

Further Information can be obtained from:  
<https://sdm.rightcare.nhs.uk/pda/cataracts/>

*Our goal is to provide EXCELLENT care. We hope that we have been able to exceed your expectations for care when you visited this hospital. If there was anything that we could have done better please tell us, your opinion is important to us. Please contact the Victoria Eye Unit (01432 355444 Ext 1766) in the first instance, but if you have any further comments you can speak to the Patient Experience Team (01432 372986).*

*Thank you for choosing Wye Valley NHS Trust.*

This information leaflet is also available in Large Print (it is also available in Braille, other languages and on audio tape on request). Please contact PET on 01432 372986.

Date last reviewed: March 2018  
Date of next review: January 2019  
Reference: Oph.03/02

Victoria Eye Unit  
01432 355444 Ext 1766  
Cataract Surgery  
Information for patients



### What to Do Now: Important Advice

- 1) Read & understand this booklet. It will tell you what to do. Please follow the advice given.
- 2) If you have questions please ask or write them down to ask later.
- 3) If you have not received a surgical pre-operative assessment date within three weeks of being placed on the waiting list, please contact the consultant's secretary.
- 4) Do not wear contact lenses (in either eye) for a minimum of two weeks prior to your pre-operative assessment (see page 7).
- 5) If you have had laser refractive surgery in the past you must discuss this with your ophthalmologist (page 7).
- 6) If you take warfarin or a new anti-coagulant please inform us (page 7).
- 7) If you are under care for another eye condition please ensure you have appropriate follow up. You should continue to see your optometrist for your annual eye health checks.

## Introduction

This leaflet gives you information that we hope will be sufficient to help you decide whether to have cataract surgery. It also explains what happens if you decide to go ahead. 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 leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff at your pre-operative assessment visit. Don't worry about asking questions. Our staff will be happy to answer them.

- Posterior Capsular Opacification (clouding of the membrane that supports the implant). This is the most common complication & may come on gradually after months or years. Light is prevented from reaching the retina. Eye specialists treat this by using a laser beam to make a small opening in the cloudy membrane, in order to improve the eyesight. This is a painless outpatient procedure that normally takes only a few minutes.

**Please contact the hospital immediately if you have any of the following symptoms; you may need prompt treatment:**

- Excessive pain.
- Loss of Vision.
- Increasing redness of the eye.
- Lots of Flashes & Floaters (shadows in your vision).
- Distortion (straight lines appear bent).

**Contact No: 01432 355444 Extn 1766 or Accident & Emergency to speak to the on call Ophthalmologist**

## Risks of cataract surgery

Complications are rare and in most cases can be treated effectively. Around one to three people in one thousand operations suffer significant complications that could seriously affect their sight or cause blindness. Large national cataract audits have shown that the chance of complications in surgery does vary between surgeons, as well as between eyes with different conditions. Some surgeons in training have been shown to have a slightly higher incidence of complications than experienced surgeons

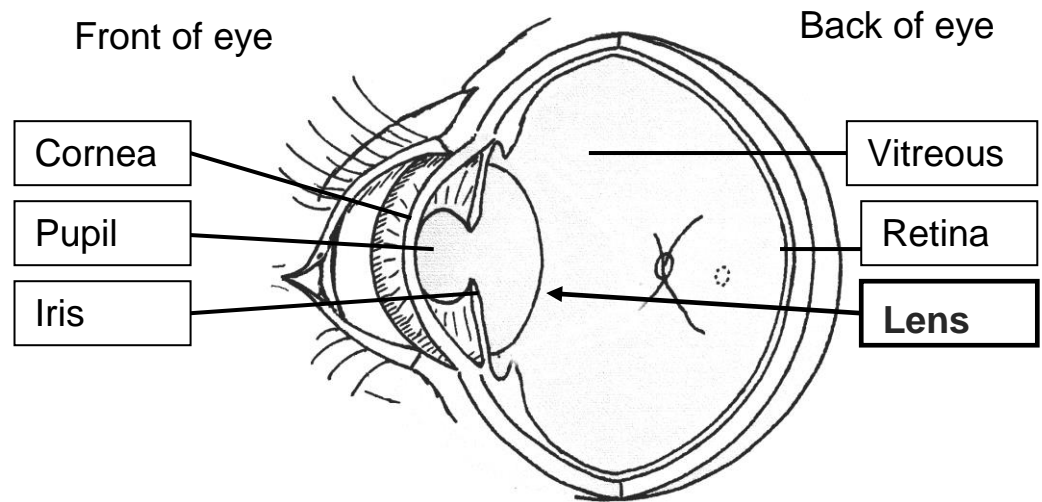
### Complications during the operation include:

- Damage to structures within or around the eye can sometimes reduce vision or lead to a need for further treatment or operation.

