Print ISSN: 2321-6379
Online ISSN: 2321-595X

Original Article

Cataract Surgery's Impact on Vision-Related Quality of Life: Pre- and Post-operative Analysis

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Abstract

Background: Cataract is the leading cause of blindness in India and a major contributor to visual impairment worldwide. Visual impairment significantly affects daily functioning, psychosocial well-being, and overall quality of life. Assessing vision-related quality of life (VRQoL) before and after cataract surgery is essential to evaluate the broader impact of surgical intervention beyond visual acuity restoration.

Objective: To evaluate the impact of cataract surgery on vision-related quality of life using a comparative pre- and post-operative analysis.

Methods: A prospective observational study was conducted among 150 patients aged ≥50 years undergoing cataract surgery at a tertiary care hospital. Patients with posterior subcapsular cataract (PSC), nuclear sclerosis grades 2 and 3 were included. Data were collected using a pre-validated, structured case record form and VRQoL questionnaire administered pre-operatively and at 6-week post-operative follow-up. The questionnaire assessed general, visual, and psychosocial functioning.

Results: Of the 150 participants, 66% were females and the majority belonged to the upper-lower socioeconomic class. Post-operatively, significant improvements were observed across multiple domains of VRQoL. Difficulty in climbing stairs (94% pre-op vs. 0% post-op), noticing obstacles (83% vs. 0%), and searching items on crowded shelves (89% vs. 1%) showed marked reduction ($P < 0.00001$). Recognition of individuals at 20 meters improved significantly (11% pre-op vs. 79% post-op; $P < 0.00001$). Psychosocial concerns, including feelings of being a burden, decreased substantially post-surgery.

Conclusion: Cataract surgery significantly enhances vision-related quality of life by improving general, visual, and psychosocial functioning. The findings support expanding access to timely cataract surgical services and incorporating patient-reported outcome measures into routine ophthalmic care to promote patient-centered and public health–oriented eye care strategies.

Key words: Cataract, Patient, Post-operative, Pre-operative, Spectacles, Surgery, Vision

INTRODUCTION

Cataract is the most common cause of blindness in India. The number of people with cataracts is progressively growing. Cataract is also an important cause of low vision in the eyes in both developed and developing countries.[1] The condition causes the natural lens in the eye to become less clear, which progressively deteriorates vision and obstructs and warps light entering the lens, resulting in visual symptoms and complaints.[2,3] Visual impairment (VI) in older adults is associated with reduced patient participation,[4] mobility functions,[5] risk of fear of falling,[6] which restrict their physical activities, puts them at risk for social isolation and disability,[7] and can lead to functional decline and reduced quality of life (QoL).[8]

According to the World Health Organization (WHO) definition of health, the QoL is an integral part of health and well-being. The WHO recommends that the vision-related QoL (VRQoL) include assessments and evaluations of interventions in eye health. Cataract surgery has a multiplier effect as it not only prolongs the life of people who can see better post-surgery, but also improves their

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www.ijss-sn.com

Month of Submission : 01-2026
Month of Peer Review : 02-2026
Month of Acceptance : 03-2026
Month of Publishing : 03-2026

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QoL. VI leads to reduced QoL, poorer general health, lower social status, and increased mortality.[9,10]

Causes of cataract are degeneration and opacification of the lens fibers that are already formed.[11] Another cause is aging. Signs and symptoms of cataracts include: Cloudy, blurred, or dim vision; difficulty with vision at night, sensitivity to light and glare, need for brighter light for reading and other activities, seeing "halos" around lights, frequent changes in eyeglasses or contact lenses, and double vision in a single eye.[12] The purpose of this research study was to understand the various components of the QoL in patients undergoing cataract surgery. Some of these are physical, functional, social, and emotional aspects of the patient. It is a patient-reported outcome usually measured with carefully designed and validated questionnaires. These questionnaires are increasingly important for evaluating the benefits and harms to the patient. Hence, the aim of our study was to determine the QoL before and after cataract surgery.

METHODOLOGY

We enrolled male and female patients aged ≥ 50 years attending the ophthalmology outpatient department (OPD). Cataract types PSC NS2, NS2, NS3, and patients who consented to participate were included in the study. Patients with comorbid conditions such as hypertension, diabetes, bronchial asthma, stroke, and cardiac diseases were excluded from the study. On obtaining Institutional Ethics Committee approval, the data were collected in a specially designed Case Record Form (CRF). The CRF questionnaire was prepared for both pre-operative (pre-op) and post-operative (post-op) QoL check, which was pre-validated.

