



# A STUDY TO ASSESS THE QUALITY OF LIFE AMONG PATIENTS UNDERWENT CATARACT SURGERY IN SELECTED HOSPITAL IN PUDUCHERRY

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## ABSTRACT:

**Introduction:** Visual impairment negatively affects the quality of life by making the affected person dependent on others. One of the most important problems with the human eye is blindness that can have hereditary or acquired causes. **Objectives of the study:** The main objective of the study to assess the quality of life among patients underwent cataract surgery. **Methodology:** The research approach used for this study was quantitative research approach. A pre-experimental design was adopted for this present study. By using convenient sampling technique, 30 school-age children were selected for the present study. **Results:** The present study reveals that majority 19 (63.3%) of them had good quality of life, 9 (30%) of them had moderate quality of life and 2 (6.7%) had poor quality of life among patients underwent cataract surgery. **Conclusion:** The study findings concluded that there is significance association between visual activity after surgery and visual activity at present with quality of life among patients underwent cataract surgery where  $p < 0.05$ .

**Keywords:** Visual impairment, quality of life, cataract surgery

## INTRODUCTION:

The sense of vision is very important to every single person in the world. Vision allows the individual to do the basic things such as reading and writing. It also allows the individual to do other activities such as learning,

walking, buying and taking care of personal hygiene without help from others. The human eye is an important part of the human body, and it is a window that reveals the outside world to mankind. The proper functioning of visual sensory organs is necessary for leading a good quality of life.

Visual impairment negatively affects the quality of life by making the affected person dependent on others. One of the most important problems with the human eye is blindness that can have hereditary or acquired causes. Many diseases, including fatal measles, retinopathy in premature infants, cataracts, etc. can cause blindness.

Blindness is considered as a cause as well as an outcome of poverty, and cataract is among the top causes of blindness and is responsible for 47% of total blindness in the world.<sup>3</sup> All patients should be asked if they had adequate vision (near, at a distance, under different lighting conditions) to perform activities of daily living (ADLs) and hobbies. No single test can comprehensively assess the effects of a cataract on a patient's life.

Quality of life (QOL) has a wide range of contexts including the fields of international development, health care, politics and employment. QOL is the general well-being of individuals and societies. A growing body of research indicates that visual acuity (VA) alone is an inadequate measure of visual impairment. A patient's visual function (VF), which is a measurement of the important vision-dependent tasks that he or she can do for himself/herself and their family/society, is a more important measure of the need for cataract surgery than VA alone.

The global initiative for the elimination of avoidable blindness vision 2020, a joint programme of the international agency for the prevention of blindness (IAPB) and the world health organization with an international membership of NGO's professional association's eye care institutions and corporations. A unique, cross-sector collaboration, which enables public, private and non-profit interests to work together, helping people to see, all over the world through which the right to sight have been achieved. Eliminating the main causes of avoidable blindness by the year 2020 by facilitating planning the development and implementation of sustainable national eye care programmes based on the three core strategies of disease control, human resource development and infrastructure and technology, incorporating the principles of primary health care was the main aim.

Despite being the leading cause of treatable blindness, the lack of awareness shortage of trained eye health personnel, limited accessibility, high cost of treatment, and poor surgical outcomes are remains to be a snag in lessening the blindness owing to cataract, particularly in the developing countries, like Ethiopia. Knowledge about cataract alone is the most crucial facet for delaying the occurrence of cataract, to initiate regular eye checkup, and to institute timely intervention and this will. This, in turn, reduces the burden of the disease. Further- more, assessing knowledge regarding cataract is a pre- condition for designing health education and promotion programs.

## **NEED FOR THE STUDY**

According to the WHO, approximately 314 million people worldwide live with low vision and blindness. Of these, 45 million people are blind and 269 million have low vision, 145 million people's low vision is due to uncorrected refractive errors (near-sightedness, far-sightedness or astigmatism). In most of these cases, two-thirds

of blind people are women & girls. In low-income countries 90% of blind people live. Yet, 80% of blindness is avoidable - i.e. readily treatable and/or preventable. Infectious causes of blindness are decreasing as a result of public health. Interventions and socioeconomic development. Ageing populations and lifestyle changes mean that chronic blindness conditions such as diabetic retinopathy are projected to rise exponentially. Without effective, major intervention, the number of blind people worldwide has been projected to increase to 76 million by 2020.

