

Information about your cataract surgery



Ophthalmology Outpatients Department

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at feedback@rothgen.nhs.uk

Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

كوردی سۆرانی

نەگەر تۆ یان کەسێک کە تۆ دەبناسی پێویستی بەیارمەتی ھەبێت بۆ نەوێ لەم بەلگەنامە بە تێبگات یان بێخوێننێتەو، تکایە پەیوەندیمان پێوە بکە لەسەر نەو ژمارەیی سەرھوددا یان بەو نێمەیلە.

Arabic

عربي

إذا كنت انت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

أردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

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Introduction

Your doctor has informed you that you have a cataract in one or both of your eyes and that the appropriate treatment is to have an operation to try and improve your vision.

We hope this booklet will help you decide whether an operation is right for you and to help you prepare for the operation, if you decide to go ahead.

It explains what is involved and the possible risks. It is not meant to be a substitute for an informed discussion between you and your doctor, but can act as a starting point. Please ask the medical or nursing staff any questions you may have at your next visit.

What is a cataract?

Inside the eye there is a small clear natural lens that focuses light on the back of the eye. As people get older the lens becomes cloudy and starts to affect the vision. Cataracts can also be caused by injury, diabetes and the use of steroids.

How does it affect my vision?

Most cataracts cause some blurring of the vision particularly for distance vision. Up to a point stronger glasses can help this. Many people notice their vision is worse in different lighting conditions such as in very bright light or very dim light.

Occasionally cataracts cause multiple distortion of small print and glare.

Do cataracts get better on their own?

Usually they get worse. The time they take to get worse is variable. Some people have cataracts for years before they need surgery others get worse in a matter of months.

Do they need to be ripe to be operated on?

Not necessarily. This old view has now been changed by modern surgery. Cataracts can be operated on at any stage if they are causing you problems. However, that does not mean they need to be operated on just because cataract is there. Only if you feel that cataracts are impairing your vision you can have them operated on.

What if I decide not to have an operation?

It is unlikely that your eye would come to any harm by not having the cataract operated on except for the inconvenience of having progressively poor vision.

Occasionally if the cataract becomes over-ripe it can cause glaucoma but we would tell you if this is at all likely to happen to you. If you leave the cataract, your vision is likely to get worse but it is reversible and you can have the operation at a later date if you wish (though the operation may be more difficult due to the increase in cataract density).

What are the benefits of surgery?

Cataract surgery is the most common operation done all over the world. Certainly it is the most common operation in the United Kingdom. There are no drops or tablets to date available to dissolve a cataract. The main benefit of having a cataract operation is the visual improvement and improvement of other symptoms such as glare.

What other options are available to me?

You can leave it alone if the symptoms are mild and you can cope with normal day-to-day activities. If you have symptoms the best option is to have the surgery which can be done to both eyes (one at a time) if you have cataracts in both eyes, or to the worst eye only. This option of having only one eye operated upon has less quality of binocular vision than having both eyes done.

From our experience most patients (provided that their eyes are healthy otherwise) have a very successful outcome from the first eye, and can't wait to have the other eye done.

How is the operation done?

Briefly, we make a small cut in the eye, remove the old lens and replace it with an artificial lens (called an implant). The small cut does not usually need stitches. Occasionally we have to modify the operation so that stitches are needed. We will tell you if this is the case.

Will it hurt?

You will be given a local anaesthetic and after this the operation is painless. When the local anaesthesia wears off some people may get discomfort which can be helped by painkillers such as Paracetamol.

Occasionally the pressure in the eye can go up and this can be quite painful. If we think this is likely we will give you a tablet (called DIAMOX) to take on the ward or at home to try to keep the pressure down. Of course, if you have opted for general anaesthesia you will be asleep and pain free as well, but general anaesthesia carries its' own risks.

What does the local anaesthetic involve?

