

# Cataract

Things you need to know before you decide if cataract surgery is for you

## **Department of Ophthalmology**

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The purpose of this booklet is to inform you of the things you should consider before giving your consent for cataract surgery.

The booklet helps you to think about some of the other decisions you should also make during the planning stages before surgery.

## **What is a cataract?**

Cataract is the clouding of the natural lens inside your eye. The lens becomes more misty and yellow with age in everyone, this can occur earlier after an injury, in people with diabetes, as a side effect of drugs especially steroids and in some families. This is only a problem if this gives you symptoms that can include:

- You feel like your glasses are dirty and need cleaning, even when they don't.
- Your sight is misty and cloudy.
- You are more sensitive to light – bright sunlight or car headlamps may glare more.
- Everything looks a little more washed out than it should be.

# Decisions you will need to make at your cataract assessment clinic visit

You have been given this booklet because you have been referred for an opinion on how to manage your cataract.

Remember that not everybody who is referred is ready for cataract surgery and some might have poor eyesight for reasons other than cataract.

The booklet is to help you to prepare for your visit to the cataract assessment clinic. Hopefully, you will have been given the booklet before your visit. If so, please think about your possible answers to the following questions before you come to the clinic:

1. How much is poor eyesight affecting your life?
2. How much improvement do you hope to gain from cataract surgery?
3. How important is it to be free from spectacles – e.g. would you prefer to have less need for glasses (1) for reading or (2) for distance vision, if you had to choose?
4. What level of risk or compromise would you accept in order to decide to proceed with cataract surgery? There is more about this later in the booklet (see pages 11-15).

# Things to bring with you to the clinic

If you received this booklet in advance of your clinic visit then you should take the opportunity to bring along the following things:

- Bring your latest reading and distance glasses with you and any old reports from your optician that you have.
- If you wear contact lenses then they must not have been worn for the two weeks prior to your clinic visit, but do bring them with you, especially if you use one eye for reading and the other for distance vision (monovision – see page 18).
- Bring details of any laser corrective surgery or similar procedures that you might have had in the past. If you tell your laser provider that you are going for cataract surgery then they should know what you need and send it to you.
- Bring a list of questions as you might forget to ask them at the clinic.
- Bring a list of the repeat prescription medicines prescribed by your doctor.

- Your visit will last about two hours because cataract assessment involves seeing several people one after the other for eye tests and measurements and finally, discussion about how your subsequent care might proceed. You should feel free to ask questions so that you are fully informed and happy to make an informed decision about your surgery and aftercare.
- Think about whether you need to bring someone who can help get you back home. You should not drive yourself home from the clinic.

**During your cataract assessment you will have a chance to discuss your cataract surgery and will have the following tests:**

- You will have your sight tested wearing your distance and reading glasses if you have them.
- You will have your blood pressure measured.
- Your eye will be measured so we can work out what lens you need.
- You will be asked a general health questionnaire.
- Your pupils will be dilated with drops, which will blur your vision.
- Your eyes will be examined by a consultant ophthalmologist.

Remember you will have dilating drops put in your eyes so your eyesight will be blurred when you leave the clinic. This can last up to four hours.

Sometimes dilating drops can cause the pressure to rise in the eye, especially if you have a strong glasses prescription for long sight. Severe eye pain and blurred vision, even after you get home, might mean you need to come back and have a repeat pressure measurement, to check you are not having a glaucoma attack.

**Use the emergency numbers on page 21 if you get severe pain and blurred vision after dilating drops.**

# What happens to me on the day and what will it feel like?

Cataract surgery removes your cloudy natural lens and replaces it with a clear plastic lens (a lens implant). This is done through a small cut in the tough wall of the eyeball (the cornea or sclera).

