

Pre- and post-operative information about cataract care

Ophthalmology

Patient Information Leaflet

Introduction

This leaflet provides you with information about your proposed cataract surgery and aftercare. You may want to discuss this 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 this leaflet before you decide to have the surgery.

The cataract

Your eye doctor has recommended surgery because the lens in your eye has become cloudy and may be making it difficult to see well enough to carry out your daily activities. The cloudy lens is called a cataract. If the cataract is not removed your vision will not improve and may get worse as the cataract becomes denser.

Delaying the operation does not always make it more difficult unless the cataract has become extremely dense. The doctor will discuss the benefits and any associated risks of cataract surgery when gaining consent for the surgery.

The operation and the intended benefits

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye, and improve your vision.

We will try to reduce your dependence on spectacles as much as possible, but you may require distance glasses for best vision and you will probably need reading glasses; in any case your glasses prescription will change after the operation.

Possible complications during the operation:

- Posterior capsule rupture - tearing at the back of the lens capsule (bag) with disturbance of the gel inside the eye that sometimes results in reduced vision. There is a risk of 4 in 100 cases
- Dropped nucleus - part or all of the cataract falls through the posterior capsule rupture into the back part of the eye, this

requires another operation to remove it. The risk is 3 in 1000 cases.

- 'Suprachoroidal haemorrhage' - bleeding inside the eye which may require the operation to be completed on another day.

Possible complications that occur after the operation:

- Ecchymosis - bruising of the eye or eyelids (this is quite common).
- Post-operative glaucoma - raised pressure in the eye for the first day or so (common). This may require temporary treatment.
- Dislocation of the implant - movement out of position of the implant, further surgery is likely to be required to correct this.
- Detached retina - peeling of the seeing layer of the cells in the eye which can lead to loss of sight. The risk is 1 in 1000.
- Posterior capsular opacification - clouding of the membrane behind the implant causing blurred vision. This is the most common post-operative complication. The risk being 15 in 100 patients. The complication may come on gradually after a month or years. When this does happen, the back part of the lens capsule which was left to support the implant becomes cloudy. This prevents the light from reaching the retina. Further treatment by laser beam is often required.
- Cystoid macular oedema - inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment but it can be severe and require prolonged treatment.
- Refractive surprise - an unexpected difference in glasses prescription. In a small number of cases a further operation may be needed to exchange the implant for one of a different power.
- Allergy - to drops given after the operation, causing itchy swollen eye until the drops are stopped or changed.

In rare circumstances it is therefore possible for cataract surgery to leave you worse off than you are now and in some cases requiring further surgery.

- 1 person in 100 will have worse vision than before the surgery.
- Although rare 1 person in every 1000 may go blind in that eye as a direct result of the operation. Extremely rare 1 person in 10,000 will lose the eye. There is virtually no risk to the other eye.
- If you need to discuss your options further or at a later date please contact (preferably in writing) the Ophthalmology Department.

Pre-operative cataract care

You will be sent a letter giving the date of your operation and where to attend. Expect to be here for four to five hours.

Cataract surgery is usually performed under local anaesthetic.

You are having a anaesthetic, which the doctor will have explained to you.

You may/may not eat and drink as normal prior to admission.

Please take your medication and eye drops as prescribed unless you have been told otherwise.

Please bring:

- If you use eye drops regularly please order a fresh bottle for after surgery.
- After surgery you will remain on the unit for one hour. You will not be able to drive home but you may go home by private car or taxi.
- If you take Warfarin please have an INR blood test in the week before surgery.

- You will remain dressed during surgery so please wear clean, loose, front fastening clothing.
- Do not wear make -up.
- Leave valuables at home.
- You will need to buy a roll of surgical tape available from your local pharmacist or supermarket as you will be given an eye shield to wear at night following surgery.

What to expect during your cataract operation

When you arrive for your operation the nurses will welcome you and check you are well and you will be asked if you have any further questions regarding your cataract surgery. You will then have drops instilled into the eye that will be operated on. Once these have started working the doctor who will perform the operation will check your eye and will put a mark on your forehead, ready for the operation. At this stage consent will be confirmed and any questions answered.

