

# When to Operate Cataract: Modern Decision-Making Criteria – A Narrative Clinical Review

Salim El Ghomari\*

Ophthalmologist, August 20 Hospital, Casablanca, Morocco

**Citation:** El Ghomari S. When to Operate Cataract: Modern Decision-Making Criteria – A Narrative Clinical Review. *Medi Clin Case Rep J* 2026;4(2):1678-1679. DOI: doi.org/10.51219/MCCRJ/Salim-El-Ghomari/462

**Received:** 02 April, 2026; **Accepted:** 10 April, 2026; **Published:** 13 April, 2026

\*Corresponding author: Salim El Ghomari. Ophthalmologist, August 20 Hospital, Casablanca, Morocco.

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## ABSTRACT

**Background:** Cataract surgery is one of the most frequently performed procedures worldwide. The indication for surgery has evolved beyond visual acuity thresholds toward a functional and patient-centered approach.

**Objective:** To review modern decision-making criteria for cataract surgery, integrating functional impairment, clinical findings and individual patient factors.

**Methods:** Narrative (non-systematic) review of selected literature and international recommendations focusing on real-world clinical decision-making.

**Findings:** Cataract surgery indication is no longer based solely on visual acuity but includes functional impairment, impact on quality of life, occupational needs and associated ocular comorbidities. Objective findings must be correlated with patient symptoms.

**Conclusion:** A modern, individualized approach combining clinical assessment and functional impact is essential to determine optimal timing for cataract surgery.

**Keywords:** Cataract; Surgery indication; Visual acuity; Functional impairment; Decision-making

## Introduction

Cataract remains the leading cause of reversible visual impairment worldwide. Advances in surgical techniques have improved safety and outcomes, leading to a shift in surgical indications. Historically, cataract surgery was recommended based on visual acuity thresholds<sup>1,2</sup>. However, modern practice emphasizes a patient-centered approach that considers functional impairment, daily activity limitations and overall quality of life.

This review aims to summarize current criteria guiding the decision to operate cataract in routine clinical practice<sup>3,4</sup>.

## Traditional Versus Modern Criteria

Traditionally, cataract surgery was indicated when visual acuity dropped below a defined threshold, often around 5/10 or 6/10. This approach is now considered insufficient. Modern criteria emphasize functional vision rather than visual acuity alone. Patients with relatively preserved visual acuity may still expe-

rience significant visual disability due to glare, reduced contrast sensitivity or difficulty in specific tasks such as night driving. Conversely, some patients with reduced visual acuity may report minimal functional impairment. Therefore, decision-making must integrate both subjective and objective factors.

### Functional Assessment (Key Component)

Functional impairment is now central to surgical indication. Important elements include:

- Difficulty with daily activities (reading, driving, screen use)
- Increased sensitivity to glare or halos
- Reduced contrast sensitivity
- Occupational requirements
- Loss of independence

Standardized questionnaires such as VF-14 or Catquest-9SF can be used to quantify functional impairment, although they are not always used in routine practice. Clinical judgment remains essential.

### Clinical Examination Findings

Objective findings must support the indication:

- Presence of lens opacification consistent with symptoms
- Reduced visual acuity or quality of vision
- Myopic shift or refractive instability
- Significant anisometropia
- Impact on fundus visualization or retinal follow-up

Importantly, the severity of cataract on slit-lamp examination does not always correlate with functional impairment.

### Associated Ocular Conditions

Cataract surgery may be indicated earlier in the presence of comorbidities:

- Diabetic retinopathy requiring clear media for monitoring or treatment
- Age-related macular degeneration
- Glaucoma (combined surgery or IOP control considerations)
- Vitreoretinal interface disorders

In such cases, cataract extraction may improve visualization, facilitate treatment or contribute to overall management.

### Patient-Specific Factors

Decision-making must consider:

- Patient expectations and motivation
- Age and lifestyle
- Occupational needs
- Surgical risk profile
- Ability to comply with postoperative care

A well-informed patient is essential. The decision should be shared and based on realistic expectations.

### Practical Decision-Making Approach

A simplified clinical approach can be proposed:

- Confirm the presence of cataract
- Assess functional impairment
- Correlate symptoms with clinical findings
- Evaluate comorbidities
- Discuss patient expectations
- Decide on surgery if functional benefit is expected

Surgery should be performed when visual improvement is likely to enhance quality of life.

### Discussion

Modern cataract surgery is increasingly considered a refractive and functional procedure rather than solely a rehabilitative one. However, over-indication must be avoided. The risk-benefit balance remains fundamental, particularly in patients with minimal symptoms or significant comorbidities limiting visual prognosis<sup>5</sup>.

### Conclusion

The indication for cataract surgery has evolved toward a personalized and functional approach. Visual acuity alone is no longer sufficient to guide decision-making<sup>5</sup>. A comprehensive evaluation integrating symptoms, clinical findings and patient expectations is essential to determine optimal timing for surgery.

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