

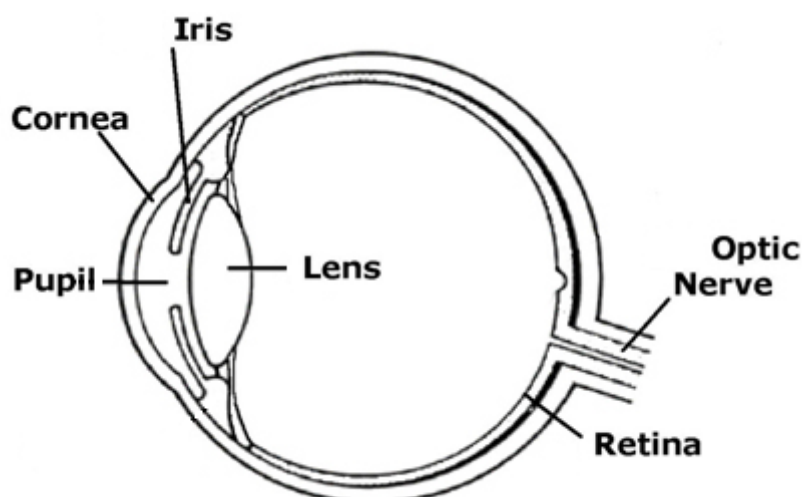
Cataract Surgery

This leaflet has been designed to answer the questions most frequently asked by patients before they have cataract surgery. It will hopefully enable you to be more informed about what the surgery and aftercare entails. It is not possible in an information leaflet like this to cover all aspects of cataract surgery. Your consultant or a member of his/her team will be pleased to answer any questions.

What is a cataract?

A cataract is clouding of the lens in the eye. The lens is normally transparent and is situated inside the eye just behind the pupil. It focuses light onto the retina (a layer of light sensitive cells) at the back of the eye.

A cataract interferes with the function of the lens and causes gradual deterioration of vision.



What causes a cataract?

Most cataracts result from the ageing process of the natural lens. Other causes include trauma to the eye, medications such as steroids, general health conditions such as diabetes. Cataracts may also be inherited.

What treatment is available and what are the alternatives?

The most effective treatment for cataracts is an operation to remove the cloudy lens (cataract) and replace it with an artificial lens implant. Diets or drugs have not been shown to slow or stop the development of cataract. If the cataract is not removed, your vision may gradually worsen. Waiting for a long period of time may make the operation more difficult.

Pre-operative assessment

Prior to surgery, tests for evaluating the dimensions of the eye will be carried out (biometry). This will help your surgeon to plan your surgery and allow precise calculation of the lens implant. These lenses are single focus; therefore you will require glasses postoperatively for either reading, distance vision or both. Multifocal lenses are not available on the NHS.

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If you normally wear contact lenses, these can affect some of the tests and you may be asked not to wear them for a period of time prior to the tests. Tests may need to be repeated if reliable measurements are not achieved at the first visit.

Day of surgery

On the day of the operation, eye drops will be administered before the operation to dilate your pupil. Most patients have their surgery performed under local anaesthetic (anaesthetic drops or injection). Some patients may require a general anaesthetic. Your doctor will discuss these anaesthetic options with you at the preoperative consultation.

The surface of your eye is anaesthetised using local anaesthetic drops in all patients. These may sting a little at first. If you are having an anaesthetic injection, a small cannula (access port for injections) is placed in a vein at the back of your hand and the local anaesthetic is injected using a very fine needle into the fat surrounding the eye. This may sting for a few seconds.

It may be possible to give you a small amount of sedation during this injection. An eye patch may be placed over your eye and light pressure is applied to make the eye softer for the surgery. After three to five minutes, your eye should start to go numb. Your face may also become numb from the scalp down to the upper lip.

Risks of anaesthesia

Approximately one in twenty patients can get some bruising around the eye with the anaesthetic injection. The chance of vision being permanently damaged by the local anaesthetic technique is extremely low and probably between one in 10,000 and one in 25,000 operations.

About the operation

The purpose of the operation is to replace the cataract with an artificial lens inside the eye. An experienced eye surgeon will perform the operation or may supervise a doctor in training.

The skin around your eye will be cleaned with disinfectant and covered with a sterile drape. The surgeon performs the operation with the aid of a microscope, through a small 'key hole' incision in the eye. This makes the procedure sutureless, safer and allows faster visual recovery.

