

Information for patients

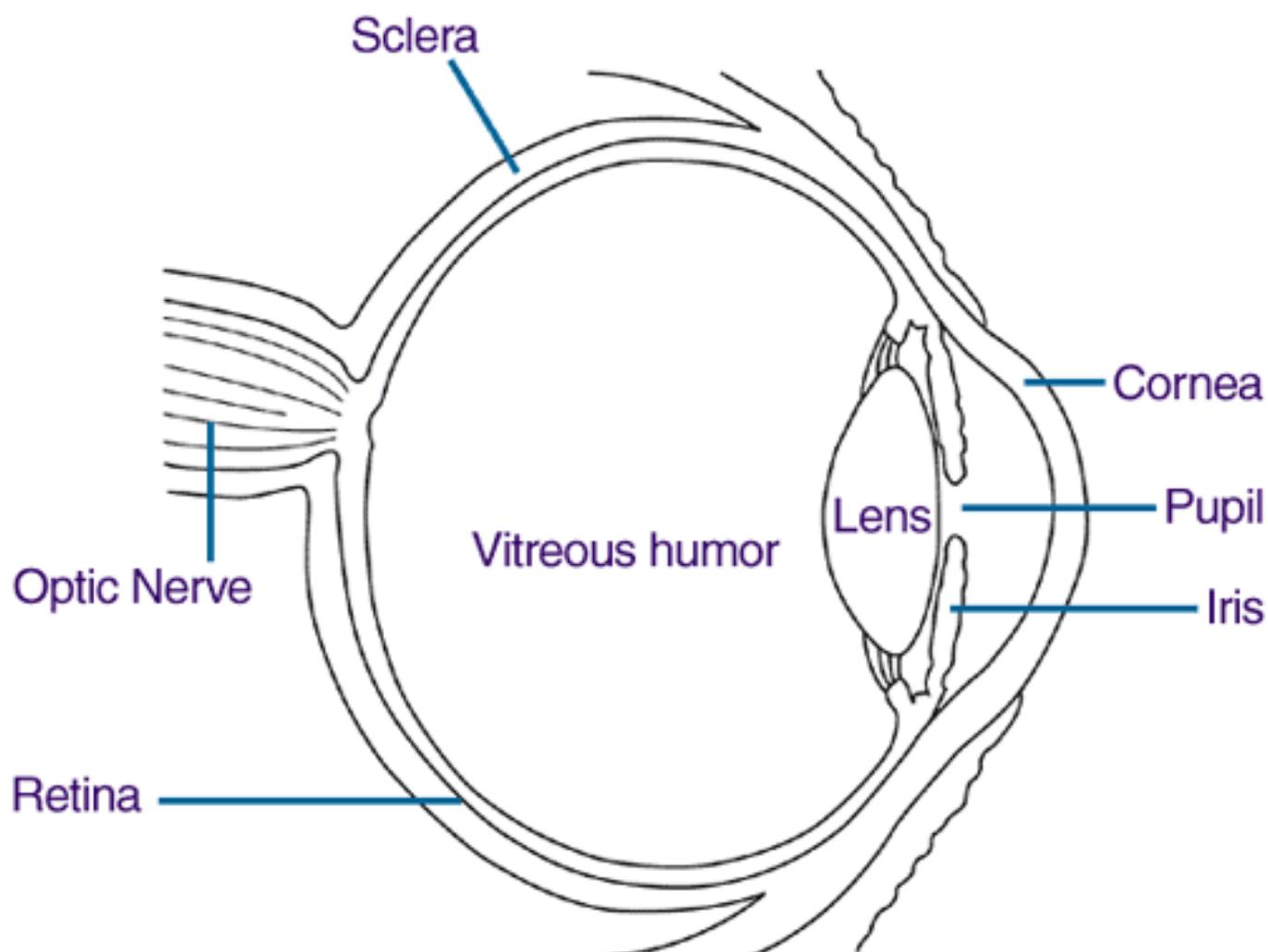
Introduction

This leaflet aims to provide information about cataract surgery within the eye service at our hospitals within the Trust:

- Diana, Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole & District Hospital

What is a cataract?

