

PATIENT INFORMATION

Cataracts and Surgery

Information for Patients

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This booklet will give you information about cataracts, cataract surgery and what will happen to you, now you have been referred for cataract surgery by your GP or from one of our other clinics. We hope you will find it helpful to read this before you come to see us.

It is written in chapters so you can easily find information before each visit, telling you what to bring with you and what will happen during the visit.

We hope this information will answer many of the questions you have and relieve some of the worries that the need for an operation usually brings. If you have questions which are not answered here, the staff in the eye surgery unit will be happy to try and answer them for you.

IMPORTANT INFORMATION

1. Some patients need to return to the eye department the day after surgery to have their eye checked. Please ensure that you make the necessary arrangements in advance in case you need to come back the day after your surgery.
2. If you have any new problems with your eye such as redness or stickiness before the operation please let us know immediately. **Please do not wait until the day of your operation.**

Phone 01803 655177 if you have a problem which may affect you proceeding with surgery to give us as much notice as possible. Another patient may then be able to take your place.

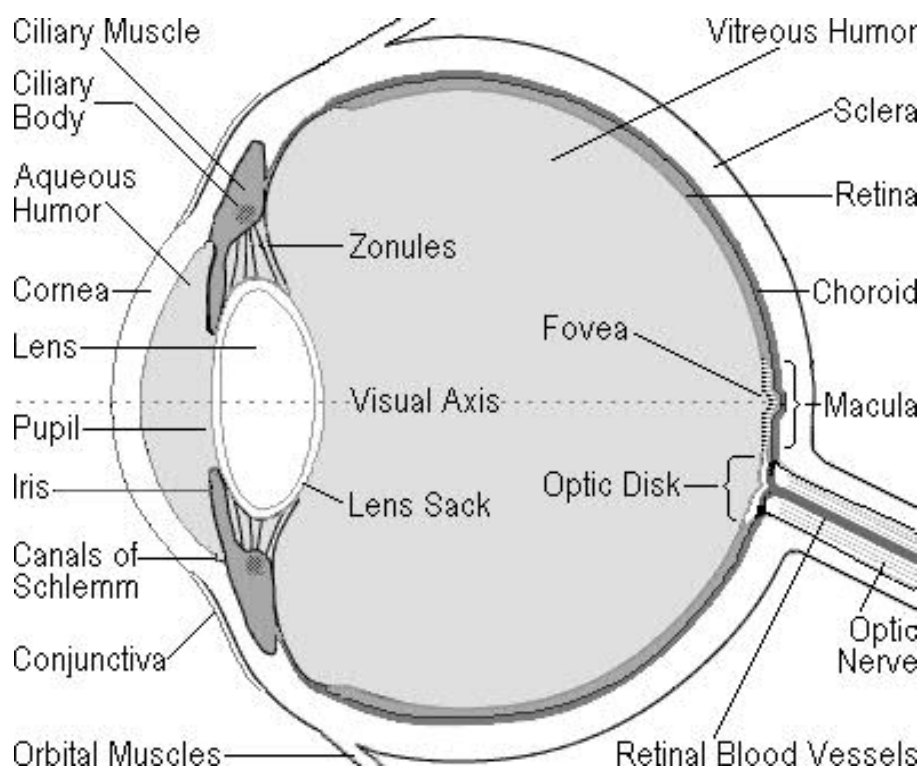
3. If you have any unresolved problems or questions about other eye conditions or previous treatments, please let us know immediately for the reasons above. The surgeon that sees you on the day of your operation may not be able to sort out your other problems and delays may be caused for other patients.
4. If you have any new general health problems such as infections elsewhere in the body, please tell us immediately, for the reasons above. If you have a new infection or have just started

antibiotics, your cataract operation is likely to be postponed.

1. Cataracts and cataract surgery

What is a cataract?

A cataract is a clouding of the lens of your eye. Your lens is inside your eye just behind the iris which is the coloured part of the eye. In a normal eye, the lens is clear and light can travel through it to the back of your eye (the retina). The lens focusses the light onto the retina. When the light hits the retina, the retina sends messages to the brain, allowing us to see.



