



The Shrewsbury and
Telford Hospital
NHS Trust

Ophthalmology

Cataract surgery

Patient information



Cataract surgery

Whilst you are waiting for your cataract surgery, you may find it useful to read this patient leaflet which we hope you will find helpful. The leaflet has been developed by the expert clinicians carrying out your eye care. This booklet explains what cataract surgery is, what the benefits and possible complications of surgery are, recovery after surgery and much more.

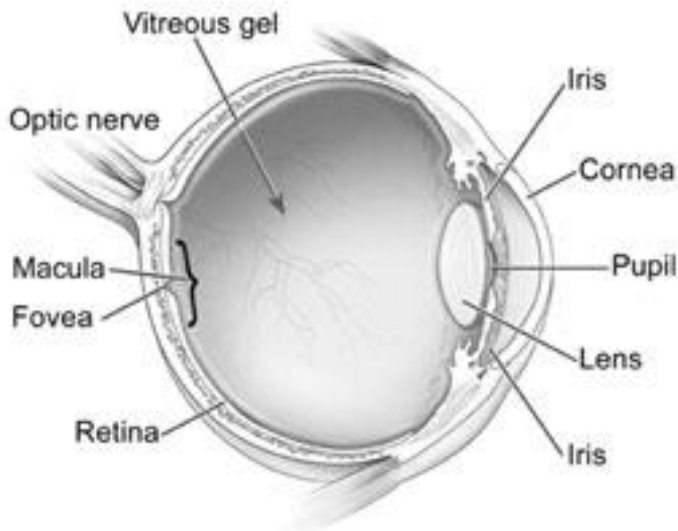
The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Guidance for Patients

Whilst you await your cataract surgery, there are many things that you can do to support your health and wellbeing. The Shrewsbury and Telford Hospital NHS Trust website includes a variety of useful information including health and support with mental wellbeing, addiction, guidance for parents and carers, exercise and practical help that you may find useful. You can find the website using this link: www.sath.nhs.uk

What is a Cataract?

A cataract is clouding of the lens inside the eye.



What symptoms do cataracts cause?

- Blurring/misting of vision
- Glare/halos (problems with night driving)
- Multiple images in one eye

What causes cataracts?

- Most cataracts are age-related, but other causes include; congenital (present at birth), other illnesses such as diabetes, drug induced (steroids), or trauma (injury to eye).

I didn't know that I had cataract?

Almost all people over 40 will have some degree of cataract. It often progresses very slowly and not everyone will need cataract surgery in their lifetime. If the cataract are not interfering with your vision, or they do not bother you then surgery is not necessary. When the cataracts progress to the point that they are interfering with your daily activities or lifestyle, then cataract surgery may be the next step.

What does cataract surgery involve?

The cloudy lens is removed from the eye through small incisions in the cornea (clear part of the eye). A clear lens implant is then inserted into its place. The entire procedure takes around 30-40 minutes and is usually done under local anaesthetic (you will be awake), and you will be allowed home the same day (day case surgery). Occasionally the procedure is done under general anaesthetic (where you will be put to sleep).

You are positioned lying down on your back. Your face is partially covered by a sterile sheet. You will need to lie still for around 30 minutes. If you have difficulty lying flat or are claustrophobic let us know and we will do our best to ensure you are comfortable. If you think you will not cope with this please let us know at the assessment clinic and we can discuss doing the operation under general anaesthetic.

During the operation, you will see a bright light from the microscope and may feel the surgeon's hands resting on your cheek or forehead, but you will not be able to see what is going on.

A lot of fluid is used during this operation. Sometimes, excess fluid may run down the side of your face, into your ear or on your neck which may be uncomfortable.

Are there any alternatives to surgery?

Initially up to date glasses may help, but as the cataract progresses it is likely this will not be as effective. Surgery is the only way to remove the cataract and there is no known method of preventing cataracts forming.

I have cataract in both eyes, can both be operated at the same time?

Whilst it is possible to operate on both eyes at the same time this is not routinely done. Simultaneous bilateral cataract surgery (both eyes at the same time) is only done in rare cases where the increased risk of both eyes are balanced by the benefits of having it. Usually your more seriously affected eye is operated on first, and we ensure this goes well and you are happy with the results before proceeding to the other eye.

Will I need any special tests before the operation?

We need to measure the eye and calculate the power of the implant before the day of the operation. This is usually done in a specialist cataract clinic. If you are having a general anaesthetic you will need to be assessed for this also prior to your date of surgery.

I have had previous laser treatment to my eyes, how will this affect my surgery?

Refractive laser surgery (e.g LASIK and PRK) changes how the eye focuses light. If you have had laser treatment, it is very important that you tell the doctors and nurses during your assessment. This is so that it can be taken into account when selecting the power for the implant. Even though allowance is made for the laser treatment, it is more difficult to select the power of the lens implant and patients are at higher risk of being more or less long/short sighted than planned following the cataract surgery.

