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Expectation Of Successful Removal Of Cataract Among Rural Patients At A Teaching Hospital In Central Maharashtra

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Abstract: ***Cataracts are most commonly due to aging but may also occur due to trauma or radiation exposure, be present from birth, or occur following eye surgery for other problems.[1][2] Risk factors include diabetes, smoking tobacco, prolonged exposure to sunlight, and alcohol. Either clumps of protein or yellow-brown pigment may be deposited in the lens reducing the transmission of light to the retina at the back of the eye. Diagnosis is by an eye examination.[3].In any society, a patient's visual function (VF), which is a measurement of the important vision-dependent tasks or she can do, is a more important measure of the need for cataract surgery .[2] The impact on VF is related to patient-perceived outcomes and has become a significant factor in the evaluation of the outcome of surgical interventions. Therefore, both VA and functional status after surgery need to be studied to know the outcome.***

Methods: This was a cross-sectional hospital based survey carried out in a tertiary care hospital in Maharashtra over a period of 2 months after taking permission from the Ethics Committee. The questionnaire was used for research. The authors were the investigators in this study. The questionnaire was in English, but the questions were read out in the local dialect to the participants. The relatives contributed in responses. Data collection pertained to indices of expectation and satisfaction from surgical outcome and demography.

Result: Of the 100 patients included in the study, 54 (54%) were literate. The average age of the study population was 62.46 years. Thirty eight (38%) patients were <60 years, the youngest being 55 years old. In our study group 56 (56%) patients were farm laborers by occupation who are required to pull out weeds from among the crop, 18 (18%) were employed in professions other than farming such as shopkeepers, helpers in shops and hotels, technicians and drivers, etc. Rest of the patients (26%) lead sedentary lifestyles

Keywords: Expectations, Quality of life, Visual function, High Risk Population.

I. INTRODUCTION

A cataract is a clouding of the lens in the eye leading to a decrease in vision. It can affect one or both eyes. Often it develops slowly. Symptoms may include faded colors, blurry vision, halos around light, trouble with bright lights, and trouble seeing at night. This may result in trouble driving, reading, or recognizing faces. Poor vision may also result in an increased risk of falling and depression. Cataracts are the cause of half of blindness and 33% of visual impairment worldwide. Prevention includes wearing sunglasses and not smoking. Early on the symptoms may be improved with eyeglasses. If this does not help, surgery to remove the cloudy lens and replace it with an artificial lens is the only effective treatment. Surgery is only needed if the cataracts are causing problems. Surgery generally results in an improved quality of life. Cataract surgery is not easily available in many countries, which is

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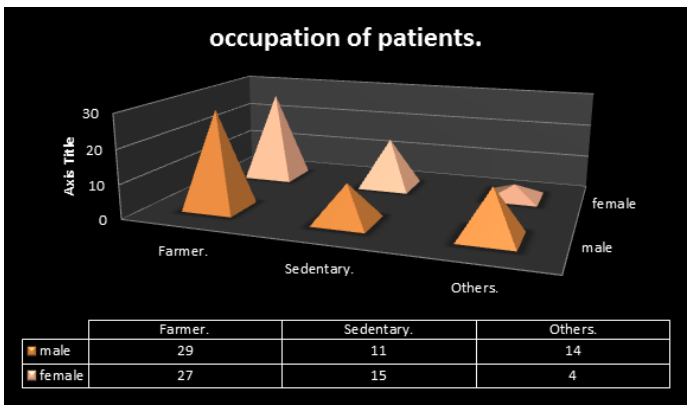
especially true for women, those living in rural areas, and those who cannot read.

II. MATERIALS & METHODS

This was a cross-sectional hospital based survey carried out in a tertiary care hospital in Maharashtra over a period of 2 months after taking permission from the Ethics Committee. The questionnaire was used for research. The authors were the investigators in this study. The questionnaire was in English, but the questions were read out in the local dialect to the participants. The relatives contributed in responses. Data collection pertained to indices of expectation and satisfaction from surgical outcome and demography. The demographic data included age, sex, educational status, and occupation. Patients were considered illiterate if they had not attended school at all or attended school only up to Class 8. The expectation from surgery was asked subjectively as to what they should be able to do/perform after cataract surgery. If all the expectations had been fulfilled, the patient was considered to be highly satisfied, if partly fulfilled, he/she was considered to be moderately satisfied and if not fulfilled at all then he/she was considered to be dissatisfied with the surgery. All the patients underwent manual small incision cataract surgery or phacoemulsification with intraocular lens implantation.

- ✓ *STUDY DESIGN:* Cross sectional study.
- ✓ *STUDY METHOD:* Questionnariae based study.
- ✓ *INCLUSION CRITERIA:* The inclusion criteria adopted was patients who had a cataract in both or one eyes but no other vision threatening ocular problem and who were willing to be interviewed.
- ✓ *EXCLUSION CRITERIA:* Those who don't have cataract and not willing to give interview.
- ✓ *ETHICAL AND LEGAL CONSIDERATION:* Sufficient permissions and consent were procured from Principal, Hospital and clearance from the Institutional Ethical Committee was obtained in advance.
- ✓ No laboratory test used.
- ✓ No equipment's used.