### Complications after the operation include:

- Allergy to the medication used.
- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Clouding of the cornea (front of eye).
- Incorrect strength of the implant.
- Dislocation of the implant.
- Swelling of the retina (oedema).
- Detached retina.
- Infection in the eye (endophthalmitis). 14

## The Cataract



- The anatomy of the eye is illustrated.
- Your cataract is a clouding of the normally clear lens of the eye, which should focus light onto the back of your eye (the retina) to form a clear image. Cataract causes a blurred, misty or hazy image, glare & light sensitivity, and sometimes (reversible) blindness.
- Your eye surgeon has recommended cataract surgery because the cataract is making it difficult for you to see well enough to carry out your usual daily activities.

## Benefits of cataract surgery

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

1) The vast majority of patients to have improved eyesight and quality of life following cataract surgery:

- greater clarity of vision
- improved colour vision
- reduction in glare or dazzle

2) Greater facility for doctors to monitor or treat other eye disease.

## Your Expectations

- 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 even after successful surgery.
- Please note that you are likely to require glasses for some visual tasks to get the most out of your operation.

## How to use your eye drops

- Please read label & drug information.
- Wash your hands.
- If necessary shake the bottle.
- Unscrew bottle top.
- Pull the lower lid down to create a small pocket between the eyelid and the eye.
- Tilt your head back & look up.
- Hold dropper bottle inverted over eye.
- Squeeze bottle to allow one drop to fall into the eye. If you miss try again. Don't touch the dropper to the eye or lid (this may introduce infection into the bottle).



- Close eyes & press inner edge of lid gently for 30 seconds.
- Wipe away any excess from the skin.

## Postoperative Do's and Don'ts

- Do use the prescribed eye drops 2-4 times a day for 4 weeks unless otherwise instructed.
- Do not worry if drops run out a little early, but if you have diabetes or a macular pathology you will need to continue for a full 4 weeks and should ask the eye unit for more drops if you run out. Please do not contact your GP.
- Do clean sticky eyelids with boiled cooled water, but only from day 2.
- Do change the lens in your glasses at the time you have been advised.
- You may bend with care & carry out light normal daily tasks.
- Do not rub or hit the eye.
- Do not use a cotton handkerchief.
- Do not lift heavy weights for 1 week.
- Please do not swim or play contact sports for 6 weeks.
- Do not resume driving until you reach the driving standard and you feel competent to drive.
- You must be able to read the old style number plate at 20.5m (new style at 20m) with one or both eyes without or with glasses.
- Do not drive if you have double vision.

## Your Options

1) If you do not wish to have surgery, your vision may stay the same, or worsen. Putting off surgery doesn't normally make the operation more difficult, but may if the lens becomes very hard.

There is nothing that you can do to stop getting cataracts though you may reduce your risk slightly by stopping smoking, and protecting your eyes from bright sunlight with appropriate sunglasses and headwear.

2) If you wish to have surgery, there is a good chance that your vision will be improved by an operation. If you choose this option you will be invited for a pre-operative assessment.

You should decide & discuss your post operative visual requirements with your ophthalmologist. Most people opt for the eye to be focussed for distance (emmetropia), but some people prefer a near sight focus (myopia), particularly those who have been short sighted all their life and wish to continue to wear distance glasses.

With placement of the standard intraocular lens available on the NHS, patients with significant astigmatism may continue to need spectacles for all visual tasks.

