

Information for patients and carers

Cataract Surgery

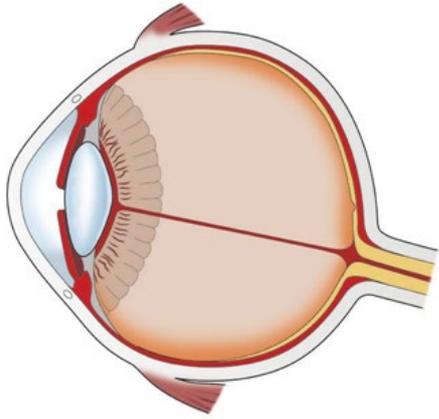
A guide to what happens before and after
surgery

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

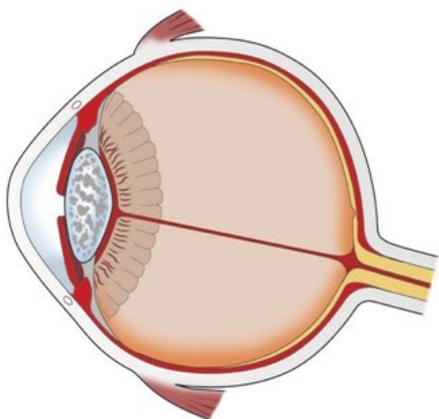
What is a cataract?

The eye is made up of different structures that help you see clearly. Behind the coloured part of the eye (the iris) is the lens of the eye. Like a camera, the lens focuses the pictures on the retina.

If the lens becomes cloudy it is called a cataract. This causes blurred vision because it is like looking through frosted glass. Cataracts can also cause glare and fading of colour vision.



Healthy Eye



Eye with Cataract

Why do they form?

Cataracts can form at any age; most will develop as people get older. Other causes are:

1. Injury.
2. Certain diseases e.g. diabetes.
3. Toxic e.g. certain drugs or irradiation.
4. Secondary to long-standing eye problems e.g. iritis, uveitis.
5. Congenital (at birth).
6. Family history of cataracts.

Cataract surgery can be performed as soon as your cataract interferes with your daily life; this may include your ability to read, work, or do the things you enjoy. You will probably want to consider surgery if this is the case.

What happens if I don't have the cataract removed?

If the cataract is not removed, your vision is likely to get worse gradually.

The Pre-Op Assessment Clinic

The nurse and / or the doctor will assess you. The nurse will ask questions about your general health and medical history. You will need to bring with you the following:

1. A list of current medication you are taking.
2. Any glasses that you wear and current eye prescription from your optician
3. Any questions you have about the operation.
4. Details of any known allergies.

If you have had any laser surgery to reduce your need to wear spectacles, you must let us know as soon as possible. This does not apply to any laser treatment you have had in our hospital. You will need a separate scan of your cornea to reduce the chance of an error calculating the power of the lens implant you will need.

The nurse will also take measurements from your eyes to calculate the power of the best lens implant for your eye. Your eye will also be checked for any signs of blepharitis (an inflammation of the lid margins). You will be asked to sign a consent form at pre op or on the day of surgery. If you are having a general anaesthetic, you will need to have a blood test and an ECG.

Local Anaesthetic

This may consist of eye drops and sometimes an injection of local anaesthetic solution under the lining of the eye. When you are admitted you will have a discussion with the eye specialist about which type of local anaesthetic is best for you. Local anaesthetic means you will be awake during the operation, but you will not be able to see or feel what is happening. Most patients have local anaesthetic and find this is best for them. You may be aware of a bright light and sounds in the theatre. During the operation you will need to lie flat and keep your head still. The operation will take approximately 20-30 minutes.

General Anaesthetic

This means that you will be asleep whilst your operation takes place. Cataract surgery performed under general anaesthetic is routinely performed as a day case procedure. General anaesthetics are only used for a small number of patients undergoing cataract surgery.