The purpose of this study was explained to each patient, and written informed consent was obtained. The questionnaire was also translated into the local language. The questionnaire included demographic details, socioeconomic status, previous medication and/or spectacle history, and coexisting comorbid conditions. A questionnaire related to visual acuity in the operated eye before and after surgery was documented. The pre-op information on QoL was obtained when the patient was admitted, while the post-op details were obtained 1 month post-surgery when the patient attended OPD for follow-up.

RESULTS

A total of 150 patients consented and completed the follow-up visit. Of 150, the majority, 66% (n = 99) were females. 40% (n = 60) of the patients were aged between 56 and 65 years. The socioeconomic status was calculated as per the Modified Kuppuswamy Scale, which resulted in 71% (n = 101) belonging to the upper-lower class.

All patients with cataract were posted for surgery after obtaining fitness. 56.6% (n = 85) had cataracts in the right eye and 43.3% (n = 65) in the left eye. The patients presented with complaints of diminution of vision ranging over a long period of time. On analyzing the data, 23.3% (n = 35) had complaints for <6 months, 33.3% (n = 50) for < 1 year, 36% (n = 54) for <2 years, whereas 7.3% (n = 11) had complaints for more than 3 years.

Several patients had undergone cataract surgery previously. 32% (n = 48) of the participants were diagnosed in the past and treated with surgical modalities, who initially had complaints of diminution of vision. The remaining participants, around 68% (n = 102), were newly diagnosed patients.

With respect to spectacle use, the majority of patients, 64% (n = 96), did not have a previous history of spectacle usage, while 36% (n = 54) had a history of spectacle use. On analyzing the duration of spectacle use, 7.4% (n = 4) of the patients used for <6 months, 35.2% (n = 19) for <2 years, 16.6% (n = 9) for <4 years, and 38.8% (n = 21) for <7 years.

With advancing age, various comorbid conditions were also on the rise. Our study reported that 64.7% (n = 97) of patients had comorbid conditions related to cardiovascular and endocrine disorders [Table 1].

Table 1: Coexisting Comorbidities in cataract surgery patients

Disease	Number of patients in percentage (n)
No comorbidities	35.3 (53)
Diabetes/hypertension	22 (33)
Hypertension	12.6 (19)
Diabetes	12 (18)
Thyroid diseases	4.6 (7)
Stroke	2 (3)
Chronic obstructive pulmonary disease	1.3 (2)
Hypertension/thyroid disease	1.3 (2)
Cardiac illness	1.3 (2)
Hypertension/diabetes/thyroid disease/ cardiac illness	1.3 (2)
Hypertension/hyperlipidemia	0.6 (1)
Hypertension/cardiac illness	0.6 (1)
Asthma	0.6 (1)
Hyperlipidemia	0.6 (1)
Hypertension/asthma	0.6 (1)
Diabetes/cardiac illness	0.6 (1)
Hypertension/diabetes/cardiac illness	0.6 (1)
Diabetes/movement disorder	0.6 (1)
Diabetes/stroke	0.6 (1)

Questionnaire

Analysis was done with respect to the QoL questionnaire. 49% (*n* = 99) of the participants did not have prior spectacle prescription, whereas 34 % (*n* = 51) reported spectacle usage before cataract surgery. After surgery, a close check on the visual acuity values was noted. 65% (*n* = 97) of patients were advised a spectacle prescription. When participants were asked to score their eyesight for both eyes before surgery, the majority of the patients rated worse vision, which is attributable to reduced visual acuity. After surgery, 57% (*n* = 85) reported better vision, and 43.3% (*n* = 65) reported good vision.

When the patients were assessed about the general functions preoperatively, 94% (*n* = 141) of participants complained of difficulty in climbing stairs, and 83% (*n* = 124) of patients complained of difficulty in noticing obstacles while walking. 89% (*n* = 134) of the patients complained of difficulty in finding their items in a crowded shelf, which reduced to 1% (*n* = 2) post-surgery.

To assess the visual functions, patients were asked if they were able to recognize people standing close by before surgery. 79% (*n* = 118) answered sometimes, 23% (*n* = 28) answered always. Surgery significantly improved that 85% (*n* = 128) of the patients had no difficulty in close-range vision. They were also questioned about their vision with respect to a further range. 89% (*n* = 133) could not appreciate objects/individuals at a distance of 20 m. Once the surgery was performed, the percentage of patients reduced to 21% (*n* = 31), probably attributed to residual refractive power post-surgery [Table 2].

