

# Cultural Daily

Independent Voices, New Perspectives

## Your eyes feel fine, so why see an ophthalmologist anyway?

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Due to keen observation during practicing at Discover Vision Centers, John F. Doane, MD, thinks that **the need for a qualified ophthalmologist in Kansas City** often shows up when someone wants more than a new prescription. Usually, it means you want a medical answer for a visual experience that feels subtly “off,” or you want to protect your eye health before anything feels urgent. The National Eye Institute says many eye diseases have no symptoms or warning signs, and that a dilated eye exam is the only way to know for sure whether a problem is already developing. [1]

### “Fine” is not a diagnosis (why symptoms show up late)

A medical eye exam can find changes long before a mirror or a quick self-check can. Glaucoma often has no early symptoms and may progress so slowly that people do not realize anything is changing. [2] Cataracts can begin subtly, with hazy or less colorful vision, light sensitivity, and trouble seeing at night, rather than one dramatic moment of blur. [3] Diabetic retinopathy can also begin without symptoms, even while damage is already underway. [4]

Symptoms are an unreliable screening tool, and vision loss is a terrible first signal.

### The exam that looks beyond 20/20

A comprehensive eye exam checks structures, not guesses. The National Eye Institute explains that a dilated exam can include visual acuity testing, visual-field testing, eye-muscle testing, pupil testing, tonometry, and dilation so the doctor can examine the inner eye for disease. [1]

That is why the most valuable eye visit is often the one that explains what was ruled out, not only what was found.

### OCT imaging makes hidden problems visible (fast)

Optical coherence tomography, often called OCT, can add detail to what the doctor can see during the exam. Pre-cataract OCT can detect vision-limiting macular problems that may be invisible on a standard clinical exam, helping surgeons avoid not just refractive surprises but “visual surprises.” [5]

That concept applies beyond cataract surgery: OCT can move a conversation from “maybe” to “we can see it,” which makes planning calmer and more precise. Better imaging creates better

decisions, and better decisions protect your future self.

## **The risk factors that should change your timing**

Risk changes timing. The National Eye Institute notes that glaucoma risk rises with age and family history [2] while cataract risk rises with age and is also higher in people with diabetes and in people who take steroids. [3] Diabetes also raises the risk of diabetic retinopathy and makes regular dilated exams especially important. [4] High myopia matters too: NEI research notes that high myopia increases the risk of retinal detachment, glaucoma, and cataract. [6]

If your risk is higher, your exam schedule should be more intentional, not more casual.

## **The best care plan is the plan you can realistically follow**

Follow-up shapes outcomes in chronic eye disease. A PubMed-indexed review on glaucoma medication adherence found that adherence to topical treatment is often low and that strategies such as reminders, instillation aids, improved communication, and better patient education can help. [7]

The practical lesson is simple: the best care plan is the one you can realistically follow.

## **What to bring so your visit is actually useful**

Bring your medication list, your current glasses or contact lens information, and a short symptom timeline. Those details help turn a vague complaint into a medical timeline and make it easier to decide what needs monitoring now versus later. A useful visit should leave you knowing what was checked, what was found, what still needs watching, and what the next step is. [1][7]

The best question is the one that makes the next step specific.

## **Cost and insurance talk that feels straightforward**

Cost questions are normal. Insurance questions are normal. Shared decision-making research in lens selection notes that care planning should take ocular condition, lifestyle, and health-care cost management into account, which supports making coverage, elective choices, and follow-up expectations part of the conversation rather than an awkward afterthought. [8]

Care feels safer when the conversation is transparent.

## **Your next step should feel calm**

A calm next step is a baseline exam with a follow-up interval you can keep. Calm care is not passive care. Calm care is a plan you can repeat out loud. [1][7]

## **References**

[1] National Eye Institute, “Get a Dilated Eye Exam,” November 26, 2025.

[2] National Eye Institute, “Glaucoma,” November 26, 2025.

[3] National Eye Institute, “Cataracts,” November 26, 2025.

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[4] National Eye Institute, “Diabetic Retinopathy,” September 11, 2025.

[5] Cheryl Guttman Krader, “Pre-cataract surgery OCT means happier patient outcomes,” November 15, 2020.

[6] National Eye Institute, “Global perspectives on childhood myopia: addressing the rising epidemic,” July 5, 2024.

[7] Ian Tapply and David C. Broadway, “Improving Adherence to Topical Medication in Patients with Glaucoma,” July 2, 2021.

[8] Jingyao Dai, Yiting Hua, Yijie Chen, Jiali Huang, Xiaoxian Zhang, Yiwen Sun, Chen Chen, Yanyan Chen, and Kaijing Zhou, “Current Status of Shared Decision-Making in Intraocular Lens Selection for Cataract Surgery: A Cross-Sectional Study,” June 24, 2024.

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