Most cataract surgery is done using Topical anaesthetic which is a form of local anaesthetic. You will be given eye drops to numb the surface of the eye or occasionally an injection of a drug called lignocaine. Surgeons vary in how they give the local anaesthetic. If you have the anaesthetic eye drops only you will not feel any pain but will feel pressure and a touch sensation and you will be able to see the operating light.

If it is by the injection method the needle does not go into the eyeball but around it. This stops the eye feeling pain and may stop it moving around. In some people it dims the vision – this is not essential for the operation and can take a few hours to wear off. On rare occasions the operation is done under general anaesthesia (you are put to sleep) for patients with spine problems and in the very anxious and young people.

What happens after the anaesthetic?

We will position your head into a special pillow or a soft ring that keeps it still. **Please let us know before the operation if you find it difficult to lie down or have problems with your neck.** Occasionally we can help by allowing one pillow or adjusting the head position, but the operation is much easier if you are lying flat.

After cleaning around the eye that we are going to operate on (usually with Iodine), we will cover your head with clean towels to prevent infection.

Please tell us if you are allergic to Iodine

You will have some piped air under the towels to help you breathe and/or we may make a small gap in the towels to help you breathe. You will be holding someone's hand throughout the operation to squeeze in case you want to tell something, or you have pain. Also you may have some gadgets attached to your finger or chest to monitor your pulse. This is quite normal. **Please tell us if you don't like being covered up (Claustrophobic).**

It is sometimes possible to use fewer towels but we prefer not to because of the risk of infection. We will ask you to keep your head still, avoid squeezing your eyes and keep looking at the bright light of the microscope. We know it is difficult to keep looking at a bright light but after a few seconds your vision will be blurred and the bright light will no longer hurt.

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When we are happy that you are ready we will start the operation. You will be aware of the different stages of the operation and you may feel some pressure in or around your eye.

Some of the instruments we use make some noises but nothing very alarming. Because we wash part of the cataract out of the eye with water you may feel a slight trickle down your cheek or ear.

At the end of the operation we will give you a final injection into the corner of your eye. This is an antibiotic to reduce the chances of infection and anti-inflammatory steroid. Sometimes this injection stings a bit. The antibiotic is similar to penicillin so please let us know if you have been allergic to antibiotics in the past. (By allergic we mean that you have developed a nettle rash or swelled up or developed asthma after having an antibiotic tablet or injection).

What happens after the operation?

We take off all the paper towels and ask you not to squeeze your eye then we take you back to the recovery area in theatre or the ward. After a short period of rest you will be ready to go home (if you are having a day case operation under local anaesthesia, which is the usual nowadays).

If you have had general anaesthesia you will need a few hours to recover before you are allowed back home. On rare occasions, if you are still drowsy after general anaesthesia you may stay overnight.

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As your eye recovers from the local anaesthetic you may notice some odd sensations. Sometimes the eye becomes a bit painful. You can take some Paracetamol to help with this. Occasionally people get double vision for a short period especially if you had a local anaesthetic injection. It doesn't last long but do be careful moving about, as it is difficult to judge distances and it is easy to tumble or bump into things.

You may start to notice an improvement in your eyesight quite quickly, but if you had an injection the local anaesthetic can take up to 6 hours to wear off completely, so don't be surprised if your vision is still poor until the next day.

What should I do to look after the eye?

On the night of the operation the eye should not be disturbed. After a long day you should probably have an early night. You should take only the medication we have prescribed for you, starting the morning after the operation.

What happens the day after surgery?

We ask you to phone the nurse practitioner if you have any of the following:

- Your vision is very poor
- Your eye is very red
- Your eye is very sore
- There is a lot of sticky or bloody discharge from the eye

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The nurse practitioner will arrange to see you usually the same day, or she will arrange for you to be seen by one of the doctors. If all is well the nurse practitioner will see you for a final check the following week or two.