A cataract is a clouding (opacity) of the lens of the eye that sits behind the pupil:



Source: National Eye Institute

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What causes a cataract?

The main causes of a cataract are:

- Getting older, usually from the age of 50 onwards
- A congenital condition, that is to say, being born with a cataract
- Trauma or injury to the eye including previous eye surgery
- Excessive contact with radiation
- Extreme heat
- Metabolic disorders e.g. diabetes
- Hereditary causes
- Drugs

What are the symptoms of a cataract?

The symptoms you may be experiencing will depend on the thickness, size and positioning of the clouding within the lens of your eye.

You may experience:

- A gradual decrease in sharpness of vision. Some things may seem blurred around the edges or it may seem that your glasses are dirty or scratched
- Double vision. Cloudiness in the lens may occur in more than one place, giving more than one image
- Poor vision in bright lights. Central lens cloudiness may make vision worse in bright lights, as strong light will cause the pupil to contract and the cloudiness blocks out more light rays
- Change of colour vision. As the cataract develops, its center becomes more yellow, giving everything a yellowish tinge

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What is cataract surgery?

The most effective treatment for a cataract is surgery.

Cataract surgery is the surgical removal of the natural lens of the eye which is replaced “implanted” by a false lens.

This will give improved visual function. There are two types of cataract surgery:

- Non-key hole surgery (extracapsular)
or
- Key hole surgery (phacoemulsification)

The type of surgery you undergo will depend on your surgeon. In general cataract removal can be performed at any stage of cataract development but is usually done when the cataract starts to interfere with your daily life.

What are the risks and benefits of cataract surgery?

Cataract surgery is safe and effective. It offers a good chance of improvement of vision. However complications can occur. These complications may affect the visual outcome.

If you have another eye condition such as diabetes, glaucoma or age related macular degeneration your quality of vision may still be limited even after successful cataract surgery.

Complications are rare and in most cases can be treated effectively. In a small number of cases, conditions may be severe enough that further treatment or surgery may be needed, sometimes at another hospital. Very rarely some complications may result in blindness.

The most obvious benefits are clearer vision and improved colour vision.

Most people will need to replace their existing glasses after surgery to provide precision vision for driving and reading fine print. Please note that glasses are not available through the NHS but from your optician.

Cataract surgery is very successful with improved vision in 95% of cases.

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Possible Complications During the Operation May Include:

- Tearing of the lens capsule that may result in reduced vision
- Bleeding inside the eye
- Loss of part of the cataract into the back of the eye, requiring further surgery

Possible Complications After the Surgery Include:

- Bruising
- Allergy
- High pressure inside the eye
- Infection – which can lead to loss of sight or even loss of the eye
- Swelling of the back of the eye
- Inflammation at the front of the eye
- Detached retina – which can lead to loss of sight

Possible Long Term Complications

Opacity of the capsule surrounding the lens, may need further laser treatment after the operation.

What are the alternatives to surgery?

If you decide not to have surgery to the eye, the alternative is that the vision will not improve and will gradually get worse. There is no set time limit to how quickly your eye sight will deteriorate; this varies for each person, depending on your visual requirements.

What happens at the pre assessment clinic?

This clinic is run by a nurse who specialises in ophthalmic nursing.

Your visit will last approximately half an hour.

You may have your pre assessment when you see the consultant in clinic or you will be given a separate appointment.

The nurse will check your admission date if you have one and check that you are medically fit for the operation.

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Any tests that are necessary will be arranged e.g. blood tests, ECG or biometry test (special eye test for patients with a cataract).

Your medical history and current medication will be documented. So please bring a current medication list with you and your most recent optician report. The admission and theatre procedures will be explained to you.

Please feel free to use this time to ask questions and allay any fears you have.

Types of Anaesthetic

There are three types of anaesthetic.

- **topical anaesthetic** – where drops are used to numb the eye for surgery and you are awake for the procedure
- **local anaesthetic** – where a small injection is given to numb the eye. You are awake for the procedure
- With both of these types of anaesthetic you will be required to keep still and lay flat for the duration of the operation usually about 20 to 30 minutes but can sometimes be longer
- **general anaesthetic** – so that you are asleep during the whole procedure
- Your surgeon will discuss with you which anaesthetic they feel is the most appropriate for you

What happens on your operation day?

