

Cataract Surgery Information Leaflet

Introduction

This leaflet supplements your cataract clinic consultation. You might want to discuss it with a relative, friend, or carer.

If you have any questions after reading this leaflet, we suggest writing them down and bringing them with you to your next cataract pathway visit in the Eye Clinic or Theatre, so that you can discuss them with a clinician.

If you have already been listed for surgery and have changed your mind, please telephone your consultant's secretary as soon as possible using the phone numbers at the end of this leaflet or going through hospital switchboard.

When to have surgery

Your clinician has recommended cataract surgery because the natural lens in your eye has become cloudy, making it difficult for you to see well enough to carry out your usual daily activities.

If the cataract is not removed, your vision may stay the same, or it may get worse. It is not possible to predict how quickly your sight might get worse, as it can vary between people, and even between the eyes of the same person.

Waiting to have surgery because your vision is not yet troubling you is reasonable. This is unlikely to make surgery more difficult unless your cataract has become so ripe that all you could see was light and dark.

Although many people have cataract surgery without issue, it is not an operation without risks, and therefore your decision to have surgery should include a careful consideration of the risks versus the benefits to be obtained.

Before the operation

Phone pre-assessment

After we have received and accepted your referral, you will be contacted by one of our nurses who will usually carry out a pre-operative assessment over the phone. This takes place **BEFORE** any physical appointment in the Eye Clinic.

This is to identify any problems with your general health that might affect the way we do your operation, and to confirm you still wish to proceed with surgery. It is a good time for you to discuss any aspect of the operation that might be giving you concern. If the nurse cannot answer your question and you choose to proceed with the cataract process, please make a note of it so that you can ask directly the clinician you see in Eye Clinic, and they should be able to answer your question.

As there is a need to use eyedrops every day for around four to six weeks after the operation, the nurse will check if this may be difficult for you. This is the time to discuss possible alternatives, such as getting help from a friend, family member, or carer.

Before the operation

Eye Clinic review

When you come to Eye Clinic for your physical appointment, we will re-check your vision. **Please ensure you bring your latest distance / driving spectacles with you, as you need to wear these for your vision test to be as accurate as possible.**

Dilating drops

We will then put dilating eye drops into both eyes, even if you only have cataract in one eye. This is because we need to examine both eyes and compare them to each other. Dilating drops make your pupils large and blur your vision more for near than distance. They can last for around four to six hours. **We strongly advise you NOT to drive while under the effect of these eye drops. Please make alternative transport arrangements.**

Measurements

We will then take measurements of both eyes (biometry). This helps us to calculate what strength replacement lens we should put in the eye after the cataract is removed.

Lens planning

Usually, we choose a replacement lens to reduce your distance glasses prescription and sharpen your distance vision. However, there may still be some residual prescription left after surgery, and you may still need distance glasses to get the sharpest distance vision possible. Reading (near work) or intermediate (computer) glasses will still be required, and this prescription will likely also have changed after surgery.

If your glasses prescription in your other eye is strong, and there is no plan to operate on it, rather than reducing your glasses prescription we may recommend balancing it with the unoperated eye. This is because if the difference in glasses prescriptions between eyes is too great, the brain may not cope well with it (anisometropia). This can result in double vision, difficulty balancing on your feet, nausea, and headaches.

If you have significant short-sightedness (myopia), your clinician will discuss potentially adjusting calculations to try and keep you without glasses for reading / near work and using glasses for distance (i.e. what you will be used to already).

A few patients have learnt to use contact lenses to sharpen one eye for distance, and the other eye for reading / near work. **This is called monovision.** We would not usually recommend this unless you are already doing so as it does not suit most patients.

If you had previous laser refractive surgery, then the calculation of the replacement lens' power becomes less accurate. This could leave you with a larger glasses' prescription after surgery for distance and near than intended. This may require further surgery to treat.

You might have heard about “multifocal” or “enhanced depth of focus” (EDOF) replacement lenses. These are currently not available on the NHS and will therefore not be offered.

Anaesthesia and Surgery on both eyes

Most cataract surgery takes place with patients completely awake (Local Anaesthetic) using numbing eye drops (Topical Local Anaesthetic). Sometimes we may inject local anaesthetic around the eye as well (Sub-Tenon Local Anaesthetic).

If you are suitable, we might offer you cataract surgery on both eyes in one sitting under Local Anaesthetic (Immediate Sequential Bilateral Cataract Surgery). Suitability will depend on whether you have other eye or general health problems that might increase the risk of complications during or after surgery.