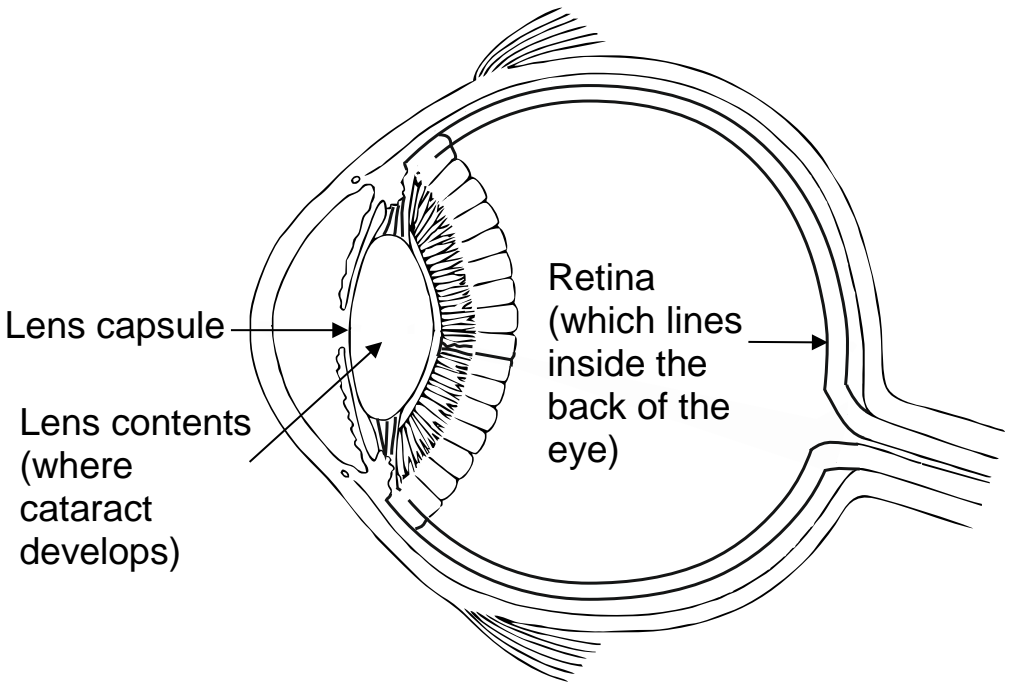


Diagram of an eye in cross-section



Most cataract surgery is done under local anaesthetic and you will be in hospital for a morning or afternoon, for up to four hours. Drops are put in to dilate your pupil.

The operation takes 20 to 30 minutes.

Just before the operation more drops will be put in to clean and numb your eye.

You will be taken into the operating theatre and asked to lie flat on the operating table. If you have difficulty lying flat, please tell the staff who will make you as comfortable as possible.

A drape will be put on your face to keep the area clean and collect any fluid that is used. This will be lifted off your mouth and nose so you can breathe easily. A small clip is put in place to hold your eye open so you cannot blink. A microscope is used to help the surgeon see, this has a very bright light you will be asked to look steadily at the light.

Small cuts (incisions) are made in your eye. This is not painful. An instrument called a 'Phako' is used to remove the lens from your eye. During this you will hear some sounds and feel water running down your face and the back of our neck.

Once the lens is all out, a plastic lens is usually inserted into the lens capsule that held your natural lens in place.

The incision usually seals by itself, but some patients need a stitch. The stitch either dissolves or is removed at a later clinic visit.

It is possible to have cataract surgery under general anaesthetic. If this is thought to be the best option for you, you will need to come in for a preoperative assessment to check your general health. Your stay in hospital is likely be longer although we would aim to discharge you the same day as long as you recover well. You will need someone to stay overnight with you if you have a general anaesthetic.

## **Things you should consider**

The majority of patients undergo cataract surgery without serious complications and are pleased with the result. By reading this booklet you will learn about the possible complications, which can and do occur from time to time with cataract surgery. The list will not be complete because, as with any surgery, rare or very unusual complications can occur which would be too numerous to list. Your final result from surgery cannot be guaranteed. If you have any questions after reading this booklet please discuss these at your appointment.

The alternative to having cataract surgery is to continue managing as you are. A change of glasses sometimes helps but your glasses may need to be changed more frequently. Cataracts will progress but the speed of this progression will vary. The effect on vision will also vary but usually gets worse over time as cataracts progress. The cataract operation may become more difficult if delayed for a long time.

