

# Cataract Surgery and Lens Implants

An information guide



# Cataract Surgery and Lens Implants

This leaflet gives you information which may help you to decide whether or not to have cataract surgery. Before you have the operation, you will be asked to sign a consent form, so it is important that you fully understand the procedures before you decide to go ahead with the surgery.

The information given in this leaflet will allow you to have the knowledge to discuss any queries with your relatives, carers or hospital staff.

## **What is a cataract?**

A cataract is a clouding of the normally clear lens, which is the focussing mechanism of the eye. This is situated behind the coloured part of the eye (the iris). Cataracts usually affect both eyes, making it difficult for you to see well enough to carry out your usual daily activities.

## **What causes a cataract?**

A cataract can be caused by:

- Ageing.
- Diabetes.
- Other eye problems eg. uveitis (inflammation inside the eye) or glaucoma.
- Injury.

## **Why do you need the operation?**

Cataracts can account for a high percentage of visual problems and they can affect people on a day-to-day basis e.g. looking at the number on a bus, watching TV or reading.

## **When you are admitted to the ward**

- Do not drive to the hospital before your operation.
- When you arrive on the ward, a nurse will take some more information from you and re-check your blood pressure, pulse etc.
- A band with your name and hospital number will be placed on your wrist.
- If you are diabetic, your blood sugar level will be checked and recorded.
- If you are taking Warfarin tablets you will need to visit your anticoagulant clinic 1-2 weeks prior to surgery.
- Your operation will be explained to you and if you have not already signed a consent form to agree to the operation you will be asked to sign one.
- There will be an information file available if you wish to read it.
- You will have drops or a pellet containing medication put into your eye to make your pupil bigger. These drops/pellet may also make your vision blurred.
- You may meet the anaesthetist who will ensure that you are fit for your operation.
- A nurse and theatre porter will escort you to theatre.

## **The operation**

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye. An experienced eye surgeon will carry out the operation or may supervise a doctor in training.

The operation will normally be performed under local anaesthetic, which means you will be awake during the procedure. You will not be able to see what is happening, but you will be aware of a bright light. Once in theatre, you will be given an anaesthetic to numb the eye. This may consist of either eye drops or by injecting a local anaesthetic solution into the tissue surrounding the eye.

During the operation, you will be asked to keep your head still and lie as flat as possible. The operation usually takes approximately 30 minutes. If necessary, a nurse will hold your hand the whole time to ensure that you are alright. The cataract is removed by a technique called phacoemulsification. This technique involves the surgeon making a very small cut in the eye and then softening the lens with sound waves, which is then removed through a small tube.

The back layer of the lens is left behind. An artificial lens (implant) is then inserted to replace the cataract. Sometimes a small stitch may be needed to close the wound. At the end of the operation, a pad and or a shield will be put over your eye to protect it.

### **After your operation**

- You will be escorted back from theatre and assisted into your chair/bed by a ward nurse.
- You will have a pad or plastic shield covering your operated eye.
- Your blood pressure, pulse and respiration rate will be monitored if required.
- If you have had a general anaesthetic then you will be offered refreshments once you have recovered and are back on the ward.
- If you have any discomfort, we suggest that you take your usual pain reliever every 4 to 6 hours (do not exceed recommended dose).
- It is normal to feel itching, have sticky eyelids, mild discomfort and a watery eye for a while after cataract surgery, you may also have a feeling that your eye feels "gritty", this may be due to your eye becoming dry after surgery, we recommend using dry eye drops to alleviate the problem, you can obtain these from most chemists.
- It is very important that you do not rub your eye, as the area is still very delicate and this will cause you more trauma.

- In most cases, healing will take about 2 to 6 weeks. After which, your optician can prescribe new glasses. You will be advised by hospital staff when to visit your optician.
- On discharge from the ward full verbal instructions and written information will be given to you by the nurse.

After having surgery on your first eye you will need to visit your optician for an eye test prior to having surgery on your second eye. Please bring the eye test results with you.

Please seek advice from your doctor / nurse at the eye clinic or an optician before driving any vehicle. It is illegal to drive if your vision is below driving standard and your insurance will not cover you.

### **Likelihood of better vision**

After the operation, you may read or watch TV almost 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, especially if the other eye has a cataract. The vast majority of patients have improved eyesight following cataract surgery.

Please note, however, that if you have another condition such as diabetes, glaucoma or age-related macular degeneration, your quality of vision may still be limited even after successful surgery.

### **Risks and benefits of cataract surgery**

The most obvious benefits are greater clarity of vision and improved colour vision. As lens implants are selected to compensate for existing focusing problems, most patients find that their eyesight improves considerably after surgery, but you will need to replace your glasses for distance and/or reading.

You should be aware that there is a small risk of complications either before, during or after the operation.

## **Possible complications during the operation**

- Tearing of the back part of the lens capsule, which disturbs the gel inside the eye, may sometimes result in reduced vision - risk 4.4%.
- Loss of all or part of the cataract into the back of the eye, which requires a further operation under general anaesthetic - risk less than 0.5%.
- Bleeding inside the eye - risk 0.5%.

## **Possible complications after the operation**

- Bruising of the eye or eyelids.
- High pressure inside the eye - risk 1.2%.
- Clouding of the cornea.
- Incorrect strength or dislocation of the implant.
- Detachment of the retina, which can lead to loss of sight - risk 0.7%, which can lead to permanent loss of vision 0.1%.
- Infection in the eye – endophthalmitis – which can lead to loss of sight or even the eye itself - risk 0.13%.
- Macular odema.
- Ptosis (drooping of the eyelid).
- Double vision (related to local anaesthetic).
- Allergy to the medication used.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases, further surgery may be needed. Very rarely some complications can result in blindness.

The most common complication is called ‘posterior capsular opacification’. It may come on gradually after months or even years.

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 small opening in the cloudy membrane in

order to improve the eyesight. This is a painless out-patient procedure, which normally takes only a few minutes.

We hope this information is sufficient to help you decide whether or not to go ahead with the surgery. If you require any further information, please do not hesitate to contact us.

**Contact Numbers:**

**The Royal Oldham Hospital, Oldham :**

**A&E Department - 0161 627 8933 - Friday 5pm until Monday 9am**

**Oldham Integrated Care Centre Eye Clinic -0161 621 3721**

**Monday – Friday 9am - 4.30pm**

**Rochdale Infirmary, Rochdale :**

**Eye Clinic - 01706 901757**

**Monday - Friday 9am until 5pm.**

**Eye Ward - 01706 901765**

**Monday - Friday 8am until 8pm (answer machine after 8pm)**

**Urgent Care Centre - 01706 517005**

**Monday - Friday after 8pm. Friday 8pm until Monday 9am**

**Fairfield General Hospital, Bury :**

**A&E Department - 0161 778 2600**

**Monday - Friday after 8pm. Friday 8pm until Monday 8am**

**Eye Ward and Clinic - same contact details as Rochdale Infirmary**

**Tameside Hospital Foundation Trust :**

**A&E Department - 0161 922 6000 - Available 24 hours**

**Eye secretary - 0161 331 6388**

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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☎ : 0161 627 8770

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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**Date of publication: January 2005**

**Date of review: December 2020**

**Date of next review: December 2022**

**Ref: PI(SU)111**

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