

Cataract Surgery

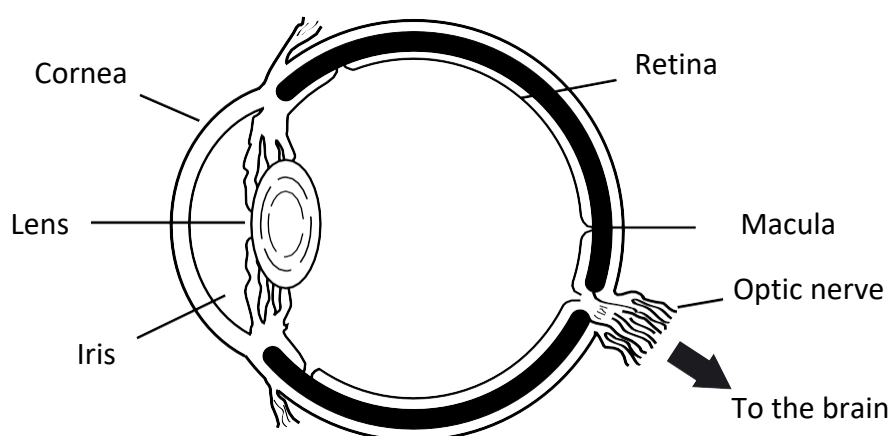
Information for patients

Why have I been sent an appointment for the cataract pre-assessment clinic?

Your optometrist has referred you to the eye clinic because you have cataracts. At your eye clinic appointment, you will be asked about the problems you might be having with your vision and your eyes will be examined. You will then have a discussion with an eye health professional about whether or not you would like to, and would benefit from, having an operation for the cataract.

What is a cataract?

A cataract is a clouding of the lens, which for most people is just a natural part of ageing. It makes things look dim and blurred and makes colours look faded. In some people it causes glare.



How is a cataract treated?

The only way a cataract can be treated is with an operation. There is no medicine available to treat cataracts. You may have read about laser being used for part of the cataract operation. This is not the way we do the operation in this hospital, and it is never possible for the whole operation to be done with laser. The cataract operation is described in more detail later.

When is it necessary to have a cataract operation?

The decision whether or not to have cataracts surgery depends on how much your daily life is affected by the difficulties you are having with your eyesight.

Is it possible to turn down cataract surgery even if I have been referred?

Different people's cataracts get worse at different speeds and sometimes an operation is not needed if your eyesight is still good, and you are not having many problems with your vision. You will get a chance to discuss this at your pre-operative assessment appointment. You will never be forced to have surgery.

What happens at the pre-assessment clinic?

Nurses will first carry out an assessment of your eyes and your general health. They will ask you what medication you take regularly and whether you have any allergies. You will then have some very detailed measurements of your eyes so that the surgeon can choose the best lens implant for your eye. In order to perform the measurements on your eyes it is vital that you **do not wear contact lenses for 2 weeks** before your appointment. It is important to tell the nurse if you have had previous **laser refractive surgery** so that the correct calculations are made to choose the lens.

A clinician will then perform a detailed examination of your eyes and discuss whether you would be likely to benefit from cataract surgery and would like to go ahead. They will also discuss what type of anaesthetic will be used.

You should let the clinician know if you suffer claustrophobia, breathlessness, or are unable to lie flat or suffer uncontrollable bouts of coughing.

Please feel free to ask questions of the clinician about the surgery, and any concerns you may have.

The pre-assessment appointment **usually lasts 2 to 3 hours**, with some of this time waiting for drops to enlarge your pupils. These drops make your vision more blurred. We therefore **advise you not to drive afterwards**.

It may be helpful to have someone come along with you for your appointment.

What types of anaesthetic are used for cataract surgery?

Cataract surgery is usually carried out under a **local anaesthetic**. In other words, you will be awake during the operation and the eye is numbed using anaesthetic drops and/or an injection of anaesthetic solution into the tissues surrounding the eye. If you are inclined to be very anxious, we can speak about whether you might need some additional **sedation** to help you feel more relaxed during the surgery. It is only on very rare occasions that we use a general anaesthetic when you are put off to sleep (unconscious) for the whole operation.

