

Sight Loss and Vision PSP. Cataract uncertainties, published in 2013									
Identifier	Title	Question ranked	Source of uncertainty	Why is there uncertainty?	Original uncertainty	References to reliable up-to-date systematic reviews at the time of the PSP	Systematic reviews in preparation at the time of the PSP	Ongoing controlled trials at the time of the PSP	Which outcomes should be measured?
417056	How can we prevent cataracts from developing?	1	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Cataract Ranked 1. This is an indicative uncertainty and was submitted 18 times and the following submissions were merged to form this uncertainty: Can we prevent the development of cataract? How can cataracts be prevented from progressing, or eliminated altogether? How can we prevent cataracts from developing? How can we prevent or delay the onset of cataract formation? How can we prevent people from developing cataract? Is there anything that can be done to delay or prevent the onset of cataract formation? What can we do to avoid suffering from cataract? What can we do to avoid the formation of cataracts? What can we do to reduce the risk of developing cataracts? What can we do to avoid suffering from cataract?	Mathew MC, Ervin AM, Tao J, Davis RM. Antioxidant vitamin supplementation for preventing and slowing the progression of age-related cataract. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD004567. DOI: 10.1002/14651858.CD004567.pub2.	Dubois VDJP, Bastawrous A. N-acetylcarnosine (NAC) drops for age-related cataract (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD009493. DOI: 10.1002/14651858.CD009493		Incidence of cataract/adverse effects or complications; acceptability to patients or carers/health related quality of life; and costs
416927	Can the return of cloudy or blurred vision after cataract surgery known as posterior capsule opacity (PCO) or secondary cataract be prevented?	2	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 2			Effect of topical prednisolone and diclofenac on the morphology of Posterior Capsule Opacification <a href="https://www.clinicaltrialsregister.eu/ctr-search/search?query=eudract_number:2004-004263-30">https://www.clinicaltrialsregister.eu/ctr-search/search?query=eudract_number:2004-004263-30</a>	Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417055	How can cataract progression be slowed down?	3	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Cataract Ranked 3. This is an indicative uncertainty and was submitted 3 times, and the following submissions were merged to form this uncertainty: How can we slow down cataract progression?		Dubois VDJP, Bastawrous A. N-acetylcarnosine (NAC) drops for age-related cataract (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD009493. DOI: 10.1002/14651858.CD009493.		Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417057	What alternatives to treat cataracts other than cataract surgery are being developed?	4	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 4. This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty: Is surgery the only way to treat cataracts, or can vision aids be successful?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417265	What is the cause of cataract?	5	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Cataract Ranked 5				Diagnostic
417656	How can cataract surgery outcome be improved?	6	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 6			Therapeutic outcome of cataract surgery with multifocal intraocular lens <a href="http://apps.who.int/trialssearch/Trial.aspx?TrialID=JPRN-UMIN00011779">http://apps.who.int/trialssearch/Trial.aspx?TrialID=JPRN-UMIN00011779</a> Retrospective patient satisfaction survey in subjects with toric intra ocular lenses and cataracts surgery NCT01946581 Surgical outcomes of coaxial 1.8mm microincision cataract surgery combined with Trabeculectomy <a href="http://www.clinicaltrials.gov/show/study?term=4202">http://www.clinicaltrials.gov/show/study?term=4202</a>	Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417231	How safe and effective is laser assisted cataract surgery?	7	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 7. This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty: How safe is laser surgery for cataract?			Intraocular Lens Power Calculation After Laser Refractive Surgery Based on Optical Coherence Tomography OCT IOL NCT00532051 Prospective Evaluation of Circularity and Diameter of Femtosecond Laser Versus Manual Anterior Capsulotomy in Singapore National Eye Centre NCT01693211 A Single Centre Study to Analyze Cataract Surgery Following Femtosecond Laser-Assisted and Manual Cataract Surgery NCT01768313	Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417199	Should accommodative lenses be developed for cataract surgery?	8	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 8				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417263	What is the best measure of visual disability due to cataract?	