Patient information factsheet

Cataract surgery

Consent for cataract surgery

This leaflet gives you information that will help you decide whether to have cataract surgery. You might want to discuss it with a relative or carer. Before you have the operation you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery.

If you have any questions, you might want to write them down so that you can ask one of the hospital staff.

Please ensure that you keep an up to date record of the medications you are currently taking and inform the nurses or medical staff of any changes. In some patients taking medications such as Tamsulosin (Flomax/ Flomaxtra) and Doxazosin (Cardura), it has been found that the iris in the eye is more floppy than usual. This can make a cataract operation more difficult to perform and possibly increases the risk of complications during the operation. If you are taking this medication, or have done so in the past, please let the team know. You are advised not to start this medication before your operation if possible. Please discuss this with your GP if necessary. If you are already taking this medication do not stop it without taking advice from your GP first. There is no evidence to suggest that stopping will have any positive benefit to the eye during the surgery. If you have any queries or would like to discuss this further please contact your GP or the Eye Short Stay Unit for advice.

The cataract

Your eye doctor has recommended surgery because the lens in your eye has become cloudy and may have made it difficult for you to see well enough to carry out your usual 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 does not make the operation more difficult, unless the cataract becomes extremely dense.
The operation

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye. Only experienced eye surgeons are allowed to carry out unsupervised cataract surgery at Southampton Eye Unit. If a less experienced doctor is carrying out all or part of the operation, an experienced eye surgeon will supervise them.

Usually you will be awake during the operation but very occasionally some patients may require a general anaesthetic. You will not be able to see what is happening but you will be aware of a bright light. Before the operation you will be given eye drops to enlarge the pupil. After this you will be given an anaesthetic to numb the eye, which may consist simply of eye drops or gently injecting medication into the tissue surrounding the eye.

During the operation you should keep your head still and lie as flat as possible. The operation generally takes 15-20 minutes but might take up to 45 minutes or longer.

The usual technique we use at Southampton to remove the cataract is called phaco-emulsification. The surgeon makes a tiny hole in the eye, softens the lens with ultrasound and removes it through a small tube. The surgeon inserts an artificial lens implant into the eye, which is supported by a bag of lens tissue (capsule). The lens implant stays in the eye permanently. Sometimes a very small stitch is put in the eye. At the end of the operation a pad and shield or just a clear shield may be put over your eye to protect it.

After the operation

If you have discomfort we suggest that you take a pain reliever such as Paracetamol every 4-6 hours (but not aspirin since this can increase bleeding). It’s normal to feel itching, sticky eyelids and mild discomfort for a while after cataract surgery. Some fluid discharge is common. After 1-2 days most discomfort should disappear although this can vary in individuals. In most cases, healing will take in about six weeks after which time, your optician can prescribe new glasses.

You will be given eye drops to use. These are usually:

- Maxidex Four times a day to reduce inflammation
- Chloramphenicol Four times a day to prevent infection
The hospital staff will explain how and when to use them.

An outpatient appointment for your follow up will be sent to you after your operation.

**Please do not rub your eye**

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms:

- Increasing pain
- Loss of vision

Ring:
Eye Casualty 023 8079 6592 (Anytime - 24 hours)
Eye Short Stay Unit 023 8079 6595

It is very important that you contact the hospital immediately should you notice these symptoms and inform staff that you have had a cataract operation.

If you have other concerns about your eye before your outpatient appointment you can contact staff on the above numbers.

**Benefits and risks of cataract surgery**

The most obvious benefits are improved colour vision and greater clarity of vision. Lens implants are usually selected to compensate for existing focusing problems and most people find that their eyesight improves considerably after surgery but will need to replace their glasses.

**More than 95% of patients have improved eyesight following cataract surgery**

After the operation you may read or watch TV straight away, but your vision may be blurred. The healing eye needs time to adjust so that it can focus properly with the other eye.
Please note that if you have another condition such as diabetes, glaucoma or age related macular degeneration also affecting your vision, the recovery of your vision may be limited after surgery. Most patients do not achieve their full visual potential until they get their new glasses and some may even seem to have worse vision until their glasses are prescribed.

You should be aware that there could be complications either during or after the operation.

**Possible complications during the operation**

- **Posterior capsule rupture**  Tearing at the back part of the lens capsule (bag) with disturbance of the gel inside the eye that sometimes results in reduced vision. Risk 4 in 100

- **Dropped nucleus**  - part or all of the cataract falls through a posterior capsule rupture into the back part of the eye, needing another operation to remove it. Risk 3 in 1000

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

**Possible complications after the operation**

- **Bruising**  of eye or eyelids (quite common)

- **High pressure**  inside the eye – for the first day or two (quite common)

- **Corneal decompensation**  - clouding of the normally clear front window of the eye. This commonly recovers with time but sometimes the cornea remains cloudy and thus the vision remains blurred.

- **Refractive surprise**  – The strength of glasses after the surgery is greater than expected. Sometimes a further operation is needed to swap the implant for one of a different power.

- **Cystoid macular oedema**  – swelling of the central retina. This is commonly mild and needs no treatment. It can be severe causing reduced vision and require prolonged treatment. Occasionally the reduction in vision in long term. Risk 2 in 100.
- **Dislocation of the implant** – movement out of position of the lens implant.

- **Detached retina** - peeling off of the seeing layer of cells within the eye, which can lead to loss of sight. Risk 1 in 1000

- **Endophthalmitis** – severe, usually painful infection inside the eye that can lead to loss of sight, or even the eye. Risk 3 in 1000

- **Allergy** to the drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed.

- **Posterior capsular opacification** - clouding of the membrane behind the implant causing blurred vision. This is the most common post-operative problem. Risk 15 in 100 patients. It may come on gradually after month or years and when this happens the back part of the lens capsule, which was left in the eye to support the implant, becomes cloudy. This prevents light from reaching the retina. To treat this, the eye specialist uses a laser beam to make a tiny hole in the bag to let the light pass through. This is a painless procedure, which only takes 10 to 15 minutes and is done in outpatients.

Complication rates quoted are derived either from our data in Southampton or from the Pilot National Electronic Cataract Surgery Survey.

**Risk to vision from the surgery**

If these complications occur, they can in most cases be treated effectively. In a small proportion of cases, further surgery may be needed.

It is possible for a cataract operation to leave you worse off than you are now:

- One person in 100 will have worse vision in the eye than before the operation.
- One person in 1000 will go blind in that eye as a direct result of the operation.
- One person in 10,000 will lose the eye.
There is virtually no risk to the other eye.

If you decide against a cataract operation, your vision will probably slowly worsen as the cataract continues to develop.

We hope this information is sufficient to help you decide whether to go ahead with surgery. Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don’t worry about asking questions. Our staff will be happy to answer them.

Please read the consent form, which is a copy of the form that you will be signing before you have your surgery.

For a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688.