Cataract

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

Department of Ophthalmology

📞 For more information, please contact:

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Caring with pride
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.
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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 9-12).
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 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 15).

- 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.

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 16 if you get severe pain and blurred vision after dilating drops.
What is cataract surgery and what do I need to know?

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). The implant usually goes in the lens capsule, which is left in its original place in the eye. The cut usually seals by itself, but some patients need a stitch. The stitch either dissolves or is removed at a later clinic visit.
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. These are not theoretical risks, so some of the listed complications could happen to you 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 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.
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).
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.

**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, but 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 must not wait until the following day for treatment. Call 01904 726758 (Eye Clinic Nurse) or 01904 726064 (level 1 Eye Unit) or the Ophthalmology Nurse on call on 01904 631313 in an emergency.
- 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: Mr R B Ellingham, Consultant Ophthalmologist, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725612.

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