HIGHLIGHTED FINDINGS AND RECOMMENDATIONS FOR CARE

Symptomatic cataract is a surgical disorder. Dietary intake and nutritional supplements have demonstrated minimal effect on the prevention or treatment of cataract.

Most cataract surgery in the United States is performed by small-incision phacoemulsification with foldable intraocular lens (IOL) implantation on an outpatient basis.

Refractive cataract surgery, including astigmatism management, intraoperative refractive guidance, and specialty IOL implantation, has the potential to reduce a patient's dependence on eyeglasses or contact lenses for distance, intermediate, and near vision.

Femtosecond laser-assisted cataract surgery (FLACS) increases the circularity and centration of the capsulorrhexis and the precision of the corneal incisions. It may also reduce the amount of ultrasonic energy required to remove a cataract. However, the technology is not yet cost-effective, and the overall risk profile and refractive outcomes have not been shown to be superior to that of standard phacoemulsification.

Topical nonsteroidal anti-inflammatory drugs (NSAIDs) reduce the incidence of early postoperative cystoid macular edema (CME), but a long-term benefit has not been demonstrated.

There is substantial evidence that intracameral antibiotic administration reduces the risk of postoperative bacterial endophthalmitis. Increasing evidence also suggests that topically applied antibiotics do not add to the benefit of intracameral injection.

Minimally invasive glaucoma surgery can enhance the intraocular pressure-lowering effects of cataract surgery in some patients with mild to moderate glaucoma.