**In India**, according to the survey, more than 50 per cent of Indians are delaying cataract surgeries due to misconceptions which include losing eyesight, painful procedures, or a long recovery period when it comes to cataract surgery. Among the top criteria for undergoing cataract surgery, 52 per cent of Indians choose specialised, highly experienced surgeons, 41 per cent opt for advanced technology, and 26 per cent make the decision based on the location of the surgery, i.e. eye hospital and clinic. Affordability and cost of the surgery ranks last at 24 per cent. The study also showcased that about 59 per cent of cataract surgeries are in the age group of 56 and above. Analysis of data further indicates growing cataract cases in the younger population, a condition widely believed to impact the elderly. The risk factors may be prolonged exposure to UV rays, early onset of diabetes, smoking, alcohol, and environmental factors like food adulteration and pollution. **(Economic times)**

**Surbhi Gupta et al. (2021)** conducted a study on impact of cataract surgery in quality of life of patients. Out of 300 patients only 182 turned up for the follow up after six months, mainly belonging to the age group: 60 to 70. 66.48% of the people studied upon belong to the lower strata of the society. Substantial improvement in visual acuity was observed with only 3.84% of patients showing less than 6/60 visual acuity during follow up after 6 months. All domains related to the generic health related QOL showed improvement. There was clear and marked improvement for performance of usual activities by the patients after surgery.

**In south India**, Bharath Balasubramaniam et al. conducted a study on Impact of Successful Cataract Surgery on Quality of Life, Household Income and Social Status. Participants were recruited at outreach camps in Tamil Nadu, South India, and underwent free routine manual small incision cataract surgery (SICS) with intra-ocular lens (IOL) implantation, and were followed up one year later. Overall VRQoL improved ( $p < 0.001$ ). Participants who had successful cataract surgery were less likely to remain in the lower categories of monthly household income (OR 0.05-0.22;  $p < 0.02$ ) and more likely to be engaged in income earning activities one year after surgery (OR 3.28;  $p = 0.006$ ). Participants widowed at baseline who had successful cataract surgery were less likely to remain widowed at one year (OR 0.02;  $p = 0.008$ ). These findings indicate the broad positive impact of sight restoring cataract surgery on the recipients' as well as their families' lives.

Vision restoration of patients through cataract surgery, has often demonstrated the enhancement of their quality of life, their participation in daily living and their improved household economic status.<sup>5</sup> There has been huge surge in the rates of cataract surgery in India but the quality provided may not always be optimal.<sup>6</sup> Studies on QOL after cataract surgery are scarce in this part of India and there our present study holds potential to be really useful. Besides, it was inappropriate to measure the outcome only by changes in visual acuity without its effect on

improvement on QOL. With this background, the present study was planned to assess the quality of life among patients underwent cataract surgery in selected hospital in Puducherry.

## STATEMENT OF THE PROBLEM

A STUDY TO ASSESS THE QUALITY OF LIFE AMONG PATIENTS UNDERWENT CATARACT SURGERY IN SELECTED HOSPITAL IN PUDUCHERRY

## OBJECTIVES OF THE STUDY

1. To assess the quality of life among patients underwent cataract surgery.
2. To associate the the quality of life among patients underwent cataract surgery with selected demographic variables.

## RESEARCH METHODOLOGY:

A quantitative research approach and descriptive design was selected for the present study. The present study was on 30 patients underwent cataract surgery in SMVMCH, Puducherry who meet the inclusion criteria. Using a convenient sampling technique the samples were selected for the present study. The tool consists of demographic variables and structured questionnaires. The data of the study was evaluated by using descriptive and inferential statistics.