If you are being listed for surgery completely asleep (General Anaesthetic), you will subsequently be sent an appointment for a “General Anaesthetic Pre-Assessment”, where you will be checked for your fitness to be put to sleep. If you do not pass this assessment, we may need to see you back in Eye Clinic to discuss alternatives. **If you are being put to sleep for cataract surgery, it is also worth considering having both eyes done in the same sitting (Immediate Sequential Bilateral Cataract Surgery).**

Again, suitability will depend on whether you have other eye or general health problems that might increase the risk of complications during or after surgery.

If you are offered Immediate Sequential Bilateral Cataract Surgery, you MUST meet both of the following conditions if you wish to proceed with this plan:

- 1) You have somebody to look after you for at least the first few days after surgery as your vision will likely be blurred during this time.
- 2) You are able to cope with putting eye drops into both eyes regularly, or can guarantee you have assistance from friends, family, or carers to ensure this happens.

If you proceed with Immediate Sequential Bilateral Cataract Surgery, should you have a complication during surgery on the first eye, we would not proceed to operate on the second eye at the same sitting, and you would need to come back later to have this done another time.

Training

It is not possible to guarantee/request that a specific surgeon will do your operation.

Almost all NHS hospitals are involved in the training of surgeons, and Calderdale and Huddersfield NHS Foundation Trust is no exception.

Most operating lists will be run by a consultant, who may or may not have one or more non-consultant doctors with them. In such cases, the non-consultant doctor may undertake part or all your operation under supervision, depending on their experience and ability. In such cases, it is normal to hear the surgeons talking during the operation, and for advice to be given. It is also normal for the operating surgeon to change over at various stages during the operation.

Some operating lists will be run by a non-consultant doctor, who have been signed off as having achieved competency in running a cataract list on their own, following standardised assessment (in line with the Royal College of Ophthalmologists). These will usually be ophthalmologists (eye doctors) with many years of experience, who have already undertaken hundreds of cataract operations under supervision, with complication rates in line with national standards.

We have an excellent record in training, and our audited outcome figures are in line with nationally reported figures.

Day of Operation

You will usually be asked to come in prior to the start of the operating list, so that if there are cancellations and your operation needs to be sooner, or there is a need to adjust the order of the list, you are already here.

For morning lists, you will usually be asked to come in for 8:00 AM, and the list aims to start at or just before 9:00 AM. Expect to be with us until 1:00 PM at the latest.

For afternoon lists, you will usually be asked to come in for 12:00 PM, and the list aims to start at or just before 2:00 PM. Expect to be with us until 6:00 PM at the latest.

For evening lists, you will usually be asked to come in for 4:00 PM, and the lists aims to start at or just before 5:30 PM. Expect to be with us until 8:00 PM at the latest.

If your operation is planned to take place with you awake (Local Anaesthetic), then you may eat and drink non-alcoholic beverages up until surgery. **If you have been prescribed regular medications, please take them as usual.**

If your operation is planned to take place with you completely asleep (General Anaesthetic), you will have been advised when to stop eating and drinking before surgery at your General Anaesthetic Pre-Assessment appointment. You will also be advised whether to adjust any of your normal prescribed medications.

After checking you in, we will either place a pellet behind the lower eyelid on the side to be operated on, or give you eye drops. This will cause your pupil to dilate and will blur your vision in preparation for surgery.

During Cataract Surgery

First, we will lie you flat on an operating table. If you have back or neck issues, we will adjust your position to maximise your comfort without compromising the safety of the operation.

Next, we will clean your face around the eye to be operated on. This is usually with iodine, but if there are allergy concerns, we may use an alternative called chlorhexidine.

We will then place a loose drape over your face. This surrounds the eye to be operated on and covers your other eye and the rest of the face. This gives us clean area to operate within. If you are claustrophobic, please let your surgeon know before the list starts, so we can plan alternatives to this step. The surgeon will then insert a clip (speculum) to help hold your eyelids open for the duration of the operation, so you do not need to worry about blinking.

The surgeon will bring the operating microscope near your face, which will automatically turn the operating light on. You will notice this as a big bright light in your vision. Between this light and your dilated pupil, everything will be blurred, and you will not see what is happening.

We will then make a few small cuts in the clear window (cornea) at the front of the eye, open the thin bag (capsular bag) that the cataract is sitting in, and using an ultrasound technique called phacoemulsification, break up and gently suck out the cataract.