## **What are the intended benefits of cataract surgery?**

1. Greater clarity of vision.
2. Some people also become less dependent on distance glasses.

## **What are the possible complications during the operation?**

In the vast majority of cases, the operation proceeds without complications. However, complications may lead to loss of sight, loss of the eye and or require further surgery. The complications include:

1. Tearing of the back part of the lens capsule with disturbance of the gel inside the eye that may sometimes result in reduced vision.
2. Loss of all or part of the cataract into the back of the eye.
3. Bleeding inside the eye.
4. Discomfort or pain.
5. Technical reasons for incomplete surgery or no lens implant in the eye.
6. Prolapse or expulsion out of the eye of part, or all, of the contents of the eye.

# What are the possible complications after my operation?

In the vast majority of cases, the eye recovers from surgery without complications. However, complications may lead to loss of sight, loss of the eye or require further surgery. These complications include:

1. Bruising of the eye or eyelids.
2. Abnormal or extreme pressure inside the eye.
3. Clouding of the cornea.
4. Inflammation inside the eye or a retained chip of cataract.
5. Incorrect strength or dislocation of the lens implant.
6. Swelling of the central retina (macular oedema).
7. Detached retina.
8. Loss of blood supply to parts of the eye.
9. Infection inside the eye, infection of the wound or infection of a stitch securing the wound.
10. Allergy to medication used.
11. Imbalance between the eyes, or double vision.
12. Clouding of the capsule supporting the lens implant (this can be treated with laser treatment).
13. Late infection developing around the lens implant (requiring the implant to be removed).
14. A new requirement for glasses for distance vision, near vision, correction of astigmatism or a combination of these.

## **How often do complications occur?**

Estimated UK complication rates for an average risk cataract case, involving a complication resulting in permanent visual loss, are one in 1000 cases.

Complications that might cause this would include:

- An infection
- A severe bleed during the operation
- A blood vessel blockage in the retina or optic nerve.

Cataract surgery can worsen pre-existing eye conditions, such as glaucoma or uveitis or corneal diseases. Being very short sighted increases the risk of retinal detachment.

Estimated UK complication rates for an average risk case, involving a complication resulting in an extended operation, a return to theatre, increased use of drops or tablets or injections after surgery, are one in 30 cases.

In these cases you could expect mildly compromised eyesight. Complications that might cause this would include:

- Loss of all or part of the cataract to the back of the eye
- Retention of a chip of the cataract in the eye
- High pressure in the eye after surgery
- Low pressure due to a leaking wound
- Clouding of the cornea
- Incorrect strength of lens
- Swelling of the central retina (macular oedema)
- Detached retina
- Imbalance between the eyes
- Allergy to any medication.

Overall, based on an average risk case, approximately 95 out of every 100 cataract operations result in improved eyesight. Improved eyesight, however, is not the same as perfect vision. Even with a technically perfect operation, the lens implant is not a perfect replacement for a healthy natural lens. For example, you might notice lens implant reflections and crescent shapes at the edge of your vision. These effects often occur and we are unable to prevent them happening or treat them. They do usually become less obvious with time and most people adapt to them.

## **Glasses after cataract surgery**

Most people still need glasses after cataract surgery. The chance of not needing glasses after cataract surgery depends on many things. These include your personal vision requirements, the presence of any astigmatism and the choice of lens implant (monofocal, toric, multifocal, or monovision). This would be explained to you by the surgeon.

Most people having cataract surgery already have different distance and reading glasses prescriptions. They can be separate glasses, bi-focals or vari-focals. If cataract surgery (using a monofocal lens implant) corrects focus without glasses in both your eyes for distance, then you should still expect to need reading glasses for near focus.

At the cataract assessment clinic visit, precise measurements are made of the length of your eye and the curve of your cornea. The measurements will be compared with your distance glasses or contact lens prescription. They are used to calculate a lens implant for you, according to your preferred outcome.

The measurements must be made without any influence from contact lenses, if you use them. This is why it is important to remove contact lenses at least two weeks before the assessment visit.



It is also important to tell the person who makes your measurements, on the day of assessment, if you have already had cataract surgery in either eye, or if you have ever had corrective laser eye surgery.

You should decide in what situations you don't mind wearing glasses or contact lenses and discuss this at the clinic. You should take as much time as you need to consider this, even if it means you cannot decide on the day. Talking about this with your own optician can help if you remain unsure.