## MAJOR FINDING

Regarding the age in years, the majority 11 (36.7%) were in the age group of above 71 years, 10 (33.3%) were in the age group of 51-60 years. With regards to gender, 18 (60%) were female and 12 (40%) were male. In the aspect of religion majority, 27 (90%) were Hindu, 2(6.7%) were Christian and 1 (3.3%) were Muslims. In the aspect of education status, the data shows majority 23 (76.7%) were completed primary school and 4(13.3%) were completed secondary education. Regarding family income, the data shows that the majority 20 (66.7%) had income of Rs.5000-10000 and 10 (33.3%) had income between Rs. 11000-30000/-. Regarding the type of family majority 16 (53.3%) in joint family and 14 (46.7%) were om nuclear family. In the aspect of time duration of cataract surgery majority, 23 (76.7%) done surgery before 1-5 years and 4 (13.3%) done surgery before 5-10 years. With regards to visual activity majority, 10 (33.3%) had cloudy vision, 18 (60%) had good vision and 2 (6.7%) had painful vision.

## RESULTS AND DISCUSSION

The table 1 reveals the frequency and percentage-wise distribution of perspective on quality of life among patients underwent cataract surgery. The finding concluded that, majority 19 (63.3%) of them had good quality of

life, 9 (30%) of them had moderate quality of life and 2 (6.7%) had poor quality of life among patients underwent cataract surgery.

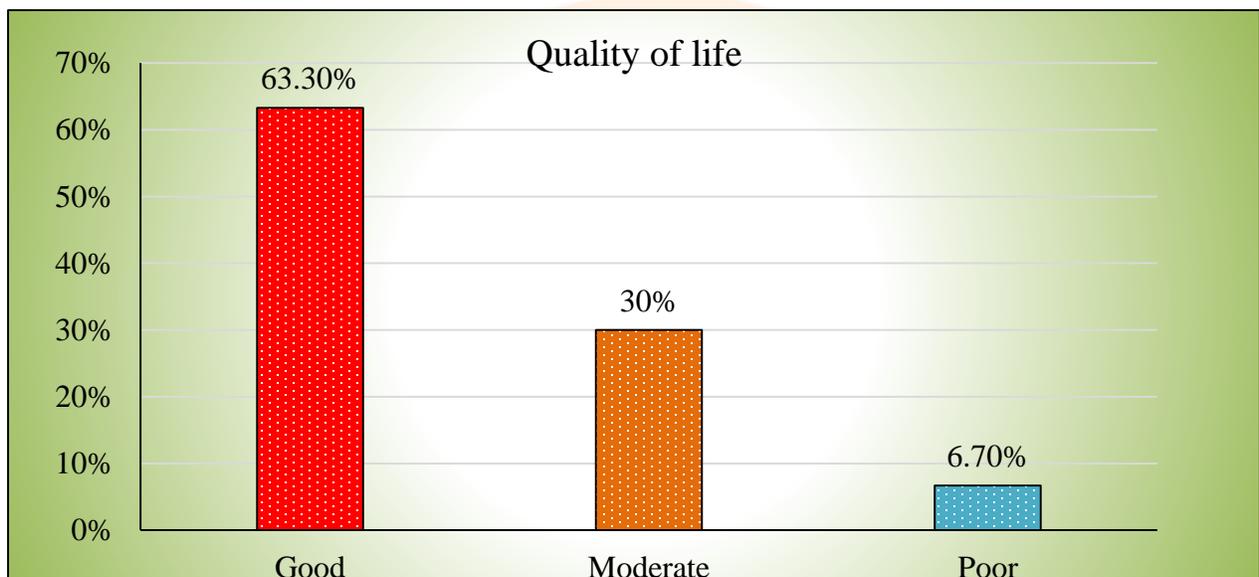
The table 2 shows that there is significance association between visual activity after surgery and visual activity at present with quality of life among patients underwent cataract surgery where  $p < 0.05$ . There is no significance association between Age, gender, religion, educational status, income, marital status, employment status, types of family, visual activity after cataract surgery, time of duration of cataract surgery, visual activity at present quality of life among patients underwent cataract surgery.

**Table 1: Distribution of quality of life among patients underwent cataract surgery.**

**N=30**

S.NO	Quality of life	Frequency (n)	Percentage %
1.	Good	19	63.3%
2.	Moderate	9	30%
3.	Poor	2	6.7%

**Figure 1: Percentage wise distribution of quality of life among patients with underwent cataract surgery**



**Figure 1:** The above figure shows that majority 19 (63.3%) of them had good quality of life, 9 (30%) of them had moderate quality of life and 2 (6.7%) had poor quality of life among patients underwent cataract surgery.

