



Royal Eye Infirmary

Cataract Surgery

This leaflet gives you information about cataract surgery. Before the operation you will be asked to sign a consent form, so it is important that you understand the leaflet before you decide to have surgery.

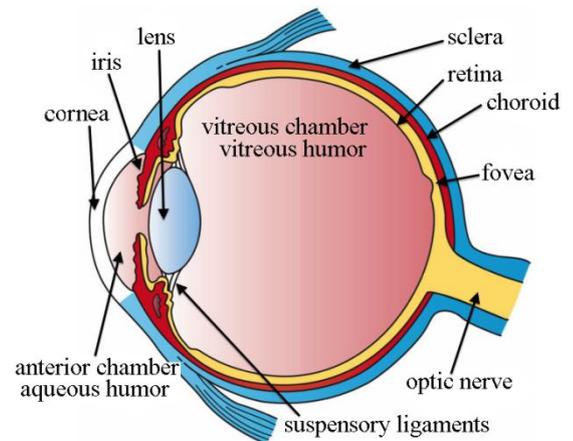
You may want to discuss the operation with a relative or carer and if you have any questions write them down so that you can ask one of the hospital staff at your next appointment.

What is a cataract?

The natural lens of the eye can become less transparent as you get older and your vision may become misty. A clouded natural lens is called a cataract.

Surgery:

Surgery is the only way to restore vision by replacing the cloudy lens (cataract) with an artificial lens (implant) inside the eye. However, surgery is not necessary if your vision is not significantly affected and if you do not have difficulties carrying out everyday tasks.



The above diagram has been used with permission from Open Michigan.

Cataract surgery is a relatively straightforward procedure that usually takes about 20 minutes. An experienced eye surgeon will carry out the operation and supervised doctors in training also carry out some operations.

Surgery is carried out as day surgery and usually under local anaesthetic. This means that you will be awake during the procedure and can go home on the same day.

Q. What if I have cataracts in both eyes?

A. Your surgeon will usually suggest you have them removed one at a time. This gives the first eye time to heal and time for your vision to return.

If you have a strong prescription for your glasses, you may feel a little off balance after the first eye is operated on. Removing the lens from your glasses (television/driving glasses) for the eye that was operated on may help.

Q. Will I need to wear glasses after the surgery?

A. Some patients only need reading glasses after surgery – other patients need reading and distance glasses.

Q. How safe is cataract surgery?

A. Modern cataract surgery is the most common operation in the UK and has a high success rate. However, like all types of surgery and despite every effort, complications can occur. The risks of complications are as follows:

- 1 in 1000 (0.001%) risk of a serious complication such as an infection within the eye (which can occur a few days after the surgery) or bleeding within the eye (which can occur at the time of surgery).
- 1 in 100 (1%) patients may require a second operation on the same eye. This may be to re-position or insert an artificial lens. Occasionally the artificial lens cannot be placed in the eye at the time of initial surgery and requires a second operation to do so.
- 1 in 3 (33%) patients can develop clouding of the membrane supporting the new intraocular lens. This is called posterior capsular opacification. This can result in vision becoming blurry again – a few months to years after the operation. It can be treated by a simple outpatient laser procedure called a YAG laser capsulotomy.

Pre-operative assessment

You will have a pre-operative assessment before having surgery – either as part of your initial clinic appointment, by attending for another appointment or over the phone (if you are a suitable candidate). You will **not** have the operation on the same day as the assessment.

The assessment will involve a health questionnaire and taking measurements of your:

- Eyes
- Blood sugar (if you are diabetic)
- Blood pressure
- Pulse rate, respirations and oxygen saturation

Q. What if my blood pressure or blood sugars are unstable?

A. If your blood pressure is raised above a certain level or your blood sugar is uncontrolled, your operation may be cancelled or delayed.

In order to avoid delays please see your GP before your pre-operative assessment to have these checked and stabilised if required.

If they are not stabilised before your appointment, please call admissions on 01305 255451 to arrange a different appointment.

Please bring the following to the pre-operative assessment:

- **Medication prescription or the tablets in their boxes**
- **Your last optician's report**
- **Your 'distance glasses' – the ones used for driving or watching TV**
- **Next of kin details**
- **Completed health questionnaire (if you were sent one by post)**
- **This leaflet**

At the end of the appointment the nurse will tell you if surgery can go ahead and a date for surgery will be sent to you in the post.

The day of the operation

Ideally you should be escorted to and from the hospital on the day of your operation. If you need to park in the car park, please arrive in enough time to find a space as spaces are very limited. When you arrive at the Eye Day Case Unit, please ring the bell to alert the staff that you have arrived and then take a seat. Staff will be dealing with other patients and will attend to you as soon as possible.

Wear light and loose fitting comfortable clothes, as you will keep these on during the operation. Please **do not wear any make up or jewellery** except wedding rings. Mobile phones are not to be taken into theatre.

The operation itself

You will be escorted to and from theatre by a member of theatre staff.

Q. Will I need to lie flat for surgery?

A. Yes – you will need to lie still and flat for up to 45 minutes. Due to the intricate nature of the surgery you will be asked not to talk as this can cause movement.

Please practice lying flat at home before your pre-operative assessment as you will be asked if you can do it.

Q. Will my face be covered during surgery?

A. The skin around your eye is cleaned with an iodine solution (or alternative in case of iodine allergy). A sterile sheet is then placed over your face with a sticky hole in it, so that just your eye is exposed. Oxygen will be filtered in under the sheet. Surgery is performed using a microscope and very tiny specialist instruments.

Q. Will I feel or see anything during the surgery?

A. You will be given eye drops to dilate the pupil whilst waiting to go through for surgery. The surgeon usually operates using anaesthetic drops. Injections are generally not required.

