

YAG Laser Capsulotomy – Patient Information Leaflet

This leaflet tells you about the procedure known as YAG laser capsulotomy. It explains what is involved, and the common complications associated with this procedure. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

After your cataract operation:

Cataract surgery generally gives very good visual results. However, in some people some of the improvement in vision is lost over the course of a few months or years because of thickening and scarring of the membrane (thin layer of tissue) which holds the lens implant in place. This is called posterior capsule opacification.

The membrane is part of the natural lens of your eye, which is left behind after cataract surgery and is used to support the lens implant. When it thickens it becomes “milky” in appearance, and it obstructs your vision, making things seem hazy. Sometimes this effect can become very noticeable.

The YAG laser capsulotomy procedure:

The aim of this laser treatment is to remove the central part of the thickened membrane. This part is not required to support the implant. By doing this it is possible to bring your vision back to the level that it was after the cataract operation was performed.

On the day of the procedure you will receive drops to enlarge the pupil, and you may be given these to put in yourself a few times before the treatment.

The treatment is completely painless. In fact, it is very likely that you will not be able to feel it at all. You will be asked to sit with your chin on a chin rest, and your head against a ‘strap’, just as you do when your surgeon examines your eye in the clinic.

The surgeon may hold a small contact lens against the front of your eye (this is not always necessary), and if so, they will put a drop in first to make the front of the eye numb.

You will be asked to look straight ahead, and you may be given a little target light to look at. It is very important that you keep your chin on the rest, your head against the strap and that you look straight ahead. There will be a bright light shined at your eye, and you may notice some little red light moving around.

You will hear a number of ‘clicking’ or ‘bleeping’ noises as the laser fires. The surgeon will tell you when they have finished treatment.

After the laser procedure:

Straight after the laser treatment the vision in the treated eye will not be very good. This is normal, and it is caused by the dilation of your pupil. By the following day you should find your vision is significantly improved. You are likely to notice a few more floaters ('bits' moving about the vision) than you are used to, but these are usually less marked after a few days.

Your surgeon may give you some drops to use in your eye for a few days, and may ask you to take some tablets. This medication is not always necessary.

The improved vision obtained by the laser treatment should be retained for the procedure.

However, just occasionally, in some individuals, a decision may be taken at a later date to enlarge the area that has been treated.

Benefits and risks of YAG laser capsulotomy:

Most people find that their eyesight improves significantly after this procedure. But if you have another condition such as diabetes, glaucoma or age related macular degeneration, the quality of your vision may be limited, and the laser treatment cannot make your vision better than it was straight after your cataract surgery.

It is rare to encounter significant problems as a result of having the treatment. However, you should be aware that with any laser procedure there may be some complications, either during the treatment or afterwards. It is not possible to discuss every possible risk here, but some information is provided below.

Possible complications from YAG laser capsulotomy:

- Damage to the lens can occur. Usually it is very mild, and referred to as 'pitting'. If this was marked, and located near the centre of the lens, it could result in a visual disturbance, particularly glare. Such a complication is rare.
- Loss of support for the implant. With some implant designs, there is a small risk that laser treatment may allow the implant to move out of position, which would affect the vision. However, with the more commonly used implant styles this is extremely rare.
- Sometimes the laser treatment can cause the pressure in the eye to rise for a few hours. For most people this is of no significance, and your surgeon will take it into account when giving your post laser medication.
- Floaters are very common following treatment. Usually they subside in a few days, but sometimes some of the floaters may persist long-term. This is rarely a significant problem.
- There is a slightly increased risk of developing retinal detachment following this treatment. However, the risk for most people is still very low, and this is generally not considered as a reason not to proceed to treatment.
- The treatment can, in some individuals, cause some oedema (water logging) of the macula (central retina). This causes blurring of the vision. This is very rare, and it usually settles down spontaneously or with medical treatment. Very rarely, however, it could result in a permanent reduction of the central vision.

Alternative treatments:

You may choose not to undergo the laser treatment. If you do not have the treatment, however it is likely that you will have further reduction in your vision.

It is possible to have thickened membrane removed with a surgical procedure (i.e. using cutting devices placed in the eye) but this carries considerably more risk than laser treatment.

Your responsibilities:

You must inform your surgeon of your general health problems, your medical history, and of any details of your work, domestic or social life that might be relevant to your laser treatment.

After the treatment you must use your medication as prescribed. You must keep your post-operative appointments.

Information about the consent process:

This document is intended to provide you with information about the eye disease that you have, and the risks of surgical treatment of that disease that would apply to most individuals in most circumstances. However, the document cannot be considered all-inclusive, and it does not attempt to define the standard for the treatment of your eye condition. You may be provided with additional or different information based upon your individual case and the current state of medical knowledge.

You must read this document carefully, and if you have any questions not covered here, or are confused about any issue relating to your treatment, you must ask your surgeon prior to signing a consent form. You must not sign a consent form if you are unsure about what is to be done, or if you are uncertain about proceeding with the surgery. Your signature on the consent form will be taken to indicate that you are satisfied that you have all the information you require to proceed with surgery.

Contact us:

If you would like more information about your condition, please contact:

Ophthalmology Department on 0121 424 0524

Good hope site:

Appointments: 0121 4249651

Nurses answer phone: 0121 4249667

Solihull site:

Appointments: 0121 4244463

Nurses answer phone: 0121 4244456

Heartlands site:

Appointments: 0121 4240545

Nurses answer phone: 0121 4241536

Queen Elizabeth site

Appointments: 0121 371 7070

Nurses answer phone: 0121 371 6477 / 0121 371 6476

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