

A cataract is the opacity or cloudiness of a lens. The normal lens of the eye is clear. Cataracts can develop in one or both eyes, at any stage in life as a result of many causes. They vary from extremely small areas of cloudiness to large opaque areas causing blurred or loss of vision. They can develop slowly over many years or may form rapidly in a matter of months but some cataracts never progress to the point that they need to be removed. The condition is common in people over the age of 60, more than half of the people over 65 years have some degree of cataract development. Cataracts may also be occasionally found in younger people, including newborns.

What causes cataracts?

The most common cause is related to aging. Other factors include genetic inheritance; medical problems such as diabetes mellitus; medications such as steroids; eye injuries; radiation; long-term unprotected exposure to sunlight; and previous eye surgery. There is also an inconclusive association between cataract formation and low levels of antioxidants such as vitamin C, vitamin E, carotenoids.

Signs and symptoms

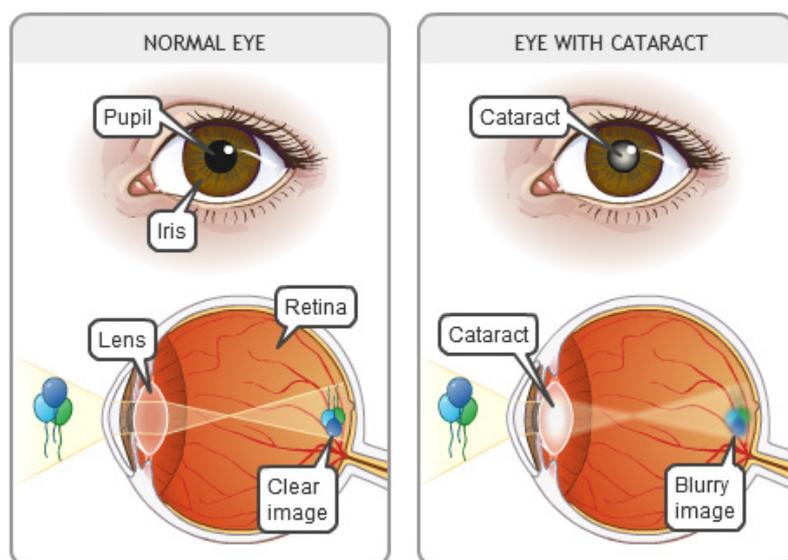
Cataracts develop without pain or redness. Some of the indications that a cataract may be forming include blurred or hazy vision, double vision in one eye, needing brighter light to read, poor night vision, fading or yellowing of colours, the appearance of spots in front of the eyes, or the feeling of having a film over the eyes. The hallmark symptoms of cataract are decreased vision and increased problems with glare.

Diagnosis

A comprehensive eye examination by an optometrist or ophthalmologist (eye specialist) can determine if a cataract is forming. A thorough eye examination with an instrument called a slit lamp microscope can detect the presence and extent of a cataract, as well as any other conditions that may be causing blurred vision or discomfort. Examination of the eye involves identifying the nature and severity of the cataract and assessing any other diseases that might contribute to symptoms or limit the potential for good vision following cataract surgery.

Elements of the eye examination may include, but are not limited to the following:

- Measurement of visual acuity
- Biomicroscopy with pupillary dilation
- Stereoscopic fundus examination with dilation of the pupils
- Assessment of ocular motility (ability of the eyes to move)
- Assessment of binocularity (ability of both eyes to focus



- on an object in a coordinated manner)
- Visual fields screening
- Evaluation of pupillary responses
- Refraction to rule out refractive shift as a cause for the decreased vision
- Measurement of intraocular pressure (fluid pressure inside the eye)

Treatment

In the early stages of a cataract, where vision is only minimally affected, the optometrist or ophthalmologist can prescribe new lenses to give the best possible vision. There are no medications, eye drops, exercises or glasses that will cause cataracts to disappear once they have formed. When the cataracts start to interfere with daily activities and glasses cannot improve vision, an eye specialist may recommend the surgical removal of cataracts. Consideration should be given to the vision needs of the patient as they relate to his or her lifestyle, occupation and hobbies. During cataract surgery, a lens is removed from the eye and replaced with an artificial one (Intra-Ocular Lens Implant) so that a person may see again. The surgery is relatively uncomplicated and successful.

