

Original research article

## Assessment of the outcome of cataract surgery in diabetic and non-diabetic patients in West Bengal

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### Abstract

**Aim:** To evaluate the comparison of outcomes after cataract surgery in diabetic and non-diabetic patients.

**Materials and Methods:** A prospective study was done at Department of Ophthalmology to assess the outcome of cataract surgery in 200 diabetics as compared to 200 non-diabetics Within 10 days of Cataract surgery; all the patients underwent fasting blood glucose analysis. Recording of the complete intra-surgical and post-surgical complications along with visual acuity was done at 10 days, three month and six months' time in all the subjects.

**Results** A total of 200 diabetic patients were included in the study group while another 200 non-diabetic patients comprised of control group. Mean age of subjects in the study group and control group was 51.6 and 55.5 years respectively. In diabetic and non diabetic group 96 and 104 were males respectively and 104 and 96 were female diabetic and non diabetic respectively. At 10 days time, the occurrence of Post-surgical visual acuity in diabetic group and non-diabetic group was found to be 0.16 and 0.23 respectively. At three month's time, the occurrence of Post-surgical visual acuity in the diabetic group and the non-diabetic group was found to be 0.32 and 0.39 respectively.

**Conclusion:** Diabetic patients should not be refused for cataract surgeries. However, there is a need for taking of extra-precautions in such patients.

**Keywords:** cataract, diabetic, visual acuity

### Introduction

Cataract is one of the leading causes of blindness across the world and is largely sequelae of diabetes. It is one of the most common complications of diabetes in the eye and upto 20% of all cataract procedures are performed for diabetic patients<sup>1</sup>. Diabetic retinopathy is defined as progressive dysfunction of the retinal vasculature caused by chronic hyperglycaemia resulting in structural damage to the neural retina. Micro aneurysms are the first ophthalmoscopically demonstrable alteration in diabetic retinopathy and are measured as the hallmark of NPDR.<sup>2</sup> Cataract in patients with diabetes leads to decreased visual acuity and poses difficulty in

examination of the retina adequately. Hence, it is advantageous to perform cataract surgery for diagnostic and therapeutic benefits, even if there is possible associated risk of aggravating the retinopathy

In earlier days, cataract surgery among diabetics was threatened by the accelerated progression of diabetic retinopathy and deterioration of vision due to higher incidence of post-operative complications.<sup>3</sup> According to Kim SJ et al., diabetic eyes have a high incidence of central foveal thickness after cataract surgery.<sup>4</sup> According to some studies, clinicians should continue to sustain vigilance in diabetic patients after cataract extraction even when central macular oedema is not present immediately prior to cataract surgery, particularly in eyes with prior Diabetic Macular Edema (DME) treatment or non-central involved DME that may be at a predominantly high risk for development of central-involved Macular Oedema (ME) after cataract surgery.<sup>5,6</sup> However, this is usually mild and can be adequately treated by photocoagulation. Current surgical techniques Small Incision cataract surgery (SICS) and phacoemulsification have an advantage over previously followed cataract surgeries that they allow quicker recovery of vision and lesser post-operative inflammation. The modern techniques of cataract surgery have improved results.<sup>7,8</sup> Recent studies have reported favourable visual acuity after cataract surgery in diabetic patients.<sup>9-11</sup> Cataract surgery in diabetes has good results, with high reliability and a slightly higher rate of complications than non-diabetic patients. Causes for poor visual acuity after surgery are poor preoperative visual acuity, advanced stages of diabetic retinopathy and old age.<sup>12</sup> On measurement of central foveal thickness by OCT after cataract surgery eyes of diabetic patients showed higher macular thickness which led to poorer post-operative visual recovery. However, few studies are of the opinion that macular oedema following cataract surgery in diabetic eyes may take a benign path.<sup>4,13,14</sup> Hence, the present study to compare the outcome of cataract surgeries in diabetic and non-diabetic patients.

### **Material and methods**

This study was a prospective study was done at Department of Ophthalmology, Icare Institute of Medical Science And Research and Dr. Bidhan Chandra Hospital, Haldia, West Bengal, India .The study includes assessment of prognosis of cataract surgery in diabetic and non-diabetic patients over a period of one year. We analyzed a total of 200 diabetic and 200 age-matched non- diabetic subjects. All those diabetic cases that underwent cataract surgery were included in the present study.

**Inclusion criteria** for the present study for subjects of study groups included:

1. Patients history of diabetes
2. Patients within the age group of 35 to 65 years
3. Patients without any known drug allergy
4. Patients without any other systemic illness

Non-diabetic group subjects included subjects with comparable age and sex, who had cataract extraction during the same period. Based on the fasting sugar levels of more than 120 mg/dl, diagnosis of diabetes was made.