What are the benefits of cataract surgery?

The main aim of surgery is to make your vision clearer and colours brighter and the vast majority of the time surgery is successful. If you wear a strong glasses prescription, you might need a weaker prescription after the surgery. Reading glasses are almost always needed after cataract surgery. If you suffer from glaucoma, your surgeon might recommend surgery to help reduce the pressures in the eyes even though you might not have noticed a problem with your vision. If you have other problems with your eyes, you might not have improved vision after surgery. Your surgeon will discuss this with you in the pre-operative assessment clinic.

What are the risks of cataract surgery?

Complications during or after cataract surgery are rare and, in most cases, can be treated successfully. The vast majority of patients have improved vision after cataract surgery.

Some possible complications during the operation:

Occasionally (in around 2 in one hundred people) problems arise during the surgery because the fine capsule which supports the lens tears. If this capsule tears, vitreous gel from the back of the eye leaks into the front of the eye. When this happens, the operation will last longer while the surgeon clears the gel out of the front of the eye. It is sometimes difficult to implant a lens in the eye if this happens, and a second operation might be needed to do this.

Rarely part of or the entire lens drops into the back part of the eye, and it is not possible to remove the whole lens at the first operation. A second operation may be necessary in the days following the first to remove the rest of the lens.

Very rarely bleeding can occur into the eye during the surgery. This is more common in people with high blood pressure and can result in severe and permanent loss of sight in the eye.

Some possible complications after surgery:

Less serious complications:

Inflammation or **high pressure** in the eye can occur in the first days or weeks after surgery. These are usually treatable and rarely cause permanent damage to the vision.

Macular oedema (swelling of the retina at the macula) - Occasionally swelling develops at the macula, which can cause the vision to become more blurred than it was in the first days or weeks after the surgery. Again, this is treatable.

Capsular opacification (thickening of the capsule which supports the lens implant) – this can happen months or even years after the surgery. You might feel like the cataract has come back because your vision is blurred again. This is treated with a laser in the clinic.

More serious complications

Retinal detachment (the retina peels off the inside of the eye). This is likely to need another operation and can lead to loss of sight. It is more common in people who are very short-sighted.

Corneal oedema, which is when the clear window at the front of the eye becomes cloudy and waterlogged. Sometimes this does not clear away, and another operation is needed to replace the inner layer of the cornea which normally keeps the cornea dry.

Incorrect lens implant strength. When you attend the assessment clinic, lots of measurements are taken to estimate the best choice of lens implant for your eye. Rarely this implant turns out not to be the correct strength, or the wrong implant is used. If this happens the lens may need to be removed and replaced with another implant. This will need another operation.

Very serious complications:

Endophthalmitis (infection in the eye) - the most serious but rare complication of surgery is infection in the eye, which usually develops in the first 1–2 weeks after surgery. This affects about 1 in 1000 patients and can be very difficult to treat. Endophthalmitis can lead to severe loss of sight or even loss of the eye.

What happens next?

If you and your clinician agree that you want to go ahead with an operation, you will sign a consent form. You will then have a date for the surgery sent on to you, or you may be phoned with a date.

What is a consent form?

The consent form that you will be asked to sign is included in this pack separately. This confirms that:

- You understand what is involved in the operation
- The benefits that you can expect
- The possible risks of the operation
- The alternative treatments if there are any.

What happens on the day of the operation?

Unless you are told not to, please take your usual medication on the day of your operation. Please bring all your medications, inhalers, sprays, and eye drops with you.

As you will go to theatre in your own clothes, they should be comfortable and loose fitting. Please do **not** wear eye make-up or nail polish.

It is best that you do not bring valuables or wear jewellery (although a locker will be available if this is unavoidable).

We prefer that you do not use public transport to go home and ask you to arrange for a friend or family member to pick you up. You will not be able to drive yourself home.

If your appointment is at 0730 you should expect your surgery to be completed by 1300.

If your appointment is at 1130 you should expect your surgery to be completed by 1800.