III. RESULTS



	Farmer.	Sedentary.	Others.
male	29	11	14
female	27	15	4

Figure 1

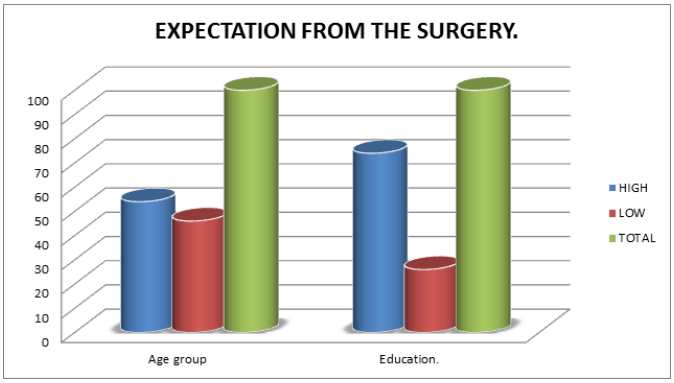


Figure 2

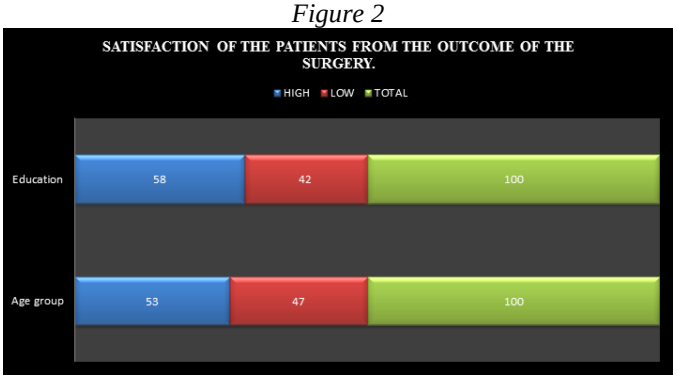


Figure 3

Age group.	Male.	Female.	Total.
<60.	18.	20.	38.
60-70.	30.	15.	45.
>70.	6.	11.	17.
Total.	54.	46.	100.
Education.			
Illiterate.	10.	15.	25.
Upto 8th std.	15.	6.	21.
>8th std.	29.	25.	54.
Total.	54.	46.	100.

Table 1: Profile of participants

	Expectation(%).			Satisfaction(%).		
Age group.	High.	Low.	Total.	High.	Low.	Total.
<60.	15.	23.	38.	16.	10.	26.
60-70.	6.	11.	17.	31.	11.	42.
>70.	33.	12.	45.	6.	26.	32.
Total.	54.	46.	100.	53.	47.	100.
Education.						
Illiterate.	18.	16.	34.	36.	22.	58.
Literate.	56.	10.	66.	22.	40.	42.
Total.	74.	26.	100.	58.	42.	100.

Table 2: Distribution of expectations and satisfaction with respect to education and age

IV. DISCUSSION

India is a developing economy that has a largely agrarian population where every member of the household contributes for the sustenance of the family. This has been proven in this study that shows that despite growing age and low vision, the study population was gainfully employed and expected to be able to do so after cataract surgery. The study also shows that though the quality of life of the patients was compromised yet, reasonable VF permitted them to continue working because of the nature of their job that does not require fine acuity of vision. The results of our study show that even though majority (62%) of the study population was more than60 years old, most of them (88%) were gainfully employed. Other studies conducted in developing countries have reported similar observations.[11]. An African study had reported a similar age at a presentation at 66.5 years[12] where as Conner-Spady*et al*. had reported the mean age of patients in Canada to be 73.4 years.[13]The fact that the study population had severe visual impairment and yet they were going out to work brings out the fact that despite low vision, they were not only independent in their daily activities but also contributed economically toward their households. It also indicates that the profession in which the study population was engaged does not require fine acuity of vision. Farm laborers pull out weeds from among the crop that is done with bare hands and does not require the use of sharp instruments. The attitude of the study population toward their visual incapacity reinforces the observations of a study conducted in Egypt that had concluded that stigmatizing attitudes that the blind are completely dependent and unable to fulfill their social roles encourage those with decreased vision to deny the extent of their visual loss.[14]

V. CONCLUSION

For this study, 120 patients were recruited but the final data of only 100 was collected because of drop out. Since all the patients were considered, sampling was not done. Of the 100 patients included in the study, 54 (54%) were literate. The average age of the study population was 62.46 years. Thirty eight (38%) patients were <60 years, the youngest being 55 years old. Out of the total of 100, 46 (46%) were female patients. In our study group 56 (56%) patients were farm laborers by occupation who are required to pull out weeds from among the crop, 18 (18%) were employed in professions other than farming such as shopkeepers, helpers in shops and hotels, technicians and drivers, etc. Rest of the patients (26%) lead sedentary lifestyles (TABLE 1).

The patients expressed multiple expectations about resuming activities after cataract surgery. Most (90%) of the patients expected to be able to continue or resume their economically productive activity after cataract surgery and a majority (85%) expected to be able to perform their activity as before. Expectation levels were high in the age group up to 60 years. Eight percent from the people above 60 years of age had low expectations. While 70% from the younger population (<60 years) were highly satisfied, 30% were moderately satisfied with their surgery. Of the older population (>60 years), 77% were highly satisfied whereas23% were moderately satisfied with the surgical outcome. None of the patients was dissatisfied from the outcome (TABLE 2).

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CONFLICT OF INTEREST

No conflict of interest involved so ever.

SOURCE OF FINDING

The article does not have any funding issue involved in this generation.

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