

Important advice to patients following cataract surgery

If you have problems with your eye, such as worsening vision, a lot of pain or redness, don't hesitate to telephone:

Pilgrim Hospital

Royle Eye Department: 01205 445626
Daycase ward 01205 445365
Monday to Thursday 8am to 8pm, Friday 9am to 5pm.

Your appointment:

Place: _____

Date: _____

Admission Time: _____

Eye to be operated on: Right / Left

IF YOU ARE HAVING A GENERAL ANAESTHETIC DO NOT EAT OR DRINK AFTER:

Day: _____ Date: _____ Time: _____

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Cataract Surgery

Ophthalmology Departments

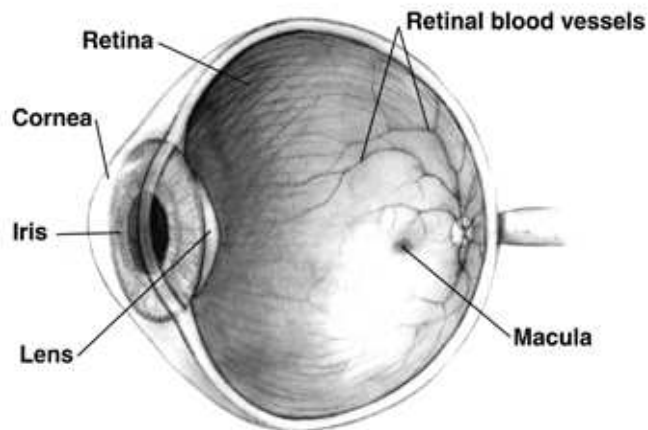
Pilgrim & Grantham Hospitals
Royle Eye Department, Pilgrim Hospital
01205 445626
www.ulh.nhs.uk

Aim of the leaflet

The aim of this leaflet is to provide further information on cataract surgery. It provides advice for the condition and the treatment.

What is a cataract?

A cataract is clouding of the natural lens inside your eye. Most people over 70 have some lens clouding. Diabetes, injury or inflammation affecting the eye can cause cataract formation. Cataract affects your sight causing gradually increasing blurring, haziness and dazzling. Cataract does not cause redness, pain or watering. Once your eyesight is significantly affected by cataract, surgery can help.



- 20.5m (67ft) away. You may have to get new glasses to be able to do this.
- Continue to use the eye drops that you have been given as instructed, usually for about a month. Your GP can supply a repeat prescription if the drops run out before 4 weeks. Wash your hands thoroughly before putting your eye drops in.
- Keep your eye clean and dry, if necessary clean gently around your eye with cooled boiled water and clean cotton wool.
- Your eye should improve steadily over a few weeks. At first, you may feel a mild gritty sensation, your eye may be a little red and your vision will be blurred. This should settle over a few weeks.
- For many people, being able to have sex again is an important milestone in their recovery. There are no set rules or times about when it's safe to do so other than whether it feels OK to you.
- Cataract surgery has a very quick recovery time and the majority of individuals who are doing administrative roles will be back at work almost immediately. Jobs that are more physically demanding or involve exposure to liquids or dust might require a more graduated return to full activities.

Leave 4 to 6 weeks after your operation before you see your optometrist

- Once your eyes are fully settled after cataract surgery you will probably need new lenses in your glasses.
- If you are awaiting second eye surgery you may see your optometrist but do not order new glasses until you have had your second eye operated on. If possible please bring the optometrists prescription from your first eye surgery to your second eye operation.

- After the operation you will return to the Ophthalmic Day Unit and the nurse will go through your post operative care.

If you are having a general anaesthetic:

- Bring your toiletries, dressing gown, slippers and nightwear.

For 24 hours after the operation Do not:

- Drive, you are not legally covered by your insurance.
- Drink alcohol.
- Travel by public transport.
- Make important decisions.
- Go out unaccompanied.
- Operate any machinery.