An opening is made in the lens capsule (outer covering of the lens) and a fine probe is used to remove fragmented pieces of the cataract. The lens implant chosen for your eye is then placed within the empty lens capsule. Antibiotics are administered at the end of the operation in order to reduce the risk of infection. If you feel any discomfort during the operation you should inform the surgeon who can top up the anaesthetic.

The operation often takes about 15-20 minutes, although it can last longer. Vision starts to improve within a few hours after surgery although complete healing may take a few weeks.

A pad or shield will probably be put over your eye to protect it from accidental rubbing and bumping after the operation.

We want to reassure you that your eye is not taken out of its socket during surgery. The

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operation is not painful and if stitches are used, these cannot be seen or felt.

After the operation

You will be given drops to put in your eye regularly for a few weeks after surgery. These drops are important in reducing the risk of infection and controlling inflammation. You will be given precise instructions and shown how to put the drops. You may also be given additional treatment by your surgeon as appropriate for your eye. Arrangements to review you after surgery will be made.

Benefits and risks of cataract surgery and consent

Following cataract surgery most patients experience an improvement in their vision and colours. However, if you have any other disease affecting your eye e.g., macular degeneration, diabetes or glaucoma, your vision may not be fully restored even after successful surgery.

Most people will require glasses after surgery in order to achieve distance and/or near vision focus.

Some possible complications during the operation

Complications are rare, and in most cases can be treated effectively. In a small proportion of cases, further surgery may be needed.

- Vary rarely, some complications can result in blindness
- There is a very small chance you may lose the eye if it has to be removed due to a severe infection after the operation
- The most common complication (posterior capsular opacification) occurs when the back of the lens capsule becomes cloudy. This can be treated using a laser beam to make a small opening in the cloudy membrane. It is a quick and painless procedure which can be performed in the Outpatient Department
- It must be stated that there is an extremely small risk of death during the operation. If you are elderly, death may happen at any time, including the time of the operation. Death may happen during surgery without necessarily being related to the procedure.
- Tearing of the back part of the lens capsule with disturbance of the gel (vitreous) 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
- Bleeding inside the eye, which is rare.

Some possible complications after the operation

- Bruising of the eye or eyelids
- High pressure inside the eye, which is temporary

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- Clouding of the cornea (not common and usually temporary)
- Incorrect strength or dislocation of the implant
- Swelling of the retina – (macular oedema), which may result in poor vision, but again is not common
- Detached retina, which can lead to sight loss. This is rare.
- Infection of the eye (endophthalmitis) which can lead to loss of the sight or even the eye. This is a rare complication.
- Allergy to the medication used
- Your vision may be worse after the operation, but this is uncommon.
- You may require more than one operation

This booklet gives you information that will help you to 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, so it is important that you understand the booklet before you decide to have the operation.

If you have any queries or questions, you may want to write them down on the last page of the booklet, so you can ask the hospital staff in clinic.

If you wish to have more information about the risks of surgery and the consent procedure please ask for our separate leaflet on consent.

Checklist - The day of Surgery

- You should have a responsible adult to come in with you, as an escort
- You may come in using public transport, but you must go home in a car or taxi
- If your operation is in the morning you may have a light breakfast. If it is in the afternoon you may have a light lunch. If you are having a general anaesthetic, please follow the specific instruction given to you at the pre-operative check.
- Take all your medication (including anticoagulants/warfarin) as normal unless instructed otherwise. If you take Warfarin, please have your INR checked 1-2 days prior to surgery
- Wear loose comfortable and clean clothing. Leave all jewellery at home, do not wear makeup and take a shower to reduce the risk of infection. You will be able to wear your own clothes during the operation
- After your operation you will be able to go home within a few hours
- You may be sent home with a pad and shield on your eye, or just a shield and some eye

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drops, or without anything on the eye.

Looking after yourself after the operation:

1. Rest quietly for the rest of the day
2. Do not interfere with the eye shield or the dressing (if you have one). If the pad falls off, throw it away, wash the plastic shield with soap and water (dry thoroughly) and replace it over the eye and secure in place with Transpore, Micropore or Sellotape.
3. If you have any discomfort or pain, take tablets that you would normally take for headache e.g. paracetamol. If you have severe pain or vomiting please contact the Eye Clinic (telephone numbers are in this leaflet).
4. The local anaesthetic injection may cause the surrounding area of your eye and face to remain numb for a few hours and you may experience some double vision as it is wearing off.

Post-operative information following cataract surgery

Following your surgery you could now be wearing an eye shield. If so, you should keep this on until tomorrow morning. When you get up, remove the shield, throw away the pad and the tape; wash the shield and keep this to wear at night for two weeks. You can secure this with Transpore, Micropore or Sellotape.