## Pre-operative Assessment

- At this visit a nurse & orthoptist will assess you. These professionals will explain the procedure and answer any questions you have.
- Measurements will be taken of the eye in order to calculate the strength of the lens implant required for the surgery.
- Please let the staff know what you have decided about your post-operative visual requirements (see your options page 5) so the correct lens can be ordered for you.
- **Please bring with you:** your current glasses, optician's prescription, list of current medications, GP contact details, and contact details of friends or relatives.
- If attending for second eye surgery it helps the surgeon if you can provide results of a post-operative optician's check on the first eye (refraction).

## After the operation

- Immediately after the operation you may have double vision, blurred vision, or even see nothing (due to the action of the drops, light, and anaesthetic). This doesn't last long.
- Your eye may itch, water, or be red, gritty, sticky or uncomfortable for a while after cataract surgery. After a few days even mild discomfort will go.
- If you have discomfort, take a pain reliever such as Paracetamol every 4-6 hours (*don't take aspirin as a painkiller, this can cause bleeding – though if on a low dose for a medical condition you should continue this unless instructed otherwise*).
- You will be given eye drops to reduce inflammation.
- In most cases, healing will take about four-to-eight weeks, after which your optician can prescribe new glasses.

## The Operation

- An experienced eye surgeon will carry out the operation or may supervise a doctor in training.
- Please lie as flat, & keep your head and eyes as still, as possible.
- Surgery normally takes 15-30 minutes, but may take up to 45.

## The Operative Technique

Most cataracts are removed by a technique called phacoemulsification.

- This does *not* involve a laser.
- The surgeon makes small cuts in the eye, and uses instruments to make a round opening in the front of the lens.
- An instrument that vibrates at high frequency liquefies the cataract, which is removed through a tube.
- The capsule (membrane surrounding the cataract) is left behind, and used to support an artificial lens (implant).
- Sometimes a small stitch is put in the eye (this may be permanent, self dissolving, or removable in clinic).

## Special Situations

**Contact lens wearers** should not wear contact lenses in either eye for two weeks prior to the preoperative assessment in order that measurements made on both eyes are accurate and we pick the correct lens for you.

**Past laser refractive surgery patients** should tell us of this procedure and ideally supply us with:

- a record of measurements that your laser refractive surgery provider will have made prior to your laser procedure, as we would need to know at least your preoperative refraction and your preoperative keratometry (K) readings. These details can usually be obtained from the laser refractive surgery provider.
- or details of the provider of surgery

**Warfarin**: Your INR should be checked a few days before surgery as it needs to be below 3 to proceed.

**New Anti-coagulants**:( Rivaroxaban, Digabattran, Apixaban) should ideally not be taken the day before or day of surgery unless you have been told you must not stop these by your doctor

## Intraocular lens implants

The lenses commonly used in the department are fixed focus lenses that have a high optical quality\* and should last your lifetime. (\*monofocal, aspheric, UVA & UVB blocking, hydrophobic acrylic foldable lenses).

Blue light blocking lenses are favoured by some surgeons and should be asked for by any patients with or at risk of a retinal condition (such as macular degeneration, or diabetic retinopathy) as these lenses may reduce the risk of these conditions worsening after surgery.

Occasionally it is necessary to alter the lens choice depending on individual patient needs.

It is usually necessary for patients to wear spectacles after the surgery for some visual tasks such as reading, or driving, though you should leave at least 4 weeks before obtaining these from your optometrist.

Other types of lens types such as multifocal, toric, and accommodating lenses are not normally available through the NHS but may reduce the chances of you needing glasses after your procedure. If you wish for any of these options you may be able to pay to have them fitted on a private basis & you should discuss this **before** the op day.

## The Day of the Operation

Please arrive promptly.

Do not drive on the day of the operation.

DO NOT wear make-up or powder.

**Please inform the person(s) bringing and collecting you that your hospital stay could be several hours.**

- You may eat & drink as normal if you are having a local anaesthetic.
- Take any medications or eye drops as normal unless told otherwise.
- Drops are used to dilate the pupil ready for the operation, and also antiseptic and anaesthetic drops.

## The Anaesthetic

- Most operations take place under a local anaesthetic that consists of drops, and sometimes an injection of local anaesthetic solution into the tissue surrounding the eye.
- With a local anaesthetic you will be awake during the operation. You will not be able to see what is happening, but you will be aware of light & colours. Someone will hold your hand during the operation to make sure that you are all right.