This is a picture of the eye in cross section, showing the lens inside the eye.

What symptoms do cataracts cause?

Cataracts usually form slowly over years, causing a gradual blurring of vision which eventually cannot be corrected by glasses. In some people, the vision can get worse very quickly. Cataracts can also cause glare, difficulty with night time driving, or multiple images in one eye which can affect the quality of the vision.

Do cataracts spread from eye to eye?

No, but often they develop in both eyes either at the same time, or one after the other with a gap in between.

Are there different kinds of cataract?

Yes. Most cataracts are age related, but other causes are congenital (from birth), drug induced (e.g. by steroids) or traumatic (caused by an injury to the eye). Cataracts are more common in people who have certain diseases such as diabetes. Children can have cataracts, but it is rare.

Do I need surgery?

Cataracts will develop in almost everybody as they get older to a greater or lesser extent. Most people over 65 have some degree of cataract. All cataracts get worse at different rates and some

people never need nor want an operation. Cataracts develop earlier or quicker in association with some other eye diseases or general medical problems, e.g. diabetes.

A cataract usually only needs to be removed if it is causing you problems with your eyesight that are bad enough for you to want to have an operation. You also need to understand and accept the risks of the operation (**see later**). Sometimes we will suggest that you have cataract surgery to make it easier for doctors to monitor or treat other eye conditions such as diabetic eye disease.

If you have other eye conditions contributing to or causing your poor eyesight, then cataract surgery may not help you. The commonest of these is age related macular degeneration. The eye doctor will discuss this with you.

There are on-line resources to help you with decision making which you are welcome to use if you like (**see later**).

Cataract surgery

Cataract surgery involves making a very small cut in the eye, removing the lens, and replacing it with a tiny artificial lens (implant). The implants we usually use in the Eye Unit are standard monofocal lenses which have an excellent safety record.

Usually the cut seals itself, but sometimes we use one or more very fine stitches which are usually dissolvable, but which may need removing in clinic at a later date.

Almost all cataract surgery is performed under local anaesthetic, allowing the operation to be performed comfortably whilst you are awake. The anaesthetic is given by your anaesthetist, anaesthetic practitioner, or surgeon. It is important that you are able to lie relatively flat with a single pillow for about 30 minutes. You may like to practice at home.

2. Your first Out-Patient appointment.

If your referral is just because of cataract, your appointment will probably be in the Eye Surgery Unit. Otherwise you may have an appointment in another part of the eye department. **Please follow the appointment letter instructions carefully.**

The Eye Surgery Unit is on level 3 - the floor above the Eye Clinic and the entrance to both is from Car Park A by lift or staircase. This car park is accessible from Cadewell Lane and a bus service is also available.

If you are unable to keep the date you have arranged with us, please let us know with as much notice as possible so another patient can

use the appointment and yours can be rearranged. Our phone number can be found at the back of this booklet.

Your appointment may last up to two hours. During this time you will see a number of people including a healthcare assistant, ophthalmic nurse and an ophthalmic surgeon.

You will be asked questions about your eyesight, medical history and drugs you are taking. We also need to know if you have any drug allergies. The nurses will ask you about your personal circumstances to ensure it is safe for you to have day case surgery, and ensure you or somebody else will be able to put your drops in for at least a month after surgery.

Please bring with you:

- The medicines which you currently take.
- An up-to date sight test from your optician.
- Your most recent spectacles for distance and reading (or bifocals/varifocals).

We will check your eyes, and often do other tests such as checking your blood pressure. The tests are to ensure we do the most appropriate operation for you. Part of the examination involves using eyedrops to dilate your pupils so we can examine the inside of your eye. If

possible please bring a companion as the eye drops may make your eyesight blurry for several hours.

You will not be able to drive home after these drops so please make suitable arrangements.

The ophthalmic surgeon will complete the eye examination and decide together with you whether cataract surgery will help you. If so, he/she will discuss the operation with you and answer any further questions you may have to enable you to reach a decision about whether you wish to go ahead.

It may be that surgery would not help you, in which case the reasons for this will be discussed and appropriate treatment or investigation recommended.