9	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Cataract Ranked 9			Evaluation of new visual acuity test using psychometric function curve in cataract patients <a href="http://apps.who.int/trialssearch/Trial.aspx?TrialID=JPRN-UMIN00009772">http://apps.who.int/trialssearch/Trial.aspx?TrialID=JPRN-UMIN00009772</a>	Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417655	Can retinal detachment be prevented after cataract surgery?	10	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Cataract Ranked 10				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417657	What are the outcomes for cataract surgery among people with different levels of cognitive impairment (whatever the cause but including dementia, stroke, neurological conditions, head injuries)?	11	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Cataract Ranked 11			Therapeutic Effects of Cataract Removal in Alzheimer's Disease NCT00921257	Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417688	What level of pain/discomfort does the patient feel during topical anaesthetic compared to local/sub-Tenon's anaesthetic?	13	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty: What level of pain/discomfort does the patient feel during topical anaesthetic compared to local/sub-Tenon's (?) anaesthetic?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417653	If a person has cataracts in both eyes should they be operated on at the same time?	14	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted 3 times, and the following submissions were merged to form this uncertainty: If bilateral cataract surgery is required, is there a minimum or maximum time between operations? What factors determine the length of time in between bilateral cataract surgeries?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417624	When should cataract surgery take place?	15	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted 7 times, and the following submissions were merged to form this uncertainty: At what stage in the development of a cataract is surgery advised? How advanced does cataract opacity need to be before treatment is necessary? How mature should cataracts be before surgical removal? Why do people have to wait so long to have cataract removal, once cataracts have developed?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417690	Why does a vitrectomy so often lead to cataract formation?	16	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	This is an indicative uncertainty and was submitted 3 times, and the following submissions were merged to form this uncertainty: Why does a vitrectomy so often lead to cataract formation?	Do DV, Hawkins BS, Gichuh S, Vedula SS. Surgery for post-vitrectomy cataract. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006366. DOI: 10.1002/14651858.CD006366.pub2.			Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417654	What is the most effective way of dealing with a rupture of the lens capsule during surgery?	17	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty: If the 'shell' of the cataract becomes damaged/damaged, making the eye more vulnerable to infection, is this treatable or will it worsen over time?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417615	Is cataract surgery beneficial in cases where there is marked photosensitivity?	18	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified					Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417262	To what extent can cataract deterioration be predicted?	19	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty: To what extent can cataract deterioration be detected or predicted, in order to begin treatment?				Diagnostic
420963	Peribulbar versus retrobulbar anaesthesia for cataract surgery		Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research There is a need to pay good attention to methodology in research on local anaesthesia for cataract surgery. Outcome measures need to be assessed quantitatively rather than with qualitative measures, for example using visual analogue scores for pain and millimetre movement of each rectus muscle for akinesia.	Ahassan MB, Kyari F, Ejere HOD. Peribulbar versus retrobulbar anaesthesia for cataract surgery. Cochrane Database of Systematic Reviews 2015, Issue 7. Art. No.: CD004983. DOI: 10.1002/14651858.CD004983.pub3			Change in symptoms, or change in management of symptoms (pain scores, ocular akinesia, need for further injections of local anaesthetic); adverse effects or complications (ocular and systemic complications, corneal edema, conjunctival chemosis, lid haematomas); patient satisfaction; health related quality of life; service related issues; and health related cost