You will receive a letter stating the date of your admission to attend the day surgery unit or ward and at which hospital.

On arrival you will be met by a member of the healthcare team who will introduce themselves to you and may perform some observation on you such as your blood pressure, pulse and temperature and if you are a diabetic your blood sugar.

You will have some eye drops inserted into the eye that is being operated on to make the pupil dilate (make large).

You will not be allowed to drive yourself home so please ensure you have a companion available to drive you home or arrange for transport. Your companion will not be able to stay with you during the procedure.

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The Operation

The skin around your eye will be cleaned and a sheet will be used to cover your head and upper body.

Your non operation eye will also be covered so you will not be able to see.

Following the anaesthetic the surgeon will perform the operation.

A small incision (cut) is made in the eye, only an eighth of an inch (3mm) across, in such a way that it acts like a valve that self-seals.

A probe is inserted into the incision the probe uses ultrasound to break the cataract into small pieces that can then be sucked out of the eye.

After that the artificial lens implant is inserted into the gap that was occupied by the lens. Once the instruments are removed from the eye the valve like incision seals itself. On occasions a stitch may be necessary.

If you have had a local anaesthetic you will need to keep your head still and lie fairly flat for the duration of the operation; usually about 20-30 minutes but it can sometimes be longer.

What happens after the procedure?

After leaving theatre you will be taken to an area to recover.

You may have an eye pad over your operated eye.

When fully recovered, you will be offered a hot or cold drink and a biscuit.

After the procedure you may experience a little eye discomfort and headache, this is not unusual. Painkillers such as paracetamol can be taken as required.

Please be aware that vision can be blurred for several hours after surgery and then gradually clear.

You will be discharged home the same day and usually within a few hours.

Before you leave the unit / ward you will be given some eye drops and discharge information.

You may or may not be telephoned the next day, the ward staff will let you know whether or not to expect a call, but you will receive a follow up appointment in the post. You will be given contact numbers in case you have any queries or problems.

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Discharge Advice / Caring for Your Eye:

- Use eye drops as prescribed (these are usually required for 4-6 weeks after surgery)
- Always wash your hands and make sure anyone who may help you with your drops washes their hands
- If you feel your eye needs cleaning use cooled boiled water and bathe the eye with dampened gauze or cotton wool
- If you have been provided with an eye shield please wear this at night, to protect the eye. Secure the shield in place with tape or plasters. Wash the shield with soap and water when you take it off in the morning. Please wear the shield for one to two weeks following your operation, as advised
- Avoid rubbing your eye
- You may wear your own glasses or sun glasses if you feel they are comfortable
- Avoid heavy lifting, bending your head below waist level for extended periods. If you need to bend down do it with a straight back and your head up
- You can do light housework or cooking
- You may watch the television and read but not excessively – short periods at a time is better
- When you wash your hair, do it leaning backwards over the sink or in the shower. Use a mild shampoo and avoid hairspray, perms and colours until your eye has completely healed
- You may bath and shower as usual but take care not to get soap into the operated eye or knock your eye
- Avoid eye make-up for six weeks, as this may irritate the eye
- Ask your surgeon about driving as it depends upon how improved the vision is in your operated eye and other eye combined. We will advise you at your post-operative appointment. See DVLA guidelines for further information.
- New spectacles will be required later when your eye has healed.
- How long you may be off work depends on the job that you do; ask your surgeon for advice

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- Some patients experience bouts of blurred and double vision following surgery. This will settle down as the eye heals but may last on and off for 6 weeks

Will I need any other treatment?

Occasionally, following cataract extraction, the thin membrane behind the new lens becomes cloudy, causing blurred vision. This is not unusual. A small laser may be used to make a window in the lens capsule to open it and restore vision.

Reference Section

Reference section listing all the reference sources used in the leaflet.

NHS choices www.nhs.uk/conditions-surgery/cataract-recovery-21/02/2016

www.gov.uk > driving eyesight rules

RNIB Understanding Cataracts www.rnib.org.uk/understandingcataracts
[July 2016](http://www.rnib.org.uk/understandingcataracts)

RNIB tel 0303 123 9999

105 Judd Street London WC1H 9NE

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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