



ROYAL VICTORIA EYE AND EAR HOSPITAL

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YOUR CATARACT OPERATION

Information Leaflet

Information about

CATARACT SURGERY

You know that you have cataracts in one or both of your eyes and that an operation is appropriate to try to improve your vision. This leaflet is to help you to decide whether or not an operation is right for you, and to help you to prepare for the operation if you decide to go ahead with it.

What Is A Cataract?

Inside the eye is a small clear lens that focuses light on the back of the eye. As the eye gets older the lens becomes cloudy and starts to affect the vision. This cloudiness of the lens is called "cataract"

How Does It Affect the Vision?

Most cataracts cause some blurring of vision, particularly for distance. Up to a point this can be helped by stronger glasses. Many people notice their vision is worse in different lighting conditions; such as in very bright light or very dim light. Occasionally cataract causes multiple images or distortion of small print.

Do They Get Better on Their Own?

It is very rare for cataracts to improve on their own. Usually they get worse. The time they take to get worse is very unpredictable. Some people have cataracts for years before they need surgery. Others get worse in a matter of months.

Do They Need To Be Ripe To Be Operated On?

No, this is an old wife's tale. With modern surgery cataracts can be operated on at any stage. However, that does not mean they need to be operated on just because they are there. You only need an operation if you feel cataracts are impairing your vision.

What If I Decide Not to Have An Operation?

It is very unlikely that your eye would come to any harm by not having the cataract operated on. Occasionally if the cataract becomes over-ripe it can cause glaucoma, but we would tell you if this was at all likely to happen to you. If you leave the cataract, your vision is likely to get worse, but you can still have the operation at a later date.

How is The Operation Done?

Briefly, we make a small cut in the eye, remove the old lens and replace it with a plastic lens (called an implant). The small cut does not usually need stitches. Occasionally we have to modify the operation so that stitches are needed. We will tell you if this is the case.

Will it Hurt?

After the local anaesthetic, the operation is pain free. When the anaesthetic wears off some people get discomfort which can be helped by simple painkillers such as Paracetamol. Occasionally the pressure in the eye can go up, and this can be quite painful. If we think this is likely we will give you a different tablet (called DIAMOX) to take at home, or on the ward, to try to keep the pressure down.

What Does The Local Anaesthetic Involve?

Most cataract surgery is done using local anaesthetics (LA). This involves drops to numb the surface of the eye and injections of a drug called Lignocaine. Surgeons vary a bit in how they give the LA but you can expect an injection in the outer corner of the eye.

The needle does not go into the eye, but at the side of it. This stops the eye feeling pain and stops it moving around. In some people it dims the vision- this is not essential for the operation, and can take a few hours to wear off. Don't worry if your vision is very dim at the end of the operation because of this.

No one likes injections and these injections are like any other: They hurt a bit. However, just because they are near the eye, they do not hurt any more than any other injection you might have had in the past. The pain of injection is very short lived.

What Happens After the Local Anaesthetic?

We will position your head into a special pillow that keeps it still. Please let us know before the operation if you find it difficult to lie down or have problems with your neck. Occasionally we can help, but the operation is much easier if you are lying flat.

After cleaning around the eye that we are going to operate on, we will cover your head with clean towels to prevent infection. You will have some piped air under the towels to help your breathing. Please let us know if you don't like being covered up. It is sometimes possible to use fewer towels but we prefer not to, because of the risk of infection.

When we are happy that you are ready we will start the operation. You will be unaware of anything happening, other than some pressure around your eye. Some of the instruments we use make some noises, but nothing very alarming. Because we wash part of the cataract out of the eye with water, you may feel a slight trickle down your cheek.

At the end of the operation we will give you a final injection into the corner of your eye. This is an antibiotic to reduce the chances of infection. Sometimes this injection stings a bit. The antibiotic is similar to penicillin, so please let us know if you have been allergic to antibiotics in the past.

What Happens After the Operation?

We take off all the towels, put a protective shield over the eye, and take you back to the recovery area. After a short

period of rest you will be ready to either go home (if you are having a day case operation) or back to the ward.

As your eye recovers from the LA you may notice some odd sensations. Sometimes the eye becomes a bit painful. You can take some Paracetamol to help with this. Occasionally people get double vision for a short period. It doesn't last long, but do be careful moving about as it is difficult to judge distances and it is easy to tumble or bump into things.

You may start to notice an improvement in your eyesight quite quickly, but the LA can take up to 6 hours to wear off completely, so don't be surprised if your vision is still poor until the next day.

One of us will check your eye before you go home.

What Should I do To Look After the Eye?

On the night after the operation, you should leave the shield in place, and you should not disturb the eye. Take any medication we have prescribed for you. Probably, after a long day, you should have an early night. If you stay in hospital after the operation, the nurses may check your eye before you go to sleep. In the morning, one of the Doctors will check your eye, and then let you go home.

What Happens Next Day?

We will ask you to come to clinic the next day. At a pre-arranged time, one of the nursing team will do your dressing and a member of the team will see you.

Please tell the nurse if:

- **Your vision is very poor**
- **Your eye is very red**
- **Your eye is very sore**
- **There is a lot of sticky or bloody discharge from the eye.**

If there is a problem we will arrange to see you. If all is well we will see you in clinic the following week.

We ask you to use drops for a short period after the operation. It is important that you use them. The drops do vary but you can expect to be prescribed one or more of the following:

Steroid Drops

These drops reduce the inflammation (soreness and redness) in the eye. We usually ask you to use them for a week and then reduce them over the next several weeks. Sometimes we ask people to use the drops more frequently, for instance if we think your eye might be more inflamed than normal.

