

Department of Ophthalmology

Cataract surgery

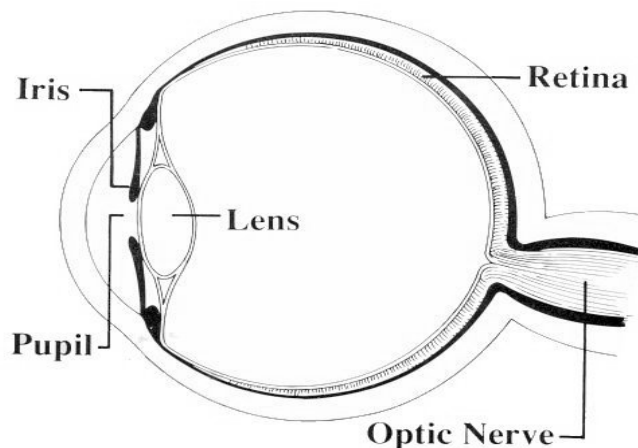
Your optometrist or GP has referred you to Addenbrooke's Hospital for possible cataract surgery. This booklet is designed to answer some of the main questions you might have regarding the hospital attendances you should expect if you choose to have cataract surgery. It will also outline the procedure itself and what you should expect following surgery.

- Please ask about anything you do not fully understand or wish to have explained in more detail. **If, after considering this information, you do not want to have cataract surgery or if you would like to discuss your situation with a nurse on the telephone, please contact the Cataract Clinic on 01223 216711.**

What is a cataract?

A cataract refers to the clouding of the normally clear lens that is situated behind the pupil (dark centre) of the eye. A cataract usually occurs as a natural consequence of ageing but can happen earlier in life if there is a family tendency for this or if there has been an injury or previous surgery to the eye.

A cross section of the eye



How do I know if I need cataract surgery?

When to have surgery is a decision that you should make, based on how well you are able to see and how much the cataract(s) interferes with your daily life. You might be able to drive, watch television and work at a computer for quite a few years after cataracts are first diagnosed. Eventually though you may start to notice "ghost" images and worsening visual clarity which cannot be corrected with glasses, and colours may also start to look faded. If you feel that your sight is impaired significantly and it becomes difficult for you to perform your normal daily activities, it may be time for cataract surgery.

What are the benefits of cataract surgery?

Successful cataract surgery will improve the vision in the eye. Major advances have been made in the way cataract surgery is performed over the last 10 years. At Addenbrooke's we use the most modern techniques: the cataract is broken up (using ultrasound energy) and removed from the eye through a very small incision (cut) and a new flexible lens is inserted. This results in rapid visual recovery with minimal discomfort following the procedure.

Who will perform my surgery?

An experienced ophthalmic surgeon will perform your surgery. Although you might not meet the surgeon personally at the pre-assessment clinic, you will have the opportunity to meet him/her before the operation on the day of surgery. Please feel that you can discuss any questions or concerns that you might have at that time.

Addenbrooke's is a teaching hospital, with an excellent reputation for training new surgeons. Some training may be taking place during your procedure with a consultant surgeon in direct supervision. Since most ophthalmic procedures are carried out under local anaesthetic, this may mean that you hear the consultant discussing surgical techniques during your operation.

What happens during cataract surgery?

Cataract surgery is usually performed as an out-patient basis under local anaesthetic. Since you will be unable to drive after your surgery and the hospital is unable to provide transport for you, it is important that you arrange your **own transport** on the day of the surgery and for the clinic appointment after the operation.

The surgery involves removing the cataract (cloudy lens) through a small incision (cut) and replacing it with a clear acrylic lens implant. The lens implant stays in place throughout your life and does not require replacement. The operation takes 20-30 minutes. Usually the incision is so small that it does not even require stitches.

Cataract surgery under local anaesthetic is not painful although you may feel a sensation of pressure in the eye at some stages during the operation. A sterile cover will be placed over your face and the other eye to keep the area clean, but it will be kept clear from your nose and mouth by a pipe that circulates fresh air. Your eye will be kept open using a special instrument, so you don't have to worry about keeping the eye open yourself. It is important that you don't move suddenly during the operation. The bright microscope light prevents you from seeing what is going on and many patients see whorls of blue or purple light during the operation. The surgeon will discuss the way to communicate with him/her: you may choose to hold a nurse's hand or hold a buzzer which you can squeeze or press if you need to communicate with the surgeon. If you feel you need to cough or sneeze you can tell us this, but take care not to move your head until the surgeon says it is safe to do so.

What can I expect after my cataract surgery?

Discoloured, blurred or double vision is usual for the first few hours after cataract surgery and this will gradually clear. You may notice some blood stained tears. If you need to dab your eyes, do this gently using a clean disposable tissue. You may experience a mild grittiness, eye ache or headache for the first 24 hours after surgery. Please take your normal painkillers, for example paracetamol, if necessary. You will be given a telephone number to call if the discomfort or headache should become severe.

In many cases, the surgeon will examine your eye an hour or two following the operation, before you leave the hospital, and book an appointment about 3 weeks later in the Cataract clinic. In some cases, however, your surgeon may decide that you should be seen the following day in the Cataract clinic instead.

