



KNOWLEDGE AND EXPERIENCES OF THE ELDERLY ABOUT CATARACT EXTRACTION: A DIALOGUE WITH A PROFESSIONAL NURSE¹

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ABSTRACT

Aim: To describe the knowledge and experiences of the elderly about cataract surgery and pre- and post-operative care. **Method:** This qualitative-descriptive study was conducted with 24 elderly people in a private hospital in Rio de Janeiro and at their homes. Individual interviews were held, followed by a discussion with each participant, between September and December 2017. Thematic content analysis was applied in the organization of the data. **Results:** Categories of Analysis: concepts of the disease and surgery, sources of access to information, the culture of silence in the context of health care, and expectations of the elderly about surgery and its results. The elderly had gaps in their knowledge about the surgery and pre- and post-operative care; spoke about situations that sometimes reiterated the culture of silence in their relationships with health professionals and made proposals about aspect of the topic that they considered important in health education. **Conclusions:** Based on meetings with the elderly, it was possible to show not only their knowledge about the pathology they faced and surgical procedure [for the treatment of cataracts], but also to fully assess the process and the changes required in the scope of health promotion.

Keywords: Nursing. Cataract extraction. Health education. Aged.

INTRODUCTION

The world population is aging - life expectancy was 40 years in the beginning of the 20th century, and in the 21st century, this has risen 80⁽¹⁾. The Brazilian Institute of Geography and Statistics - IBGE⁽²⁾ indicated that the increase in the number of elderly people in the Brazilian population was a consequence of the process of demographic transition. For 2030, the estimate is that 18.6% of the population will be elderly, and in 2060, 33.7%; that is, for every three people in the population, one will be at least 60 years old.

The repercussions of aging on the health of the elderly may reveal that there is significant occurrence of weaknesses among them. One of the first systems to suffer the impact of physiological aging is the sensory system, with manifestations such as memory loss, difficulty with learning new skills, and particularly, changes in the visual system, with gradual loss of vision in both eyes as a result of this process. 3.4 The Global Burden of

Disease / World Health Organization (GBD/WHO) estimated that 190 million individuals had a severe disability in 2010, including conditions such as quadriplegia, severe depression and blindness. 5 With aging, pathologies such as hypertension, diabetes, heart disease, vascular problems or several senile diseases may arise, including cataracts for which the only form of intervention, so far, is surgery⁽⁴⁾.

Recent research has reported positive results with the use of eye drops, which have been tested on animals; one of its chemical components is lanosterol (an important steroid in the body). The purpose of this medication is to eliminate the opacity of the lens, avoiding surgery and reducing the records of blindness due to cataracts, worldwide⁽⁶⁾. However, there are no studies on its application in humans. Despite investments in studies in the area, there are still no satisfactory results that solve the concrete problem of cataract among the elderly, resulting in blindness⁽⁶⁾. The only resolute and effective method of treatment,

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so far, is the surgical process.

The loss of vision limits the elderly in performing their daily activities, and places them in risky situations, thereby statistically increasing the number of domestic accidents, such as burns, falls - whether or not followed by fractures, intoxication due to errors in the administration of medications, among others⁽⁷⁾. This set of changes triggers a series of emotional and psychological problems for the elderly, and may even lead to depression⁽⁸⁾.

Senile cataract, the subject of discussion in this research, is the most common type, as it is associated with the aging process, ranked second only to arthritis and heart disease as the main causes of disability in the elderly. Its etiology is not very clear, however, it is known to be a gradual, painless process that results in visual loss⁽⁹⁾.

While observing the health team at work in an eye clinic during screening for cataract surgery, it was possible to note the lack of information by the elderly about the disease and surgical process, an event that causes insecurity when dealing with a disease associated with aging, and leads to limitations in their daily lives. Undergoing surgery, even when it is elective, has a meaning of its own, which is to achieve an improvement in quality of life⁽¹⁰⁾.

It is opportune for the elderly to be informed about the entire surgical process through dialogue, to make them aware of the issues surrounding the surgery and preventable complications that may arise from it. However, there is a scarcity of educational activities with the elderly as a primary function of the nursing team - right from the time they arrive at the outpatient care unit, especially when considering their short stay in the hospital. These factors makes it difficult for the elderly to form a therapeutic bond with the nursing team and to have full access to information, which can sometimes result in harming the elderly⁽¹¹⁾.

