

# Cataract Surgery Information Sheet

## Introduction

This leaflet has been designed to provide you with information about your operation and about what to expect before and after the procedure in order to help make your stay as comfortable as possible.

It is meant to be used only as a general guide as every operation can vary slightly.

## What is a Cataract?

Cataracts result from changes in the way the cells of the lens are arranged and their water content, which causes the lens to become cloudy instead of clear. When this happens, light cannot pass directly through the lens and you may notice problems with your vision. A cataract is not a growth or a film growing over the eye; it is simply the lens becoming cloudy.

## What are the benefits of surgery?

If the operation is successful, your vision should improve.

## Are there any alternatives to surgery?

New glasses may improve your vision to some extent. However, if the cataract is too advanced glasses will not help. In this case, surgery is the only option to restore your vision.

## What will happen if I decide not to have the operation?

A cataract unusually gets slowly worse. Leaving a cataract untreated does not threaten your vision straight away, but it can be disabling. If it does get worse, your vision will gradually worsen until you have little vision left.

## Removal of Cataract

A cataract is removed by making a small cut in the eye and inserting a probe which breaks up the cataract and sucks it out. The thin membrane, at the back, of the lens (capsule) is left intact and this supports the lens, which is then inserted. The whole procedure lasts about half an hour.

This procedure is usually performed under a local anaesthetic. This may mean you will have a couple of injections with local anaesthetic or have local anaesthetic drops; these will numb the nerves of the eye, enabling the surgeon to remove the cataract with no discomfort to yourself.

During the surgery you may be able to see movement and a change in lights or shadows, but it's unlikely that you will be able to see any detail of what's happening.

### What should I do about my medication?

You should continue your normal medication. However, if you are on **WARFARIN** or **CLOPIDOGREL**, let your surgeon know and follow the advice about having your coagulation (blood clotting) status checked.

### Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

### What happens before your operation?

Depending upon your general health, your consultant may request some investigations, which will help the team to assess your general condition.

These tests may include:-

- Blood tests
- MRSA

- On arrival at hospital you will be met in reception by an administrator.
- You will be met by one of the nurses from the ophthalmic team. He/she will need to take your details, including medical and surgical history and also list your medication. (Please bring your tablets with you). The nurse will check your temperature, pulse blood pressure and weight and will give you a name-band to wear on your wrist. She will also answer any questions you may have.
- Your Consultant surgeon will visit you and check that you have signed a consent form.

### **Pre Operative Care**

- **Food and drink can be taken if having a local anaesthetic; however, you are advised not to have a heavy meal prior to your surgery.**
- You will be given a series of eye drops starting half an hour prior to theatre.
- Contact lenses must be removed
- Make-up should be removed to allow the anaesthetic team to observe your colour during the procedure.

### **What can I do to help make the operation a success?**

- **Keeping in the same position**

If your operation is being performed under a local anaesthetic, you will need to lie still and flat for 30 minutes during the operation. If you cannot lie still and flat, you should let your surgeon know.

Your face will be covered with a cloth to allow the surgeon to work on a clean surface. Air will be blown gently towards your nose. If you are claustrophobic, you should let your surgeon know.

## **Post Operative Care**

- After the operation, you will be taken into the recovery area, where you will be looked after by a nurse until you are ready to be taken back to the Reception area. The Nurse will inform you of your post-operative care and instruct you on how to instil your take home drops. A post-operative appointment letter will be given to you regarding your next visit to the Consultant. If all is well, you will be allowed home after tea/coffee and biscuits in the Reception area. You may have a clear eye shield over the eye which has been operated on. This shield must be left on until the following morning. Following your surgery, a nurse will check your blood pressure, temperature and pulse. If you have had a local anaesthetic you will be able to eat and drink straightaway.
- Following a local anaesthetic, it is not unusual to have some bruising around the eye. This is not painful but can last for up to two weeks. Your eye may feel sore and gritty once the local anaesthetic begins to wear off.

## **What complications can happen?**

Cataract surgery is a safe and successful operation. The chances of having a complication are very low. The risk of having complications that could affect your sight in the long term is even lower. Generally speaking, you have a 97 per cent chance of your cataract operation being successful, meaning you'll have a good level of clear vision following the operation.

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which related to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into 2 categories

- 1 General complications of any operation
- 2 Specific complications of this operation.

## 1 General complications of any operation

**Pain:** However, pain after cataract surgery should only be mild and is unusually easily treated with simple painkillers such as Paracetamol. You may feel pressure or mild discomfort. If you are in severe pain you should let your surgeon know, as this is unusual.

**Bleeding:** during or after surgery. Bleeding should be mild and your eye may be slightly red. If it is very red and painful you should let your surgeon know, as this is unusual.

**Infection:** which can result in blurred vision or even permanent loss of vision (risk: 1 in 1000). Most infections happen 2 to 7 days after the operation. If your eye becomes red and painful and your vision becomes blurred, you should let your surgeon know straight away. You may need other procedures to control the infection.

## 3 Specific complications of this operation

**Tear** in the bag, which holds the lens in place (risk: 1 in 50). A tear may result in some of the jelly part of the back of the eye coming forward. If this happens it will be necessary to remove the jelly at the front of the eye at the time of surgery and, occasionally, you may need another operation. A tear may also result in some fragments of the natural lens falling to the back of the eye, which could cause inflammation. You may need another operation to remove the fragments.

**Severe bleeding** inside the eye during surgery, which may cause loss of vision (risk: 3 in 10,000).

**Clouding** of the bag which holds the artificial lens in place (risk: 1 in 10). You might notice a gradual worsening in your vision or blurred vision a few months or years after your operation. A simple laser procedure called a YAG capsulotomy can be performed to correct it.

**Retinal detachment** which is the lifting off of one of the layers at the back of the eye (risk: 1 in 60). The risk increases if there has been a loss of some of the jelly part of the eye during surgery. If you notice

that you suddenly get a lot of 'floaters' or flashing lights, or you think you have a shadow in your vision, let your surgeon know.

**Inflammation in the other eye** (sympathetic ophthalmia) (risk: less than 1 in 1 million). This is a potentially serious complication which may be treatable, if you develop pain or blurred vision in your other eye, let your surgeon know.

## Going Home

- You must not drive yourself home. Your Consultant will advise you when to resume driving.
- You will also be given eye drops to take home, your nurse will instruct you how often to use them. A district nurse will be arranged if you are unable to administer them yourself. Please give plenty of notice to the Secretary if you are unable to administer the drops yourself.
- In addition, you will be supplied with an eye shield for you to wear at night for the first couple of weeks, so that you don't rub your eye in your sleep.
- Do not swim or lift heavy objects until you have checked with your surgeon.
- Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
- Do not drive until you can read a number plate from 20.5 metres (67 feet) and always check with your surgeon and insurance company first. Your surgeon should be able to advise you at your post-operative appointment.
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- Finally, an appointment will be made for you to see the Consultant in approximately one to two weeks after your operation.

If you experience any problems or have any concerns, please contact  
The Yorkshire Clinic nursing team for advice.

**Tel. No. 01274 550600**