You may, of course, ask questions during any stage of this visit.

If you are going ahead with surgery, you may need to take antibiotic eye drops or ointment, before the operation. The drops should be stored in the fridge until needed and any other treatment kept safe until the time of your operation. You may be told that you need to clean your eyelids in the run up to surgery, and you will be advised on how to do this.

We cannot give a guarantee that a particular surgeon will perform the procedure. The surgeon will however have appropriate experience. Sometimes your surgeon will be assisted by a trainee who will do part or all of your operation under supervision.

We may be able to arrange a date for your surgery with you at this first visit. You will also be asked if you are available at short notice.

If, when you return home, you realise you cannot keep the date made please phone us (for number, see back of booklet) to arrange a different date.

3. Giving consent for your operation

This chapter gives you the information you should know before agreeing to undergo surgery.

Benefits of cataract surgery

The vast majority of people benefit from having the surgery.

You may have another condition in addition to the cataract such as macular degeneration, diabetic eye disease or glaucoma, which will have been explained to you. The operation cannot undo the effects of these other conditions. If one of these conditions is affecting your eyesight as well as the cataract, you will only

experience a partial improvement in eyesight after a successful cataract operation.

Risks

- As with every operation, cataract surgery has risks
- An improvement in sight cannot be guaranteed
- All very serious complications are rare

In Torbay, regular audits of our surgery are done to ensure we meet acceptable national standards.

Complications during the operation

- Almost all cataract surgery is done with local anaesthetic. There is a small risk of causing bleeding whilst the anaesthetic is being given, which may result in your operation being postponed.
- During the surgery, damage to the fine membrane at the back of the lens (the 'capsule') may result in some of the vitreous (a jelly like substance filling the back 2/3 of the eye) coming forward and needing to be removed during this operation, or a further operation may be required to do this.
- Part of the cataract may drop into the back of the eye which causes problems with inflammation and raised pressure afterwards, and requires further surgery.

- Severe bleeding inside the eye may result in loss of sight.
- Rarely, it is not possible to insert a lens implant.
- For some complications a second operation is needed.

Complications occurring after the operation

- The retina, which is the inner lining of the eye, can become detached following cataract surgery. If untreated this can lead to blindness, but if detected early, it can usually be successfully treated. This risk is higher for patients with myopia (short sightedness). New symptoms of floaters or flashing lights at any time (including years after cataract surgery) should be reported urgently to the eye clinic or to accident and emergency.
- The retina can also become swollen (macular oedema) causing blurry vision, which may take several months to improve.
- The cornea, which is the clear window at the front of the eye, may be cloudy initially but usually clears over a few days or weeks. Rarely a corneal graft is required if it does not.
- The small cut in the eye can leak after the operation in which case you may need to return to theatre for a further procedure which may involve a stitch.

- The pressure in the eye can be raised after the operation and we may need to give you some extra drops or tablets for a short period until this returns to normal.
- The capsule is the fine membrane which was at the back of your natural lens and which we leave in the eye to support the lens implant. Over several months or years this may become thickened, causing misty vision again. If this happens it can be cleared using a simple out-patient laser treatment.
- Surgery inside the eye exposes it to potential infection. Fortunately this is very rare, but if a severe infection affects the inside of the eye, the sight may be lost.
- An eye operation can cause inflammation in the *other* eye. This is extremely rare and can usually be treated. We would ask you to tell us about problems with *either* eye after the surgery.

Our estimates of the risks

Severe infection in the eye	1:715
Major Bleeding in the eye	1:1000
Macular oedema (swollen retina)	1:70
Detached retina	1:100
Difficulties putting in an implant	1:100
Transient corneal clouding	1:10
Leaking wound	1:100
Transient raised pressure	1:12
Thickened lens capsule	1:4
Blindness	1:1000
Worse vision after the operation	1:33
Loss of the eye	Extremely rare
Inflammation in the other eye	Extremely rare (less than 1:10,000)

Some pre-existing eye problems can increase the risks of some particular complications. For example, myopia (short sightedness) is associated with an increased risk of retinal detachment. Diabetic eye disease and glaucoma can become worse after surgery. Patients with pre-existing eye muscle problems can notice an increase in double vision. Please ask your surgeon if you have any concerns.