The above-mentioned situation means that with each new return to the at the ophthalmology service, the elderly person is besieged with doubts, and the limited space for dialogue to provide nursing guidelines, makes it difficult to clarify their doubts. This could compromise the postoperative period, and in more extreme cases, lead to complications, such as intraocular hemorrhage as a result of patients lifting weight?/or/ not knowing that they should not lift weight⁽¹¹⁾.

In view of the foregoing considerations, the aim of this study was to describe the knowledge and

experiences of the elderly about cataract surgery and pre- and post-operative care. Experience is understood to refer to the "knowledge gained by experience", assuming an epistemological condition that is fundamental for the appreciation and understanding of immediate social interactions, thus resulting in the knowledge generated by living through an experience⁽¹²⁾.

This study was justified because it complies with the National Agenda of Priorities in Health Research (ANPPS)⁽¹³⁾, especially relative to the health of the elderly, axis 13, when addressing the analysis of access, quality and resoluteness of the health care of elderly people. It is also in line with the National Policy of Attention in Ophthalmology, of May 15, 2008⁽¹⁴⁻¹⁵⁾, Ordinance 1458/2013. Among its competences, the following objectives are included: to develop strategies to promote quality of life, education, protection and health recovery and damage prevention, organization of a comprehensive line of care (prevention, promotion, treatment and recovery) that permeates all levels of care, qualification of assistance and promotion of permanent education for health professionals.

METHODOLOGY

This was a field study using the qualitative-descriptive method. The research took place in two different scenarios: the first meeting with each participant was held in the pre-surgical unit (UPC) of a private hospital in the city of Rio de Janeiro in the phase prior to surgery. This scenario was chosen because the time taken for obtaining approval from the institution for conducting the research was compatible with the estimated time for its development; this was not the case with public health units to which the study proposal was presented. The second meeting took place at the home of each elderly person, in the post-operative phase.

The 24 elderly people who participated in the research, in the above-mentioned two individual meetings, met the following inclusion criteria: age equal to or over 60 years of age, and having been submitted to previous cataract surgery in one eye, or with indication for undergoing this surgery. All patients were selected by convenience, from September to December 2017. The elderly who had speech deficit, or diagnosis of any type of dementia, reported by family members or by the

nursing staff in the study setting, were excluded from the study.

As a strategy of approximation to the hospital, the author inserted herself in the context of the UPC, in order to integrate into the dynamics of the unit and the local nursing team. At the first meeting, the production of data was developed by filling out a form for characterization of the participants' sociodemographic and health status, application of the semi-structured individual interview technique, conducted by using a script, followed by discussion with each elderly person.

To contextualize the elderly, photos from different sources were used, showing people with blurred vision due to cataracts, the difficulties encountered in the daily lives of elderly people coping with the disease, and other photos that explored the anatomy of the eyeball. The script used to collect data obtained with the use of photos, addressed aspects inherent to the participants' previous knowledge and experiences about the disease and the process of cataract surgery. The elderly participated actively during the problematization of themes that was followed by guidance on the main aspects involved in the pre- and post-surgical stages. The second meeting was intended for discussion with the elderly about the issues raised in the first meeting, based on the participants' familiarity with the theme.

Respecting the principles that rule the participation of human beings in research, the elderly were identified by alphanumeric codes, in the following manner: the letter I, followed by identification by sex and sequential Arabic numbers, assembled according to the order in which the participants were interviewed in the data production phase. For example: IH = elderly man, IM = elderly woman. Therefore, IM6 was an elderly woman interviewed in the sixth position. The researcher was identified by the letter P. The interviews and discussion were recorded on a media device (MP4) and transcribed in full by the main author.

Thematic content analysis was applied in the organization of the research data⁽¹⁶⁾. Therefore, all the material obtained by data production was read attentively, with the purpose of becoming familiar with the text to allow impressions to form and guidance to emerge seeking to establish the empirical design of the study. After this, the material was pre-analyzed, with the aim of capturing the major themes considered most

significant in the speeches of the elderly, in compliance with the research objectives. In the thematic classification, the most frequent themes were selected from the set of the participants' testimonies⁽¹⁶⁾.