421269	Sub-Tenon's anaesthesia versus topical anaesthesia for cataract surgery		Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research: RCTs comparing various modalities for pain prevention during cataract surgery could be useful.	Quay J, Sales K. Sub-Tenon's anaesthesia versus topical anaesthesia for cataract surgery. Cochrane Database of Systematic Reviews 2015, Issue 8. Art. No.: CD006291. DOI: 10.1002/14651858.CD006291.pub3		Topical Jaly and Intraocular Anesthesia Versus Sub-Tenon's Anesthesia, in Cataract Surgery NCT01344252	Change in symptoms, or change in management of symptoms (pain during administration of anaesthesia, postoperative pain); adverse effects or complications; patient satisfaction; health related quality of life; service related issues; and health related cost

418597	Accommodative intraocular lens versus standard monofocal intraocular lens implantation in cataract surgery	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research Further trials are required for a definitive evaluation of accommodative IOL. The mechanisms of any effect through which accommodative IOLs improve near visual function are still poorly understood, are multifactorial. Further research is required to improve the understanding of such accommodative IOLs. It would also be useful to have more long-term outcome data to monitor sustainability of accommodative and near visual functional capacity of accommodative IOLs. This would also allow detection of any late complications or adverse events. Studies are required that include functionally relevant outcome measures such as unaided reading speed, spectacle dependence and measures of dysphotopsia, to compare accommodative IOLs to multifocal IOLs and monovision strategies for the correction of presbyopic presbyopia. A standard framework of outcome measures would facilitate future analyses of combined data. Future trials should follow CONSORT guidelines (CONSORT 2012) to ensure that reporting of randomised controlled trials is complete. Variable increase in accommodative function observed in people who received accommodative IOLs suggests the need for improvements in IOL design. Trials comparing accommodative IOLs other than the HumanOptics IOL with monofocal and multifocal controls are required, to determine the best performing IOL for use in cataract surgery and refractive lens exchange.	Ohg HS, Evans JR, Allan BDS. Accommodative intraocular lens versus standard monofocal intraocular lens implantation in cataract surgery. Cochrane Database of Systematic Reviews 2014, Issue 5. Art. No.: CD009867. DOI: 10.1002/14651858.CD009867.pub2		Improved near vision, compromise to unaided distance visual acuity, whether a higher rate of additional complications is associated with the use of accommodative intraocular lenses
419004	Antimetabolites in cataract surgery to prevent failure of a previous trabeculectomy	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research Appropriately powered RCTs are needed of antimetabolites during cataract surgery in patients with a functioning trabeculectomy. [PLEASE SEE THE REVIEW FOR FURTHER DETAILS]	Thomas RE, Crichon A, Thomas BC. Antimetabolites in cataract surgery to prevent failure of a previous trabeculectomy. Cochrane Database of Systematic Reviews 2014, Issue 7. Art. No.: CD010627. DOI: 10.1002/14651858.CD010627.pub2		Management and or change of symptoms; effects of antimetabolites with cataract surgery on functioning of a previous trabeculectomy; adverse effects or complications; appropriately powered RCTs are needed of antimetabolites during cataract surgery in patients with a functioning trabeculectomy; acceptability to patients or carers; time to return to work or normal activity; time in hospital and/or needing health or social care services; health related quality of life; and costs
421006	Combined surgery versus cataract surgery alone for eyes with cataract and glaucoma	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research There is need for future high-quality RCTs to address these issues. Several such studies involving the so-called "Minimally Invasive Glaucoma Surgery (MIGS)" procedures are currently underway. We also need more studies in the United States and other countries. The current trials are mainly limited to Europe, Canada, and South Africa. These trials should ensure adequate representation of both men and women and include diverse ethnicities. Furthermore, an international standard of reported outcomes for such trials (e.g., mean change in visual field parameters, and IOP) would allow for better comparisons among studies and stronger evidence of effects. Intraoperative and postoperative complications should be well-defined with rigorous reporting standards and methods. Descriptions of future studies should define the intensity and frequency of ascertainment of complications and adverse events, state whether the ascertainment is active or passive, and consider carefully whether events measured are pre-specified or spontaneously reported. Patient-important outcomes, including quality of life and economic outcomes, should be incorporated in the trial design. Rigorously conducted prospective observational studies also can inform the harms related to various surgical techniques. We are also in need of clinical trials that compare combined cataract and glaucoma surgery with staged surgery (cataract surgery first, then glaucoma surgery or vice versa) because in clinical practice, the decision is more often between combined versus staged surgery. As additional high-quality, methodologically rigorous, and outcome-standardized RCTs are conducted, the quality of evidence in future updates of this review can be significantly improved and increasingly meaningful.	