IMPACT OF CATARACT SURGERY ON VISUAL ACUITY AND QUALITY OF LIFE

IMPACTO DE LA CIRUGÍA DE CATARATA: AGUDEZA VISUAL Y CALIDAD DE VIDA

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ABSTRACT

Objective: To evaluate visual acuity and quality of life improvement after cataract surgery.

Methods: Visual acuity and quality of life were assessed in patients undergoing phaco-emulsification. They were of both genders, ranged from forty-six to ninety-two years of age, and were able to understand the SF-36 quality of life questionnaire which explores the differences in quality of life before and after surgery. The questionnaire was completed before cataract surgery and again 6 and 18 months later. Visual acuity was measured with Snellen optotype.

Results: The answers of 150 patients were evaluated in this study. The average age was 74.32 years (SD 6.44). After the surgery the body pain results increased, with this shown to be statistically significant. The social function, general health, perception, role limitation due to physical problems and physical function significantly improved between the first and third consultations. There were no significant differences in role limitation due to emotional problems, nor in vitality. The mental health dimension became worse between consultations although there was no statistically significant difference found. The average values for Visual Acuity were 18.39, 66.01 and 69.02 at the three timed assessments made.

Conclusion: Facoemulsification is an effective and safe method to improve the quality of life, particularly in the physical aspects. The decrease

RESUMEN

Objetivo: Medir el impacto de la cirugía de catarata sobre la calidad de vida y agudeza visual.

Métodos: Se mide la calidad de vida en pacientes intervenidos de Catarata de cuarenta y seis a noventa y dos años de edad, de ambos géneros y con un nivel intelectual que les permitiera comprender el cuestionario (SF-36). Se completó el cuestionario antes del acto quirúrgico seis y dieciocho meses después. La agudeza visual se mide con el optotipo de Snellen.

Resultados: Se realizaron 150 cuestionarios. La edad media fue de 74,32 años (DE 6,44). El dolor corporal fue mejorando de forma significativa. La función social, salud general, evolución declarada de la salud, rol físico y función física tienen una evolución similar, manteniendo una mejora significativa entre la primera y tercera consulta. No existieron diferencias significativas en el rol emocional ni en la vitalidad. La salud mental ha ido empeorando en las sucesivas consultas con diferencias significativas entre ellas. Los valores medios de agudeza visual son 18,39%, 66,01% y 69,02%.

Conclusiones: La facoemulsificación es un método efectivo y seguro para mejorar la calidad de vida, sobre todo en los aspectos físicos. La disminución

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CONCLUSIONS: Cataract surgery performed by phacoemulsification has been proven to be effective in improving quality of life, especially in physical aspects, according to the improvement in role limitation due to physical problems. Visual acuity also improves after surgery. Disease specific instruments, such as the SF-36, should be used as the outcome measure in clinical practice after cataract surgery (Arch Soc Esp Ofthalmol 2008; 83: 237-248).

Key words: Cataract, Visual acuity, Quality of life, SF-36 Survey.

INTRODUCTION

The prevalence of senile cataracts in the general population increases up to 45.9% between 75 and 85 years (1,2). In many developed countries, cataract surgery is one of the surgical procedures with the highest number of operations in the adult population (3).

Quality of life related to health has two aspects which involve different problems for validation (4,5). One is the objective part, which is the functional status of the individual, and the other is the subjective feeling of health and welfare (6). It includes:

Physical functionality: the possibility of carrying out daily routines involving hygiene and personal care, walking, etc. The physical side of quality of life also refers to disease symptoms and the treatment thereof.

Psychological functionality: the mental and emotional welfare, satisfaction and happiness.

Social functionality: social relations, participation in activities.

Perception of health, pain and above all satisfaction with life.

In recent years there has been a trend involving the assessment of visual function vis-à-vis quality of life related to eyesight. This increased interest has led to the development of surveys which attempt to measure said concepts. If it were possible to make a quantitative measurement of the effect of cataracts on quality of life, we would have an objective parameter to assess its development, the indication of surgery and subsequent improvements. The goal of cataracts surgery is to improve visual acuity and therefore the visual function, considering that it entails improvements in quality of life. In 2005 an observation study was published by Lee et al indicating that cataract symptoms are highly associated to quality of life related to eyesight (7).