In the operating theatre your eye will be numbed either with drops or injection next to the eye. This can be given in the anaesthetic room or in the theatre just before the operation begins. The skin around your eye will be cleaned with antiseptic. Your face will be covered by a plastic drape that sticks to the skin around your eye. A small device will be inserted this keeps your eye open for the operation so you don't need to worry about blinking.

During the operation your eye will feel numb. You may still be aware of water running down the side of your face. You may also be able to see light, colours and movement in front of you. Either is common and not usually anything to worry about. You will hear noises in the background from the machine the surgeon uses to take out the cataract. The operation normally takes 20 minutes but may take a little longer for some patients.

Immediately after the operation you may have very blurred vision. As the vision recovers you may get a period of double vision which will gradually improve as the local anaesthetic wears off.

If you have a cough, cold or any other infection in the week prior to surgery, please inform the Waiting List Office who sent you the appointment.

Checklist before attending your appointment:

- You have any medication with you that you were asked to bring
- You have removed any make-up
- You have left valuables at home
- Please arrive at the time specified on your appointment.

Post-operative cataract care

What to expect

Following discharge from hospital you should rest at home and take things easy for the first day or two. It is normal to have blurry vision, fluctuating, shimmering vision and mild discomfort after surgery. The drops may sting and may leave a harmless white residue in the corner of your eye. Your eye may be red, have mild watering, irritation, glare and slight drooping of the upper eyelid. These will remain to some extent for six to eight weeks. Sunglasses may be useful if your eye is sensitive to light.

Your glasses will not be correct after surgery. However, it will be at least four weeks following surgery before you have a new prescription for glasses. As a temporary measure, shop bought reading glasses may be used to help your reading vision. You can also take the lens out of your old glasses on the side that had surgery if that makes your vision more comfortable. It will not cause any harm whether you wear your glasses or not.

Make sure you are keeping your eyelids clean after surgery by boiling some water, leaving it to cool, then gently bathing the eyelids with a cotton ball.

Mild discomfort is normal after surgery and you can take paracetamol if necessary. If you experience severe pain or a decrease in your vision you should contact Ophthalmology at either:

Furness General Hospital: 01229 584076 or the main switchboard on 01229 870870.

Royal Lancaster Infirmary: 01524 583094 or the main switchboard on 01524 65944.

Eye drops

You will be supplied with eye drops to use, normally for a four week period, and instructions on how to instil the drops and dosage. Continue to use any drops prescribed for glaucoma or dry eye but ensure you have a new bottle to use in the operated eye. You can use artificial tears at any time if your eyes feel dry or you have a gritty sensation, these are available at the chemist.

Post-operative clinic appointment

You will be given an appointment date following surgery. This is usually seven to 10 days post-operatively. Please bring all your eye drops to the clinic appointment. At this appointment we will discuss with you if surgery is required on your other eye and when to see an optician.

Precautions to take after surgery

Normal daily activities such as walking, reading and watching the television can be resumed immediately. Avoid strenuous activities like jogging, lifting weights, swimming, gardening, aerobics, contact sports etc., for four weeks. Although the wound is small, straining, squeezing of the eye, a fall or blow could result in complications.

Do not rub your eye. An eye shield will be provided which you should wear overnight for the first week so that you do not rub your eye while asleep. You should keep your eye shield clean by washing with soapy water each morning. Avoid the area around your eye when washing your

face and bathe your eye as described above. There are no restrictions on shaving. You should wash your hair with the head tilted backwards to avoid any water splashing into the eye. Avoid eye make up for 2 weeks.

Avoid driving for the first week. You can resume when you can read a number plate that is 20.5m (67ft) away. You may need to wait until you get new glasses. We can advise you on this at your post-operative appointment.

You should check with the doctor when you can go back to work but this is normally after 1-2 weeks.

We would advise that you do not arrange any holidays for the first three weeks following surgery in case further treatment is necessary.

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Other formats

If you would like to receive this information in an alternative format, then please contact : 01539 795497.

Travelling to our hospitals

For the best way to plan your journey visit our website:
<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497.

Useful Contact Details

NHS 111 (for 24 hour urgent health advice): telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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