Regarding the difficulty of engaging in activities outside the home, the majority of pre-op respondents responded very often, 71% (*n* = 106), sometimes in 42% (*n* = 42), stated as much, but the majority of post-op respondents responded as never, 52% (*n* = 78), rarely in 45% (*n* = 67). Pre-op answered "yes" 94% of the time (*n* = 141), whereas post-op answered "yes" 98% of the time (*n* = 147). When asked if they had difficulty seeing path irregularities when walking, 61% of pre-op participants (n = 91) answered "yes," 39% of pre-op participants (n = 59) answered "no," and the post-op majority of the participants (n = 148) answered "no" [Table 3].

When asked if they had ever been afraid to go to social gatherings, most pre-op participants 77% (*n* = 116) and all post-op patients (*n* = 150) answered in the negative. Pre-op said yes 87% (*n* = 131) and no 13% (*n* = 19) when asked if they had ever felt like a burden on others, whereas the majority of post-op respondents responded no 100% (*n* = 150) [Table 4]. Pre-op patients never answered 76% (*n* = 114), sometimes 22% (*n* = 33), when asked whether they worried about their vision. Post-op patients answered never 96% (*n* = 144). Pre-op patients answered no 85% (*n* = 128) and yes 15% (*n* = 22) when asked if they had discomfort in their eyes, whereas the majority of post-op patients said no 100% (*n* = 150).

Pre-op patients answered always 3% (*n* = 4), very often 45% (*n* = 67), sometimes 51% (*n* = 77), and rarely 1% (*n* = 2) when asked how difficult it is for them to adjust in a dark room, but post-op patients answered sometimes 2% (*n* = 3), rarely 33% (*n* = 49), and the majority as 65% (*n* = 98) [Table 5].

DISCUSSION

This study was conducted to evaluate the impact of cataract surgery on the VRQoL among individuals who had undergone cataract surgery. The majority of the study sample consisted of participants, with a mean age of 57 years, which is consistent with reports from other studies where the mean age of participants was higher than 60 years.[13-17] The finding is not surprising as age-related cataracts are the most common type of cataracts, and often the affected individuals may present late for surgical intervention.[18-20] In this study, there were slightly more women (*n* = 60) than men, which is consistent with the results observed in previous studies.[14,17] In a study conducted by Sreenivas *et al*., 62.5% of patients from rural Angamally were females, which is comparable to the present study.[21] Du *et al*. and Vashist *et al*. also found

Table 2: Evaluation of visual functions pre-operative and post-operative in cataract patients

General functions	Pre-operative		Post-operative		Statistical analysis
	Yes (%)	No (%)	Yes (%)	No (%)	*P*-value
Spectacle use	34 (*n*=51)	49 (*n*=99)	65 (*n*=97)	35 (*n*=53)	<0.00001
Associated complaints	8 (*n*=12)	92 (*n*=138)	0.7 (*n*=1)	99.3 (*n*=149)	NA
Discomfort in the eyes	15 (*n*=22)	85 (*n*=128)	0	100 (*n*=150)	NA
Difficulty in climbing stairs	94 (*n*=141)	6 (*n*=9)	0	100 (*n*=150)	−16.3107
Difficulty in noticing obstacles	83 (*n*=124)	17 (*n*=26)	0	100 (*n*=150)	−14.5384
Difficulty in searching in crowded shelf	89 (*n*=134)	11 (*n*=16)	1 (*n*=2)	99 (*n*=148)	<0.00001
Able to recognize people from 20 m	11 (*n*=17)	89 (*n*=133)	79 (*n*=119)	21 (*n*=31)	<0.00001
Difficulty in seeing irregularities in path	61 (*n*=91)	39 (*n*=59)	1 (*n*=2)	99 (*n*=148)	<0.00001

Chi-square and *Z*-test were used wherever applicable. Confidence interval was set at 95%, and *P*<0.001