Zhang ML, Hirunvachote P, Jampal H. Combined surgery versus cataract surgery alone for eyes with cataract and glaucoma. Cochrane Database of Systematic Reviews 2015, Issue 7. Art. No.: CD008671. DOI: 10.1002/14651858.CD008671.pub3	A Study of the Trabeculectomy Micro-bypass Stent in Combination With Cataract Surgery in Subjects With Newly Diagnosed Open Angle Glaucoma and Subjects Diagnosed With Ocular Hypertension NCT00326066 A Prospective, Randomized, Controlled, Parallel Groups, Multicenter Clinical Investigation of the Glaukos Trabeculectomy Micro-bypass Stent Model GTS400 in Conjunction With Cataract Surgery NCT01025558 A Prospective, Randomized, Comparative, Multi-Center Clinical Study to Assess the Safety and Effectiveness of the Transcend CyPass Glaucoma Implant in Patients With Open Angle Glaucoma Undergoing Cataract Surgery NCT01085357	Change in for eyes with cataract and glaucoma, or change in management of symptoms (intraocular pressure (IOP) postoperatively and at 12 months or more, change in the number of medications used after surgery and postoperatively at one year, mean change in visual acuity or visual fields, incidence of reoperation to control IOP at one year); adverse effects or complications; patient satisfaction; health related quality of life; service related issues; and health related cost
421941	Day care versus in-patient surgery for age-related cataract	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research: The sparse number of RCTs on this topic indicate that the progression from in-patient to day care as the primary treatment modality has already taken place in a shift driven by necessity, cost and a simplification of the procedure. In the developed world, there does not appear to be any further debate about the safety and outcomes of day care cataract surgery, but there is controversy on appropriate thresholds for cataract surgery and the validity of participant-reported outcome measures (Black 2009). Future research on these topics is required and should also explore issues of severity thresholds for when in-patient cataract surgery is appropriate. [PLEASE SEE THE REVIEW FOR FULL DETAILS]	Lawrence D, Feltorowicz Z, van Zuuren EJ. Day care versus in-patient surgery for age-related cataract. Cochrane Database of Systematic Reviews 2015, Issue 11. Art. No.: CD004242. DOI: 10.1002/14651858.CD004242.pub5		Change in age-related cataract, or change in management of symptoms (visual acuity at six weeks post operation); adverse effects or complications (injury, leakage, intraocular pressure (IOP), corneal oedema, endophthalmitis, hyphema); patient satisfaction (being able to recuperate at home, comfortable surroundings and degree of family support); health related quality of life; service related issues; and health related cost
419313	Fibrin glue versus sutures for conjunctival autografting in primary pterygium surgery	Uncertainties being addressed in ongoing research	No relevant systematic reviews identified		Romano V, Cruciani M, Coni L, Fontana L. Fibrin glue versus sutures for conjunctival autografting in primary pterygium surgery (Protocol). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD011306. DOI: 10.1002/14651858.CD011306	As this is a protocol for a Cochrane systematic review, no search has been made to identify any ongoing trials	This is the protocol for a review and there is no abstract. The objectives are as follows: To assess the effectiveness of fibrin glue compared to sutures in conjunctival autografting for the surgical treatment of pterygium
419316	Interventions to improve access to cataract surgical services and their impact on equity in low- and middle-income countries	Uncertainties being addressed in ongoing research	No relevant systematic reviews identified		Ramke J, Welch V, Bilgicli T, Gilbert C, Pekovic J, Blanchet K, Christensen R, Zwi AB, Tugwell P. Interventions to improve access to cataract surgical services and their impact on equity in low- and middle-income countries (Protocol). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD011307. DOI: 10.1002/14651858.CD011307	As this is a protocol for a Cochrane systematic review, no search has been made to identify any ongoing trials	This is the protocol for a review and there is no abstract. The objectives are as follows: To assess the effects on equity of interventions to improve access to cataract services for populations with cataract blindness (and visual impairment) in LMICs