**Table 2: Association of the quality of life among patients underwent cataract surgery with selected demographic variable.** **N=30**

S.NO	Demographic variables	Level of Perception						X <sup>2</sup> value
		Good		Moderate		Poor		
1	Age in years	N	%	N	%	N	%	X <sup>2</sup> = 9.502 p = 0.147 (NS)
	a) 40-50years	2	6.7	0	0	0	0	
	b) 51-60 years	9	30.0	1	3.3	0	0	
	c) 61-70 years	4	13.3	3	10.0	0	0	
	d) 71 and above	4	13.3	5	16.7	2	6.7	
2.	Sex							X <sup>2</sup> = 0.285 p = 0.867 (NS)
	a) Male	8	26.7	3	10	1	3.3	
	b) Female	11	36.7	6	20	1	3.3	
	c) Transgender	0	0	0	0	0	0	
3.	Religion							X <sup>2</sup> = 1.930 p = 0.749 (NS)
	a) Hindu	16	53.3	9	30	2	6.7	
	b) Muslims	1	3.3	0	0	0	0	
	c) Christian	2	6.7	0	0	0	0	
	d) Others	0	0	0	0	0	0	
4.	Education status							X <sup>2</sup> = 4.282 p = 0.639 (NS)
	a) Primary school	14	46.7	8	26.7	1	3.3	
	b) Secondary education	2	6.7	1	3.3	1	3.3	
	c) Under graduate	1	3.3	0	0	0	0	
	d) Post graduate	2	6.7	0	0	0	0	
5.	Income							X <sup>2</sup> = 1.105 p = 0.575 (NS)
	a) 5000-10,000	12	40	6	20	2	6.7	
	b) 11,000-30,000	7	23.3	3	10	0	0	
	c) 31,000-50,000	0	0	0	0	0	0	
	d) 51,000 and above	0	0	0	0	0	0	
6.	Marital status							X <sup>2</sup> = 1.230 p = 0.873 (NS)
	a) Married	12	40	4	13.3	1	3.3	
	b) Unmarried	1	3.3	1	3.3	0	0	
	c) Widow	6	20	4	13.3	1	3.3	
	d) Divorce	0	0	0	0	0	0	

7.	<b>Employment</b>							$X^2 = 7.670$ $p = 0.263$ (NS)
	a) Government employee	1	3.3	0	0	0	0	
	b) Private employee	11	36.7	2	6.7	0	0	
	c) Farmer	6	20	5	16.7	2	6.7	
	d) Unemployed	1	3.3	2	6.7	0	0	
8	<b>Types of family</b>							$X^2 = 3.355$ $p = 0.187$ (NS)
	a) Joint	11	36.7	3	10	2	6.7	
	b) Nuclear	8	36.7	6	20	0	0	
9.	<b>Visual activity after cataract surgery</b>							$X^2 = 11.248$ $p = 0.031$ (S)*
	a) Using eye glass	3	10	4	13.3	2	6.7	
	b) Using lens	4	13.3	0	0	0	0	
	c) Using eye drops	1	3.3	2	6.7	0	0	
	d) No Others	11	36.7	3	10	0	0	
10.	<b>Time duration of cataract surgery</b>							$X^2 = 2.609$ $p = 0.625$ (NS)
	a) 1- 5 years	13	43.3	8	36.7	2	6.7	
	b) 5 -10 years	3	10	1	3.3	0	0	
	c) Above 10	3	10	0	0	0	0	
11.	<b>How is your visual activity at present</b>							$X^2 = 26.027$ $p = 0.000$ (HS)*
	a) Good vision	17	56.7	1	3.3	0	0	
	b) Cloudy vision	0	0	8	26.7	2	6.7	
	c) Painful vision	2	6.7	0	0	0	0	

## CONCLUSION:

The study findings concluded that there is no significance association between Age, gender, religion, educational status, income, marital status, employment status, types of family, visual activity after cataract surgery, time of duration of cataract surgery, visual activity at present quality of life among patients underwent cataract surgery.

## RECOMMENDATIONS:

- Same study can be conducted with large samples.
- Same study to can be conducted on staff nurse to assess knowledge on cataract and its management.

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