

Staffordshire Eye Clinic

t: 01782-614174
f: 01782-714957
e: mencomhouse@aol.com

Mencom House
2 Gower Street
Newcastle under Lyme
Staffordshire, ST5 1JQ

Cataract Surgery Arrangements

(Procedure Code C7122)

This leaflet should be read with the introductory booklet 'Information about Cataract Surgery' from the Nuffield Hospital. If you do not have a copy of the Nuffield booklet please ask either myself or my secretary, Mrs Christine Harrison.

A cataract operation is an important procedure and you will find it helpful to be well prepared for it. If you have any queries please do not hesitate to ask.

There are four key steps-

1. The decision whether to have surgery

You may have been referred to me by your GP, optician or another specialist. Alternatively you might already be under my care with another eye condition. I will confirm that the cataract is visually and surgically significant. I will use dilating eye drops to help plan surgery and ascertain whether special precautions or techniques will be needed. Surgery is not always appropriate and we will discuss together the individual benefits and risks of surgery. We will discuss the plans for surgery, anaesthesia and the experience you should expect.

We will also discuss together the plan for post-operative spectacles. There are various options for wound design, lens type, and lens power which help minimise your spectacle dependence.

2. Choosing the best lens implant

Your eyes will be measured with a special device that uses light to help plan your customised incision wound and the lens implant type and strength. This test is known as 'biometry'.

3. The surgery

I will, of course, be undertaking your surgery personally. I will be assisted by a specialist theatre team at the Nuffield Hospital. Most surgery takes place under local anaesthetic which will be given by me (or on occasion by my anaesthetist). The surgery itself typically takes around 20 minutes. A nurse will hold your hand and if you have any concern you should give her hand two sharp squeezes and I will stop surgery and talk with you. Most patients choose local anaesthesia and are pleased with the choice. If you would prefer general anaesthesia please discuss with me well before the day of surgery.

4. Post-operative arrangements

You will normally go home with a pad and shield over the eye. On the morning after you will remove the pad and throw it away. You should keep the plastic shield to wear for one week post-operatively at night in bed. You will not need to use the shield during the day. You will be given eye drops to use. Arrangements for post-operative follow up vary widely and I can usually offer considerable flexibility. Many patients like to be seen in the first few days and I will see again 3 or 4 weeks later.

I like to delay early cataract surgery for the fellow eye for at least a couple of weeks. You may require an optician test prior to second eye surgery but glasses would not be dispensed. If early cataract surgery for the other eye is not planned you will see your optician at this point for updating of spectacles.

If you have clinical queries please discuss them with me before the day of surgery if possible. My secretary, Christine, will also help you with all the important practical arrangements and concerns.