You will be required to have a responsible adult to stay with you for 24 hours following the surgery.

If you require a general anaesthetic, you will be given clear instructions regarding taking your medication and fasting before surgery. It is advisable to bring an overnight bag and all your medication (in the unlikely event that you need to stay in hospital after the procedure).

Local Sedation

This type of anaesthetic is a combination of a local and general anaesthetic. In other words, you are not fully awake or fully asleep. This type of anaesthetic is rarely used. As with the general anaesthetic, the same preparation is needed.

On the day of your operation

You may have a light meal before your appointment unless you are having a general anaesthetic or sedation.

- Do take your medication and eye drops as normal, unless otherwise advised
- Wear loose, comfortable clothing
- Please do not wear any make up or nail polish
- You may keep your wedding ring on, but to prevent accidental loss, leave any other jewellery and valuables at home
- If you are a smoker, you should stop smoking 24 hours before your surgery date
- Be aware you will be unable to drive after your operation, and will require transport home

Before the operation

You will be admitted for either the morning or the afternoon theatre session. During this time, you will be seated in a waiting area on the ward and you will have drops instilled or a slow release tablet behind the lower lid of your eye, this is to enlarge your pupil in preparation for your surgery. Please be advised you will be on the unit for a period time, this can be for a few hours.

What happens during the operation?

The operation will take place in a theatre, where you may be aware of a variety of background noises, sometimes music. Prior to the start of the operation a drape will be placed over your face. An oxygen bar with cool air is supplied under this, for your comfort.

A buzzer will be given to you in case you need to communicate with the nurse during the operation. It is important that you do not move or speak until someone has told you that it is safe to do so.

Occasionally during the procedure your hair may get wet, due to water that is used to keep your eye moist.

Most cataracts are removed using a microscope and technique called phacoemulsification. The surgeon will make a very small incision in your eye, soften the lens and remove it through a small tube. An artificial lens (implant) is inserted to replace the cataract. Sometimes a small stitch is put into the eye. At the end of the operation a clear plastic shield will be put over your eye to protect it.

After the operation

After the operation, you will be taken back to the ward, where you may have some light refreshment. You will be able to go home approximately 30 minutes after returning from the eye theatre. It is advisable that you have a friend or relative to accompany you home. Alternatively, some patients may have hospital transport booked to bring you in for the operation and take you home. Rest quietly when you get home.

If you have had a general anaesthetic or local anaesthetic with sedation, you will require a responsible adult to take you home. **They must also stay with you for 24 hours.**

You will be given further information upon your discharge, including how to bathe your eye and the instillation of any prescribed eye drops. Any further visits required will also be arranged.

You may experience:

- Blurred vision at first. This will gradually clear
- Double vision
- Mild discomfort with or without a headache. Please take your normal painkillers, e.g. Paracetamol. If the discomfort or headache persists once you have taken the painkiller, you must contact us
- Gritty or pricking sensation
- Blood stained watery eye. If this occurs, dab your cheek gently with a clean tissue
- Do not use a cotton handkerchief
- Do not rub the eye

Symptoms to look out for / warning signs of Infection:

- Stickiness or discharge from the eye
- Sudden deterioration of vision
- Increased pain
- Increased redness
- Flashes and floaters or an increase in the number of floaters (if out of hours, attend A and E)
- A Curtain coming down over or across your vision (If out of hours, attend A and E)

Should any of the symptoms listed above occur, please contact the Ophthalmology Telephone Triage Service on **01257 245346**

What is the likelihood of better vision?

After the operation you may read or watch television almost straight away, but your vision may be blurred. The healing eye needs time to adjust so that it can focus properly with the other eye (especially if you also have a cataract in your other eye). The vast majority of patients have improved eyesight following cataract surgery.

However, if you have another condition such as diabetes, glaucoma or age-related macular degeneration, your quality of vision may still be limited even after successful surgery.

What are the benefits of cataract surgery?