We will also ask you to use drops for a short period after the operation. It is important that you use them. The drops do vary but you can expect to be prescribed one or more of the following:

Steroid drops

These drops reduce the inflammation (soreness and redness) in the eye. We usually ask you to use them 4 times a day for 2 weeks and then to reduce them over the next couple of weeks. Sometimes we ask people to use the drops more frequently, for instance if we think your eye might be more inflamed than normal.

Steroid drops can have side effects although these are unlikely when used for a short time after surgery. Sometimes the pressure inside the eye can go up because of steroids. If it does and we feel you should still use the drops we may ask you to take other treatment to reduce the pressure. Only if the pressure is high for a prolonged period (several weeks) or is very high can it do any damage. This is very unlikely.

Very occasionally the steroid drops can uncover a viral infection in the eye which can lead to formation of an ulcer. If it does we will give you the appropriate treatment. **If you have had eye ulcers in the past (even as a child) let us know.**

Pressure drops

If you have glaucoma already or we are worried that the pressure in your eye might go up after the operation, we will ask you to use these drops for a short period after surgery. If you are already on drops for pressure please continue with them afterwards, unless we advise against it. If you have asthma or severe bronchitis and you need to use inhalers like Ventolin or Bricanyl, then some pressure drops can make you more breathless. **Please tell us if you are using inhalers for your breathing.**

Do I need to change my glasses?

Yes, almost certainly. Don't change them before we advise it. You won't damage your eyes by wearing old glasses even if they do need changing. If you change them too early your eye may not have settled down enough and you would almost certainly have to change them again. Try to be patient especially if you are frustrated that you can't read with your eye. It does take time for the eye to recover from surgery. This is particularly important if we are planning to do your second eye, then you better wait until both eyes are done before you visit your optician

Can anything go wrong with the operation?

All surgery carries risks and cataract surgery is no exception. Most people do well and are very pleased with the results. Some people take a little while for the eye to settle down and need drops a bit longer. Problems can arise during or after the operation that means that your eyesight doesn't improve as much as we hoped.

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- Very occasionally the eyesight can be damaged and the eye sees less after the operation.
- Very rarely the eye sees nothing at all. It is for these reasons that we do not advise surgery just because you have a cataract. We will operate if you feel that your vision is impaired enough to run the small chance of being worse off after surgery.

What are the chances of my eyesight improving?

If there is nothing else wrong with your eye (such as glaucoma, age related wear and tear, lazy eye etc) there is a 95% chance of your eyesight improving. About 5% (1 in 20) of people find that their vision is not improved. Less than 1% (less than 1 in 100) find that their vision is worse after surgery.

So what can go wrong? (Possible complications)

Lists of complications of operations are often frightening and not particularly helpful. However if you do wish to know all the potential complications of surgery we can provide you with that information. Please do feel free to ask. Some of the complications are listed below with a brief explanation.

Posterior capsule rupture

When we take out the cataract we leave behind a small part of your original lens called the capsule. This holds the new plastic lens in place but can sometimes break during the operation. Usually this doesn't cause any problems but we may choose a slightly different type of implant to put in the eye. This risk is 2 in 100.

Posterior capsule rupture and vitreous loss

Behind the capsule is a jelly material called the vitreous. If the capsule breaks the vitreous may come forward into the pupil and we may have to remove some of it to put an implant into the eye. Again, this usually doesn't cause any problems to the eye other than a different type of implant. This risk is 1 in 100.

Suprachoroidal haemorrhage

Very rarely there can be bleeding into the eye during the operation (1 in 1000). There is usually nothing we can do about this other than try to finish the operation as quickly as possible and hope the bleeding isn't too severe. This is one of the rare causes of very poor vision after cataract surgery.

Increase in eye pressure

Can rise after the operation (3 in 1000 to 8 in 100).

Infection

We take a lot of precautions against infection after cataract surgery. We use sterile instruments and gloves and use antibiotics at the end of surgery to reduce the chances but every so often germs get into the eye and cause infection. Infection in the eye occurs quite quickly. With treatment the infection can be cured and the eyesight preserved but some eyes are damaged afterwards. The chance of this infection happening is 1 in 1000.