419799	Manual small incision cataract surgery (MSICS) with posterior chamber intraocular lens versus extracapsular cataract extraction (ECCCE) with posterior chamber intraocular lens for age-related cataract	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Implications for research More studies are required to compare the visual outcomes between MSICS and ECCCE. We suggest that visual outcomes at three and six months are the minimum follow-up time for comparing ECCCE and MSICS. Also, an adequately powered randomised controlled trial is required to assess cost-effectiveness and the impact on quality of life. When executing these RCTs the study participant should be randomised to expert surgeons in each technique rather than having the same surgeon performing both procedures to reduce single surgeon bias. A single surgeon performing both procedures does not produce a surgeon effect. This is bias introduced by a surgeon having more expertise in one intervention as compared to the other.	Ang M, Evans JR, Mehta JS. Manual small incision cataract surgery (MSICS) with posterior chamber intraocular lens versus extracapsular cataract extraction (ECCCE) with posterior chamber intraocular lens for age-related cataract. Cochrane Database of Systematic Reviews 2014, Issue 11. Art. No.: CD008811. DOI: 10.1002/14651858.CD008811.pub3		Management and or change of symptoms; compare two different techniques of lens removal in cataract surgery; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and/or needing health or social care services; health related quality of life; and health related costs; insufficient data on cost-effectiveness of each procedure
417983	Surgery for post-vitrectomy cataract	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	IMPLICATIONS FOR RESEARCH There is a clear need for well-designed randomized controlled trials to evaluate the benefits and risks of surgery for cataracts that develop following vitrectomy. [PLEASE SEE THE REVIEW FOR FULL DISCUSSION]	Do DV, Gidruhi S, Vidali SS, Hawkins BS. Surgery for post-vitrectomy cataract. Cochrane Database of Systematic Reviews 2013, Issue 12. Art. No.: CD006366. DOI: 10.1002/14651858.CD006366.pub3		Change in symptoms of cataract, any benefit from cataract surgery; safety; change to visual acuity; quality of life; change in vision in the Early Treatment Diabetic Retinopathy Study (ETDRS) scale; adverse events (posterior capsule rupture); short-term (six-month) and long-term (one-year or two-year) outcomes
418375	Tele-rehabilitation for people with low vision	Uncertainties being addressed in ongoing research	No relevant systematic reviews identified		Blither AK, Wykstra SL, Yoshinaga PD, Li T. Tele-rehabilitation for people with low vision (Protocol). Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD011019. DOI: 10.1002/14651858.CD011019	As this is a protocol for a Cochrane systematic review, no search has been made to identify any ongoing trials	This is the protocol for a review and there is no abstract. The objectives are as follows: Our goal is to systematically review the literature on tele-rehabilitation's effectiveness for improving vision-related quality of life and/or reading speed compared to face-to-face (e.g., in-office or inpatient) low vision rehabilitation services in patients with low vision or visual function loss due to any ocular condition. Secondary objectives are to evaluate compliance with scheduled rehabilitation sessions, VAE device abandonment rates, and/or patient satisfaction ratings in the same studies
417474	Are there any lifestyle measures that can be taken to prevent cataract?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty. Are there any lifestyle measures that can be taken to prevent or delay the onset of cataract?	Mathew MC, Ervin AM, Tao J, Davis RM. Antioxidant vitamin supplementation for preventing and slowing the progression of age-related cataract. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD004567. DOI: 10.1002/14651858.CD004567.pub2.		Incidence of cataract/adverse effects or complications; acceptability to patients or carers; health related quality of life; and costs
417852	Can cataract surgery be improved?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted 6 times, and the following submissions were merged to form this uncertainty. Are there any further advances on the current cataract surgery? Are there any risks associated with cataract surgery? Is cataract surgery completely effective? Is further research into lens replacement possible to reduce unsuccessful cataract surgery? What is the success rate for the removal of cataracts?	Mathew MC, Ervin AM, Tao J, Davis RM. Antioxidant vitamin supplementation for preventing and slowing the progression of age-related cataract. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD004567. DOI: 10.1002/14651858.CD004567.pub2.		Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and/or needing health or social care services; health related quality of life; and costs