Table 3: Evaluation of functions in pre-operative and post-operative cases

General functions – as difficulty in	Pre-operative					Post-operative				Statistical analysis	
	Always (%)	Very often (%)	Sometimes (%)	Rarely (%)	Never (%)	Always (%)	Very often (%)	Sometimes (%)	Rarely (%)	Never (%)	*P*/Z -value	Test
Climbing stairs	6 (*n*=9)	55 (*n*=83)	30 (*n*=45)	3 (*n*=4)	0	0	0	0	0	100 (*n*=150)	−16.3107	Z-test
Differentiating colors	3 (*n*=5)	37 (*n*=55)	43 (*n*=65)	16 (*n*=24)	0.67(*n*=1)	0	0	3 (*n*=5)	41 (*n*=61)	56 (*n*=84)	<0.05	Chi-square test
Recognize people from close sight	23 (*n*=28)	N/A	79 (*n*=118)	N/A	3 (*n*=4)	9 (*n*=13)	N/A	6 (*n*=9)	N/A	85 (*n*=128)	<0.00001	Chi-square test
Activities outside of the house	0	71 (*n*=106)	28 (*n*=42)	0.66 (*n*=1)	0.66 (*n*=1)	0	0	3 (*n*=5)	45 (*n*=67)	52 (*n*=78)	<0.00001	Chi-square test
Doing activities that require close-up	43 (*n*=64)	N/A	57 (*n*=85)	N/A	0.56 (*n*=1)	1 (*n*=2)	N/A	7 (*n*=10)	N/A	92 (*n*=138)	8.6142	Z-test

a higher prevalence of senile cataracts among women.[22,23] The elevated proportion of females in this cohort may be attributed to a higher participation of females at camp sites, while a considerable portion of males, constrained by work commitments, exhibit reluctance to seek OPD consultations.

In developing countries, there are limited studies that have evaluated VRQoL after cataract surgery.[18] This study reported on the impact of cataract surgery at the 6-week follow-up period and is therefore consistent with the follow-up periods observed in previous studies.[17,18,24] A 6-week follow-up period is considered adequate to allow visual recovery and rehabilitation to stabilize.[17,24,25] VRQoL questionnaires aim to measure the impact of vision loss on an individual's daily life.[16] Many questionnaires have been developed to evaluate pre-surgery and post-surgery VRQoL in individuals with cataract. These questionnaires include the activities of daily vision scale, general functions, vision function, and visual disability.[17,26] These VRQoL questionnaires are important as they consist of questions related to perceived difficulties in performing daily living activities.[27] However, some of these standard questionnaires have certain limitations, like a few of them are used for developed countries, while others focus in visual related symptoms only. Hence, in order to overcome these, the questionnaire has been modified as per the study requirements.

In this study, almost all participants who had undergone the cataract surgery showed an increase in the frequency of responses in the no difficulty option (Never/No), and the percentage scores for the majority of questions in all three domains were lower post-surgery. This difference between the mean pre-surgery and post-surgery scores for most questions was statistically significant ($P < 0.05$). However, the difference between the mean scores for questions related to problems experienced in climbing stairs, noticing obstacles, and activities that require close-up work failed to reach statistical significance. Despite this finding, the relative changes in mean scores for the different questions pre-surgery and post-surgery should be interpreted with caution, as a change in one score may not be directly comparable to changes in another score in the questionnaire.[17] This observation of improved post-surgery scores and significant differences for most of the study participants is similar to the findings observed in previous studies using different questionnaires.[8-10,17,18,28,29]

Before cataract surgery, the majority of the study participants were unable to go out at night, recognize the face of a person from a distance, and do their work to the usual standard. Furthermore, most of the participants felt that they had become a burden to other people and were afraid of losing their remaining vision. The majority of participants reported having reduced and/or blurred

Table 4: Evaluation of psychological functions in pre-operative and post-operative cases

Psychosocial functions	Pre-operative		Post-operative		Statistical analysis
	Yes (%)	No (%)	Yes (%)	No (%)	*P*/*Z*-value
Hesitant to attend social functions	23 (*n*=34)	77 (*n*=116)	0	100 (*n*=150)	−6.1924
Felt that you are a burden on others	13 (*n*=19)	87 (*n*=131)	0	100 (*n*=150)	−4.5039