Dropped nucleus

Very rarely (1 in 500) due to a tear in the capsule the hard core (nucleus) of the lens may drop inside the eyeball. If this happens the surgeon will explain this rare complication to you. This can be rectified by referring you to a vitreo-retinal surgeon who will be able, with another surgery to remove the hard part of the cataract out of the eye and put an implant in at the same time.

Bullous keratopathy

Failure of the cornea (Bullous keratopathy) 3 in 1000.

Cystoid Macular Oedema

Waterlog of the central retina (Cystoid Macular Oedema) 6 in 1000 to 2.3 in 100.

There are other complications than the ones listed. It is important to realise that most people who have surgery do not have problems and it is likely that you will have a safe and successful operation.

Can the cataract come back?

No, but it can seem that way. About a third of people find their vision fading during the first years after surgery and occasionally after a few months. This is due to a thickening of the capsule behind the implant. If it happens we can deal with it in clinic using a laser. It takes only moments to do and can restore the vision.

We hope that this information is helpful to you. If anything is unclear or you have any other questions then please ask when you see the assessment nurse.

Note: Occasionally we record the operations on video which doesn't show your face and is usually anonymous. It is a very useful way for teaching the junior staff. If you have any objection to this please let us know. If you wish to watch a video of the surgery you can ask the nurse practitioner.

Good luck with your cataract surgery.



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Switchboard

Telephone 01709 820000
and ask for Eye Clinic during
working hours or the on-call
Ophthalmologist at other times.

Nurse practitioners to contact:

Anne-Marie Bunce

Telephone 01709 424698

Karen Tune

Telephone 01709 427698

Jane Hepworth

Telephone 01709 427901

Useful contact numbers

NHS 111 Service

Telephone 0845 4647

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

Patient Services

Telephone 01709 424461

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.nhs.uk

www.direct.gov.uk

www.therotherhamft.nhs.uk

www.doh.gov.uk

www.nei.nih.gov/health

www.eyemovies.co.uk

We value your comments

If you have any comments or
concerns about the care we have
provided please let us know, or
alternatively you can write to:

Patient Services

**The Rotherham NHS
Foundation Trust**

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

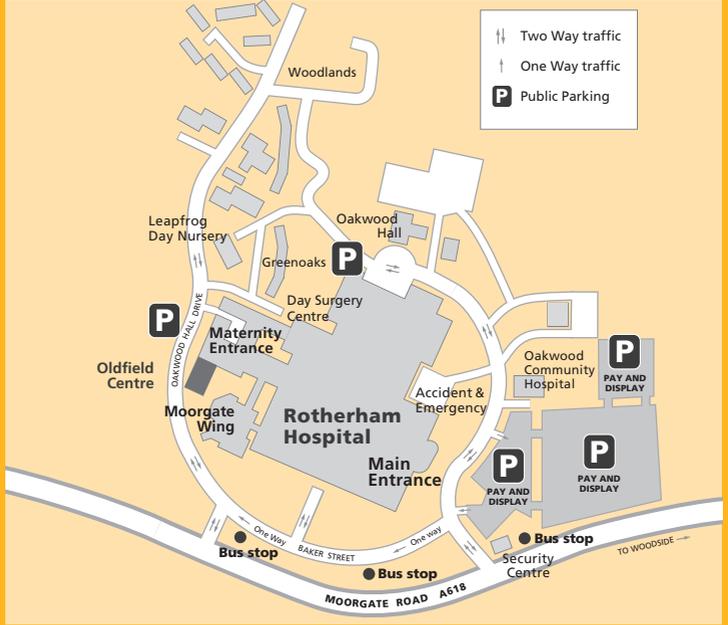
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How to find us

Hospital site plan



Rotherham main routes

