

CATARACT SURGERY INFORMATION FOR PATIENTS

This leaflet gives you information that will help you decide whether to have cataract surgery. You might want to discuss it with a relative or carer. Before you have the operation, you will be asked to sign a consent form and so it is important that you understand the contents of this leaflet before you decide to have surgery.

If you have any questions, you might want to write them down so that you can ask one of the hospital staff.

The cataract

Your consultant has recommended cataract surgery because the lens in your eye has become cloudy which may have made it difficult for you to see well enough to carry out your usual daily activities.

If the cataract is not removed, your vision may stay the same, or it may get worse. If you choose to wait this may not make the operation more difficult, unless your eyesight is so poor that all you can see with the eye is light and dark.

The operation

The Norfolk and Norwich University Hospital is a teaching unit, and it is therefore not possible to guarantee that a Consultant will carry out your cataract operation.

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye.

The operation is performed under local anaesthetic, which may consist simply of eye drops or a small injection into the tissue surrounding the eye. You will be awake during the operation which normally takes 15-20 minutes but may take up to 45 minutes. You will not be able to see what is happening, but you will be aware of a bright light. If you are worried about local anaesthetic, please discuss this with our staff. General anaesthetic (where the patient is asleep) is occasionally used in special circumstances.

During the operation you should keep your head still and lie as flat as possible. You will be accompanied to and from the theatre and your hand will be held by a nurse during the operation to make sure that you are all right. At the end of the operation, a pad or shield may be put over your eye to protect it. This needs to stay on until the following day.

Likelihood of better vision

After the operation you may read or watch TV 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 the other eye has a cataract.

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

After the operation

If you have discomfort, we suggest that you take a mild painkiller. However please do not take Aspirin 300mg for pain relief as this may cause bleeding in the eye. This does not apply to a low dose Aspirin 75mg daily prescribed by your GP which you should continue to use as directed.

You will be given eye drops to reduce inflammation and help the eye heal. The hospital staff will explain how and when to use them. Normal daily activities may be resumed after surgery unless otherwise stated. It is important not to touch or rub your eye, and to wear the eye shield at night for the first 2 weeks. In most cases, healing will take about four to six weeks after which new glasses can be prescribed by your optician.

If you currently use eye drops for the treatment of glaucoma you should continue to use these following your operation, unless your surgeon specifically asks you to stop them.

Slight discomfort following the surgery is not unusual and the vision will gradually improve. However, if you suffer with any of the following symptoms, especially within the first 2 or 3 days, you should contact the hospital immediately:

- Excessive pain
- Loss of vision
- Increasing redness of the eye
- Discharge
- Swelling of the eyelids

These symptoms can be indicative of infection. This is extremely rare but is treated as an ophthalmic emergency.

If you have any problems following your operation, and up to six weeks afterwards the staff in the ophthalmic department will be happy to take your call:

Nelson Day Unit (Eye Assessment) 01603 288038

Benefits and risks of cataract surgery

The most obvious benefits are improved colour vision and greater clarity of vision. Normally the lens implant used will give you reasonably clear distance vision, but you will require reading spectacles after surgery.

Possible complications during the operation

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

Possible complications after the operation

- Bruising of the eye or eyelids
- High pressure inside the eye
- Clouding of the cornea
- Incorrect strength or dislocation of the implant
- Swelling of the retina - macular oedema. In most cases this improves over several weeks but does not always get better.
- Increased awareness of floaters (usually temporary)
- Allergy to the medication used
- Glare from the intra-ocular implant
- Detached retina which can lead to loss of sight
- Endophthalmitis - infection in the eye - which can lead to loss of sight or even the eye

If any of these complications occur, they can in most cases be treated effectively. In a small proportion of cases, further surgery may be needed. Very rarely some complications can result in blindness.

- There have been extremely rare reports of loss of vision in both eyes and death due to complications of cataract surgery.

Occasionally following your operation, you may experience a gradual reduction in vision, occurring months or even years after surgery. This is called '**posterior capsular opacification**'. To correct this your ophthalmologist will be able to undertake a simple laser treatment in the eye clinic.

The need for glasses after cataract surgery

The vast majority of patients have improved eyesight following cataract surgery. However, we cannot guarantee that you will not need distance spectacles following surgery. It is expected that nearly all patients will need to wear reading glasses. In people with a high level of astigmatism it is highly likely that glasses will be needed for both distance and reading. Measures such as toric intraocular lenses are available to correct astigmatism although NHS availability is limited. Another type of lens known as a multifocal lens, that allows improved vision for reading and other close work without glasses is generally not available via the NHS. Please ask your eye doctor if you are concerned about these issues.

Cataract Surgery in Short-Sighted Eyes (Myopia)

Cataract surgery gives the opportunity to correct short-sightedness at the same time as removing the cataract. This is because the power of the implant lens can be adjusted with the aim of giving good distance vision without glasses. It would then be necessary to wear glasses more for reading than for distance.

If you are short-sighted and do not wish the short-sightedness to be corrected (e.g. If you wish to be able to read without glasses and use glasses for distance as before) please let your surgeon know when you are seen before the operation.

Previous Laser treatment (LASIX or LASEK)

If you have had 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.

We hope this information will help you decide whether to go ahead with surgery. Please write down any further questions to ask the doctor or nurse when you come to the hospital for your assessment appointment and operation.