Table 5: Evaluation of visual function in pre-operative and post-operative cases

Visual function-Difficulty	Pre-operative					Post-operative					Statistical analysis	
Do you have in seeing because of glare	Always (%)	Very often (%)	Sometimes (%)	Rarely (%)	Never (%)	Always (%)	Very often (%)	Sometimes (%)	Rarely (%)	Never (%)	*P*/*Z*-value	Test
Do you have to accommodate yourself after entering a dark room	3 (*n*=4)	45 (*n*=67)	51 (*n*=77)	1 (*n*=2)	0	0	0	2 (*n*=3)	33 (*n*=49)	65 (*n*=98)	<0.00001	Chi-square test

vision. These observations are in agreement with the results reported in previous studies, where the majority of study participants presented with reduced VRQoL pre-surgery.[13,15,30] Bandhu *et al*.[13] reported that 70% of their study participants presented with reduced VRQoL pre-surgery. Similarly, Domple *et al*.[15] reported that all their study participants presented with reduced and/or poor VRQoL pre-surgery. As observed in this study, the presence of cataract was associated with a decrease in the QoL for the questions in all three domains, which corroborates the finding that vision impairment is associated with decreased VRQoL pre-surgery.[13,31] Furthermore, the participants' responses to the questionnaire pre-surgery suggest that activities of daily living were mostly affected, as has been reported in the study by Bandhu *et al*.[13]

Post-surgery, the majority of study participants were able to go out at night, recognize the face of a person from a distance, and do their work to the usual standard. Participants did not feel that they had become a burden to other people, and the majority reported improved and/or clear vision. This observation is in agreement with the results reported in previous studies, where the majority of study participants presented with improved VRQoL in most of the questions in all domains post-surgery.[8,9,13,18,29,30] Abdullahi *et al*.[30] reported that a few participants in their study were likely to have feelings of being a burden to others after cataract surgery. As observed in this study, cataract surgery resulted in an increase in the ability of individuals to become independent, which was also reported in previous studies.[8,18] This is not surprising, as the purpose of cataract surgery is to improve and restore an individual's general, psychosocial, and visual functioning.[10,22,32] In addition, it was suggested that the observation of better outcomes may be because of improvement in VA, as a decrease in VRQoL may be associated with VI owing to reduced and/or poor VRQoL after cataract surgery.[30] Other studies in Indian, Nigerian, and Mexican-American populations have also validated the claim of the impact of VI on VRQoL.[30,33,34]

CONCLUSION

Cataract surgery techniques are performed to restore VF and may result in allowing previously visually impaired individuals to perform their daily living activities better. The improvement in VF may indirectly allow these individuals to improve their economic productivity and contribute to household income. Studies have reported that cataract surgery improves VF and VRQoL. For this reason, cataract surgery should be made available for affected individuals, particularly in developing countries. The results of this study show that individuals undergoing cataract surgery showed improvement in VRQoL post-surgery. Consequently, there is a need for more targeted public health policy and patient care management for individuals affected by cataracts.[36] To this end, cataract surgery is effective, and individuals affected with cataracts are encouraged to have surgery as this will improve their daily living functional independence and overall VRQoL in terms of general, psychosocial, and visual functioning.

REFERENCES

1. K D. Clinical Methods in Ophthalmology. 2nd ed. Delhi: Jaypee Brothers Medical Publishers; 2015. p. 47.
2. Gupta BM, Bala A, Kshitig A. World Cataract Research: A Scientometric Analysis of Publications Output during 2002-11. Lincoln: Library Philosophy and Practice; 2013.
3. Kurian E, Vishwakarma P, Deenadayalan J, Mondal A, Ranpise D, Chavan S,