417152	Can dietary measures, dietary supplements or complementary therapies slow down the progression of cataract?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	This is an indicative uncertainty and was submitted 5 times, and the following submissions were merged to form this uncertainty. Are there any dietary measures which can slow the progression of cataract? Does the consumption of large quantities of blueberries contribute to visual improvement? How likely is it that taking an antioxidant capsule will slow the development of cataract? What is the effectiveness of herbal remedies in the treatment of cataract?	Mathew MC, Ervin AM, Tao J, Davis RM. Antioxidant vitamin supplementation for preventing and slowing the progression of age-related cataract. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD004567. DOI: 10.1002/14651858.CD004567.pub2.		Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and/or needing health or social care services; health related quality of life; and costs

417153	Can dietary measures, nutritional supplements or complementary therapies prevent cataract?		Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	This is an indicative uncertainty and was submitted 3 times, and the following submissions were merged to form this uncertainty. What role does diet play in maintaining good eye health/preventing ocular disease? What research has been done to evaluate the role of nutrition and nutritional supplements in prevention of age-related eye conditions - eg Cataracts ?	Mathew MC, Ervin AM, Tao J, Davis RM. Antioxidant vitamin supplementation for preventing and slowing the progression of age-related cataract. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD004567. DOI: 10.1002/14651858.CD004567.pub2.			Incidence of cataract/adverse effects or complications; acceptability to patients or carers; health related quality of life; and costs
417689	Can PCO or secondary cataract be prevented?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted 4 times, and the following submissions were merged to form this uncertainty. Does cataract surgery remove the condition for good or is there a chance cataracts could recur? Following cataract surgery, why does the replacement lens become opaque/clouded over? What is the likelihood of requiring laser surgery after cataract surgery?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417233	Can we use intra-ocular lens implantation in children?		Uncertainties identified from patients' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty. How can we use lens transplant in children?				Change in symptoms; adverse effects or complications; acceptability to patient; and cost
417180	How can we prevent scarring on artificial lenses for children?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified					Scarring, adverse effects or complications; acceptability to patient; and cost
417266	Is there any detrimental effect on visual acuity in the good eye, when occlusion therapy is used to treat congenital cataract in young babies?		Uncertainties identified from carers' questions	No relevant systematic reviews identified					Change in symptoms; adverse effects or complications; acceptability to patients; and cost
417232	Should accommodative lenses be used in cataract surgery?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty. Can we develop varifocal lenses for use in cataract surgery?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417058	What could be done in earlier life to prevent cataract formation?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified					Incidence of cataract/adverse effects or complications; acceptability to patients or carers; health related quality of life; and costs
417668	What effect does cataract surgery have on glaucoma?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted 3 times, and the following submissions were merged to form this uncertainty. How many times can laser surgery be done after cataract has been removed for glaucoma patients? In cases of glaucoma patients requiring cataract surgery, can glaucoma drainage holes be made in the intraocular lens implant?	Hirunyachote P, Jampel H. Combined surgery versus staged surgery for eyes with cataract and glaucoma (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008671. DOI: 10.1002/14651858.CD008671.			Impact on glaucoma; management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417604	What is the effect of sunlight on the development of cataract?		Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	This is an indicative uncertainty and was submitted twice, and the following submissions were merged to form this uncertainty. What is the effect of ultra violet sunlight on the development of cataract?				Management and or change of symptoms; adverse effects or complications; acceptability to patients or carers; time to return to work or normal activity; time in hospital and or needing health or social care services; health related quality of life; and costs
417264	What is the most effective way to monitor development of cataract?		Uncertainties identified from patients' questions	No relevant systematic reviews identified					Diagnostic