The project was approved by the Research Ethics Committee (CEP) of the Anna Nery School of Nursing / São Francisco de Assis Health Care Institute, Legal Opinion 2.246.564, with due prior authorization from the director of the hospital that served as the research field.

RESULTS

Of the 24 participants, 20 (83.4%) had been submitted to operation on the cataract in one eye, and four (16.6%) would undergo the first surgery of this type. From the thematic content analysis, the following categories emerged: *concepts about the disease and surgery, sources of access to information, the culture of silence in the context of health care, and expectations of the elderly about the surgery and its results.*

Concepts about illness and surgery

At the beginning of the interview, when addressing the question "What do you know about cataracts and surgery?", The four patient who had not undergone the experience of the surgical process reported that they did not know anything about the procedure to which they would be submitted:

I don't even know what that is [cataract]! I don't even know how they do this surgery. I don't know anything about this surgery! (IH5)

My dear, I don't know anything! I just know that I have to operate. (IM6)

I don't know much! I just know that I was seeing very badly. (IM13)

I know nothing. I just know that I have to operate. The Doctor said that my eyes badly needed the operation. (IM17)

Even those who had previously had experience with the surgery, also showed gaps in the knowledge they acquired:

I know what they say, that the person with a cataract cannot read ... And that when this happens only by surgery ... As for the surgery, I can't explain it. (IM9)

I also thought I was going to use a bandage on my

eye when I first operated, but I didn't even need to. (IH7)

I know they change the lens inside the eye ... to replace the one that's bad, blurry, opaque. (IM14)

Blurred vision was a result pointed out by several elderly participants:

I understand that foggy vision is a sign of cataract. (IM3)

Now I understand that foggy vision is a sign of cataracts. (IH7)

The person with a cataract cannot read with his glasses because there is always a fog in his eyes and that gets in the way. (IM9)

I know it is a disease that the blurs the sight. (IH19)

The elderly reported experiences in which these symptoms changed their usual daily activities, making some tasks difficult to perform:

I was even having trouble driving at night! _My God! I can't drive like this anymore! (IM1)

When I took the car out of the garage, I was already afraid I might hit the side of the gate! I always liked to drive and always drove at any time, but it got so bad that I stopped. (IM4)

The possibility of becoming "blind from one day to the next" was a concern of several people, as it is a gradual development of the disease, from the time of surgical diagnosis to possible blindness:

What I knew about the surgery is that if I didn't operate, I would be blind from one day to the next. (IM 20)

The question "What do you know about cataracts and surgery?" also generated records that depicted the placement of a lens in the operated eye, resulting in many doubts and questions:

There are people who say they that the lens has to be changed, but for me it was just shaving off a skin. (IH12)

I was told that I have to change the lens that is bad. I didn't even know eyes had lenses, except when you buy it at the optical store and put it in your eyes. But I never wore lenses! (IM13)

I know that in surgery they exchange the lens inside the eye. (IH19)

I know they take out what's bad and put a new lens in the eye. (IH21)

Other participants expressed the idea that the cataract was a "skin" that grows in the eye:

I thought it was a "little skin" that grew over the eye and had to be shaved off. (IH5)

I thought it was a "little skin" that grew on the outside of the eye and that you just had to shave it off. (IH7)

I thought it was just taking off a skin. (IM8)

In fact, I didn't even suspect it, because I thought it was a skin that grew towards the center of the eye and when I looked at my eye in the mirror I didn't see this skin. (IH12)

Although the thematic universe expressed by the participants had common characteristics, related to the central phenomenon of the study, therefore, this made many of them reported similar knowledge and experiences about the care before and after surgery; IH19 highlighted an important pre-surgical care that was not part of the other participants' speeches:)

As I am a diabetic, the (instruction) sheet they gave me said not to take the medicine today (the day of the surgery), because I won't be eating for a long time, so I might get sick. But, the one for blood pressure, I took normally. I already felt bad after taking it, because it was a long time before I could eat! (IH19)

Sources of access to information

When asked to report on issues about access to information about the disease and the surgical process in the debate, all participants highlighted the printed form provided by the hospital's UPC as an important source of information; 20 mentioned previous experience with surgery on one of the eyes, nine emphasized medical advice, four participants referred to the Internet as a source of information, two highlighted the knowledge derived from common daily relationships, and one emphasized following the comments of other elderly people who had undergone cataract surgery as the basis of their knowledge.