We then insert a clear, plastic replacement lens back into the capsular bag, finish tidying up, and finally inject an antibiotic inside the eye. In most cases, the cuts are self-sealing, but occasionally we need to put a few stitches. The stitches can often be removed around four weeks after surgery.

During the operation, we use a lot of water, and sometimes this may leak down the side of your face and make your ear and/or hair wet.

We may tape a hard, clear, plastic shield over the eye to help protect it during the initial post-operative period. You will be given instructions on how long to keep this on for prior to discharge.

During the operation you will be asked to keep your head and body still. The operation normally takes 20 minutes on average but can be quicker or slower in some cases. **If you have a need to cough or sneeze, please gently raise your hand, keeping the rest of your arm still.** Once the surgical team notices, they will inform the surgeon, who will stop operating and remove instruments from the eye. They will then ask you to go ahead. **Please try to cough / sneeze as gently as possible while remaining lying down.**

The operation is often recorded. This facilitates teaching and training as it allows a senior surgeon to go over specific points in a procedure and provide feedback and advice on refining technique. Videos are stored on the recording system attached to the microscope and are deleted regularly as there is limited space. The video record does not identify you in any way, but if you have any concern over this, please discuss it with your surgeon.

After the operation

Pupil dilating medication will usually wear off within four to six hours after surgery. However, if you had an injection around the eye, your pupil may be dilated for much longer, and you may have double vision for one to two days.

You should be able to leave the hospital shortly after your operation, once nursing staff have completed their discharge process.

You will normally have steroid eye drops to use four times a day for around four to six weeks, and this will be supplied to you before you leave the hospital. **There are enough steroid eye drops in a bottle to last four weeks - assuming one drop per dose per eye, and your aim is accurate. It is important to complete the course fully to reduce the risk of post-operative complications. If your bottle(s) have finished, please immediately get a repeat prescription from your GP so you can complete your course.**

Sometimes, we may give you other medications to take as well. The first four weeks will always be issued to you prior to discharge. If your course is to last much longer than four weeks, you will be required to get monthly repeat prescriptions from your GP to ensure you maintain an adequate supply.

If you are not under the Eye Clinic for other eye issues, we will ask you to see your normal optometrist for an eye test at around four weeks after surgery. **If there is a plan to operate on your other eye, please bring the results of this test to your next appointment / operation.**

If you are under the Eye Clinic for other eye issues, in most cases we will still ask you to see your normal optometrist for an eye test at around four weeks after surgery. In some cases, we will also see you back in Eye Clinic if we are concerned that cataract surgery might have affected the other condition(s) we are seeing you for.

Post-Operative Care

Eye Shield

Unless you have been told otherwise by your surgeon, your hard eye shield should be kept on continuously for the first 24 to 48 hours, except to put eye drops in. After that, just wear it at night for the first week to help protect the eye while sleeping.

Cleaning

During the first 2 weeks, you may need to clean your operated eye at least twice a day (morning and evening) because the drops and the healing process can cause slight stickiness:

- 1) Boil some water and allow it to cool.
- 2) Wash your hands.
- 3) Dip cotton wool or clean gauze in the cool boiled water.
- 4) Gently wipe from the inside (near your nose) to the outside corner of your eye.
- 5) Do not wipe inside your eye.
- 6) Do not wash your eye out with water.
- 7) Do not press on your eye.**

Eye Drops

Once you have completed cleaning your eyelids and eyelashes, you can start your eye drops for the day.

Pain Relief

It is normal for the eye to be slightly sore after cataract surgery. If you feel it is necessary, we suggest that you take Paracetamol and / or Ibuprofen (if not allergic) in the first instance, following the instructions on the respective box regarding frequency of use. We would advise avoiding Aspirin as this can cause bleeding.

Bleeding

It is normal for tears and fluid discharge to be bloodstained initially. This will usually settle over the first few days.

The Eye

Immediately after surgery this can be red, and may even have some bleeding on the white of the eye or in the tears. This will usually settle over the first one to two weeks, but occasionally can last a little longer.

The eye can be sensitive to light for the first few weeks after surgery, due to the inflammation from the operation. The steroid drops you take will help reduce this.

A feeling of grittiness and general tenderness around the eye may occur due to dryness. This is usually mild. In most cases, this will settle within a few weeks, but rarely it can take two to three months. You can buy “artificial tears” dry eye drops over the counter and use them four to six times a day to help with this.