During the surgery you will be staring at a bright light and you will not be able to see any instruments near your eye. You may see shadows and some people describe rainbow like coloured lights. None of these should be scary. At the end of the operation drops are put into the eye to help prevent infection and reduce swelling. The sticky sheet is removed and plastic shield will be placed over your eye for protection while it is still numb. Some patients have a small air bubble in their eye after surgery, which will absorb within 2 weeks.

After the operation

You will return to the Day Unit where you will be offered refreshments. You can expect to stay for about an hour after the operation.

Q. Can I drive myself home, go on the bus or walk home after the operation?

A. No – after surgery you will have a plastic shield over your eye and will need escorting home safely. Please arrange suitable transport and someone to travel with you.

Q. Do I need someone to stay with me overnight?

A. Not if you have had a local anaesthetic – however you may feel more comfortable having someone with you.

**NB: If you have had a general anaesthetic,
you will need someone to stay with you overnight.**

Back at home

Q. How soon will I be able to see after the operations?

A. You will be able to see immediately after surgery but your vision will be a little hazy. You should have very good vision within 48-72 hours after surgery. Sometimes an air-bubble is

left in the eye after surgery – this will normally absorb within a couple of weeks. Having slightly blood stained tears post operatively is normal, but if they persist, please contact the hospital.

Please note that if you have another condition such as diabetes, glaucoma or age related macular degeneration, your quality of vision may be limited after surgery. This will have been discussed with you before the operation.

Q. Do I need to wear a dressing over my eye?

A. Typically you will have a clear plastic shield placed over your eye after the surgery. You will be able to see through this. You can take it off the day after the operation but you need to wear it at night for 2 weeks to prevent you touching or pressing your eye whilst you sleep. Wash the eye shield in warm soapy water and dry it thoroughly every morning. You will need to purchase some medical tape (such as Micropore) to secure the shield over your eye.

Q. Will my eye hurt after the operation?

A. Your eye may feel a little sore after surgery. Patients often feel as if they have an eyelash or grain of sand under their lid for a couple of days to several weeks after surgery. Some patients feel no discomfort at all.

You can take painkillers (the type you might normally take for a headache) to relieve the discomfort.

Q. How often do I need to put my eye drops in?

A. Your eye drops need to be put in 4 times a day for 4-6 weeks. You will be given instructions before being discharged from the hospital. Before putting in eye drops wash your hands thoroughly with warm soapy water, remembering to rinse and dry well and NEVER stop using the drops unless the eye doctor tells you.

If you take other drops normally – unless told otherwise – continue to use them after the operation – leaving 3 minutes between each drop.

If you are unable to put the drops in yourself, you can get a drop dispenser aid (called an *opticare arthro 10 applicator*) from the pharmacist, or arrange for someone to help put the drops in for you.

Q. Do I need to clean my eye?

A. If the eye becomes sticky, use cotton wool dampened in cooled boiled water to bathe the eyelids with your EYES SHUT. Wipe across the closed eyelid from nose to temple – making sure not to press on the eyeball- then discard the cotton wool and use another if

required. Before cleaning your eye - wash your hands thoroughly with warm soapy water, remembering to rinse and dry well.

Q. When can I resume normal activities?

A. You can resume normal activities with some restriction within a few days of surgery. You can read and watch TV as soon as you feel comfortable to do so. You can bathe and wash your hair as soon as you like as long as you do not splash any water into your operated eye. You can resume gentle exercise and stretching 2-3 days after surgery if you wish. You can lift (light items) and bend briefly after surgery. You can resume cooking a day or two after surgery. You can return to yoga and aerobic exercise a week or so after surgery. You can resume sex 2-3 days after surgery. Hygiene is important and you should not touch or rub your eyes for the first week or so after surgery.

You should avoid headstands, heavy lifting and swimming for 6 weeks after surgery.

Q. When can I wear make-up?

A. You can wear make-up one week after the operation.

Q. When can I go back to work after surgery?

A. You should be able to return to work within 1-2 weeks after surgery. If you work from home and simply use a computer, you can resume work as soon as you feel comfortable to do so. If you need a fitness for work note, please ask the staff before you are discharged.

Q. When can I drive / fly after cataract surgery?

A. You can drive as soon as you meet the DVLA visual standards for driving. This means being able to read a standard vehicle registration plate at 20 metres with both eyes open and with glasses, if required. You can fly within 24 hours of your surgery if you need to.

Q. Do I need to come back to the hospital after the operation?

A. Some but not all patients need to return to the hospital for a follow up appointment. If you need one, an appointment letter will be sent in the post.

Q. When will my other eye be operated on?

A. That will have been discussed at your first appointment.

When to seek urgent treatment:

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have ANY of the following symptoms in the first week after your operation:

- **Excessive pain**
- **Loss of vision**
- **Excessive discharge**
- **Photophobia (sensitive to light)**

Please use this area to write down questions that you may have for the medical staff:

I confirm that I have read and understood the information contained in the Cataract Surgery Information leaflet and had all of my questions answered.

Name: _____

Signature: _____ Date: _____

Nursing Staff – please file this page with the cataract pathway document (Pre-operative assessment document) and return the rest of the document to the patient for reference.

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References:
Open Michigan, artwork by Holly Fischer, (2013), University of Michigan Library [ONLINE]. Available at https://commons.wikimedia.org/wiki/File:Three_Main_Layers_of_the_Eye.png [Accessed 8 August 2017].

If you have feedback regarding the accuracy of the information contained in this leaflet, please email pals@dchft.nhs.uk.



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Williams Avenue, Dorchester, Dorset DT1 2JY
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