When someone talked about cataract surgery, I had no idea. I started to discover things about my husband's surgery here [...]. (IM1)

Nowadays I know a lot! I am very calm, because I have already operated on the left eye and today I will operate on the right. This doctor who is going to operate on me is wonderful! I've been his patient for many years. (IM2)

To learn, I had to look up on the internet. [...] It was

on the internet that I understood what was happening to me. (IH7)

I think I learned on a daily basis. (IM12)

IM1, despite recognizing the use of technologies as a means of obtaining information, revealed the importance of the professional's presence in this endeavor:

The internet today brings a lot of information, but I still like prefer contact with people [laughs]. (IM1).

If, for some elderly people, the Internet served as an important support to clarify their doubts, for others this technology still remains inaccessible:

There are people who use the internet, but I don't understand any of this, nor do I know how to use it (IH12).

The attention given to the elderly in the research field follows general guidelines, such as the check list, by providing a printed form, offered by the UPC and reinforced by the doctor in the consultation that precedes the surgery.

It is a lot to memorize because the before and after instructions are given on the same form when the surgery is defined. (IM3)

It is a lot of information... It's a lot of details, I found it a little confusing. I had to read the paper several times in order not to forget anything. (IM10)

The culture of silence in the context of health care

Some speeches narrated embarrassment and/or shame to expose themselves, their knowledge, or even fear that their testimony could be interpreted as a complaint:

Although I had nothing to complain about, sometimes I was embarrassed to ask silly questions. (IM1)

It seems that people are afraid to ask. Knowing it is my right. I don't take doubts home with me. In fact, I never have. And I have always received answers. (IM4)

I had no information about anything! Much lack of information indeed! I'm going to keep my voice down because I don't want any trouble, but that's what I think! I don't want to speak up, because you know how these things are, don't you? (IH5)

I learned a little by listening to a conversation with a patient in the waiting room. I thought I already knew. (IM8)

Elderly's expectations about surgery and its results

In the interaction through dialog, when questioning the elderly about their expectations about the surgery, they recalled everyday activities that suffered negative influence due to the onset of the disease and its aggravation: driving, using the cell phone, putting on makeup, and reading.

The first thing I think of is freedom. I was already having difficulties even driving at night! ...] I like to use the cell phone very often. How can I do that if I can't see straight? (IM1)

While enunciating their speech, body language demonstrated understanding of the importance of quality vision for a healthy life:

There are several kinds of imprisonment. I was almost trapped by my eye (laughs). Even putting on make-up on a daily basis was difficult! (IM1)

I read a lot, I have always read. If everything goes right this routine of mine will not change. (IH16)

I like reading, going out, using the computer, fishing. For all this, I need to see well. This is all I expect. To get well. (HI21)

In the development of interaction through dialog, the participants pointed out other limits imposed by the disease, on developing activities that integrate their daily lives, in particular those that are culturally part of the woman's context, especially those of socioeconomic origin: cooking, washing, ironing, sewing, and taking care of the husband.

I just want to get well, to go back to work. I graduated as a teacher, but I never worked as a teacher. What I really do is cooking! I love my pans! My kitchen. (IM6)

I want to get back to doing my own things, it is very bad to be idle. I am used to taking care of the house and making my own food, taking care of my husband's clothes. (MI10)

Get well. See properly again. I like to do my 'sewing' at home. Iron my clothes. (MI13)

Fulfillment of these expectations was accompanied by concern and anxiety felt before the surgery, due to the fear of complications that could result in impaired vision, or even the possibility of not being able to see again:

It gives you a chill in your stomach to know that they're going to mess inside my eye, because it's

something so sensitive. (IM1)

Today I am calmer because I have been operated on my right eye. I was afraid of going blind. (IH7)

I had doubts that it was going to work out and that scared me. (HI 22)

DISCUSSION

At the beginning of the dialogue with each participant, he/she seemed unaware of the disease and surgery, but as the discussion deepened and a trusting relationship began to flow between the researcher and the elderly persons, their knowledge emerged, although incomplete or unsystematic.