Previous refractive surgery

Excimer lasers (e.g. LASIK and PRK) are used to reduce the need for glasses, most commonly in short- sighted younger people. **If you have had laser treatment, it is very important that**

you tell the doctors and nurses during your assessment.

Excimer laser treatment affects the calculations that are used to choose the strength of lens implant that is inserted. Even though an allowance is made for the laser treatment, it is more difficult to choose the power of the lens implant and patients are at higher risk of being more or less long/short-sighted than planned following the cataract surgery. This may require spectacles or contact lenses to be worn or may be correctable with further laser treatment or further surgery.

Spectacles

A cataract operation changes the focusing power of the eye. Even if you have never worn glasses before the operation you may be helped by them afterwards. Some patients think that cataract surgery will create freedom from glasses and this is a common misunderstanding.

We do not make any promises or assurances about freedom from glasses. If this is a concern to you, please discuss before the day of surgery. Although some people can see well in the distance without glasses after the operation, many people do need distance glasses and almost everybody needs reading glasses (or both can be combined in bifocals or varifocals).

We will measure your eye before surgery in order to calculate the optical power of the lens implant needed.

In order to maintain a balance between both eyes we sometimes have to leave you long or short sighted. If you are concerned about wearing glasses please discuss it before the day of surgery.

Even with careful measurements there are usually small inaccuracies in predicting the strength of glasses you will need after the operation and some patients need stronger glasses than we anticipate. Very occasionally further treatment or surgery is required to make the eye focus correctly.

Special lens implants

No eye operation can guarantee complete freedom from spectacles.

However, some special lenses are designed to try to give you both good distance and good unaided near vision.

Even with special lenses there is no absolute guarantee of being free from glasses and if you are not concerned about wearing glasses there is no need to worry about special lens implants.

Multifocal lenses have different zones in them to focus at different distances. However, to achieve this there may be a compromise with reduced clarity. The clarity may be worse at night, and there may be glare and reduced contrast. This could be a problem when driving at night in particular.

Accommodative lenses are designed to flex slightly within the eye. After the operation you try to train your eye to 'squeeze' the implant slightly with your own internal eye muscle to focus at different distances. These lenses do not have the same optical problems as multifocal lenses but the technology is still in development and they may not work as well as expected. In other words, glasses may still be necessary.

Special lenses are not routinely used in the NHS, so if you are interested, you have the choice of trying to find out yourself if any NHS hospitals are using such lenses (the situation often changes and we do not keep a list) or to have a consultation privately.

Toric Lenses

Toric lenses are for correcting eyes with astigmatism. They need to be positioned in a particular way inside the eye but can move slightly so a second operation may be needed to reposition the lens. These are available on the

NHS and may be offered to you as an option if they might benefit you.

Other problems after surgery

Cataract surgery is a very good operation but like all operations is not perfect. Some people may be aware of minor imperfections in the vision such as occasional blur and glare. Some are aware of reflections from lights and others may notice a black crescent in the outer corner of the vision. These minor imperfections are usually permanent.

Some patients may notice a distorted pupil or a light reflection when looking into the eye in the mirror.

Occasionally the upper eyelid position can be slightly lower following surgery.

Some patients with longstanding floaters in the vision can be more aware of them after surgery. However, if you experience a sudden increase in floaters, or flashes of light, or a shadow in the corner of your vision you must have the eye checked urgently, ideally within 24 hours, by an eye specialist (via A&E if necessary), to check for a detached retina. Usually these symptoms turn out not to be serious but you must still have the eye checked.

4. The day of your operation

We will send you confirmation of the date of your operation and instructions about where to go and at what time, **please read that letter carefully**. Most people will have been asked to return to the Eye Surgery Unit where you came for your first visit. You must ensure you have transport arranged to bring you to the hospital and take you home again. The hospital car service is available if you have a specific medical need.

The Eye Surgery Unit performs most surgery as day cases. This means you will be with us for part of the day only. When you arrive we will be able to advise any companion who has accompanied you of the time you are likely to be ready to go home.

