



### Symptoms of a Cataract May Include:

- Glare & halos around lights, and night driving problems
- Blurred, Cloudy, filmy or fuzzy vision
- Changes in the way you see colors, or colors seem faded
- Frequent changes in your eyeglass prescription
- Increased nearsightedness (second sight)
- Poor night vision

### Older drivers and Cataracts; Risk of motor vehicle collision

The ability to see well in low contrast conditions is important in determining whether there is an object lying in the roadway or seeing faded lane-boundary markings. Older drivers with cataracts have poor low-contrast vision and therefore have a higher motor vehicle collision risk; they are 2½ times more likely to have a recent history of crash involvement than those without cataract. Severe contrast sensitivity impairment due to cataract elevates at-fault crash risk among older drivers, even when contrast impairment and cataract are present in only one eye. (Arch Ophthalmol.2001;119:881-7).

If you are experiencing difficulty in driving, then in addition to measuring your vision with a standard eye chart, other tests designed to measure contrast sensitivity (Pelli-Robson test) and glare disability (Brightness Acuity Tester) are needed to get a true estimate of the level of vision problem.

If the visual acuity is worse than 20/40 (level at which you fail a drivers test), then cataract surgery may be reasonable. Contrast sensitivity function and glare disability tests will help in fully determining the extent of vision disability if you have considerable night vision complaints despite having good visual acuity (i.e. despite having better than 20/40 vision).

In fact, many older adults with cataract have better than 20/40 vision but still have trouble driving at night. Older drivers usually learn to avoid visually challenging situations such as driving during inclement weather, and at rush hour. Some drivers with cataract even stop driving or reduce

their driving exposure (miles per week). Considering cataract surgery in these situations may be reasonable if these driving limitations disrupt routine activities and the potential risks of cataract surgery are acceptable.

Cataract surgery is not without risks and any decision for surgery must take into account the potential for infrequent but possible serious complications that may cause irreversible vision loss. This [editorial](#) in Journal of American Medical Association also argues for a considered decision and not a rush to cataract surgery.

### **When to have Cataract Surgery?**

When should a person with cataract have surgery performed? Currently in the United States, cataract surgery is usually performed when functional limitations become serious, and for most patients this translates to visual acuity decline to 20/40 or worse by the time of surgery. The mere presence of a cataract, even if determined to be advanced or 'ripe' is not reason enough to have cataract surgery if you believe you see well enough to do the things you want to do and consider the risk-benefit equation unfavorable.

Formal measures of functional status, or description of functional impairment gained through history taking are necessary, but not sufficient, for determining the need for surgery. The findings of the physical examination should corroborate that the cataract is the major contributing cause of the functional impairment, and that there is a reasonable expectation that managing the cataract will positively impact your functional activity.

There is a lot of subjectivity in the above criteria for cataract surgery. Whereas a particular activity may be important for one individual's lifestyle, it may not be essential in someone else's life. Depending upon the priority level of the activity in a persons lifestyle, one may or may not consider it to be disruption of routine activities if its performance is restricted due to cataracts. What is poor vision for one person may not seem quite as bad to another. The decision to have cataract surgery, therefore, is highly personal and one cannot advice cataract surgery based on cutoff values of vision or degree of cataract maturity.

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