Resuming activities

You should be able to resume most normal activities the day after your operation. There is no need for bed rest. **It is important to avoid knocking the eye within the first four weeks as this may harm the eye and your vision.**

Please avoid bending over at the waist and heavy lifting for the first four weeks. No swimming for four weeks. Hair can be washed 24 hours after surgery, but please avoid getting shampoo or conditioner in the eye. It may be more comfortable just to close one eye temporarily, and that is fine.

You may return to work as soon as you are comfortable unless it is heavy manual or dirty work. **If you will require a sick note, please inform the nursing staff in the Day Case unit on the day of surgery, so they can ask the surgical team to fill one out.**

Seeing the Optometrist

We would advise getting your eyes re-tested with your regular community optometrist at four weeks after surgery. **Please do this even if you believe your vision is good as it is important for us to get the results of your surgery.**

You should have been given a discharge letter prior to leaving the hospital on the day of surgery. This letter contains a PIN that starts with "DC". **It is important to give your optometrist this PIN when you attend your eye test, as it allows them to return your eye test results to us securely and electronically.**

Driving

It is important to discuss this in Eye Clinic before surgery to determine whether you still meet DVLA vision requirements to drive legally before you have surgery.

If you are informed you do not meet DVLA requirements, you will be advised to stop driving with immediate effect. **This stop must remain in place until you have been confirmed to meet DVLA requirements by an optometrist or ophthalmologist postoperatively.**

If you have been told that you should still meet DVLA vision requirements after surgery, before resuming driving, it is important to ensure that you:

- 1) Are not still too light sensitive.
- 2) Can still read a number plate at 20.5 metres (approximately 23 yards, or 67 feet) with both eyes open, using the appropriate distance glasses as required.
- 3) Do not have any double vision.
- 4) Are satisfied that you can still judge distances appropriately.
- 5) Are satisfied that your peripheral vision on the side that your eye was operated on remains adequate to identify traffic/ pedestrians / obstacles.

Important signs to look out for

Usually, the operated eye will improve day by day after surgery over a few weeks. Certain signs and symptoms could mean that you need emergency treatment.

Please contact the Eye Clinic immediately using the details in the “Emergency queries” section towards the end of this leaflet if you develop any of the following symptoms:

- 1) Increasing pain.
- 2) Increasing redness.
- 3) Worsening vision.

Do cataracts come back?

Cataracts do not come back once removed. However, the back wall of the thin bag (capsular bag) that the replacement lens sits inside can become thickened and cloudy over time. This is called Posterior Capsular Opacification (PCO). This can feel like having cataracts again. This occurs in about 15-30% of patients, most commonly a few years after surgery but can occur also as early as a few months after the operation.

Your optometrist should be able to tell you if this is happening and will refer you back to the Eye Clinic for treatment. We can treat this in the Eye Clinic with a quick laser procedure.

Likelihood of better vision

The majority of patients undergoing cataract surgery can expect to see better after surgery.

The minority who do not are composed of some who see about the same, some who see slightly worse, and a very small number who see a lot worse. Some are worse because of a complication of surgery, and some are worse because of other disease in the eye affecting the vision.

The clinician listing you for surgery will have told you if you have other conditions (such as age-related macular degeneration or diabetes mellitus) that might:

- 1) Limit the amount of improvement you could expect from cataract surgery.
- 2) Increase your risk of complications during or following cataract surgery.

If you have a complication during surgery, a member of the surgical team will explain to you what has happened on the day, what impact this might have on your final visual outcome, and if any additional treatment is required as a result.

Minor complications of surgery can occur occasionally, but most of them do not affect the eventual result if they are recognised and treated appropriately. Sometimes this may result in a need to take you back to the operating theatre to correct the problem.

Serious complications such as severe bleeding in the eye during surgery (haemorrhage), or severe infection in the eye after surgery (endophthalmitis) that carry a risk of complete or severe permanent loss of sight in the operated eye occur much less frequently – less than 1 in 1,000 operations.

In general, the chances of your sight being improved by surgery are greater if your cataract is seriously affecting your vision and there is no other eye disease present. It is sensible to be more cautious if the other eye is already poorly sighted or blind because you don't have a “spare” eye if problems were to occur.

This advice is not meant to put you off surgery, but is to help you decide whether you are having enough problems with your sight to warrant an operation. Cataract surgery is an exceptionally good and reliable operation, and most people are very happy with the results. Modern techniques mean that the operation itself is usually only a slight disruption of normal life. We will try to take good care of you throughout this time so we can achieve the best outcome for you.