- Please wear comfortable clean shoes and clothes which button down the front.
- You may eat and drink on this day unless you have been told not to.
- Take your normal tablets, inhalers and eye drops unless you have been told not to.

The nurse will do some checks and put eye drops into your eye to dilate your pupil in order to prepare you for surgery. You may or may not meet the surgeon prior to the operation.

It is important that you discuss any concerns and ask any questions you may have about the operation or the anaesthetic.

We will take you through to the anaesthetic room either on foot or in a chair. Further checks will be made. You will be given some more drops to numb the front of your eye and the skin around the eye will be cleaned with an antiseptic that may feel cold. You may be asked to look at a mark on the ceiling that helps you keep your eye still whilst the anaesthetic is being given.

The local anaesthetic mixture goes into the corner of the eye socket and spreads from there to make the whole eye numb lasting for several hours. A small pad applying light pressure may be placed over your eye for about 5 to 10 minutes whilst the anaesthetic is becoming effective.

You will then be taken into theatre for your operation which will take 15 to 30 minutes. You will be lying flat in theatre with your head supported on a special pillow. You may feel sleepy but we would like you to stay awake throughout the operation.

The anaesthetic will keep your eye numb and still but it is important that you keep your head and body still. We will do our best to make you comfortable before starting the operation.

Safety checks of your identity and the planned operation will be done in theatre, before the operation can start. After we have cleaned around your eye we will place a sterile sheet over your head and upper body. This will be held away from your face and you will have plenty of fresh air blowing under the sheet. A member of the theatre staff will always be close by in case you experience any discomfort during the operation.

During the operation some people see shimmering colours or shadows. This is perfectly normal. You may also hear the theatre staff talking to each other and the noise of the equipment we use to carry out the surgery

After the operation you will return to the Eye Surgery Unit with a pad and plastic shield over your eye whilst you wait to go home. This pad should stay in place until you see us for your first dressing or until the following morning when we may have asked you to remove it yourself.

Before you leave you will be given an appointment for the next morning if necessary.

How will my eye feel after the operation?

As the anaesthetic wears off, there can be a dull ache or a sharp pain like something in the eye, felt in and around your eye. Your eye may be red, watery and your vision may be very blurred. Most

patients however are quite comfortable after the operation but, if necessary, take 2 paracetamol tablets or any other simple pain killers you have at home. It is reasonably common to feel slightly unsteady on your feet at first while you get used to the eye pad so please take care when moving around.

5. After your operation

Some patients will not require a further review in the eye clinic after surgery. Therefore we will advise you about whether and when it would be appropriate to arrange to see an optician.

If there is a plan to do your second eye cataract, you may be advised not to change your glasses until after the second eye cataract surgery is completed.

Others will be reviewed in clinic, for example if they have other coexisting eye problems.

Some people will be asked to return to the eye department for review the day following the surgery for various reasons.

Removing your pad

If you are not returning to see us you may remove the pad and shield when you get up the day after your surgery. It is normal for your vision

to be blurred for some time. Do not throw away the hard eye shield over the top of the pad as you will need this at bedtime. You should now start using the eye drops.

Visit within 24 hours

If we need to see you in the first 24 hours it will be either later the same day or on the day after your operation, in which case you will have been given an appointment before going home. Please ensure that you have made suitable arrangements just in case you are asked to return to the department the next day.

Please bring **ALL** your eye drops to the clinic or bring a full list, including eye-drops for other conditions, so that you and the surgeon can be sure of your treatment.

4-6 week Post Op visit

If you are asked to attend the eye clinic, at this appointment we will either:-

1. Discharge you from our care with a recommendation to see your own optician.
2. Put you on the waiting list to remove the cataract from your other eye if appropriate.
3. Arrange another out-patient appointment because your eye has not fully settled down.

4. Arrange a follow-up appointment in Out-Patients for any other eye condition you may have.

Please do not drive yourself to this appointment as we may need to dilate your pupils again.

