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# CATARACT INFORMATION BOOKLET

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CHEC Ltd. 1-6 Star Building, Oliver's Place, Fulwood, Preston, PR2 9BT



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## INFORMATION FOR PATIENTS

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 the leaflet before you decide to have surgery.

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

### The Cataract

Your eye surgeon has recommended cataract surgery because the 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, but it will probably gradually get worse. Waiting for a longer period is unlikely to make the operation more difficult unless your eyesight becomes so poor that all you can see is light and dark.

### 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 who also performs some operations.

With a local anaesthetic you will be awake during the operation. You will not be able to see what is happening, but you will be aware of a bright light. Just 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. This may consist simply of eye drops or injecting 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 normally takes 15-20 minutes, occasionally longer. A member of the nursing staff is usually available to hold your hand during the operation, should you want them to. Most cataracts are removed by a technique called phacoemulsification, in which the surgeon makes a very small cut in the eye, softens the lens with sound waves and

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removes the cataract through a small tube. A thin membrane at the back of the lens is left behind. An artificial lens (*implant*) is then inserted onto that membrane to replace the cataract. Sometimes a small stitch is put in the eye. At the end of the operation, a pad or 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 as this can cause bleeding*). It is normal to have itchy, sticky eyelids and mild discomfort for a while after cataract surgery. Some fluid discharge is common. After a few days even mild discomfort should disappear. In most cases, healing will take about two to six weeks, after which new glasses can be prescribed by your optician. You will be given eye drops to reduce inflammation. The hospital staff will explain how and when to use them. Please don't rub your eye. Certain symptoms could mean that you need prompt treatment, including:

- Excessive pain
- Loss of vision
- Increasing redness of the eye

You will be given an emergency telephone number to ring in case you develop any of the above, or should you need urgent advice about your eye.

This number is:

**Mon-Fri:** 9am - 5pm

**Patient Enquiry Line:** 03442 644 160

**Clinical Helpline:** 0344 264 4162

### 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.

**Many patients have improved eyesight following cataract surgery, but this is not guaranteed.**

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Please note 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.

### **Benefits and risks of cataract surgery**

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

However, you should be aware that there is a small risk of complications, either during or after the operation. Ultimately, there is a risk that your vision could be much worse than before the operation.

### **Some possible complications during the operation**

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye that may sometimes result in reduced vision
- Loss of all or part of the cataract into the back of the eye requiring a further operation which may require a general anaesthetic
- Bleeding inside the eye

### **Some possible complications after the operation**

- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Clouding of the cornea.
- Incorrect strength or dislocation of the implant.
- Swelling of the retina - *macular oedema*.
- Detached retina which can lead to loss of sight.
- Infection in the eye - *endophthalmitis* - which can lead to total loss of sight or even loss of the eye.
- 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.



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The most common complication is called 'posterior capsular opacification'. It may come on gradually after months or years. When this happens, the membrane at the back part of the lens capsule which was left in the eye to support the implant, thickens.

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 to improve the eyesight. This is a painless outpatient procedure which normally takes only a few minutes.

**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 are happy to answer them.**

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### Checklist ONE WEEK before cataract surgery

- 1) Ensure that your blood glucose levels are stable if you are diabetic (*below 21mmol/l*).
- 2) Ensure your blood pressure is below 200/110 if you suffer from high blood pressure.
- 3) Check your warfarin blood levels and ensure these are within the therapeutic range.
- 4) Take all medications as normal up to and including the day of surgery.
- 5) Arrange transport to arrive in time for your appointment.
- 6) If you develop any illnesses, coughs, colds or any medical or eye conditions please let us know by phoning **0330 100 4730**. This will prevent you being cancelled on the day and the operation slot can be offered to someone else.
- 7) You will **NOT** be able to drive home yourself so please ensure you have someone with you.
- 8) Do **NOT** wear a contact lens in the eye to be operated on.

### Checklist the day before surgery

1. Ensure the above are completed.
2. You can eat or drink as normal.
3. Bring with you a list of your medication. It is that the doctor will wish to see this.
4. Take your normal medication. If you take warfarin, and you know your levels are abnormal you must ring the department as soon as you can.





5. Have the telephone number with you of the person taking you home.

### Instructions for the DAY of the surgery

- 1) Report to the reception desk upon arrival to the hospital
- 2) For general anaesthetics, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY** (*and this means no water unless small sips are needed to take medication as explained below*). For local anaesthetics, you can have a light meal.
- 3) You should continue to take all medications for blood pressure, heart problems, asthma, and epilepsy with sips of water up to 2 hours prior to surgery. Please bring your daily medications with you (*in their original containers*) on the day of your operation.
- 4) Bring something to read.
- 5) Leave all jewellery and large sums of money at home. Bring just enough money for a taxi ride home. The hospital assumes no responsibility in the case of loss.
- 6) You will be asked to remove all make-up and hair ornaments. Rings that cannot be removed will be secured with tape. Please remember to bring your contact lens' container.
- 7) If you are to have a general anaesthetic, an intravenous drip may be started before your procedure.
- 8) You are **NOT TO DRIVE** after receiving a general anaesthetic or sedation. You must arrange for a responsible adult to drive you to and from the hospital. You must not operate hazardous machinery, drive a car, or sign important documents for 48 hours.
- 9) Wear loose, comfortable clothing.