It was decided to utilize the SF36 survey because it is generic, multi-dimensional and accessible. The aim is to determine the gain in visual function and quality of life (related to health and eyesight) after cataract surgery (8).

The initial hypothesis is the existence of an important impact of cataract surgery in quality of life and visual acuity of patients operated for this pathology in the Outpatient Surgery Unit of the ophthalmology service of the Virgen de la Salud Hospital (Toledo, Spain). Said impact can be quantified utilizing a validated survey (SF-36) and Snellen’s far sight optotype.

The goals are:

– To objectively assess the visual acuity improvement after cataract surgery and present an instrument for directly measuring quality of life.

– By means of a survey (SF-36) applied to cataract patients, to measure the functional involvement and improvement after surgery. In addition to assess, on the basis of the SF-36 analysis, the variations in quality of life before and after surgery.

– To assess on the basis of the registered visual acuity measured with Snellen’s optotype, the variations in best corrected vision before and after surgery.

To relate the changes in visual acuity on quality of life before and after surgery.

Conclusions: Cataract surgery performed by phacoemulsification has been proven to be effective in improving quality of life, especially in physical aspects, according to the improvement in role limitation due to physical problems. Visual acuity also improves after surgery. Disease specific instruments, such as the SF-36, should be used as the outcome measure in clinical practice after cataract surgery (Arch Soc Esp Oftalmol 2008; 83: 237-248).

Key words: Cataract, Visual acuity, Quality of life, SF-36 Survey.
SUBJECTS, MATERIAL AND METHODS

Type of study

A hospital-based prospective, analytic and longitudinal study for measuring quality of life with SF-36 survey and with best corrected visual acuity with Snellen’s far sight optotype in patients operated on cataract in the Outpatient Surgery Unit of the Ophthalmology Service of the Virgen de la Salud hospital of Toledo, Spain.

Population of the study

A group of 150 patients operated on cataract of the first eye by means of phacoemulsification with intra-ocular lens (IOL) implant between October 2002 and June 2003.

Inclusion criteria

Patients who were intervened with lens phacoemulsification with subsequent IOL implant, between 46 and 92 years of age, both sexes with an intellectual level which allowed them to understand and fill in the survey. Said criteria included patients with previous ophthalmological pathologies such as glaucoma or macular degeneration, without discarding those who exhibited intra-or post-op complications.

Field study

SF-36 survey (Appendix 1)

This survey was utilized as an exploration method to assess the subjective evaluation of the results of cataract surgery by patients (9-11). The SF-36 survey (Short-Form Health Survey) was designed by Dr. John Ware on the basis of the Rand Group medical results study. It is an instrument for measuring the general health and the results of medical interventions. It can be self-administered or filled in by an interviewer. It was decided to use this survey because it is one of most utilized subjective assessment methods for cataract surgery. The survey was filled in prior to the operation and after six and eighteen months thereof.

Snellen’s optotype

This is an optotype for measuring far vision.

— Independent Variables:
  — Gender.
  — Age: in years.
  — Date cx: surgery date.

The following variables were obtained on three occasions: one in the medical practice prior to surgery, the second one six months after the surgery and the third one 18 months after surgery. Each is represented with the sub-index 1, 2 and 3 respectively.

  — Date of SF-36 survey.
  — Measurement of visual acuity.

Variables corresponding to the SF-36 quality of life survey: physical function, limitation of roles due to physical problems, physical pain, social function, mental health, emotional welfare, limitation of roles due to emotional problems, vitality, energy or fatigue, perception of general health and health compared to one year ago.

  — Dependent variable or result:
  
  Quality of life has improved, remained the same or deteriorated. This is defined on the basis of the results of the SF-36 survey before and after the cataract surgery. We were able to define:
    • Quality of life has improved: higher score after surgery.
    • Quality of life remained the same: same score before and after surgery.
    • Quality of life has worsened: worst score after surgery.

