



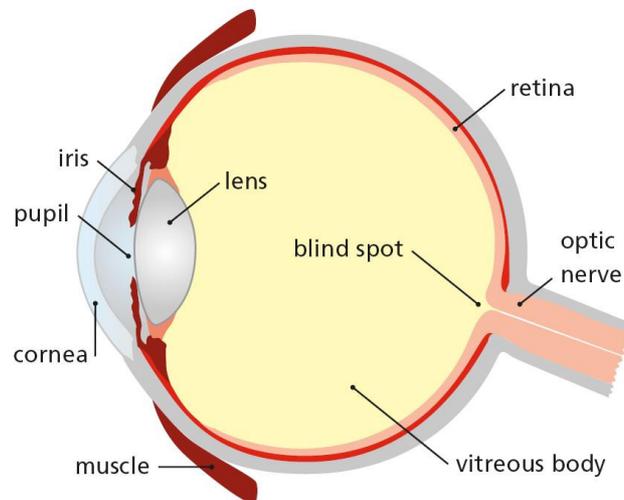
CATARACT INFORMATION LEAFLET

This information is designed to help you and your family understand about your cataract operation and aftercare at Moorfields @ Bedford Eye Unit.

**PLEASE ENSURE YOU HAVE READ THIS
INFORMATION BEFORE YOUR
APPOINTMENT WITH THE NURSE**

What is a cataract?

A cataract is clouding of the lens inside the eye. It usually develops slowly and people experience a gradual change in vision.



A cataract may cause blurry vision, problems with glare and haloes (seen as rings around lights), and a change in your colour vision.

Are there different kinds of cataract?

Yes. The most common type are age-related, but certain conditions, medications, eye injuries and other eye problems may also contribute to cataract development. Babies can also be born with cataracts. This is called congenital cataract.

Deciding to have cataract surgery

When the cataract progresses to a point where it is interfering with daily activities and normal lifestyle, cataract surgery can be considered.

If the cataract is not removed, your vision may stay the same, or it may get worse. Waiting for a longer period of time **will not** make the operation more difficult, unless your eyesight becomes so poor that you can only see 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.

If you have your operation under local anaesthetic, you will be awake during the operation. Your head will be supported with a pillow and your eye held open with a clip. You will be aware of a bright light. You will be given eye drops before the operation to enlarge the pupil and to numb the eye. You may also need an injection near the eye.

During the operation you will be asked to keep your head still and lie as flat as possible. The operation usually takes around 30 minutes.

Most cataracts are removed by a process called phacoemulsification. This technique uses the latest technology in which sound waves soften the cataract, which is then removed by tube, through a tiny cut in the eye.

Your eye is never removed and replaced during cataract operations.

Will I see better?

The vast majority of patients have improved vision within 4 weeks from their cataract surgery, although most people still require reading glasses.

If you have another condition, such as diabetes, glaucoma, age-related macular degeneration or a lazy eye, your quality of vision may be limited even after successful surgery.

Benefits and Risks of cataract surgery

Cataract surgery is one of the most successful operations. Most people experience an improvement in clarity of vision and improved colour vision. The focussing power of your eye will be different and therefore your glasses prescription will be different.

There is a 95% chance of better vision following surgery. However, as with all surgery, there are risks involved.

- 1 in 10 chance of a minor complication, which may require further outpatient appointments
- 1 in 100 chance of a major complication, which may require a further operation
- 1 in 1000 chance of loss of vision

Possible complications during the operation

- Tearing of the back part of the lens capsule with disturbance of the eye jelly, which may result in reduced vision.
- Loss of all or part of the cataract into the back of the eye requiring a further operation and possibly a general anaesthetic
- Bleeding inside the eye

Possible complications after the operation

- Bruising of the eye or eyelids
- High pressure inside the eye
- Clouding of the cornea
- Allergy to eye drops

RARE complications after the operation

- Incorrect strength or dislocation of the implant.
- Swelling of the retina – macular oedema – which can cause blurring of the central vision
- Detached retina which can lead to sight loss
- Infection in the eye – endophthalmitis – which can lead to loss of sight, or even the eye

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

A common complication of cataract surgery is a thickening of the back part of the lens capsule that can occur months or even years after cataract surgery. This is called posterior capsular opacification. This can be treated with laser.

I want to go ahead with cataract surgery - what next?

A date for your operation will be agreed with the admissions office and this will be confirmed in writing.

Pre-operative assessment

Before your operation you will be asked to attend the pre-op assessment clinic, which will take around one hour.

Please bring any medication you use, a urine sample and your most recent glasses and/or glasses prescription. ***If you wear contact lenses you must leave them out before attending this clinic.*** The amount of time you have to leave them out varies for different types of lenses: soft contact lenses: 2 weeks, gas permeable contact lenses: 4 weeks.

- You will be seen by a specialist nurse who will check your vision and examine your eyes.
- The nurse will ask questions about your general health and your medical history.
- Measurements of the eye will be taken to calculate the power of the lens implant.
- The nurse will discuss the surgery with you and you will be asked to sign a consent form agreeing to surgery. You will receive a copy of this to take home with you.

The day of the operation

- If you are having a local anaesthetic, you may eat and drink normally right up until the surgery.
- You will attend the Eye Theatre Reception, and will be in hospital for up to 6 hours
- You will not have to undress for surgery, but please wear a front opening shirt or blouse. Do not wear your best clothes as they may become a little stained or wet during the procedure.
- Your surgeon will see you before the operation and will examine your eyes and answer any questions you may have

After your operation

- You will be taken back to the day room and light refreshments will be provided
- You will be given drops to use when you get home and a chart to help to remind you when to put the drops in
- It is normal for the eye to be red, uncomfortable, watery and blurred at first

You should wear your eye shield at night for one week using micropore tape or sellotape to keep the eye shield in position.

Use only sterile water to clean any eye stickiness for the first few days

Always wash your hands before touching the eye or using your eye drops.

You must not:

- Rub or press on the eye
- Drive home after the operation
- Swim for 4 weeks

You may:

- Take a painkiller if necessary
- Bend down
- Lift things
- Wash your hair, bathe, shower. Close eyes tightly to avoid getting water or shampoo in the eyes.
- Use the eyes for reading, watching TV etc
- Resume driving when the vision is good enough to do safely
- Wear sunglasses if light is uncomfortable and to protect the eye in windy weather

You must make an appointment to see an accredited optometrist for a check-up 4 weeks after your operation. You will be given a list of accredited optometrists.

What if I am worried about my eye?

If your vision deteriorates, or you get severe pain, you must seek medical help.

Between 8am and 5pm on Monday – Friday you can telephone Moorfields at Bedford Acute Clinic on 01234 792643.

Out of hours, contact your on-call GP, or the on-call eye doctor at Luton and Dunstable hospital through their switchboard on 0845 1270127

Finally

Please write down any further questions you may have to ask the doctor or nurse when you come to the hospital for your appointment. Our staff are happy to answer your questions.

Useful website addresses

Moorfields Eye Hospital

www.moorfields.nhs.uk/eyehealth/commoneyeconditions/cataracts

Royal National Institute for the Blind

<http://www.rnib.org.uk/eyehealth/eyeconditions/conditions/ac/Pages/cataract.aspx>

The Royal College of Ophthalmologists

www.rcophth.ac.uk/about/public/cataract

Drivers and Vehicle Licence Agency (DVLA)

www.dft.gov.uk/dvla/