After your surgery, you may return to the hospital recovery area for a short time, where you will be given something to eat and drink.

## Post-Operative Care

After your surgery we would like you to go home and take it easy.

You are **NOT** to use any eye drops that evening. Please do **NOT** rub or touch the eye. It is normal for your eye to feel some itching and mild discomfort after surgery. Some discharge is also common, and your eye may be sensitive to lights. If there is slight discomfort you can use a mild pain reliever (*paracetamol*). If you experience a lot of pain or a decrease in your vision, you should contact the hospital. **This is NOT normal.**

- Avoid lifting anything over 20 lbs. or 9 kilos in weight for two weeks (*Children, groceries etc.*).
- Avoid lowering your head below the level of your heart (*i.e., Bend at your knees and not your waist*).
- Avoid water sports or swimming for two weeks.
- You can have a shower but avoid getting water or soap into the operated eye.
- You can wash your hair by tilting your head backward as at the hairdressers.
- Certain sport activities need to be avoided (*i.e., bowling, swimming*) for a time.
- Please discuss any activities you would like to participate in with the doctor.



## COPY OF CONSENT FORM

### Patient agreement to investigation or treatment

(Designed in compliance with the Department of Health consent form 1)

### CONSENT FORM 1

#### Name of proposed procedure or course of treatment:

Please tick appropriate box

	Right	Left
First eye		
Second eye		

**Cataract Extraction and  
intraocular lens insertion**

#### Statement of health professional

I have explained the procedure to the patient. In particular, I have explained:

The aim of the cataract operation is to improve the quality of your vision. Surgery may also improve the doctors' view of the back of the eye. We will try to reduce your dependence on spectacles as much as possible, but you may require distance glasses for best vision and will probably need reading glasses. Your glasses prescription will change after the operation.

#### Serious or frequently occurring risks

It is possible for cataract surgery to leave you worse off than you are now. One person in every 1000 will go blind in that eye as a direct result of the operation. One in 10,000 will lose the eye. There is virtually no risk to the other eye. Details on the most common specific complications are given below:

- **Ecchymosis** - Bruising of eye or eyelids (*quite common*).
- **Posterior capsule rupture and / or vitreous loss** - a split in the thin back membrane of the cataract which can allow communication between front and back compartments of the eye.



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- **Post operative glaucoma** - raised pressure in the eye for the first day or so (*common*). This may require treatment.
- **Posterior capsular opacification** - clouding of the membrane behind the implant causing blurred vision.
- **Cystoid macular oedema** - inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment. It can be severe and require prolonged treatment.
- **Refractive surprise** - unexpectedly large (*or different from expected*) need for glasses.
- **Allergy** - to drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed.
- **Dropped nucleus** - part or all the cataract falls into the back part of the eye, needing another operation to remove it.
- **Corneal decompensation** - clouding of the normally clear front window of the eye.
- **Detached retina** - peeling off the seeing layer of cells within the eye.
- **Endophthalmitis** - severe (*usually painful*) infection inside the eye.
- **Dislocation of the implant** - movement out of position of the lens implant.

Complications are rare and, in most cases, can be treated effectively. In a small proportion of cases, a further operation may be required. If you decide against a cataract operation, your vision will probably slowly worsen.

**Individual additional risks** - (*e.g., deterioration of diabetic retinopathy, corneal oedema, unexpected refractive outcome particularly post laser patients*)

Extra procedures that may be necessary during the procedure:

- Vitrectomy

The following leaflet/tape has been provided:

**Cataract Surgery information leaflet**

This procedure will involve:

- Local anaesthesia
- Sedation

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**Signed:** ..... **Date:** .....

**Name (PRINT):** ..... **Job title:** .....

**Statement of Patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**Patient's Signature:** ..... **Date:** .....

**Name (PRINT):**  
.....



**Confirmation of consent** *(to be completed by a health professional when the patient is admitted for the procedure if the patient has signed the form in advance).*

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure to go ahead.

**Signed:** ..... **Date:** .....  
**Name (PRINT):** ..... **Job title:** .....

**Important notes: (tick if applicable)**

- See also advance directive/living will (e.g., *Jehovah's Witness form*)
- Patient has withdrawn consent (*ask patient to sign/date here*)

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