



YOUR CATARACT OPERATION

**Your Questions
Answered**

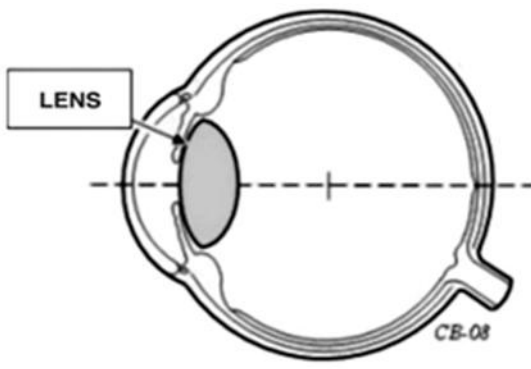
**Patient Information
Leaflet**

Information about Cataract Surgery

The purpose of this leaflet is 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”. Most cataracts are age related.



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 changing your glasses. Many people notice their vision is worse in different lighting conditions; such as in very bright light or very dim light. Occasionally a cataract causes multiple images or distortion of small print.

Do they get better on their own?

Usually cataracts get gradually 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 wives' 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, such that you cannot carry out everyday tasks for example; reading, driving, watching TV etc.

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. However if the cataract becomes overripe it may cause a rise in pressure within the eye, your eye doctor would inform you if this is 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?

Prior to the operation, the nurse will instill drops to dilate your pupil, this will allow the surgeon to have a better view of the cataract. Your vision will be blurred for a number of hours after these drops.

A small incision is made in the eye, the cataract (old lens) is removed and then replaced with a plastic lens (called an implant). The incision does not usually need stitches. On occasion the surgeon may have to modify the operation so that stitches are needed. We will tell you if this is the case.

Will it hurt?

The surgery is usually not painful as you will be given anaesthetic prior to surgery. When the anaesthetic wears off some people get discomfort which can be helped by taking pain relieving medication, you are encouraged to ask the nurse for pain relief should you

require it.

What does the local anaesthetic involve?

Most cataract surgery is done using a local anaesthetic (LA). This involves eye drops to numb the surface of the eye and/or an injection around the eye.

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.

After cleaning around the eye that we are going to operate on, we will cover your head with a light sheet to prevent infection. You will have some piped air under the sheet to help your breathing. Please let us know if you are claustrophobic.

You may experience some pressure around your eye and some of the instruments used during the surgery make some noise. As water is used during the surgery you may feel a slight trickle down your cheek.

At the end of the operation an antibiotic will be given to reduce the risk of infection. Please inform a member of staff if you have any allergies.

Who will perform the operation?

There is no guarantee given that a particular person will

carry out your operation but the surgeon will have the appropriate experience to do the surgery. A surgeon in training may perform part or all of the operation under appropriate supervision.

What happens after the operation?

A protective shield and pad will be placed over the eye and you will be taken to the recovery area. After a short period of rest you will be ready to either go home or back to the ward (if you are an in-patient).

As the anaesthetic wears off you may feel some discomfort. If you experience some discomfort at home you may take your normal pain relieving medication or over-the-counter pain medication to help with this.

Occasionally people get double vision for a short period and this does not last long, but do be careful when moving about. If you are required to wear the eye pad and shield after the surgery, again be careful when moving about as it may be difficult to judge distances.

On discharge you will be given a prescription for eye drops. These drops reduce inflammation and help reduce the risk of infection. The nurse will explain the frequency and technique of drop instillation.

You will receive a follow up appointment in the post; some patients will need to be seen again the following day. You

will be advised of this at discharge.

What should I do to look after the eye?

On the first night at home after the operation, you should leave the eye pad and/or shield in place, and you should not disturb the eye. Take any tablets that have been prescribed for you by the doctor.

What happens the next day?

The next day you should take off your eye pad and/or shield. Clean your eye according to the instructions given on discharge (please see “Care of your Eye Information Sheet”). Now you should start using your eye drops as prescribed. You must use these drops for a prescribed period after the operation.

If you have glaucoma and are using drops regularly, please continue to use them after the surgery, unless you have been advised otherwise. To avoid cross infection following surgery you are advised to use a separate bottle of drops for each eye. Therefore you will need to open a new bottle of drops for use on the operated eye.

What happens next?

You will be seen in clinic 3 to 4 weeks after the surgery. 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?

Your glasses may need to be changed, but do not change them before the doctor advises it. Until advised you may wear 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 cannot read with your eye. It does take time for the eye to recover from surgery. Reading glasses will usually be required after cataract surgery.

What are the chances of my eyesight improving?

More than 90% of patients will achieve improved vision, if they have no other eye disease (such as glaucoma, age-changes at the back of the eye, or it is a lazy eye, etc.). 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. For some people it may take a little while longer for the eye to settle down, they may need to use drops a bit longer or require extra treatment.

Do I need to have any stitches out?

Most of the stitches that we use dissolve, but on occasions they can become loose and cause irritation. They may also

be too tight and cause distortion of vision. This will warrant their removal, which is done in the outpatient clinic.

Can anything go wrong with the operation?

All surgery carries risks, and cataract surgery is no exception.

Problems can arise during or after the operation that results in your eyesight not improving as much as we hoped. 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. Some of the serious or frequent risks of surgery include:

- 1 in 1,000 risk of severe and permanent loss of vision, for example due to:
 - Severe infection or
 - Severe bleeding or
 - Needle perforation of the eye during administration of anaesthetic

- 1 in 10,000 risk of a complication leading to loss of the eye

- 1 in 100 risk of requiring additional surgery to manage a serious complication

- A significant portion of patients require laser treatment

to deal with clouding of the lens capsule 6 months to several years after cataract surgery.