First day – what to expect

- Your vision may still be blurred. This is because your pupil may still be dilated from the drops used for the surgery. It should improve as the day progresses. **If you experience a sudden drop in vision or if your vision is much worse than before the operation you should contact Solihull Hospital Eye Clinic.**
- Your eye will feel “gritty” as if there is something in it. This will improve. You may experience some soreness.
If you have any pain then you should take your normal painkillers, these should help. **If you have eye pain that is not helped by painkillers then you should contact the cataract nurse.**
- Your eye may be red as sometimes a small blood vessel may have leaked during surgery. This is nothing to worry about and will settle over the next few weeks.
- Your eye may be a little sticky on the day following surgery and it will be “watery” – these are both normal. You can clean this very gently with gauze and cooled, boiled water, wiping from your nose side outwards. You can then start to put in your drops according to your instructions.
- If you develop a persistent sticky discharge you should contact the Eye clinic.

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Your post-operative check appointment will be sent to you. If you have a query regarding your appointment please contact the eye clinic on:

Solihull Patients	0121 424 4463
Heartlands Patients	0121 424 0545
Good Hope Patients	0121 424 9651

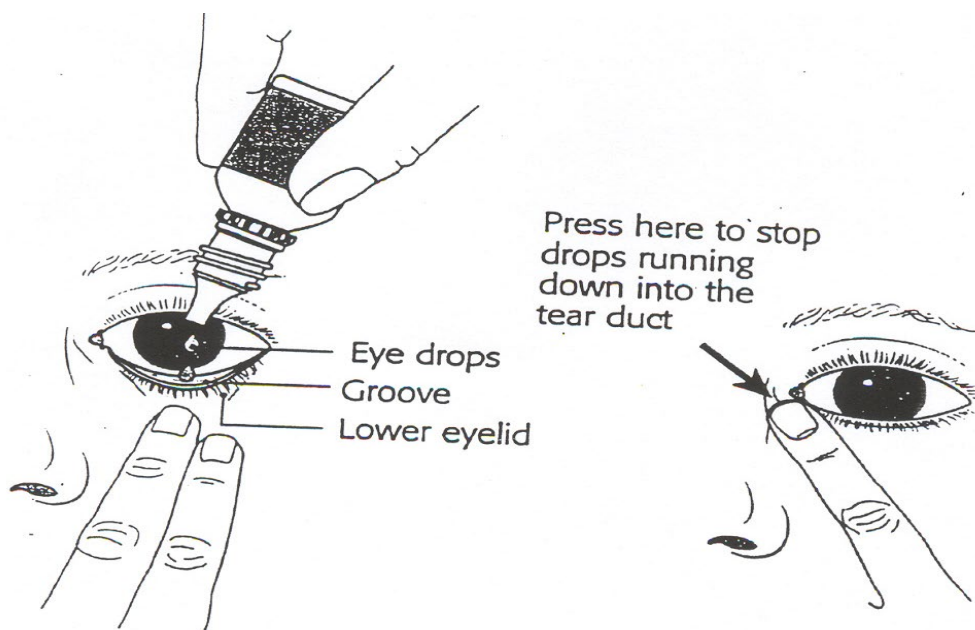
If you need to speak to a nurse please call:

Eye Clinic Solihull	0121 424 4456
Eye Clinic Heartlands	0121 424 1536
Eye Clinic Good Hope	0121 424 9667

After 5pm and on weekends and all emergencies please contact 0121 507 4440 (Birmingham & Midland Eye Centre City Hospital, Western Road Birmingham B18 7QH)

Further sources of information

- Royal Nation Institute for the Blind
https://www.rcophth.ac.uk/wp-content/uploads/2017/10/2017_Understanding-Cataracts.pdf
- National Institute for Health and Care Excellence (NICE)
<https://www.nice.org.uk/guidance/NG77>



Information for Patients

Using Eye Drops - Information for Patients

- Always read the instructions carefully. Some eye drops should be kept in the fridge, and all drops should be used for only 4 weeks after opening. Always use eye drops as directed by your doctor
- Before using eye drops, check that you have the correct medication. Wash and dry your hands. Sit in front of a mirror, hold the opened bottle between your thumb and fingers and tilt your head back. Gently pull down your lower eyelid with your free hand and squeeze a drop into the groove between the inside of your lower eyelid and your eye. Take care not to touch your eye with the tip of the bottle.
- Close your eye and press your finger between the inner corner of your eye and your nose for 1 minute. This will stop the drop running down into the tear duct.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

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Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.