgery (mostly four weeks), and glasses for seeing the sharpest that the eye can possibly see, both at distance and at near, are then prescribed, unless the lens implant that has been chosen by the patient is one of the so-called premium lenses developed by new technology and requiring out of pocket premium payment by the patient, since insurers do not cover the additional costs associated with the care of patients requesting these special lenses, which are intended to enable patients to see well both at distance and at near without glasses or correct astigmatism. Approximately 85% of patients choosing such lenses achieve this goal of good vision without glasses.

Only one eye is generally operated on at a time. However, if the first surgery goes well, the second eye may be operated on relatively soon after the first eye has successfully healed. Most surgeons prefer a two-week interval between cataract surgery on the second eye of each patient.