Brief explanations of some of the specific complications are detailed on the next three pages. If you want to know more we will be happy to tell you more.

1. Severe infection is a rare complication. Strict precautions are taken and antibiotics are used at the end of surgery to reduce the risk of infection, but every so often do 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 very 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 managed and the eyesight preserved, but some eyes are damaged afterwards.
2. 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. We may have to stop the surgery if there is too much bleeding. This is one of the rare causes of very poor vision after cataract surgery.

- 3.** When we take out the cataract we leave behind a small part of your original lens called the capsule. The capsule holds the new plastic lens in place. Sometimes this capsule breaks during surgery. Behind the capsule is a jelly material called the vitreous. If the capsule breaks, the vitreous may come forward into the pupil and we may have to remove some of it to put a different type of lens implant into the eye. Mostly this does not cause any problems. Very rarely this complication can predispose the eye to other problems such as retinal detachment in the future. Very rarely, this complication can cause loss of some or all of the cataract into the back of the eye requiring a further operation at a later date which may involve a general anaesthetic. In very rare circumstances the surgeon may be unable to insert the new lens during surgery and in this instance there will be a follow up surgical procedure to insert the lens. Rarely an implant can become dislocated at some stage after surgery and may require further surgery to adjust or remove it.

- 4.** Some patients may develop fluid in the centre of the lining at the back of the eye called 'cystoid macular oedema' which causes reduced vision several weeks after the surgery. This is commonly mild and treated

with drops but can rarely be severe and require prolonged treatment.

- 5.** Rarely, there may be a need for a different strength prescription for your glasses than expected after the surgery. Measurements of your eye are taken before the surgery to help calculate the strength of the lens implant to insert into the eye. For most people, this will result in good distance vision but glasses may be required for sharp distance vision and reading glasses are usually needed as well.
- 6.** Clouding of the normally clear front window of the eye may occasionally result after the surgery (corneal decompensation) and which might require further surgery if it does not clear.
- 7.** The risk of developing a 'detached retina' or a peeling off of the seeing layers of the back of the eye resulting in loss of vision and need for further surgery is increased after cataract surgery. The risk is approximately 0.7% but can be higher if you are very short sighted to begin with or if a complication occurs during the surgery.
- 8.** Some common less serious complications after cataract surgery include:

- Bruising of the eye or eyelids
- Raised pressure in the eye in the first day or so after surgery that may require temporary treatment with medication
- Allergy to the drops used after the surgery resulting in a swollen, itchy eye until the drops are stopped or changed
- Clouding of the lens capsule behind the lens implant causing blurred vision months to years after the surgery. This can be easily treated with a painless laser procedure in the outpatient clinic.

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 this happens it can be treated in the outpatient clinic, using laser. It takes a few minutes to do and can improve the vision.

Pre-operative assessment

A pre-operative assessment is carried out a few weeks prior to surgery. A nurse will do this; they will ask you

questions regarding your general health and also perform necessary tests.

- Please allow 2 hours for your pre-operative assessment.
- Please bring a letter from your GP containing your past medical history and a list of your current medications with you on the day.
- If you have had any bloods taken recently, please bring the results with you.
- You should take your regular medications on the day of your appointment.
- You do not need to fast.
- It is not a requirement to bring a relative or friend to this visit but you may find it helpful to do so.

The day of surgery

- Please allow the full day for your surgery.
- Please bring a list of your current medications with you.

- If you take warfarin please have your INR checked 2 - 3 days prior to your appointment if possible, and bring your INR result book with you.
- Depending on the scheduled time of your surgery you will be advised at preoperative assessment with regards to fasting.
- You should take your regular medications on the day of your appointment unless instructed otherwise.
- Please arrange for your own transport to and from the hospital. It is advisable to have someone accompany you.
- **If you are having the surgery under general anaesthetic you must have someone to accompany you home.**

Guide to Care of Your Eye at Home

- Avoid sudden stooping, bending, straining, lifting or carrying for 2 weeks.
- Wash your hands before putting in drops. Store drops in a cool dark place and keep out of reach of children.
- Put drops in middle part of the lower lid.
- Never rub operated eye.
- Eye shield should be worn at night, or during the day if out in windy weather. Tape may be used to hold the shield in place. The shield must be washed daily.
- Hair may be shampooed leaning backward instead of forward to prevent shampoo getting into eyes.
- If eyes are sticky, they may be gently cleaned (as in hospital) with cotton wool soaked in water which has been boiled and cooled.
- **Contact the hospital immediately if you experience increased pain, increasing redness, increasing sensitivity to light, discharge from the eye or a complete/sudden loss of vision in the eye.**

We hope that this information is helpful to you. If anything is unclear or you have any other questions you would like to ask please do not hesitate ask a healthcare professional when you come to the hospital.

If you have any concerns following
your treatment please contact the
Day Care Unit
01 6644622
Between 8am and 5pm

Or

Royal Victoria Eye and Ear
Hospital, Accident & Emergency
Department
01 7088535
24 hours a day

Revision History

Ref No	Version No.	Date Approved	Change	Section No.	Approved by
	1	2001	New Information Leaflet	n/a	
PL 002	2	October 2013	Revised Information Leaflet	All	Hospital Management Group