6. Advice after your operation

If your eye becomes very red or painful, or if you notice a sudden or definite deterioration in the vision of your operated eye please ring the Eye Surgery Unit (01803 655177) immediately for advice (8.30 am – 5.00pm).

Between 5.00pm and 8.30am and at weekends ring Forrest ward (01803 655507) and ask to speak to the Senior Nurse.

If at any time including years after the operation you experience new floaters and or flashing lights in the vision you should arrange an urgent appointment to check for retinal tears or retinal detachment.

Driving

You may resume driving 24 hours after a local anaesthetic and 48 hours after a general anaesthetic providing that with both eyes open you meet the legal visual requirement for driving.

This is the ability to read a number plate at 20 metres and measuring at least 6/12 on the eye chart. You should not drive if you are experiencing any double vision. Please check with an optician if you are unsure.

Eye drops

Please follow the instructions given by the nurses when you came to clinic and instil the drops as often as you were asked.

This is normally:

Chloramphenicol drops 4 times daily for 1 week and Pred Forte drops 4 times daily for 4 weeks.

The drops should last for 4 weeks but if they are running low, please get a repeat prescription from your doctor.

Please bring your drops when you attend clinic. It is important not to continue to use the drops for longer than this unless you are advised to do so. In particular Pred Forte can cause a dangerous rise in eye pressure if used for long periods without supervision.

If you already use drops for another condition e.g. glaucoma please bring them with you or bring a full list. We will probably ask you to continue with them.

How do I put in the eye drops?

You will be shown how to clean your eye and put in the eye drops correctly. In some circumstances, family and friends can be taught how to do this so they can help you.

How to put in the drops

1. Tilt your head back.
2. Gently pull down your lower lid with one hand.
3. Look up and allow drops to fall inside lower lid.
4. Do not let the tip of the bottle come in contact with your eye.

Eye shield

You will have an eye shield to wear overnight for a month to prevent accidental damage to your eye whilst sleeping. If you have no medical tape, sellotape can be used to fix the shield securely. The narrow end of the shield points over the bridge of your nose. The shield should be washed with soap and water and dried thoroughly each day.

Eye slightly 'sticky'?

Use a clean piece of cotton wool and cooled previously boiled water to clean your eyelids.

Wipe gently from the nose outwards then discard the cotton wool and repeat as necessary. Use separate cotton wool for each eye.

Glasses

You may use whatever glasses you find comfortable in order to protect your eye for the first few weeks. They will not be up to date for the operated eye but will do you no harm. You may be more comfortable in dark glasses in bright sunlight.

You may do any of the following:-

- Read.
- Watch TV.
- Knit.
- Light housework.
- Bathe and shower.
- Wash your hair (with your head resting backwards).
- Walk.
- Gentle sports.
- Wear whatever glasses are most comfortable.
- Bend over to pick up light objects – but take care not to bang your eye.

You should not:-

- Rub your eye.
- Lift heavy objects for 4 weeks.
- Immerse your head completely underwater.
- Get soap in your eye whilst hair washing.
Wash with head resting backwards for the first 4 weeks and wear your eye-shield.
- Participate in vigorous activities such as gardening, golf or swimming for 4 weeks or until we have confirmed that it is safe to continue.
- If you are uncertain whether you can continue one of your normal activities please ask us.

We hope you have found this booklet informative and useful and that it has helped to make your experience of cataract surgery as relaxed as possible.

We regularly update the information and if there is anything we have omitted or could have done better please let us know.

Additional resources:

For help making decisions about cataract surgery (shared decision making):

sdm.rightcare.nhs.uk/pda/cataracts/

For more information and useful links:

www.nhs.uk/conditions/cataract-surgery/pages/introduction.aspx

For this information in e-format

www.torbayandsouthdevon.nhs.uk/about-us/news-and-publications/information-leaflets/ophthalmology/

Useful phone numbers:-

Eye Surgery Unit **01803 654883 /**
01803655177
(Mon – Fri 08.30 – 17.00)

Eye Unit Phone **01803 655088**
(Mon-Fri 0830 – 1700)

Forrest Ward **01803 655507**
(Out of hours including
weekends)

Hospital switchboard **01803 614567**

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.