The most obvious benefits are much clearer vision and improved colour vision. Lens implants are selected to take into account existing focusing problems. Most people find that their eyesight improves considerably after surgery. However, 6 weeks after the surgery you will be required to visit a recognised optometrist (optician) for a final eye examination. A change in your prescription glasses may be required.

If this is your first of two eyes, you will be asked to visit an optician 2 weeks after your surgery.

What are the risks of cataract surgery?

Some possible complications during the operation:

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye. This may sometimes result in reduced vision
- Loss of all or part of the cataract into the back of the eye requiring a further operation
- Bleeding inside the eye

Some possible complications after the operation are:

- Bruising of the eye or eyelids
- Drooping of the eyelids
- High pressure inside the eye
- Clouding of the cornea especially for dense cataracts
- Incorrect strength or dislocation of the implant
- Swelling at the back of the eye (macular oedema)
- Detached retina, which can lead to loss of sight
- Infection or inflammation in the eye (e.g. endophthalmitis) that can lead to loss of sight or even loss of the eye
- Iris prolapse (the coloured part of the eye can move through the wound site)
- Allergy to the medication used

Complications are rare and, in most cases, can be treated effectively. Overall, the risk of severe, permanent visual loss is less than 1 in 1000 patients. In small proportion of cases, further surgery may be needed. Very rarely some complications can result in blindness or loss of an eye.

Later on, the most common complication is called 'posterior capsular opacification'. This prevents a clear picture from reaching the retina. It may come on gradually after months or years. When this happens, the back of the lens capsule, left in the eye to support the implant, becomes cloudy. To treat this, a laser beam is used to make a small opening in the cloudy membrane, to improve the eyesight.

Frequently asked questions

Can I bend to pick things up?

Yes, but take care not to lift heavy objects or strain for the first couple of months.

Can I continue driving?

Yes, if you were driving prior to surgery, assuming you met the Driver and Vehicle Licensing Authority (DVLA) standard. You must be able to read a number plate at a distance of 20 metres (with or without corrective glasses or contact lenses). However, allow yourself sufficient time to adapt to your new lens implant before doing so.

If you were not driving prior to surgery, due to decreased vision wait for the Optician to assess your vision. Please do ask as it is necessary to comply with driving laws.

Can I go to the hairdressers / wash my hair?

Yes, but avoid any chemicals or soapy water getting into your eye for approximately six weeks.

Can I use public transport?

Yes

Can I go on holiday?

Yes, but foreign travel is not recommended until 2-4 weeks post operatively. Please remember your follow up appointment if you have one and the drops you have been given post operatively.

Can I wear eye make-up?

Avoid eye make-up for 6 weeks to avoid pressure on the eyelids or accidentally poking your eye. Avoid irritating the eye, do not go into dusty/smoky environment.

Contact details

We hope this information is sufficient to help you decide whether to go ahead with surgery. If you have any questions or any worries, please feel free to speak to a member of staff. You may contact a member of staff on the following number:

Ophthalmology Triage Service – 01257 245346
Monday to Friday 9am till 4.30pm.

If you have an urgent problem outside of these hours, please attend the nearest emergency department.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

Royal National Institute for the Blind
224 Great Portland Street, London, W1W 5AA
Telephone: **0845 766 99 99** Web Site: www.rnib.org.uk/info/cataract.htm

The Royal College of Ophthalmologists
17 Cornwall Terrace, London, NW1 4QW
Telephone: **020 79 35 0702** Web Site: www.rcophth.ac.uk/genpublic.html

Galloway's Society for the Blind
Howick House, Howick Park Avenue, Penwortham, Preston, PR1 0LS
Telephone: **01772 744148** Web Site: www.galloways.org.uk

Action for Blind People
Howick House, Howick Park Avenue, Penwortham, Preston, PR1 0LS
Telephone: **01772 320550/01772 320579** Web Site: www.afbp.org.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone 08081962638

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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