Steroid drops can have side effects, although these are very unlikely when used for a short time after surgery. Sometimes the pressure inside the eye can go up because of steroids. If it does, and we feel you should still use the drops, we may ask you to take other treatment to reduce the pressure. Only if the pressure is high for a prolonged period (several weeks) or is very high, can it do any damage. This is very unlikely. Very occasionally the steroid drops can uncover a virus

infection in the eye, which can lead to the formation of an ulcer. If it does we will give you appropriate treatment. If you have had eye ulcers in the past (even as a child) let us know.

The names of the steroid drops we use are:

Betnesol (Betamethasone)

Predsol (Prednisolone)

Maxidex (Dexamethasone).

FML (Fluoromethalone)

OTHER DROPS

Dilating Drops

These drops enlarge (dilate) the pupil. Sometimes we ask you to use these to rest the pupil after surgery. They do not have any side-effects other than to make your pupils different sizes. This effect is short lived and stops after you stop using the drops.

Pressure Drops

If you have glaucoma already, or we are worried that the pressure in your eye might go up after the operation, we will ask you to use these drops for a short period after surgery. If you are on drops for pressure already, please continue with them afterwards, unless we advise against it.

If you have asthma or severe bronchitis, and you need to use inhalers like Ventolin or Bricanyl, then some pressure drops can make you more breathless. Please tell us if you are using inhalers for your breathing.

The names of the pressure drops are:

Betagan (Levobunolol)

Teoptic (Carteolol)

Betopic (Betaxolol)

Timoptol (Timolol)

Trusopt

Iopidine

Alatan (Latanoprost)

If you are using Pilocarpine for glaucoma, we may ask you to stop your drops for a short while before the operation. Please ask if you are unsure.

What Happens Next?

We will want to check your eye and how your vision is improving in the clinic. You will certainly be seen once more in clinic after about a week to ten days, and occasionally again after eight to ten weeks. During that time your eye should gradually settle down, get less red, and you should start to notice an improvement in your vision.

Do I Need to Change My Glasses?

Almost certainly, yes. Don't change them before we advise it. You won't damage your eyes by wearing your old glasses even if they do need changing. If you change them too early your eye may not have settled down enough, and you would almost certainly have to change them again. Try to be patient, especially if you are frustrated that you can't read with your eye. It does take time for the eye to recover from surgery.

Do I Need to have Any Stitches Out?

Possibly, yes. Usually the operation does not require stitches, so obviously there are none that need to come out. Some of the stitches that we use dissolve, but if they cause problems we will take them out. If they come loose, they can irritate your eye, so we take them out. If they are too tight they can distort the vision, so we take them out to improve your eyesight. Taking them out is very simple and doesn't hurt, but we can't take them out until your eye has healed.

Can Anything Go Wrong With The Operation?

All surgery carries risks, and cataract surgery is no exception. Most people do well and are very pleased with the results. Some people take a little while for the eye to settle down, need drops a bit longer, or require extra treatment, but find that the eye is fine eventually.

Some people are disappointed with how the eye turns out. Problems can arise during, or after, the operation that means that your eyesight doesn't improve as much as we hoped. Very occasionally the eyesight can be damaged and the eye sees less after the operation. Very rarely the eye sees nothing at all. It is for these reasons that we do not advise surgery just because you have a cataract. We will operate if you feel that your vision is impaired enough to run the small chance of being worse off after surgery.

What Are The Chances Of My Eyesight Improving?

If there is nothing else wrong with your eye (such as glaucoma, age—changes at the back of the eye, or it is a lazy eye, etc.) there is a 95% chance of your eyesight improving. About 5% (1 in 20) of people find that their vision is not improved. Less than 1% (less than 1 in 100) find that their vision is worse after surgery.

So What Can Go Wrong?

Lists of complications of operations are often a bit frightening and not particularly helpful. However if you do wish to know all the potential complications of surgery we can provide you with that information. Please do feel free to ask.

Some of the complications are listed below, with a brief explanation. If you want to know more we will be happy to tell you more.

1. When we take out the cataract, we leave behind a small part of your original lens, called the capsule, to hold the new plastic lens in place. Sometimes this breaks during the operation. Mostly this doesn't cause any problems, but we may choose a slightly different type of implant to put in the eye.
2. Behind the capsule is a jelly material called the vitreous. If the capsule breaks, the vitreous may come forwards into the pupil and we may have to remove some of it to put

an implant into the eye. Again, this often doesn't cause any problems to the eye, other than a different type of implant.

3. Very rarely there can be bleeding into the eye during the operation. There is usually nothing we can do about this other than try to finish the operation as quickly as possible and hope the bleeding isn't too severe. This is one of the rare causes of very poor vision after cataract surgery.
4. Severe infection is a rare complication. We use sterile instruments and gloves and use antibiotics at the end of surgery to reduce the chances, but every so often germs get into the eye and cause infection. Infection in the eye after cataract surgery is very serious and requires prompt treatment with antibiotics. For this reason we always advise that you contact us if your eye gets very inflamed or painful in the two or three days after surgery. Infection can occur later than that, but most infections occur quite quickly. With treatment the infection can be cured and the eyesight preserved, but some eyes are damaged afterwards.

There are other complications, but these are the important ones. It is important to realise that most people who have surgery do not have problems and it is likely that you will have a safe and successful operation.

Can The Cataract Come Back?

No, but it can seem that way. About a third of people find their vision fading during the first few years after surgery. This is due to a thickening up of the capsule behind the implant. If it happens we can deal with it in the clinic, using a laser. It takes only moments to do and can restore the vision.

We hope that this information is helpful to you. If anything is unclear or you have any other questions you would like to ask, then please do ask when you see the assessment nurse just before your operation.