**Exclusion criteria** for the present study for subjects of study group included:

1. Patients with traumatic cataracts,
2. Patients with uveitic or complicated cataracts.

Within one week of surgery, all the patients underwent fasting blood glucose analysis. Glycemic control in the subjects was divided as follows<sup>9</sup>

- Good (<70mg/dl),
- Moderate (70-100mg/dl) or
- Poor (>100mg/dl)

#### Methodology

Under the administration of peri-bulbar anaesthesia, extracapsular cataract extraction with posterior chamber intraocular lens implantation was done in all the subjects. Recording of the complete demographic details of all the subjects along with clinical details was done separately. Recording of the complete intra- surgical and post-surgical complications along with visual acuity was done at 10 days, three month and six months' time in all the subjects. Recording of the mean Snellen acuity was done in all the subjects.<sup>15</sup>

#### Result

**Table.1 distribution of diabetic male and female**

Diabetic patients	Diabetic	Non Diabetic
Male	96 (48)	104 (52)
Female	104(52)	96 (48)
Total	200	200

**Table 2:** Distribution of cases according to FBS

FBS	N	%
Normal (70-100)	125	62.5
High(>100)	75	37.5
Total	200	100

**Table 3:** Post- surgical visual acuity in subjects of diabetic and control group

Post- surgical period	Diabetic patients	Non-diabetic patients
10 days	0.16	0.23
Three month	0.32	0.39
Six months	0.43	0.52

**Table 4:** Complications occurring both study groups

Complications		Diabetic patients (N)		Non-diabetic patients (N)	
Intra- surgical	HypHEMA	5	2.5	5	2.5
	Vitreous loss	9	4.5	9	4.5
	Posterior capsular rent	23	11.5	16	8

<b>Post-operative complications</b>	<b>Striate keratopathy</b>	29	14.5	17	8.5
	<b>Pigment dispersion</b>	21	10.5	14	7
	<b>Raised intra-ocular pressure</b>	6	3	3	1.5
	<b>Posterior capsular opacity</b>	25	12.5	12	6
	<b>Wound dehiscence</b>	5	2.5	0	0
	<b>Intra-ocular lens displacement</b>	4	2	0	0

A total of 200 diabetic patients were included in the study group while another 200 non-diabetic patients comprised of control group. Mean age of subjects in the study group and control group was 51.6 and 55.5 years respectively. In diabetic and non diabetic group 96 and 104 were males respectively and 104 and 96 were female diabetic and non diabetic respectively. At 10 days time, the occurrence of Post- surgical visual acuity in diabetic group and non-diabetic group was found to be 0.16 and 0.23 respectively. At three month's time, the occurrence of Post- surgical visual acuity in the diabetic group and the non-diabetic group was found to be 0.32 and 0.39 respectively (table 2). Non- significant results were obtained while comparing the mean. Post- surgical visual acuity in between the two study groups at different time intervals ( $p$  value  $> 0.05$ ). Striate keratopathy Was most commonly encountered post- surgical complication in the diabetic group  $n=29$  (14.5) and the non-diabetic group  $n=17$  (8.5).and followed by Posterior capsular opacity  $n=25$ (12.5) and  $n=12$ (6) and Posterior capsular rent 11.5 and 8 in diabetic and non-diabetic , Pigment dispersion 10.5 and 7 per in diabetic and non-diabetic patients respectively

### Discussion

In diabetic patients, cataract is one of the major causes of blindness in developing countries. However, the exact pathogenesis of diabetic cataract development is not known. There is associated higher risk of development of complications in diabetic patients undergoing cataract surgery. However, exact incidence of these complications is still unknown.<sup>16-18</sup> Hence; under the light of above evidence, we planned the present study to evaluate and compare the prognosis of cataract surgeries in diabetic and non-diabetic patients.

In this study, in diabetic group 104(52%) were females and 96 (48%) were males. Among the non-diabetics, 96 (48%) were males & 104 (52%) were females. Various studies have proven the prevalence of cataract itself is more common in females than males. In the Framingham eye study also senile lens changes were more common in women. Age related cataract is a bilateral condition, one eye affected earlier than the other.<sup>19</sup>