On returning home after having cataract surgery:

- Take it easy for the first two or three days after the operation.
- Try not to touch or rub your eye, use the eye shield for the first 2 weeks when you sleep.
- Keep soap and shampoo out of your eyes.
- In the past, the advice was not to bend after surgery, but this is no longer the case. You can bend, carry shopping, wash your face and hair and generally carry on with life as normal, but heavy lifting like moving furniture is best avoided.
- At 4 weeks you can start to swim again and return to contact sports, but ideally with eye protection.
- If you experience more than mild pain or loss of vision, or if your eye starts to go red, contact your hospital for advice. Painkillers, such as paracetamol, should ease mild pain.

You can drive again when you can read a number plate

How will removing the cataract affect my vision?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Before the operation your eye measurements will be taken in the clinic. During the surgery, the ophthalmologist (eye surgeon) removes the cataract (lens), usually with an ultrasonically powered needle and puts in a new artificial lens called an intraocular lens or IOL. The operation takes around 30 minutes. **It is not done by laser.** The eye is not removed from its socket.

Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance.

Multifocal lenses have been developed; these are not currently available on the NHS. Some patients who have multifocal lenses fitted may not need to wear glasses at all after surgery. However multifocal lenses can cause reduced contrast or glare.

Risks of cataract surgery

Although cataract surgery is performed as a day case with local anaesthetic, it is not a minor operation. Up to 1 in 10 operations do not improve vision, either due to other pre-existing eye conditions such as macular degeneration and glaucoma, or due to complications of surgery.

Risks and complications of surgery include:

Mild:

- Bruising of the eyelids due to the local anaesthesia
- Misshapen or larger pupil
- Possible allergic reaction to the eye drops postoperatively
- The upper lid may droop slightly

Moderate:

- Damage to the cornea or iris
- Tearing of the lens capsule and disturbance of the gel within the eye, resulting in displacement of the lens implant
- High pressure in the eye
- Inflammation of the eye postoperatively (especially if tiny lens fragments are remaining in the eye)
- 1 in 5 patients develop mild scarring of the thin membrane behind the lens implant (capsular opacification) months or years later which is treated by outpatient laser treatment
- Swelling of the back of the eye causing reduced vision (macular oedema)
- Lens implant problems such as displacement or wrong power
- Double vision

Severe and rare:

- Detachment or swelling of the retina
- Displacement of all or part of the cataract into the back of the eye requiring further surgery elsewhere
- Infection (endophthalmitis) – 1 in 1000 risk
- Blind eye which may need to be removed – 1 In 1,000 risk
- Inflammation of both eyes (Sympathetic Ophthalmitis) potentially resulting in blindness – 1 in 40,000 risk

Risks of not having cataract surgery include:

- Gradual worsening of vision with time
- If you have very big cataracts:
 - It is more difficult to examine the back of your eye
 - The cataract surgery may be technically more difficult
 - Rarely, very ripe (hyper mature) cataracts may leak and set up inflammation and raise pressure within the eye

You must understand that you cannot be given a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience or supervision.

On the day of the operation

- Take your normal medication. With local anaesthetic, eat and drink normally.
- Wear comfortable, loose-fitting, washable clothes and avoid jewellery, make-up or nail varnish. Bath or shower before you come to the ward.
- Bring all your tablets and inhalers in their original containers.
- Don't bring valuables as hospital staff cannot take responsibility for them.
- If you have a local anaesthetic you will be in hospital for half a day. Ideally a relative or friend should drop you off and collect you from the Ophthalmic Day Unit.
- When you come to the Ophthalmic Day Unit, you will be checked by nursing and medical staff and given drops or a small medicated insert to widen the pupil of your eye.
- During the operation you will be awake but you will have local anaesthetic to freeze your eye. You will be lying still on your back on a firm couch. A nurse will hold your hand. The surgeon will clean the skin around your eye and place a clean paper sheet over your face to prevent infection. The sheet will be kept clear of your mouth and nose so that you can breathe normally.
- You will see a bright light, but no details of the operation. You will feel some touch and pressure on your face around your eye, but you should not feel any pain.