

Information about rupture of posterior capsule during the cataract surgery

Your surgeon has informed you about a complication during your cataract operation. It is important that you understand the information in this leaflet. If you have any questions you may also wish to discuss them with a qualified member of staff, or with a relative or carer.

One of the most common and significant cataract complications is **posterior capsule rupture**. It is a break in the posterior capsule of the lens during the cataract surgery, which can cause other problems if not recognized early or managed appropriately.

1) What is cataract and why did you have to go through an operation?

The eye surgeon recommended cataract surgery because the lens in your eye had become cloudy making it difficult for you to see. Cataracts can be caused by age, injuries, diseases such as diabetes, inflammation within the eye or they may be inherited. Surgery is the only way to remove the cataract and improve vision.

2) The operation:

An experienced eye surgeon carried out the operation. The purpose of it was to replace the cloudy lens (cataract), with a clear plastic lens, inside your eye. During the procedure, the tip of one of the small surgical instruments vibrates to break down the cataract so it can be removed by suction. All parts of the cloudy lens are removed apart from the bag that supports it (the capsule) and also supports the plastic lens.

3) Posterior capsule rupture:

The back part of the lens bag (posterior capsule) is left in place to support the plastic lens in routine cataract surgery. Unfortunately, during your surgery a tear of the posterior capsule happened accidentally, which allows the gel (vitreous) inside the eye to come forwards into the front of the eye. Your surgeon was trained to recognise it appropriately while you were in theatre, but this meant that the operation took much longer and had some additional steps, including removal of the gel (vitreous) from the front of the eye.

4) After cataract surgery with posterior capsule rupture:

After the operation it will take longer for your vision recover to its final level than after a routine cataract operation. Initially you may not be able to see very well with the eye as it heals. Some improvement in vision is usually expected in 6 to 8 weeks and final vision around 6 to 12 months. You will need more medications such as eye drops and tablets, as well as more follow-up clinic visits until the eye has healed and further problems are ruled out or managed. In some cases, when the surgeon did not place a plastic lens during the initial operation, this will be arranged at a later date.

In a small number of cases, it is not possible to remove all the pieces of lens and another operation is needed to finish lens removal. If this affects you, your surgeon will tell you.

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5) Some possible issues after cataract surgery with posterior capsule rupture:

You should be aware that there is a small risk of problems after a complicated operation.

- ☐ Bleeding inside the eye.
- ☐ Bruising of the eye or eyelids.
- ☐ Abrasion (scratch) of the cornea (the front surface of the eye) which can be painful but settles quickly.
- ☐ High pressure inside the eye, which is usually temporary.
- ☐ Clouding of the cornea, which usually settles over several months.
- ☐ Incorrect strength or dislocation of the implant.
- ☐ Swelling of the retina (macular oedema).
- ☐ Detached retina, which would need urgent surgery.
- ☐ Infection of the eye (endophthalmitis) which can lead to loss of sight.
- ☐ Allergy to medications.

Serious complications are uncommon and in most of the cases can be treated very effectively to restore vision. In a small proportion of cases, further surgery may be needed.

6) Your questions answered:

Can I read and watch TV? Yes, as soon as you feel comfortable.

When can I have new glasses? Normally between 6 to 12 months. Your doctor will advise you when to have your eyes tested for new glasses at your usual optician.

Am I allowed to drive? No, you are advised NOT to drive until your vision is to the required standard. The medical staffs are able to have this conversation with you during your follow-up visits.

Can I travel on public transport? Yes, you can travel on public transport after 1 week.

When can I go back to work? Returning to work will depend on your occupation. Please discuss this with the clinic doctor at your post-operative clinic visit.

Can I go on holiday? Yes, but you should discuss specific travel plans with your doctor.

Can I go swimming? You may usually go swimming approximately six weeks after surgery. Again, ask the clinic doctor at your post-operative visit.

Please write down any questions you may have in the space provided and bring this information leaflet with you.

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Information for Patients

Cover Report – Equality Impact Assessment (EIA)			
Title of Controlled Document:	Information about rupture of posterior capsule during the cataract surgery	Version No:	01
Controlled Document Number:			
Form completed by:	Danilo Andriatti Paulo		
Date form completed:	16/08/2022		
Have you checked there is not a similar guideline on the UHB Intranet to prevent duplications - http://uhbpolicies/ Yes or No, if yes, please confirm title of guideline	No		
Document Lead (Name and Job Title):	Mr Richard James Blanch Consultant Ophthalmologist		
Has the Clinical Service Lead (CSL) approved of this new or updated guideline? All new or updated guidelines require CSL sign off, please provide the email from the CSL	Mr Sukhbeer Simon Singh Dulku Simon.Dulku@uhb.nhs.uk		
1. About the Document			
Purpose (Specific outcomes; short-term/ long-term objectives indirect aims):	Information to the patients who had rupture of posterior capsule during the cataract surgery. The purpose would be to inform them about that complication, why that happened and what will be the next steps.		
Beneficiaries (Who should benefit? How will the document achieve this?):	The patients.		
Are there any appendices/forms that a user has to download and fill in? Please state which page(s) so these can be uploaded in MS Word. Page/Appendix No:	No.		
NICE Guidelines Is this document related to any NICE guidelines? Please provide the NICE number? E.g. IPG662, NG99	No.		
NCEPOD /MBRRACE Is this document related to any NCEPOD studies? Please provide the title of the study?	No.		
2. Controlled Drugs (only complete if drugs are prescribed as part of the Document)			
Name of Drug	Is it on the UHB formulary?		
3. Stakeholders – who has been consulted			
Name and job title	Rationale for involvement	Method of involvement?	
Danilo Andriatt Paulo, Senior neuro-ophthalmology fellow	Wrote the text	No	

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Aine Ni Mhealoid, Senior neuro-ophthalmology fellow	Wrote the text	No
Mr Richard James Blanch Consultant Ophthalmologist	Supervised and corrected the text	No

4. Equality Impact Assessment – what impact will the document have on the groups listed below?

For Clinical Guidance: The purpose of this form is to document that equalities issues have been considered taking into account each of the equality dimensions, to confirm equality issues identified during the scoping stage have been addressed where possible, in the clinical evidence reviews or other clinical evidence underpinning the recommendations

Does the Controlled Document affect one group less or more favourably than another on the basis of:	Yes/No	Comments
Age	No	
Disability (for example learning disabilities, physical disability, sensory impairment and mental health problems, long term health condition)	No	
Gender reassignment	No	
Marriage/Civil Partnership	No	
Pregnancy/Maternity	No	
Race/Ethnic Origin (for example Asian, Black, Gypsy and Minority, Travellers)	No	
Religion or belief	No	
Sex	No	
Sexual orientation (for example, bi/gay/heterosexual/lesbian)	No	
Is there any evidence that some groups are affected differently (either benefits or negatively impacts any groups)?	No	
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
Is the impact of the Controlled Document likely to be negative?	No	
If so, can the impact be avoided?		
What alternatives are there to achieving the Controlled Document without the impact?		
Can we reduce the impact by taking different action? (Include any actions to reduce the impact on any of the above groups)		