It is important, therefore, to have prepared transport arrangements to get to the hospital the day after your surgery should this be necessary.

What are the risks of cataract surgery?

All operations carry some risks and this is why it is important that your cataract is causing you significant visual problems before you choose to have cataract surgery. Modern cataract surgery is very successful with 86% of patients achieving driving standard vision (6/12 or better) and being very pleased with the result following the operation (data from the Royal College of Ophthalmologists).

However, it is important to be aware of the possible complications of surgery before consenting to have your operation.

Possible complications during surgery

- Occasionally (in fewer than 5% of patients), problems occur during the operation which may prolong the procedure. This may delay the improvement or even worsen the vision during the weeks after the operation but seldom affects the long-term visual result.
- Rarely (less than 1% of patients), a second operation may be necessary in the days following the procedure.
- Very rarely (less than 0.1% of patients), bleeding may occur within the eye during the operation. This serious complication occurs more frequently in patients with uncontrolled high blood pressure and can lead to permanent loss of vision in the eye.

Possible complications after surgery

- Minor complications: problems, including an increase of pressure or inflammation within the eye, occur infrequently in the first week or so following surgery. These are usually temporary, easily treatable and do not affect the long-term visual outcome after surgery.

- Major complications: the most serious complication that can occur is an infection within the eye (endophthalmitis). This usually occurs within the first week after surgery and affects approximately 1 in 1000 patients. It can lead to an irreversible loss of sight in the operated eye. The risk of infection is reduced by the use of antibiotics during and after the operation, by treating any lid inflammation prior to surgery and keeping the eye clean following the operation.
- You will be advised regarding any measures you can take to reduce your risk of infection after surgery at the pre-assessment appointment.

What are the risks of local anaesthesia?

Local anaesthesia is very safe and usually recommended for cataract surgery. Most commonly anaesthetic drops are used but sometimes an injection around the eye may be required; this is called a sub-tenon anaesthetic. This can cause some temporary redness and swelling of the tissues coating the eye and initial double vision. It is possible, but very rare, to have an allergic reaction to the local anaesthetic itself.

What are the risks of general anaesthesia?

General anaesthesia is infrequently used for modern cataract surgery. Usually we only recommend a general anaesthetic for patients who are unable to lie flat for 20 minutes, those with severe head tremors, patients whose cataract surgery may be more complicated or who may need additional procedures, and children. The risk of general anaesthesia depends on your overall health but serious complications are very rare indeed. If the nurse or doctor recommends general anaesthesia for your operation you will have a full medical pre-assessment in the Cataract clinic. You will have the opportunity to discuss any concerns with the anaesthetist prior to your surgery.

Are there any other ways to treat a cataract?

At present cataracts can only be treated by surgery. There is no laser treatment or medication available to treat cataracts.

Common questions

Can I keep my hearing aid and dentures in during the surgery?

It is necessary to take a hearing aid out if it is worn on the same side as the eye having the operation. We do this to avoid permanent damage to the hearing aid from the water used during the operation. A hearing aid which is on the other side can be kept in.

You will not have to remove dentures before surgery under local anaesthetic.

How long will I be at the hospital on the day of my operation?

You should expect to remain in hospital for the whole morning or afternoon of your surgery.

What medications do I need after my cataract surgery?

You will be given special eye drops to use after your operation. Usually these are started four times a day and gradually tailed off over four weeks.

What is it safe for me to do after my cataract surgery?

You can carry out your normal daily tasks immediately after cataract surgery. You can bend over, but please be careful not to bump your eye. You can wash your hair, but avoid getting water or soap in the eye. You should avoid swimming and sport for three to four weeks after your surgery.

When is it safe for me to drive after my cataract surgery?

This depends on a number of factors including the vision in your other eye. It is best to ask the surgeon when you see them before the operation since he/she will be able to answer the question based on your personal circumstances.

Will I have to wear glasses after my operation?

In most cases the artificial lens implant is chosen to give good distance vision but it is fairly common for thin glasses to be required to fine-tune this. Glasses will definitely be required for reading following the procedure. You should visit your optometrist to get new glasses about four to six weeks after cataract surgery.

How long will I be off work?

We usually recommend one week off work but discuss this with your surgeon.

What do I do if I have a problem after my surgery?

If you have any concerns regarding to sight or are getting pain or discharge from your eye following the operation you should contact:

Monday to Friday 8am-4pm – Cataract Clinic on 01223 216711

After 4pm and at weekends: Ward M5 Emergency Eye service: 01223 256336

Information and support

We hope you have found this information helpful. If you have any questions or anxieties, please feel free to speak to a member of our staff or contact the **Cataract Clinic on Tel: 01223 216 711**. Further information can also be obtained from the following organisations and websites:

- Royal National Institute for the Blind
224 Great Portland Street, London W1W 5AA
Tel: 0845 766 99 99 www.rnib.org.uk/info/ataract.htm.
- The Royal College of Ophthalmologists
17 Cornwall Terrace, London NW1 4QW;
Tel: 020 7935 0702 www.rcophth.ac.uk/genpublic.html



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

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Cantonese

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Turkish

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Bengali

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