The implementation of dialogical meetings with the nursing professional, appreciating the experience described by the patients and the context in which they were inserted, as well as their active participation as a precondition of health education, can minimize the insecurity and lack of information reported by the elderly at several times during the discussion. The care relationship built on these bases allows the use of inclusive strategies, taking into consideration the universe of each participant's vocabulary⁽¹⁷⁾. Every surgical procedure requires care and presents risks, even if minimal, and in some cases, there may be complications. The preoperative care, although well done, does not ensure absence of complications during or after the procedure⁽¹⁸⁾.

Therefore, the expectations and feelings of insecurity expressed by the elderly about the disease and the surgical process should be considered and problematized in the process of health education as an ethical imperative of care. Moreover, it is salutary that access of the elderly to quality information is guaranteed, so that it can serve as a reliable source of knowledge that provides confidence. Although the use of the Internet was shown to be relevant support for access to information, it does not, however, replace face-to-face contact with the professionals.

Globalization is a tool that has brought many positive factors into the present century, such as greater access to world trade, technological developments in the health area, real-time information through the internet and cell phones⁽¹⁹⁾. However, there are exceptions relative

to misuse of this technology, because it can cause harm to its users if it is not properly contextualized, or even serve to convey false and inappropriate information. Thus, the use of this technology can become ineffective or dangerous, and the medium that could serve as support for access to knowledge can be transformed into a trap.

As the dynamics of hospital care, especially in the context of the UPC, are centered on the physician and on punctual instructions with regard to the surgical process, it leaves no room to address other clinical problems of the elderly, even when related to visual acuity, they do not always contemplate the set of demands and needs for knowledge of these patients. On the day of the surgery, the time between the preoperative phase and the post-surgery discharge is very short, and it is not sufficient to make it possible to answer all the doubts of the elderly.

The culture of silence⁽¹²⁾ in the hospital scenario is still a common fact, making patients submit to the professional's knowledge and abide by the rules established by the institution, however, there are already examples of active participation of patients in the dialogue with professionals about the aspects that affect their health and the processes of taking ill. The authoritarian postures in the speeches of health professionals refer to the process of domination that takes place in silence, because those who are dominated are denied the right to expressing their word, the right to say it. To deny the other the right to speak is to suffocate their right to be, lay the blame for their human condition on them. This criticism serves as reflection and support for several other contexts of oppression to which people are subjected on a daily basis^(12,20,21).

In the health universe, this type of relationship gains prominence when professionals conceive the persons cared for as objects of their action and not as subjects endowed with knowledge and experiences, product of their historical-social insertion which, although differing from that of those who come from the field of science, are equally important⁽²¹⁾. When the persons receiving care are taken as objects of knowledge and professional practice, they end up ratifying their uncritical and oppressed position towards the oppressors' position.

Historically, we still face the adoption of this oppressive culture in some health institutions,

denying the other the right to speak, in which a vertical and hierarchical relationship is established⁽²⁰⁾. This silencing condition in the healthcare context must be reverted, ensuring that patients are given the necessary learning conditions for self-care⁽²¹⁾.

FINAL CONSIDERATIONS

During the meetings with the elderly, not only their previous knowledge and experiences relative to the disease and the process of cataract surgery were revealed, but dialogical interactions were also constructed, which are often difficult to achieve in the professional-client relationship in health services. These difficulties generate anxiety, embarrassment and other feelings that ratify the hierarchy of knowledge sustained by scientific knowledge and the maintenance of ignorance of the people being cared for.

The elderly, as protagonists and producers of dialogue, made comments and evaluated the entire research process that gave them the opportunity to problematize the process of cataract surgery. In this position, they pointed out new knowledge built up during the meetings, at the same time that they revisited previous experiences and concepts brought from their common living space and its interface with the scientific-professional knowledge; while the access to knowledge of these

elderly persons came from different sources, such as TV media, social networks, social-family relations, and health professionals.

