

Cataract surgery

Ophthalmology

Information for patients and carers

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Caring for you

This leaflet explains cataract surgery. You may want to read it with a family member or carer. Before the operation, you will be asked to sign a consent form. If you have any questions, write them down so you can ask at your pre-op (before surgery) appointment or on the day of surgery.

What is a cataract?

Inside your eye there is a clear lens. A cataract happens when this lens becomes cloudy. This can make things look blurry or misty, and it can make everyday activities harder.

Cataracts can be removed with an operation to help improve your sight. During the operation, the cloudy lens is taken out and replaced with a clear plastic lens.

If the cataract is not removed, your sight may stay the same or get worse. If you wait until the cataract becomes very thick (so you can only see light and dark), the operation can be harder and problems are a bit more likely.

Benefits and risks of cataract surgery

The main benefit of cataract surgery is clearer vision.

If you have very strong glasses, you may need a weaker prescription after the operation and may rely less on glasses. Your old glasses may feel too strong afterwards and can make your vision very blurry. You should wait until your eye has healed before getting new glasses.

All operations have some risks. The risks below are grouped by how often they happen.

Common risks (up to 1 in 20 people)

- a temporary rise in pressure inside the eye
- a sore or inflamed eye – this may mean extra clinic visits or extra eye drops for a short time

Uncommon risks (up to 2 in 100 people)

- a tear in the thin bag (capsule) that holds the lens – this can mean extra treatment, more follow-up appointments, or sometimes another operation
- problems with the back of the eye (the retina), such as swelling or a detached retina
- Your glasses prescription is not what was expected, so you may need stronger glasses or contact lenses. Very rarely, more surgery is needed.

- a small, permanent drop in vision

Rare risks (up to 1 in 1,000 people)

- infection or bleeding inside the eye
- glaucoma (high pressure inside the eye) that needs long-term treatment
- swelling of the cornea (the clear front window of the eye) that needs long-term treatment or surgery
- a severe, permanent loss of vision
- a change in the shape of the pupil (the black circle in the middle of the eye)
- double vision (seeing two images)
- a droopy eyelid

Very rare risks (up to 1 in 10,000 people)

- severe inflammation that can affect vision in both eyes
- the new lens moves out of place or becomes cloudy, and another operation is needed

About 20 to 50 out of 100 people may get clouding behind the new lens at some point. If this happens, you may need a quick laser treatment in clinic to make the vision clearer again.

Risks from the local anaesthetic injection

Problems from the anaesthetic are rare. Around 3 in 1,000 cataract operations done with local anaesthetic (LA) have a problem related to this.

LA complications include:

- bleeding behind the eye
- a temporary drop in vision
- a small hole in the eyeball (very rare but serious)
- the anaesthetic spreads deeper into the body and can cause stroke-like symptoms (very rare but serious)
- double vision that can last 24 to 48 hours
- permanent loss of vision (very rare)

All operations carry some risk but serious problems are very uncommon.

If anything unexpected happens during your surgery, a member of the team will talk to you afterwards and explain what happened and what it means for you.

Most people see better after cataract surgery. But if you have another eye condition (for example diabetes, glaucoma, or macular degeneration), your vision may still be limited, even if the surgery goes well.

Will I need glasses after cataract surgery?

Many people still need glasses after cataract surgery to see as clearly as possible.

Whether you will need glasses depends on a few things. One is astigmatism, which means the eye is more like a rugby ball shape than a perfect round ball.

The new lens is a monofocal lens. This means it is set to focus at one distance (usually for distance vision or for near vision). Most people choose distance focus, so they need reading glasses afterwards. Some people who are short-sighted may choose to stay short-sighted, so they can take their glasses off to read, but then they will need glasses for distance. This is your choice, and the team can talk it through with you.

Just after the operation, your old glasses may not feel right. You can wear any glasses that help while your eye is healing. We usually advise a sight test about 6 weeks after surgery.

Pre-op assessment

Before your surgery, you will have a pre-op assessment. This appointment usually takes 1 to 1.5 hours. If you do not attend, your surgery may be delayed.

1. Bring all your medicines with you. If you have diabetes, bring information about your diabetes control.
2. A nurse will check you are fit for surgery. Most cataract operations use local anaesthetic (so you are awake, but the eye is numb). A general anaesthetic is only used for certain reasons and may mean you need another pre-op appointment. We can also offer a sedative.
3. We will measure your eye so we can choose the right strength of lens implant. Tell the nurse if you have had laser eye surgery in the past, because it can change the measurements.
4. We will tell you when to expect a surgery date, if it has not already been arranged.

Coming in for surgery

1. Your visit may last 4 to 8 hours.
2. Wear loose, comfortable clothes. Please do not wear make-up.
3. Leave valuables at home. Bring your medicines, your glasses prescription, and the phone number of the person who will take you home. If you use walking aids, bring them and label them with your name.
4. Report to the Ophthalmic Day Surgery (ODS), first floor, Appleton Wing, Warrington Hospital. Your details will be checked when you arrive.
5. The surgeon will check your consent form and will mark your forehead above the eye being operated on. A trainee doctor may also help with the operation.

The operation

Most cataract operations are done with local anaesthetic (LA). This means you are awake, but the eye is numb so you should not feel pain.

Just before the operation, you will have eye drops (or a small eye pellet) to make the pupil bigger.

Next, we will numb the eye. Most people have numbing drops. Some people need an injection around the eye.

During the operation, your face is covered with a cloth, and a small oxygen tube will sit near your mouth. You will see a bright light in the eye being treated. You will be asked to keep your head still and lie as flat as you can. The operation usually takes 15 to 20 minutes, but it can take up to 45 minutes.

The surgeon makes a very small cut at the edge of the clear front of the eye (the cornea). The cloudy lens is broken up using tiny sound waves and removed through a small tube. The thin bag that held your lens (the capsule) is left in place. A clear plastic lens is then put inside the capsule. Sometimes a small stitch is needed. At the end, a pad or shield may be placed over your eye to protect it.

Getting back to normal activities

- Your surgeon will tell you when you can go back to your usual activities.
- Follow the advice you are given to help your eye heal and to lower the chance of problems.
- Do not drive until you can read a car number plate from 20.5 metres (67 feet). Check with a doctor if you are unsure.

- Do not go swimming for 6 weeks.
- Avoid lifting heavy things for 6 weeks.

If you have any questions, please write them down and bring them to your appointment.

If you have questions about your surgery, you can contact the Eye Clinic Triage at Warrington Hospital on 01925 662694.

Please make sure you arrive on time for your appointment.