In the present study, we observed non-significant results while comparing the mean post-surgical visual acuity in between the study group and the control group ( $p$  value  $> 0.05$ ). At 10 days time, the occurrence of Post-surgical visual acuity in diabetic group and non-diabetic group was found to be 0.16 and 0.23 respectively. At three months time, the occurrence of Post-surgical visual acuity in the diabetic group and the non-diabetic group was found to be 0.32 and 0.39 respectively. Onakpoya OH et al determined the visual outcome of cataract surgery in diabetes mellitus with advanced cataract in a tertiary institution in Nigeria. Twenty three consecutive patients with diabetes and 23 age and sex matched non-diabetic control patients who had extracapsular cataract extraction for advanced cataract. Twenty three patients with diabetes mellitus and 23 non diabetic controls were studied; mean duration of diabetes was  $8.1 \pm 7.2$  years. The mean post-operative visual acuity in diabetics was  $0.11 \pm 0.38$ ,  $0.33 \pm 0.57$  and  $0.38 \pm 0.49$  at one week, two months and six months compared with  $0.23 \pm 0.19$ ,  $0.46 \pm 0.37$  and  $0.48 \pm 0.31$  in non-diabetics. ( $p=0.207$ ,  $0.403$  and  $0.465$  respectively). Improvement in preoperative visual acuity was noted in 84.2% and 90% in diabetics and non-diabetics respectively. Poor visual outcome in diabetics was mainly due to diabetic retinopathy, maculopathy or diabetes related surgical complications. Visual improvement was seen following surgery for advanced cataract in diabetics in this study population. Post-operative monitoring for treatment of diabetic retinopathy may enhance visual outcome.<sup>15</sup>

Lara-Smallings A et al described preoperative risk factors associated with visual outcomes for diabetic patients undergoing cataract surgery and appropriate nursing interventions for these patients. Literature review of risk factors and cataract surgery outcomes in terms of complications, visual acuity, and visual functioning of diabetic patients was undertaken. Preoperative risk factors and postoperative complications, including inflammation and cystoid macular edema (CME), were also examined. To emphasize evidence of best practices, the role of the nurse as educator and advocate was further explored in terms of their impact on diabetes management of the patient to improve visual results. Diabetic patients of advanced age, with a history of diabetic retinopathy who are taking insulin and have elevated Hb A1C levels, may have an increased risk of intraoperative and postoperative complications and decreased postoperative visual acuity and visual functions that may affect their quality of life. High-risk factors should be identified in diabetic patients when developing a perioperative patient education plan to help reduce their risk of cataract complications and improve their visual outcomes.<sup>20</sup>

Glycemic control was assessed using fasting blood sugar levels at the time of admission. Of the 200 patients in the diabetic group, 75 (37.5%) had high blood glucose level (FBS:  $>100$ mg/dl). Their blood sugar was controlled and they were operated. 125 (62.5%) patients had normal blood sugar levels at the time of examination (70-100mg/dl). All 200 diabetic patients were on treatment for type 2 diabetes mellitus with either injection insulin or oral hypo-glycemic agents.

In this study the development of PCO in diabetics was 25 (12.5%) compared to 12 (6%) in non-diabetics, at the end of 4 weeks, confirming the finding of increase in incidence of PCO in diabetics as shown in previous studies. Study by Ebihara Y et al.<sup>21</sup> also showed significant increase in PCO in diabetic compared to non-diabetic patients.

Pigments over IOL were seen in 4 (2%) of the cases in diabetics as compared to 0 % in the Non- diabetic group. Previous studies it has been shown that, there is increased pigment dispersion in diabetic patients undergoing cataract extraction and IOL implantation. This may be comparable with: Onakpoya H Oluwatoyin et al.<sup>15</sup> showed increase amount of pigment dispersion occurring in diabetic patients i.e 6 in diabetics and 1 in non-diabetic patient.

Longer duration of surgery is associated with increased post-operative inflammation. Fibrinous exudates & posterior synechiae was not found in our study compared to previous study. None of the patients in our study had anterior segment neovascularization, as reported in previous studies. Smiddy WE et al determined the frequency of visually significant cataracts after vitrectomy for complications of diabetic retinopathy. They studied 40 patients and 56 concurrent control patients in a retrospective, consecutive, comparative case series in an institutional setting. The rate of cataract extraction after vitrectomy in patients with diabetes is lower than in patients without diabetes undergoing vitrectomy and suggests a lower rate of cataract formation. This inference should be considered when attributing subnormal vision in a patient who has had a diabetic vitrectomy to a cataract. This is especially significant because the risk ratio in patients with diabetes in general and in patients with a previous vitrectomy is likely less favorable compared with the general population.<sup>22</sup>

Kim SJ et al assessed the incidence or progression of macular edema (ME) after cataract surgery in diabetic patients using optical coherence tomography (OCT) and correlating this with degree of diabetic retinopathy or other risk factors. Fifty diabetic eyes undergoing cataract surgery were analyzed. From the results, they concluded that diabetic eyes have a high incidence of increased center point thickness on OCT after cataract surgery, associated with a loss of vision at 1 month, with limited visual recovery at 3 months. Treatment to prevent this might improve outcomes in similar individuals after surgery.<sup>23</sup>

## Conclusion

The investigators argue that diabetic patients should not be denied cataract surgery based on the aforementioned findings. However, special care must be taken so diabetic patients are more likely to experience surgical-related complications.

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