

OP01 Cataract Surgery (Phacoemulsification)

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Local information

If you have any questions or concerns about your care, please contact the nurse in charge at the hospital.

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What is a cataract?

The natural lens in your eye helps you to see clearly by focusing the light rays entering your eye (see figure 1). A cataract is when the natural lens becomes cloudy. This is usually caused by ageing. A cataract causes blurred vision or changes the focus of your eye.

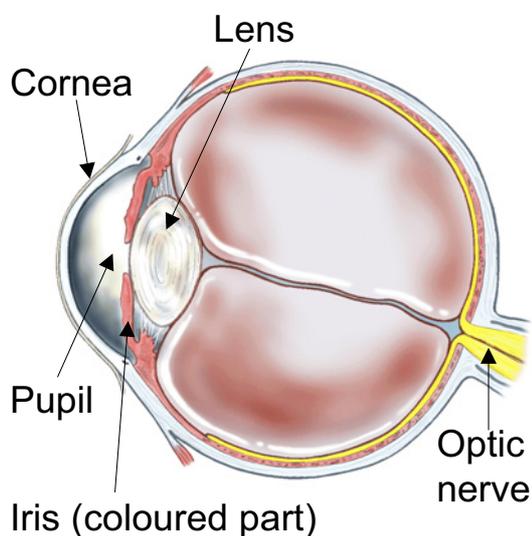


Figure 1

Cross-section of the eye

Your surgeon will assess you and tell you if cataract surgery is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

Your vision should improve.

Are there any alternatives to surgery?

New glasses may improve your vision to some extent but if the cataract is too advanced, glasses will not help. In this case, surgery is the only option to restore your vision.

What will happen if I decide not to have the operation?

A cataract usually gets slowly worse. Leaving a cataract untreated does not threaten your vision straightaway but it can be disabling. If the cataract does get worse, your vision will also get gradually worse until you have little vision left.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic that is injected around your eye to numb it or given as eye drops. Sometimes a general anaesthetic is used. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. The operation usually takes about 20 minutes.

Cataract surgery involves removing the cataract and replacing it with an artificial lens implant.

Your surgeon will make a small cut at the edge of the cornea, which is the clear part at the front of your eye covering the iris and pupil. They will usually break the cataract into small pieces using ultrasound (sound waves) and then remove it from your eye through the cut. Your surgeon will place the lens implant behind the iris in the same bag (or capsule) that held the natural lens in place.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

• Keeping in the same position

If the operation is performed under a local anaesthetic, you will need to lie still and flat during the operation. If you cannot lie still and flat, let your surgeon know. Your face will be covered with a cloth to allow your surgeon to work on a clean surface. Air will be blown gently towards your nose. If you are claustrophobic, let your surgeon know.

• Lifestyle changes

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain, let your surgeon know as this is unusual.
- Bleeding during or after the operation. Any bleeding is usually little and your eye may be slightly red. If it is very red and painful, let your surgeon know as this is unusual.
- Infection, which can result in blurred vision or even permanent loss of vision (risk: 1 in 1,000). Most infections happen after two to seven days. If your eye becomes red and painful, and your vision becomes blurred, let your surgeon know straightaway. You may need other procedures to control the infection.

3 Specific complications of this operation

- Tear in the bag which holds the lens in place (risk: 1 in 50). A tear may result in some of the jelly part of the back of your eye coming forward. Your surgeon will need to remove the jelly at the front of your eye during the operation, and you may need another operation. A tear may also result in some fragments of the natural lens falling to the back of your eye, which could cause inflammation. You may need another operation to remove the fragments.

- Heavy bleeding inside your eye during surgery, which may cause permanent loss of vision (risk: 3 in 10,000).
- Clouding of the bag which holds the artificial lens in place (risk: 1 in 10). You might notice a gradual worsening in your vision or blurred vision a few months or years later. A simple laser procedure called YAG capsulotomy can be performed to correct it.
- Retinal detachment, which is the lifting off of one of the layers at the back of your eye (risk: 1 in 140 after 5 years). The risk is higher if there has been a loss of some of the jelly part of your eye during surgery. If you notice that you suddenly get a lot of 'floaters' or flashing lights, or you think you have a shadow in your vision, let your surgeon know.
- Inflammation in your other eye (sympathetic ophthalmia) (risk: less than 1 in 1 million). This is a potentially serious complication which may be treatable. If you develop pain or blurred vision in your other eye, let your surgeon know.
- Cornea abrasion, where the surface of your eye gets scratched during the operation. This is easily treated with antibiotic eye drops.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward or day-case unit.

You should be able to go home after a few hours. However, your doctor may recommend that you stay overnight.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Do not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. Most people resume normal activities soon after the operation. It is important to look after your eye as you are told, to reduce the risk of complications.

Your surgeon may give you an eye shield to wear for about a week.

Go to your optometrist (optician) after three to six weeks for an eye test as you will usually need new glasses.

Do not swim or lift anything heavy until you have checked with your surgeon. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can read a number plate from 20.5 metres (67 feet) and always check your insurance policy and with your surgeon.

• The future

Most people make a good recovery with improved vision.

Summary

A cataract is a common problem where the natural lens of your eye becomes cloudy. If your vision is getting worse and affecting your daily activities, cataract surgery should improve your vision.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery.

Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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