  Visual acuity has improved, remained the same or worsened. This was defined in accordance with the registered results by means of the best corrected vision (decimal system) of Snellen’s far sight optotype. It was utilized for assessing the quality of life related to health.

  — Data collection circuit.

The patient attended the practice for a first assessment (anamnesis + exploration), was included in the cataract surgery waiting list and the SF-36 survey was filled in. The post-surgery surveys were made with a telephone interview.

The assistance period established for inclusion in the study was of nine months for collecting the pre-surgery surveys (October 2002 - June 2003) and ten months for the post-surgery survey (March – December 2003) and a further nine months for the last record (April – December 2004).
Appendix I. SF-36 Health Survey

INSTRUCTIONS: The following questions refer to what you think about your health. Your answers will allow us to determine your condition and the extent to which you are able to carry out your usual activities. Please answer each question as indicated. If you are not sure about any answer, please write down what you think is closest to the truth.

1. In general, would you say your health is:
   (mark only one number)
   - Excellent 1
   - Very good 2
   - Good 3
   - Fair 4
   - Poor 5

2. Compared to one year ago, how would you rate your health in general now? (marque un solo número)
   - Much better now that a year ago 1
   - Somewhat better now than a year ago 2
   - About the same as one year ago 3
   - Somewhat worse now than one year ago 4
   - Much worse now than one year ago 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?
   (mark only one number for each question)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, gold? or playing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e) Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f) Bending, kneeling or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g) Walking more than one mile</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h) Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i) Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j) Bathing or dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
   (mark only one number for each question)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down the amount of time you spent on work or other activities?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c) Were limited in the kind of work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d) Had difficulty performing the work or other activities (for example, it took extra time)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
   (mark only one number for each question)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down the amount of time you spent on work or other activities?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c) Didn't do work or other activities as carefully as usual</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix I. SF-36(tm) Health Survey

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (mark only one number)
   Not at all 1
   Slightly 2
   Moderately 3
   Quite a bit 4
   Extremely 5

7. How much bodily pain have you had during the past 4 weeks? (mark only one number)
   Not at all 1
   Slightly 2
   Moderately 3
   Quite a bit 4
   Extremely 5

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (mark only one number)
   Not at all 1
   Slightly 2
   Moderately 3
   Quite a bit 4
   Extremely 5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (mark only one number for each question)

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Did you feel full of pep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b) Have you been a very nervous person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c) Have you felt so down in the dumps nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d) Have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e) Did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f) Have you felt downhearted and blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>g) Did you feel worn out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>h) Have you been a happy person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>i) Did you feel tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? (mark only one number)
    All of the time 1
    Most of the time 2
    Some of the time 3
    A little of the time 4
    None of the time 5

11. How TRUE or FALSE is each of the following statements for you? (mark only one number for each question)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Don't's know</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I seem to get sick a little easier than other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) I am as healthy as anybody I know</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) I expect my health to get worse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) My health is excellent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
— Analysis of data:
- DESCRIPTIVE STATISTICS: The quantitative variables are expressed with mean ± typical deviation, mean, minimum and maximum. The qualitative variables are expressed by means of absolute and relative frequencies (or percentages).
- ANALYTICAL STATISTICS: Friedman tests were applied to determine the existence of differences between the values obtained in the practices for each quality of life and visual acuity aspect. Subsequently the post-hoc tests were applied to determine (in the cases in which differences were found) in which of the practices these were significant and a general linear model to assess the linear tendency.

The computer processing and analysis of data were made with the SPSS v. 9.0 program (SPSS Inc, Illinois, USA). A bilateral value of \( p < 0.05 \) was taken to be statistically significant.

RESULTS

Family variables

- Gender: the gender variable was defined for all 150 patients included in the database, 70 males (46.7%) and 80 females (53.3%).
- Age: The age variable of the 150 patients is known: the youngest was 46, the oldest 92, the mean age was of 74.32 years, the standard deviation of 6.44 and the mean age of 75.00.