Lens implants can be made to most prescriptions so it is possible to correct long or short sight at the time of cataract surgery. Special lens implants (toric), which correct astigmatism, are not routinely available in the NHS, so you are likely to still need glasses for both distance and close up if you had astigmatism before your operation. Similarly, special lens implants (multifocal), which correct the need for glasses of any sort, are even less routinely available, so you will still need reading glasses if you have a lens implant which focuses your distance vision.

The eye changes shape as it is healing and any spectacle prescription will alter during this time. You will be ready for an update of your spectacles four to six weeks after your operation, when the healing has settled sufficiently.

If you are very keen to read with the eye that has just had surgery with a distance focus implant, you can buy an off-the-peg pair of reading glasses at minimal cost from a high street chain. You will not harm your eyes by using an old pair of glasses or an approximate glasses prescription.

To be completely free from glasses or contact lenses after cataract surgery a compromise has to be made. One eye can be focussed for near and the other eye focussed for distance. This is called monovision, with a monofocal lens implant in each eye. With both eyes open, one or the other eye will always be blurred.

Alternatively, a multifocal lens implant can be used but, as stated above, these are not routinely available in the NHS. These lenses are not like bifocal glasses (where you choose which element to look through for best focus) because they simultaneously give the eye a focussed image when viewing near objects (from the near lens element) with a blur from an out of focus image (from the distance lens element) on top of it, and vice versa when viewing distant objects. Glare and haloes are the result, which can be bad enough for patients to ask for multifocal implants to be removed.

Sometimes cataract surgery reveals pre-existing astigmatism of the cornea, which had been neutralised by the cataract. This scenario results in a need for glasses or contact lenses to correct astigmatism after cataract removal when they were not needed before.

It is important you are aware that the calculations used to choose a lens implant are not accurate for all eyes. They assume that all eyes are put together in the same way, when they are not. This means that the preferred glasses prescription (e.g. no glasses needed for distance focus) is not achieved in about five cases in every 100. Also, cataract surgery can change astigmatism, sometimes for the worse.

# What can I expect after cataract surgery?

- Due to the bright light and eye drops your vision will be very poor immediately after cataract surgery. It may take several hours to improve.
- Your eye will feel a bit gritty and sore as the anaesthetic wears off. This pain should reduce over the next few days and weeks. It should be treatable with a simple painkiller such as paracetamol. If it gets worse please get in touch.
- If you have had a stitch put in this can occasionally become loose. If you feel something in your eye after an initial improvement contact the department as it is easy to remove the stitch if required.
- It can take a while for your vision to reach its best. You should expect your vision to continue to improve until you get your new glasses.
- You can go for an eye test four weeks after cataract surgery. If the plan is to have cataract surgery on both eyes you should wait until both eyes are done before buying new prescription glasses.

If your vision is getting worse after surgery you should phone the eye clinic as below.

## **Emergency Contact Numbers**

### **The York Hospital**

Eye Clinic Nurse: 01904 726758

First floor Eye Clinic/Eye Day Case Unit: 01904 726064

### **Scarborough Hospital**

Eye Clinic: 01723 342818

**Ophthalmology Nurse on call via our switchboard:**  
01904 631313

## **Dos and don'ts" after cataract surgery**

- Do use your eye drops, normally two drops four times a day for four weeks. You will be given two bottles of eye drops.
- Don't rub your eye.
- Do wear your eye shield at night (if supplied).
- Do ask about returning to work or driving.
- Do contact the hospital straight away if you develop worsening vision, worsening redness or worsening pain. Infection inside the eye after cataract surgery is an **emergency** and you must **not** wait until the following day for treatment. Call 01904 726758 (York Eye Clinic Nurse) or 01904 726064 (level 1 Eye Unit), 01723 342818 (Scarborough Eye Clinic Nurse) or the Ophthalmology Nurse on 01904 631313 after 5pm, weekends and bank holidays.
- When wiping tears away use a clean tissue and not a re-used handkerchief.
- Don't let children play or animals jump near your eye in case your eye is poked.
- Don't do gardening in case your eye is poked with a stick or twig.
- Don't drench your eye in the bath or shower or go swimming for two weeks. You can wash as normal, apart from this.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:  
Debbie Bargewell, Pre-Assessment Nurse,  
The York Hospital, Wigginton Road, York, YO31 8HE or  
telephone 01904 725740.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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或發電

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