On arrival in the ward

When you arrive on the ward a nurse will show you to your seat or bed. They will ask you some questions and issue you with an ID band. If everything is satisfactory drops will be put in your eye to dilate your pupil. You will also be seen by one of the clinicians who will put a mark next to the eye that is going to be operated on and will answer any questions you may have.

In the operating theatre

Once you are in the operating theatre you will be given a local anaesthetic to numb the eye if you have chosen to have your surgery under local anaesthesia. With this type of anaesthetic, you will be awake during the operation, but you will not be able to see what is happening, although you will see bright lights and shadows. You will still be able to hear what is going on and there may be music playing. Your face will be covered with a drape which is lifted up to give you space to breathe. You may hear buzzing noises, feel fluid trickling down the side of your face and feel pressure, but you should not feel pain. If you are sore or if you need to speak or ask a question during the operation, you should raise your hand. During the operation you will be asked to keep your head still and you will be lying as flat as possible. The operation normally takes between 15 and 45 minutes.

Some people may have agreed to have additional sedation to make them feel less aware during the operation. This will be given to you by an Anaesthetist before you go into the operating theatre. If you are one of the few people who needs a general anaesthetic, you will get this in the anaesthetic room before being taken into the operating theatre and you will not be aware of anything more until you wake up after the operation.

Let us reassure you that your eye is not removed during surgery and in general this operation is not painful.

After the operation is finished

After the operation is finished you will be taken back to the ward and offered refreshments. A nurse will talk you through the treatment you have been prescribed and what to expect after you go home.

Will I need to use eye drops after the surgery?

Most people are prescribed eye drops for a month after the surgery. It is important to continue these drops for as long as they are prescribed to help the eye heal. If you are already on eye drops, you will be advised on whether or not you should continue with these.

If you think you will find it hard to put eye drops in, you can discuss with the nurse at your pre-operative assessment whether we might need to arrange for a district nurse to visit you at home to help with your treatment.

Will my eye be sore after the operation?

Your eye can be uncomfortable or scratchy after the operation, but we would not expect it to be sore. You might need to use your usual painkiller (such as paracetamol). If your eye is very sore you should contact the number given at the end of this booklet.

When can I get back to my normal lifestyle after the operation?

You can carry out your normal daily tasks after the surgery but take care not to rub or bump your eye. You should avoid doing any heavy lifting, strenuous exercise or bending in the first week.

You should avoid swimming for 3 weeks. You can wash your hair but try not to get water or shampoo in your eyes.

We suggest you plan for taking a week off work.

When will I be seen again after the operation?

The majority of people are seen at their community optometrist 4-6 weeks after their operation. If you need to be seen again in the hospital eye clinic you will get an appointment before you leave the ward or by post soon after. If you already have an appointment for a clinic, we will let you know whether you should keep it.

When can I drive again?

This depends on a number of factors including the vision in your other eye and your glasses prescription. It is best to ask your surgeon about this before your surgery. Most people are safe to drive soon after surgery but if you are unsure you should wait until after you have had a check-up with your community optometrist 4-6 weeks after the operation.

How will I know if something is going wrong with my eye?

If there are any complications during the surgery your surgeon will explain what has happened before you leave the hospital.

After you get home you should expect things to improve over time.

If any of the following things happen, you should contact the Eye Department for advice:

- Your eye is getting **sorer**
- Your eye is getting **redder**
- Your **vision** is getting **worse**.

The contact numbers are:

For **urgent** advice:

Princess Alexandra Eye Pavilion **24-hour** helpline: 0131 536 1172

St John's Hospital clinical advice: 01506 524282 (Mon-Thurs 830–1700 and Fri 930-1400)

For **non-urgent** appointment queries:

Princess Alexandra Eye Pavilion: 0131 536 3753

St John's Hospital: 01506 522 180 (option 1)

Where can I find out more?

Visit the websites below or scan the QR codes using the camera on your phone:

www.rcophth.ac.uk/wp-content/uploads/2020/05/2017_Understanding-Cataracts.pdf



www.gov.uk/driving-eyesight-rules



Some helpful videos can be found here:

<https://demo-secondary.healthandcarevideos.com/ophthalmology/66061>