et al. Determinants of vision function related quality of life of patients undergoing unilateral cataract surgical services in charitable hospitals in India: A multicentre prospective cohort study. Int J Community Med Public Health 2018;5:1138-48.
4. Shah K, Frank CR, Ehrlich JR. The association between vision impairment and social participation in community-dwelling adults: A systematic review. Eye (Lond) 2020;34:290-8.
5. Miyata K, Yoshikawa T, Harano A, Ueda T, Ogata N. Effects of visual impairment on mobility functions in elderly: Results of fujiwara-kyo eye Study. PLoS One 2021;16:e0244997.
6. White UE, Black AA, Wood JM, Delbaere K. Fear of falling in vision impairment. Optom Vis Sci 2015;92:730-5.
7. Sihota R, Tandon R. Parson's Diseases of the Eye. 23rd ed. Netherlands: Elsevier; 2019.
8. Polack S, Kuper H, Wadud Z, Fletcher A, Foster A. Quality of life and visual impairment from cataract in Satkhira district, Bangladesh. Br J Ophthalmol 2008;92:1026-30.
9. Lau J, Michon JJ, Chan WS, Ellwein LB. Visual acuity and quality of life outcomes in cataract surgery patients in Hong Kong. Br J Ophthalmol 2002;86:12-7.
10. Finger RP, Kupitz DG, Fenwick E, Balasubramaniam B, Ramani RV, Holz FG, *et al*. The impact of successful cataract surgery on quality of life, household income and social status in South India. PLoS One 2012;7:e44268.
11. Marmamula S, Khanna RC, Shekhar K, Rao GN. Outcomes of cataract surgery in Urban and rural population in the South Indian state of Andhra Pradesh: Rapid assessment of visual impairment (ravi) project. PLoS One 2016;11:e0167708.
12. Zhu M, Yu J, Zhang J, Yan O, Liu Y. Evaluating vision-related quality of life in preoperative age-related cataract patients and analyzing its influencing factors in China: A cross-sectional study. Ophthalmology 2015;15:160.
13. Bandhu SD, Vabale YG, Sambarey PP, Walke AB, Raje S. Impact of cataract on the quality of life of rural patients in India. J Clin Ophthalmol Res 2016;4:75-81.
14. Zuo L, Zou H, Fei X, Xu W, Zhang J. The impact of unilateral or bilateral cataract surgery on visual acuity and life quality of elderly patients. J Ophthalmol 2015;2015:509049.
15. Domple VK, Gaikwad AV, Khadilkar HA, Doibale MK, Kulkarni AP. A study on visual outcomes after cataract surgery with intraocular lens implants at the rural health training center, Paithan, Maharashtra. Indian J Public Health 2011;55:22-4.
16. Farmer L, Innes-Wong C, Bergman-Hart C, Casson RJ, Crompton J. Visual Acuity, Quality of Life and Visual Function Outcomes after Cataract Surgery in Bali. Ophthalmic Epidemiol 2015;22:274-82.
17. Javed U, McVeigh K, Scott NW, Azuara-Blanco A. Cataract extraction and patient vision-related quality of life: A cohort study. Eye (Lond) 2015;29:921-5.
18. Sharma D, Pattnaik S, Kuppusamy K, Bhoorsamy A, Panigrahi OP. Impact of cataract surgery on quality of life in people aged 50 years and above in a tertiary care hospital in Odisha, East India. Natl J Commun Med 2015;6:41-4.
19. Kanski JJ, Bowling B. Clinical Ophthalmology: A systemic approach. 7th ed. Edinburgh: Elsevier; 2011. p. 270-3.
20. Berendschot TT, Broekmans WM, Klöpping-Ketelaars IA, Kardinaal AF, Van Poppel G, Van Norren D. Lens aging in relation to nutritional determinants and possible risk factors for age-related cataract. Arch Ophthalmol 2002;120:1732-7.
21. Sreenivas V, Prabhakar AK, Badrinath SS, Fernandez T, Roy IS, Sharma T, *et al.* A rural population based case-control study of senile cataract in India. J Epidemiol 1999;9:327-36.
22. Du YF, Liu HR, Zhang Y, Bai WL, Li RY, Sun RZ, et al. Prevalence of cataract and cataract surgery in Urban and rural Chinese populations over 50 years old: A systematic review and Meta-analysis. Int J Ophthalmol 2022;15:141-9.
23. Vashist P, Talwar B, Gogoi M, Maraini G, Camparini M, Ravindran RD, *et al*. Prevalence of cataract in an older population in India: The India study of age-related eye disease. Ophthalmology 2011;118:272-8.e1.
24. Lundström M, Pesudovs K. Questionnaires for measuring cataract surgery outcomes. J Cataract Refract Surg 2011;37:945-59.
25. Ukponmwan CU, Ogborogu EU, Ovienria W. Visual outcome of cataract surgery. Niger J Ophthalmol 2010;18:51-6.
26. Pesudovs K, Caudle LE, Rees G, Lamoureux EL. Validity of a visual impairment questionnaire in measuring cataract surgery outcomes. J Cataract Refract Surg 2008;34:925-33.
27. Lundström M, Brege KG, Florén I, Lundh B, Stenevi U, Thorburn W. Cataract surgery and quality of life in patients with age related macular degeneration. Br J Ophthalmol 2002;86:1330-5.
28. Mönestam E, Wachmeister L. Impact of cataract surgery on the visual ability of the very old. Am J Ophthalmol 2004;137:145-55.
29. Odugbo OP, Babalola OE, Morgan RE. Impact of cataract surgery on quality of life in Plateau State, Nigeria. Niger J Ophthalmol 2009;17:5-10.
30. Abdullahi SM, Alhassan MB, Babalola OE. The impact of cataract surgery on subjective visual functions and quality of life in patients with cataract in Northwestern Nigeria. Niger J Ophthalmol 2016;24:57-61.
31. Nirmalan PK, Tielsch JM, Katz J, Thulasiraj RD, Krishnadas R, Ramakrishnan R, et al. Relationship between vision impairment and eye disease to vision-specific quality of life and function in rural India: The aravind comprehensive eye survey. Invest Ophthalmol Vis Sci 2005;46:2308-12.
32. Naidu G, Correia M, Nirmalan P, Verma N, Thomas R. Functional and visual acuity outcomes of cataract surgery in timor-leste (East Timor). Ophthalmic Epidemiol 2014;21:397-405.
33. Broman AT, Munoz B, Rodriguez J, Sanchez R, Quigley HA, Klein R, *et al*. The impact of visual impairment and eye disease on vision-related quality of life in a Mexican-American population: Proyecto VER. Invest Ophthalmol Vis Sci 2002;43:3393-8.
34. Monsudi KF, Mahmoud AO, Adepoju FG, Ibrahim A. Impact of cataract surgery on visual function and quality of life in Birnin Kebbi, Nigeria. Br J Med Health Sci 2012;1:80-99.