It is appropriate to recognize the limits imposed by human physiology, typical of the aging process. But, likewise, working on the potentialities of the elderly, and in a reciprocal process, allows educators and students to participate in the construction of new and revisited knowledge, responsible for the progressive and necessary changes in the scope of health promotion, disease prevention, and damage that compromises human well-being. Some of these types of damage are preventable, provided that there are continuous spaces for listening and exchange, in the interest of human health considered as a whole.

Lack of information is still a major barrier to preventing cataract-related blindness. Surgery alone does not solve the disorders caused by the disease if it is not accompanied by postoperative care required for the prevention of avoidable complications.

The participatory methodology proposed in this research contributed to the resolution of eventual doubts during dialogue with the elderly, with positive impacts on the surgical outcome. The dissemination and expansion of knowledge will act to reformulate care practice and drive the necessary changes in the field of providing care, particularly in nursing gerontology.

SABERES E EXPERIÊNCIAS DE IDOSOS SOBRE A CIRURGIA DE CATARATA: UM DIÁLOGO COM UMA PROFISSIONAL DE ENFERMAGEM

RESUMO

Objetivo. Descrever o conhecimento e experiências de idosos sobre a cirurgia de catarata e os cuidados pré e pós-operatórios. **Método.** Estudo qualitativo-descritivo feito com 24 idosos em hospital privado no Rio de Janeiro e em domicílio. Realizaram-se entrevistas individuais, seguidas de discussão com cada participante, entre setembro e dezembro de 2017. Aplicou-se análise de conteúdo temática na organização dos dados. **Resultados.** Categorias de análise: concepções sobre a doença e a cirurgia, fontes de acesso à informação, a cultura do silêncio no contexto do cuidado em saúde, e expectativas dos idosos sobre a cirurgia e seus resultados. Os idosos apresentaram lacunas sobre o que sabem sobre a cirurgia e os cuidados pré e pós-operatórios; trouxeram situações que reiteram, por vezes, a cultura do silêncio na relação com os profissionais de saúde e fizeram proposições sobre o que consideravam importante na educação em saúde sobre o tema. **Conclusões.** A partir da reunião com os idosos, foi possível evidenciar não apenas seus conhecimentos sobre a patologia enfrentada e o procedimento cirúrgico de catarata, como também avaliar, de forma integral, o processo e as mudanças necessárias no âmbito da promoção da saúde.

Palavras-chave: Enfermagem. Extração de catarata. Educação em saúde. Idoso.

SABERES Y EXPERIENCIAS DE PERSONAS MAYORES SOBRE LA CIRUGÍA DE CATARATAS: UN DIÁLOGO CON EL PROFESIONAL DE ENFERMERÍA

RESUMEN

Objetivo: describir el conocimiento y las experiencias de personas mayores sobre la cirugía de cataratas y los cuidados pre y postoperatorios. **Método:** estudio cualitativo-descriptivo llevado a cabo con 24 ancianos en hospital privado en Rio de Janeiro-Brasil y en domicilio. Se realizaron entrevistas individuales, seguidas de discusión con cada participante,

entre septiembre y diciembre de 2017. Se aplicó el análisis de contenido temático en la organización de los datos. **Resultados:** categorías de análisis: concepciones sobre la enfermedad y la cirugía, fuentes de acceso a la información, la cultura del silencio en el contexto del cuidado en salud, y expectativas de las personas mayores sobre la cirugía y sus resultados. Los ancianos presentaron lagunas sobre lo que saben respecto a la cirugía y los cuidados pre y postoperatorios; trajeron situaciones que reiteran, a veces, la cultura del silencio en la relación con los profesionales de salud hicieron proposiciones sobre qué consideraban importante en la educación en salud sobre el tema. **Conclusiones:** a partir de la reunión con los ancianos, fue posible evidenciar no solo sus conocimientos sobre la patología enfrentada y el procedimiento quirúrgico de cataratas, sino también evaluar, de forma integral, el proceso y los cambios necesarios en el ámbito de la promoción de la salud.

Palabras clave: Enfermería. Extracción de cataratas. Educación en salud. Anciano.

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