Possible complications of cataract surgery

Please note this list may not cover additional risks specific to you. These should be documented in your clinical records / letters, and on your consent form.

During the operation

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye (posterior capsular rupture +/- vitreous loss)

May sometimes result in reduced vision. If this occurs your operation will take a little longer than usual because the surgeon will have to take some extra steps to stabilise the eye before an implant can be safely inserted.

- Loss of all or part of the cataract into the back of the eye (lens drop)

This will require a further operation to remove the residual cataract from the back of the eye.

- Bleeding inside the eye (haemorrhage)

Can lead to permanent loss of vision or even the whole eye.

- Scratch of surface of eye (corneal abrasion)

Common cause of pain, redness, and watering of the operated eye immediately after surgery. Can also happen after surgery if you accidentally catch the eye when putting eye drops in. The eye surface usually heals quickly (within 24 to 48 hours) and uneventfully.

After the operation

- Bruising of the eye or eyelids

Fairly common and usually not serious.

- High pressure inside the eye (raised intraocular pressure)

Fairly common and usually transient. Additional treatment is not always needed.

- Clouding of the clear window at the front of the eye (corneal oedema)

Usually minor and usually transient. If persistent, requires treatment – usually eye drops in the first instance.

- Incorrect strength of the lens implant

If not correctable with suitable glasses may require further surgery to resolve this.

- Dislocation of the lens implant

Depending on the extent of dislocation and the impact upon vision, may require surgery to resolve this.

- Fluid swelling of the retina at the back of the eye (macular oedema)

Occurs in up to 5% of operations. Usually transient and may blur the vision slightly. May require treatment. In a small number of patients, this may persist despite treatment.

- Retinal detachment

Rare after cataract surgery. Some of these cases would have occurred whether cataract surgery had been carried out or not. A further operation will be required to replace the retina with some urgency.

- Infection in the eye (endophthalmitis)

Occurs in about one in 1400 operations. Can lead to complete loss of sight or even the entire eye. Requires immediate intensive treatment and may require a further operation to try to discover the bug that is responsible and to put powerful antibiotics inside the eye.

- Allergy to the medication used

Not very common. A change of medication will be required.

- Negative and positive dysphotopsia

You might notice a sort of shadow, often arc shaped and usually to the side. Usually, they disappear in the months after surgery but rarely can persist. Very rarely this might require further surgery.

- Posterior capsular opacification (PCO)

Within the next few months to years after cataract surgery, 15 to 25% of patients develop thickening and clouding of the back wall of the capsular bag. If substantially affecting vision, we can perform a laser procedure in Eye Clinic to open a small hole in the wall of the capsular bag that will help recover vision.

When Are You Calling	Contact Number
<p>Monday to Friday 8:30am to 5:30pm</p> <p>Saturday 9:00am to 12:00noon</p>	<p>01484 355085</p>
<p>All Other Times</p>	<p>01422 357171 Ask for the 1st On call Doctor for Ophthalmology</p>

Secretary details

You should have been given a letter following your physical cataract clinic appointment in Eye Clinic. In the top right corner this will state who your responsible clinician is. Please contact their secretary for any of the following:

- 1) You have been listed for cataract surgery and need to inform us about holidays or on-going illness issues that might affect scheduling of your operation.
- 2) You have further questions about surgery that cannot wait until the day of surgery.

Secretary	Responsible For	Contact Number
Claire Byrne	Mr Benson	01422 - 223969
	Ms Manrique	
	Mr McCollum	
Fiona Fraser	Ms Bong	01484 - 343306
	Ms Lagnado	
	Mr Oworu	
	Mr Sarfraz	
Petra Kiernan	Mr Mohyudin	01484 - 343305
	Mr Patel	
	Mr Sansom	
	Dr Shevade	
Shirley Lunn	Mr Estephan	01484 - 343302
	Dr Fayyaz	
	Mr Ibrahim	
Harland Robinson	Mr Pillitteri	01484 - 343307
	Ms Mohamed	

Re-scheduling Eye Clinic Appointments

If you are still waiting to be seen in Eye Clinic for a cataract surgery assessment, and need to re-schedule your appointment, please contact the **Main Appointments Team between 9:00am and 5:00pm on 01484 - 355550.**

If you have any comments about this leaflet or the service you have received you can contact :

**Ophthalmology Out Patient Department
Acre Mill, Huddersfield
Telephone: 01484 343221**

**Ophthalmology Out Patient Department
Calderdale Royal Hospital, Halifax
Telephone: 01422 222414**

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ کی زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"

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