What is a cataract?
The naturally clear lens in our eye helps focus light, allowing us to see clearly. As we age, the lens becomes cloudy. Things look blurry, hazy, dull, or less colorful. This is called a cataract. Surgery is the only way to remove a cataract. Your doctor removes the eye's cloudy, natural lens and replaces it with an artificial intraocular lens (IOL).

What is glaucoma?
When you have glaucoma, the natural fluid in the eye (called aqueous humor) does not flow out of the eye as easily as it should. The area where the fluid leaves the eye (called the drainage angle) is blocked. The fluid builds up, causing eye pressure to rise. This pressure damages your optic nerve. The optic nerve sends signals from your eye to your brain, so you can see. If high eye pressure is not treated with medicine, surgery, or both, it can lead to blindness.

Here are some reasons why your ophthalmologist may suggest combined surgery:

It is easier for you: One visit to the operating room is more convenient and less stressful than two surgeries.

Less risk: Risks with anesthesia are cut in half since you only must have anesthesia once.

Stop medications: If the glaucoma surgery is successful, you may be able to decrease or even stop taking glaucoma medications. Many people find it hard to use eye drops.

Keeping eye pressure stable after surgery: After cataract surgery, sometimes eye pressure rises suddenly. With the addition of glaucoma surgery, this rise in eye pressure usually does not happen.

Lower cost: Having two surgeries at one time is less expensive. And if the glaucoma surgery is successful, you save money by not needing as much or any glaucoma medicine.
Treating glaucoma and cataract at the same time

Cataracts and glaucoma are two of the most common eye diseases in the world. Both diseases are more common in people as they get older. Many people with cataracts also have glaucoma. If a cataract makes it harder to see clearly, and eye pressure is not as it should be despite medicine or laser treatment, your doctor may suggest combined cataract-glaucoma surgery.

When to have combined cataract surgery and glaucoma surgery

To find out what treatment is right for you, your ophthalmologist will examine your eyes. He or she will check the following:

- How serious is your glaucoma?
- Is laser surgery or glaucoma medication lowering your eye pressure enough?
- Are cataracts affecting your daily activities?

Your ophthalmologist will suggest a treatment that gives you the best chance for better vision with the least amount of risk.

If doing glaucoma surgery and cataract surgery is right for you, your ophthalmologist then will choose which type of combined surgery to do.

Cataract surgery and trabeculectomy

For those with more serious glaucoma, having a trabeculectomy with cataract surgery may lead to lower eye pressure. During a trabeculectomy, your surgeon creates a tiny opening, or flap, in the white of your eye. Then a bubble-like pocket, called a bleb, is also created over the white of the eye. The excess fluid drains out of the eye through the flap and into the bleb. The fluid in the bleb is absorbed naturally by the body, lowering eye pressure.

Cataract surgery and glaucoma shunt procedures

During this surgery, your ophthalmologist will remove your eye's cloudy lens and replace it with an artificial one. To help lower your eye pressure, he or she will also put a tiny, plastic tube called a shunt under the thin, clear membrane covering the white of your eye. The shunt sends blocked fluid inside the eye to a small, plastic plate your surgeon puts on the eye wall. There, the fluid is absorbed by blood vessels nearby. This helps lower eye pressure.
Combined Cataract-Glaucoma Surgery

Cataract surgery and newer glaucoma surgeries

There are some newer glaucoma procedures that do not require as much cutting into the eye. These procedures are called MIGS, or micro-invasive glaucoma surgeries. Many of these surgeries can be combined with cataract surgery for people with mild to moderate open-angle glaucoma. These procedures use the same incision, or small cut, to enter the eye that your surgeon uses to remove the cataract. One type of MIGS surgery places a small tube (or stent) into the eye after cataract surgery. This tube helps to move the trapped fluid out of the eye. This surgery helps lower eye pressure, but it may not lower it enough to stop all glaucoma medications.

Combined cataract and glaucoma surgery is not for everyone:

• Sometimes a cataract is not causing vision problems, but the glaucoma needs to be treated. In these cases, it is best to do the glaucoma surgery and delay cataract surgery until later.

• In other cases, glaucoma is well-controlled without surgery, but cataracts are limiting vision. In these cases, cataract surgery alone would be the best option.

• Other patients have cataracts and a kind of glaucoma called narrow- or closed-angle glaucoma. With this type of glaucoma, the iris (colored part of your eye) is pushed too far forward, blocking fluid from leaving the eye. This raises eye pressure. A cataract can make this type of glaucoma worse. With the cataract removed, eye pressure may improve without glaucoma surgery.

Summary

Many people have both cataracts and glaucoma at the same time. In some cases, people have cataracts that affect their daily activities, and their eye pressure has not been controlled successfully with glaucoma medicine or laser treatment. For some of these people, ophthalmologists may suggest doing a combined cataract-glaucoma surgery.

Doing both surgeries at the same time can be safer and easier for the patient and less expensive.

There are different glaucoma procedures that can be combined with cataract surgery. Your ophthalmologist can explain if a combined procedure is the best option for you. He or she can also explain the types of glaucoma surgeries used with cataract surgery.

Watch a cataract video from the American Academy of Ophthalmology’s Eye Smart program at aao.org/cataract-surgery-link.