

Cataract Surgery

If you have any questions regarding your operation please contact **Parkerswell Day Case Unit on 01392 406013**. They are available between 09:00 - 17:30, Monday to Friday.

Introduction

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation and also about more serious problems that can occasionally occur. The section "What problems can occur after the operation?" describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

How your care will be organised

This leaflet gives you information to help you decide whether to have cataract surgery. Before you have the operation you will be asked to sign a consent form so it is important you understand the leaflet before you decide to have surgery.

You will make 2-3 visits to the cataract unit.

The first visit will be for pre-operative assessment:

- please bring a list of the medicines you are taking
- distance glasses

You will have measurements taken to calculate the strength of lens implant for your eye.

The second visit will be on the day of your surgery.

You may need a third visit after surgery for a final check.

You will receive eye drops that will affect your vision for several hours following these appointments. During this time you may find dark glasses will help, as things may seem very bright and you will be unable to drive so please arrange for someone to take you home.

Contact Lens Wearers

If you wear contact lenses please **REMOVE THEM 2 WEEKS BEFORE YOUR PRE-ASSESSMENT APPOINTMENT** (this is your first appointment) to ensure accurate measurements can be taken.

The Cataract

Your eye surgeon will tell you if cataract surgery is recommended. If so, it is because the lens in your eye has become cloudy, making it difficult to see well enough to carry out your usual daily activities. The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye.

Benefits

The most obvious benefits are greater clarity of vision and improved colour vision. Because lens implants are selected to compensate for existing focusing problems, most people find that their distance vision improves after surgery, however, they still need reading glasses and may need some correction with distance glasses or bifocals.

Alternative treatments

There are no alternative treatments.

What does the procedure involve?

Before the operation you will be given eye drops to enlarge the pupil. After this you will be given a local anaesthetic to numb the eye. This will consist of eye drops and injecting anaesthetic solution around the eye. You will be awake during the operation but you will not be able to see what is happening, however you will be aware of a bright light.

During the operation you will be asked to keep still and lie as flat as possible. The operation

normally takes 15-20 minutes, but may take up to 45 minutes. Most cataracts are removed by a technique called phaco-emulsification – this is NOT a laser procedure. The surgeon makes a very small cut in the eye, softens the lens with sound waves and removes it through a small tube. The back layer of the lens is left behind. An artificial lens (implant) is then inserted to replace the cataract. Rarely a fine stitch is required and if we do use a stitch it is removed in out patients 2 weeks after surgery.

At the end of the operation a pad or shield will be put over your eye to protect it. This will stay in place for 4 hours after the operation.

You will need to rest following surgery and we recommend that you have a friend or relative to stay with you over night or someone you can call upon if you need help.

What about the anaesthetic?

Cataract surgery is a day case procedure performed under local anaesthetic.

You can expect to be in the department for 4-5 hours. Eye surgery under local anaesthetic is very safe. However, sometimes there is bruising and swelling around the eye which usually settles within a day or two. Serious complications are rare but include damage to the eye and haemorrhage around the eye. This can cause pressure on the optic nerve (that connects the eye to the brain). Any concerns can be discussed with the anaesthetist.

What happens before the operation?

A separate information leaflet (**Instructions for patients due to have eye surgery under local anaesthetic**) will be given at pre-assessment with specific instructions about what you will need to do on the day of surgery.

What happens after the operation?

If you have discomfort we recommend the use of a pain reliever such as Paracetamol 1g every 4-6 hours. You will be given eye drops following

surgery to reduce the inflammation. The hospital staff will explain how and when to use them.

You will need cotton wool or something similar to bathe the eye after surgery. Healing will usually take about 4-6 weeks after which your optician can prescribe new glasses.

If you use treatment for GLAUCOMA or DRY EYE, please have new bottles ready for after the operation to avoid any cross infection.

Vision following surgery

Your vision will take time to recover following surgery. Although many patients see some improvement within the first week others may not see any significant improvement until their glasses are updated (at least 4 - 6 weeks following surgery).

If you are having both cataracts removed there will be a time delay until the second eye is operated on and during this time you may feel your eyes are unbalanced. For most patients this does not restrict their

activities but for a small number of patients this could prevent them driving. Once again if this could be a problem for you please discuss this with the eye doctor.

Driving after your Cataract operation

As long as you meet the DVLA eyesight requirements, i.e to be able to read a number plate at a distance of 20 metres, you should be able to drive 48 hours after your surgery. However, your un-operated eye must have full field of vision. Therefore, if the un-operated eye has any eye disease you should discuss the issue of driving with the doctor who assesses you prior to surgery. If not driving during this period could be a problem for you please discuss it with the eye doctor who sees you prior to surgery.

Discharge from hospital

A separate discharge information leaflet will be given out on the day of surgery (**Information for Patients following a Cataract Operation**).

What problems can occur with a cataract operation?

Complications

Some possible complications during the operation:

- Tearing of the back part of the lens capsule with disturbance of the jelly inside the eye that may sometimes result in reduced vision (1%).
- Loss of all or part of the cataract into the back of the eye requiring a further operation (0.5%), which may require a general anaesthetic to complete the surgery.
- Bleeding inside the eye (1:1000).

Some possible complications after the operation:

- Bruising of the eyelids.
- High pressure inside the eye (15%).
- Clouding of the cornea (1:1000).
- Incorrect strength/dislocation of the implant (1%).
- Swelling of the retina – macula oedema (2%).

- Detached retina (0.1%).
- Infection in the eye – endophthalmitis (1:1000).
- Allergy to the medication used.
- Haemorrhage from the inside of the eye (1:1000).
- Astigmatism.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases further surgery may be needed. Very rarely some complications can result in blindness.

One of the most common complication is called 'posterior capsule opacification' (15%). It may come on gradually after months or years. When this happens, the back part of the lens capsule becomes cloudy. This prevents light from reaching the retina. To treat this, the eye specialist uses a laser beam to make a small opening in the cloudy membrane in order to improve the eyesight. This is a painless procedure which normally takes only a few minutes and is done in the outpatient's clinic.

We hope this information is sufficient to help you decide whether to go ahead with surgery.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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