

Editorial Note on Cataract Surgery

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Editorial

Cataract surgery is a standard surgical procedure performed in medicine. More than 20 million operations were performed worldwide in 2015, including 3.6 million in the United States of America and 4.2 million in the European Union. Advances in technology have made cataract surgery the safest eye surgery in the world. However, an increase in life expectancy and quality of life results in an expected increase in terms of outcomes. At present, people over the age of 70 still want to maintain a busy lifestyle, which includes driving a car and playing sports. Cataract surgery is no longer a procedure to remove a barrier to vision that provides vision restoration. It was a reversal process to remove all indicative errors, including astigmatism, but also in many cases to manage co-existing presbyopia. Therefore, this is a field of many new ideas and new developments. We can still improve and there is a need for more comprehensive strategies. Longevity brings new benefits, including surgery performed on patients with dementia and other age-related diseases, including glaucoma and bone disorders. In addition, the expected length of the intraocular lens (IOL) in the eye has increased significantly, so the physicochemical properties and IOL tolerance should allow IOL to maintain its optical properties for up to thirty years.

Congenital cataract is the leading cause of unsafe blindness in children. Early surgical intervention may prevent the absence of amblyopia and result in a positive visual diagnosis. Appropriate surgical treatment includes microincision cataract aspiration combined with posterior capsulotomy, anterior vitrectomy and primary intraocular lens (IOL) implantation. Basic IOL implants are usually performed on children older than 2 years of age. The inclusion of IOL in children under 2 years of age remains a contentious issue. A review by Bremond-Gignac and colleagues discusses recent developments in the diagnosis and management of congenital cataracts.

It is well known that intraocular inflammation is often more severe in young children and may be characterized by an ocular blood vessel obstruction and a microenvelo or anterior chamber associated with degeneration. Understanding these mechanisms is crucial in controlling the inflammatory response to surgical procedures. Postoperative complications caused by severe inflammation include the formation of posterior , opacifications of the posterior capsule, and fibrous pupillary membrane. This, in turn, intensification of anti-inflammatory drugs has become the cornerstone of a child's surgical treatment. The study by Lai et al. reveals the developmental features

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of the cytokine profile in aqueous jokes and its relationship to the inflammatory response in children.

Crystalline lenses in humans are characterized by long-term growth and the ability to regenerate what is found in its embryonic origin, the epidermis ectoderm, known for its ability to reproduce after injury. Epithelial lens cells (LEC) can multiply and divide to achieve a certain degree of lens regeneration, which is controlled by cell types and their interactions. It can be assumed that altering the cellular environment can accelerate and improve the visual quality of lens regeneration. Therefore, lens resuscitation can be a possible way to restore visual function after eye surgery. It was argued that the integrity of lens capsules, LECs and stem cells are essential for the regeneration of situ function. Therefore, the introduction of a novel delivery strategy is the provision of minimal lens removal content. It included a 1-1.5 mm capsulorhexis opening located at the border of the anterior lens capsule. A review by Liu et al. provides a comprehensive review of lens renewal in humans.

Since we live in the present, we tend to be obsessed with the future, not the past. Interestingly, there are still many eyewitnesses of history. The oldest known explanation for cataract surgery by the Greek philosopher Chrysippus has just been explained, however, that the origin of cataract surgery remains a mystery. It was made in ancient India, and it is generally believed to have been made by Sushruta about 600 BC, although the written source dates back to the 9th century CE and has not been studied in detail.

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Conflict of Interest

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