Three types of medicines namely antibiotics, corticosteroids and non-steroidal anti-inflammatory drugs (NSAIDs) are generally prescribed after surgery. The medicines are given to prevent infections, prevent raised intraocular pressure and to control pain. Within these classes, there are multiple medications from which to choose, including generics.

Spectacles are needed after cataract surgery with Intra-Ocular Lens Implant to correct any residual refractive errors. Residual refractive errors may be due to planned or unexpected undercorrection or overcorrection by the Intra-Ocular Lens power and/or due to pre-existing corneal astigmatism or induced corneal astigmatism caused by suturing of the incision.

Post cataract surgery

The most common complication of cataract surgery is clouding of the part of the lens covering (capsule) that remains after surgery, called posterior capsule opacification. YAG posterior capsulotomy may be recommended to correct the problem.

Prevention

Currently, there is no proven method to prevent cataracts from forming. Wearing sunglasses is beneficial in protecting the eyes from harmful ultraviolet rays of the sun. An antioxidant-rich diet of fresh fruits and vegetables and added supplements such as vitamins A, C and E, and lutein have also been shown to be beneficial. A diet low in carbohydrates (sugars) may also decrease the risk of cataracts. Eating fish that is high in omega-3 fatty acids has also been linked to a reduced risk of cataracts and their progression.

Prescribed Minimum Benefits

Cataract is a Prescribed Minimum Benefit condition under Diagnostic Treatment Pair (DTP) code 901B. The DTP refers to Cataract; aphakia. The treatment component of this DTP is specified as extraction of cataract; lens implant.

The diagnosis, treatment and care costs of cataracts should be paid according to the PMB regulation. The interpretation of the PMB's should follow the predominant public hospital practice.

PMB treatment and care cover includes:

- All consultations for diagnosis and follow-up of cataract
- In and out of hospital care
- Pathology, radiology and other investigative and monitoring services
- Medication: pre-operative and post-operative medication which may include anti-inflammatory, antibiotics, steroids.
- Appliances, devices – subject to managed care protocols
- Spectacles

Managed Care arrangements that the Scheme has with Designated Service Providers (DSPs) for the diagnosis, treatment and care of the condition should be communicated with the member and the provider.

The PMB code of conduct stipulates that communication in respect of benefits must be clear, in plain language and must be readily available. The schemes must ensure the following information is available to all members:

- The process by which members can apply or register for PMB coverage must be made available to providers and members.
- The outcome of the application or registration process must be communicated to members.
- The location and contact details of DSPs.
- The way in which claims will be covered if the member does not make use of the DSPs or baskets of care.
- The applicable process and procedure to be followed if there are no available services or beds within the DSP at the time of request, and where such clinical services should be obtained by the member. Furthermore, the obligations of the scheme to ensure that the member is facilitated in obtaining those services from an alternative service provider and that such facilitation should be timeously done and with due regard to the member's clinical needs.
- It should be noted that the Medical Schemes Act prohibits schemes from funding of any care associated from their medical savings account (MSA). Therefore, members must ensure that care associated with cataracts is not funded from their MSA and follow the process of registration outlined above for the care to be funded from the risk pool or what is commonly and loosely known as "hospital benefits".

References

Care of the Adult Patient with Cataract. 2015. [ONLINE] Available at: <http://www.aoa.org/documents/optometrists/CPG-8.pdf>. [Accessed 25 June 2015]

Procedures: Cataract Surgery in Cape Town. 2015. [ONLINE] <http://www.eyelaserclinic.co.za/procedures/cataracts> [Accessed 25 June 2015]

Cataracts: A Clear Vision for Healthy Living. 2015. [ONLINE] Available at: http://www.nccah-ccnsa.ca/docs/nccah%20partner%20documents/vision_cataracts_web.pdf. [Accessed 25 June 2015]

Cataract: A Closer Look. 2015. [ONLINE] Available at: https://secure.aao.org/pdf/051084_Sample.pdf. [Accessed 25 June 2015]

Nd:YAG Laser Posterior Capsulotomy for Cataracts. 2015. [ONLINE] Available at: <http://www.webmd.com/eye-health/cataracts/ndyag-laser-posterior-capsulotomy-for-cataracts>. [Accessed 25 June 2015]

Smeltzer, S.C., Bare, B.G., Hinkle, J.L. & Cheever, K.H. 2010. Textbook of medical – surgical nursing. 12th edition. Philadelphia: Wolters Kluwer Health/Lippincott William & Wilkins.

PMBs

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

**The Communications Unit would like to thank
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