How to cite this article: Dwajani S, Ridhi J, Suresh P, Nitisha TM. Cataract Surgery's Impact on Vision-Related Quality of Life: Pre- and Post-operative Analysis. Int J Sci Stud 2026;13(12):21-28.

Source of Support: Nil, **Conflicts of Interest:** None declared.

QUESTIONNAIRE

From general functions till visual function kindly mention it as preop and post op.

SURGERY DONE ON THE EYE	RIGHT EYE		LEFT EYE	
Visual acuity	PRE OP	POST OP	PRE OP	POST OP
Follow up	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No
Spectacles	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No
Any complaints	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No	PRE OP ☐ Yes ☐ No	POST OP ☐ Yes ☐ No
How would you rate your eyesight using both eyes – with spectacles when you wear them?	☐ Good ☐ Better ☐ Worse		☐ Good ☐ Better ☐ Worse	
GENERAL FUNCTIONS				
Do you have any difficulties in climbing the stairs because of your eyesight?	☐ Yes ☐ No If Yes, ☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never		☐ Yes ☐ No If Yes, ☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never	
Do you have difficulty noticing obstacles while you are walking ?	☐ Yes ☐ No		☐ Yes ☐ No	
Do you have difficulty in searching for something on a crowded shelf	☐ Yes ☐ No		☐ Yes ☐ No	
Is there any difficulty in differentiating colours?	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never		☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never	
Are you able to recognize people from a close sight? If not, then how difficult is it?	☐ Never ☐ Sometimes ☐ Always		☐ Never ☐ Sometimes ☐ Always	
Are you able to recognize people you know from a distance of 20 meters?	☐ Yes ☐ No		☐ Yes ☐ No	
Is there difficulty to do activities outside of the house (e.g. sporting events, shopping, religious events)?	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never		☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never	
Is there difficulty in seeing close objects (e.g. making out differences in coins or notes, reading newsprint)	☐ Yes ☐ No		☐ Yes ☐ No	
Do you have difficulty in seeing irregularities in the path when walking (e.g. potholes)	☐ Yes ☐ No		☐ Yes ☐ No	
Do you have difficulty in doing activities that require you to see well close up (e.g. sewing, using hand tools)?	☐ Never ☐ Sometimes ☐ Always		☐ Never ☐ Sometimes ☐ Always	
PSYCHOSOCIAL FUNCTIONS				
Have you been hesitant to attend social functions?	☐ Yes ☐ No		☐ Yes ☐ No	
Have you felt that you are a burden on others financially and psychologically?	☐ Yes ☐ No		☐ Yes ☐ No	
Do you worry about losing your vision?	☐ Never ☐ Sometimes ☐ Always		☐ Never ☐ Sometimes ☐ Always	

VISUAL FUNCTION		
Is there any discomfort in your eyes?	☐ Yes ☐ No	☐ Yes ☐ No
How much difficulty do you have in seeing because of glare from objects?	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never
How much difficulty do you have in accommodating yourself after entering a dark room?	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never	☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never