Time variables

The time elapsed from the pre-surgery visit to the surgery date was known for 148 patients. The mean time was of 20.14 days. The average was of 14.00 days. The time elapsed from surgery date to the first post-surgery visit was known for 149 patients. The mean time was of 175.78 days (5.75 months). The mean was 175.00 days (5.73 months). The mean time elapsed from the pre-surgery visit to the second post-surgery visit was of 540.00 days (17.67 months) and the mean of 536.31 days. (17.55 months).

SF-36 survey

The values obtained for each quality of life aspect are shown below.

1. Physical function (fig. 1).
   The physical function improved significantly between the first and second visit, and worsened significantly between the second and third visit, maintaining even so a significant improvement between the first and third visit.

2. Limitation of roles due to physical health problems (fig. 2).
   Role limitations due to physical problems, as interpreted in SF-36, improve after surgery in a statistically significant manner. This improvement also appears 18 months in comparison to the pre-surgery score, although not as marked as the 6-month increase. Role limitations due to physical health problems improves significantly between the first and second visit but it worsens significantly between the second and third visit to the practice. Even so, it maintains a significant improvement between the first and third visit.

3. Physical pain
   Physical pain showed an improvement in each visit, with statistically significant differences between them (fig. 3).

4. Social function: The social function improved significantly between the first and second visit and also improved, although not significantly, between the second and third. Even so, a significant improvement was maintained between the first and third visit (fig. 4).

5. Mental health, emotional welfare: mental health worsened in each visit, with significant differences between them (fig. 5).
6. Limitation of roles due to emotional problems: No significant differences were found (fig. 6).

7. Vitality, energy or fatigue: No significant differences were found (fig. 7).

8. Perception of general health: The perception of general health improved significantly between the first and second visit to the practice and worsened significantly between the second and third, maintaining however a significant improvement between the first and third visit (fig. 8).

9. Health compared to one month ago: The declared evolution of health improved significantly between the first and second visit and worsened significantly between the second and third visit, maintaining a significant improvement between the first and third visit (fig. 9).

Of the 9 areas of SF-36, physical pain has shown improvements in each visit, with significant differences between each. Social function, general health, declared health evolution, physical roles and physical function evolved in similar manner with significant improvements between the first and second visit and significant worsening between the second and third visit. Even so, a significant difference was maintained between the second and third
visit. No significant differences were found in emotional roles or vitality. The mental health area worsened in each visit, with significant differences between them.

A general linear model was made to show that the quality of life areas exhibiting a linear tendency (all except emotional roles and vitality) between visits, this tendency is independent of the gender and age of patients.

Visual acuity. The mean visual acuity values were of 18.39, 66.01 and 69.02 for the three visits, respectively.

Friedman’s test and the corresponding post-hoc tests were applied to determine the existence of differences between the values obtained in each visit, and it was verified that visual acuity showed a statistically significant improvement. On the other hand, a generalized linear model was made to prove the existence of a linear tendency towards improved corrected visual acuity in each visit, independently of gender but not age of patients. The evolution of visual acuity is statistically different in patients aged up to 75 than in those over said age (fig. 10).

Fig. 6: Limitation of roles due to emotional problems.

Fig. 7: Vitality, energy or fatigue.

Fig. 8: Perception of general health.

Fig. 9: Health compared to one month ago.
DISCUSSION

SF-36 survey

The explored areas show the following data.

Physical functionality: This significant improvement was seen in daily activities such as walking, going up stairs, leaning, bathing and dressing. This improvement could indicate greater confidence by patients for performing their daily chores. Visual function is the capacity to carry out activities which depend on eyesight including domestic chores, personal care and mobility.

Limitation of roles due to physical health problems: improvement in this area matches the above improvements, with a reduction of limitations experienced before surgery. Physical health improves and therefore the limitations for carrying out daily activities are reduced. Cataract surgery can prevent reduced autonomy and delay dependency situations.

Social functionality: Post-surgery improvements could indicate an enhanced ability by patients to achieve greater autonomy due to the capacity to perform social activities more frequently. This parameter measures the social activity of participants as a function of the number of contacts and activities carried out, as well as the frequency thereof. Relationships and social activities improve in accordance with the improvements in physical and emotional functions.

The self-perception of health improved considerably. This parameter measures the patient’s feeling about his/her own health, the belief of being healthy and the thoughts about deterioration of health in the future.

Vitality and energy or fatigue: The increases in this parameter were not significant, although a higher emotional sensitivity was detected in these patients who, being elderly, are more susceptible to influences. This parameter is based on the measure of 4 aspects with empirical validity and an adequate balance between positive and negative responses. The sensitivity of the scale in the impact of the disease and treatment was demonstrated in clinical trials (12-15).

Bodily pain: a significant improvement was identified in this area, which shows the feeling of pain and the limitations arising from it. It refers to the frequency and duration of pain which interferes in daily activities. Cataract surgery involves a minor aggression and rapid recovery as portrayed in this survey.

Emotional role (social dysfunction due to emotional problems): the improvement in social function at work and in daily activities due to observed emotional problems is not significant. However, the enhanced social function probably causes these patients to have less time to dwell on problems.

Current health compared to one month ago: there is a significant improvement between the first and third visit.

Mental health: this parameter has shown a significant deterioration probably because the surgery had a decisive influence in patients with previous emotional problems. It comprises the four major dimensions of mental health: anxiety, depression, loss of self-control and psychological well-being. It completes the range between nervousness and depression on the one hand and tranquility, happiness and calm on the other. The literature includes several studies on the influence of cataract surgery in patients with cognitive dysfunction (16).

It is considered that the more parameters or dimensions of the SF-36 survey exhibit post-surgery improvements, the greater the likelihood that cataract surgery will be clinically useful and involve functional improvements for the patients.

Fig. 10: Evolution of visual acuity of patients under and over 75 operated for cataract in the three visits.

The visual acuity of patients exhibited a marked improvement after surgery, up to 4 times greater in
the last visit against the base value prior to surgery. In addition, the improvement is greater in younger patients. This may not involve better visual function or greater capacity for independent life. Similarly, other studies conclude that independence for basic activities and an age below 75 have a favorable influence in the outcome (17). In what concerns parameters related to visual improvement in quality of life, the evolution is also positive.

The SF-36 survey and visual acuity

At present there is a greater interest in assessing the visual function and quality of life related to health and eyesight. The link between both is obvious and can be seen in the results, which can be considered as an INDICATOR OF HEALTH SERVICE QUALITY for comparing the variations in the quality of life of patients intervened in a number of hospitals on the basis of the same inclusion criteria. Assessing the results of cataract surgery only with clinical indicators could underestimate the overall benefits, particularly in patients showing a poor visual result. Some studies state that the greater gains in visual function and in quality of life related to health and eyesight appear in the subgroup of patients with poor visual results. The usefulness of these quality of life measures or the like in the routine assessment of the results of cataract surgery requires a deeper and more exhaustive assessment due to the need of an adequate measurement and interpretation of the results and their relationship with clinical and demographic factors. In the past ten years, clinical essays in ophthalmology have been regularly including the patient's perception of his/her general state of health and the results of instruments measuring quality of life parameters related to eyesight (18).

The complex nature of eyesight is an obstacle for devising a perfect measuring instrument. However, it is crucial that in its development doctors should test and assess validated surveys in order to improve them and obtain more information from the results (19,20).

Cataract surgery is effective for improving eyesight and functions related to quality of life. Some studies utilize the quality of life measure as an instrument for therapy decision-making (21). The authors consider it important to enhance the sensitivity of eye specialists to include the improvement of quality of life of their patients in the therapeutic diagnostic algorithms as well as in the success of the results. Our work aims at a comprehensive attention to patients, searching not only technical improvements but also an enhanced quality of their lives.

The following conclusions can be drawn:

Phacoemulsification with IOL implant is an effective and safe method for improving quality of life, mainly in the physical dimension.

Reduced role limitations due to physical health problems after surgery matches the physical improvement, thus enhancing the functionality of patients in their routine activities.

The improvements in social relationships confirm the importance of measuring quality of life aspects in the results of any medical intervention.

Visual acuity clearly improved after surgery, with the values obtained in the last visit to the practice being 4 times better than the pre-surgery values.

Generic quality of life surveys such as SF-36 can be utilized as a measure of the cataract surgery results.

REFERENCES