Who will do my operation?

An experienced eye surgeon will carry out your operation or supervise a doctor in training who also performs surgery.

What are my choices for vision and glasses after the operation?

Your lens, which helps you focus, is removed during the operation and is replaced with an artificial lens, the intraocular lens implant. There is a choice of different strengths of lenses which, just like different strengths of glasses lenses, affect how clearly you see when looking into the distance or when looking at near things such as reading a book.

During your initial assessment, the cataract team will discuss with you whether you want to have better focus for close vision or for distance vision.

Most people choose to aim for good distance vision after the operation. If you choose this option, you will usually need reading glasses and you may still need glasses for fine focusing in the distance.

Some people choose to aim for good close vision, especially if they like to read without glasses or do a lot of detailed close work such as embroidery.

If you choose this option, you will need glasses for distance.

Monovision: A number of patients will have experience with monovision, this is where the eyes are focused to different targets (one near and one distance). If you have got on with this before and would like to remain with Monovision discuss this with your surgeon and it may be possible to aim for this with the implants.

Multifocal lenses: Multifocal lenses are lenses that aim to correct vision for both near and distance, but they are not available on the NHS, and cannot be purchased separately and implanted during your NHS operation. Multifocal lenses do not work for all patients. If you wish to explore them further, at present you will have to consult a consultant ophthalmic surgeon with expertise of multifocal lens surgery privately.

Toric lenses: Toric lenses correct astigmatism and are available for some patients on the NHS. Unfortunately we currently do not offer them in Shrewsbury or Telford and would have to refer you to another health care provider or you could pursue this option yourself privately.

How accurate are the results of cataract surgery?

The lens implant gives good near or distance vision, but individual patient responses vary and it is not possible to guarantee a particular result.

Sometimes, patients can have an unexpected need for moderately strong glasses following surgery despite correctly taken measurements and uncomplicated surgery.

What are the possible complications of cataract surgery?

Any operation carries a certain level of risk. Cataract surgery is seen as safe and effective but there is always a risk of serious complications. These are uncommon, but if they occur, they can permanently damage your eye and vision.

There is an extremely small risk to the other eye of vision loss:

1 in 1,000 risk of severe and permanent visual loss.

1 in 100 risk of requiring additional surgery to rectify a problem.

1 in 20 operations have less serious complications, which may require further treatment at the time of surgery or following your operation.

1 in 5 patients need laser treatment at some time in the future for opacity of the capsule behind the implant.

Will my eye be covered after the operation?

Your operated eye will be covered with a protective clear plastic eye shield. Some patients may additionally have an eye pad. If you leave hospital with a pad you will be told when to remove it yourself and when to start to put in your eye drops. We advise patients to wear the protective plastic eye shield when sleeping for approximately one week.

How long is the operation?

The actual operation takes around 30 minutes on average but every eye is different and some eyes can take longer. We may have a clinical need to change the order of the list so we can never guarantee when in the morning or afternoon you will be operated on so please expect to wait. Following the operation, you will have a chance to have a drink before the nurse or doctor check with you that you are ready to leave. The nurses will check that you have the postoperative instructions and eye drops and then discharge you from the hospital.

What should I expect after the operation?

As the anaesthetic wears off, there can be a dull ache or a sharp pain like something in or around the eye. Your eyes will also be red, watery and your vision may be blurred. You may want to use your normal pain relieving tablets when you get home and during the first 24 hours.

Your eye usually settles over 2-4 weeks after the operation although some patients take slightly longer. A slight feeling of grittiness or as if there is a foreign body in your eye can last several months after the operation, as the small wound gradually flattens. You should contact us if the pain, redness or blurred vision is getting worse rather than getting better.

How do I put in the eye drops?

A nurse will show you how to look after your eye and you will be taught how to clean your eye and put in the eye drops correctly. In some circumstances, family and friends will be taught how to do this so they can help you.

How to put in the drops:

1. Tilt your head back
2. Gently pull down your lower lid with one hand
3. Look up and allow drops to fall inside lower lid
4. Do not let the tip of the bottom come in contact with your eye.

The eye drops help reduce the risk of inflammation after surgery and are normally prescribed four times a day for 4 weeks in the first instance. Some patients may need to continue the drops for a number of months until the eye settles down.

Is there anything else I have to do to care for my eye?

You should avoid rubbing or touching your eye. This is extremely important in the first 1-2 weeks after the operation. You might find you are sensitive to light, so it is useful to have a pair of plain dark glasses in case you need them.

When can I return to work?

The majority of patients can resume normal physical activity within a day or two. You may be able to return to work a few days after your operation, depending on your occupation. If you perform manual work, you may require longer. The doctors and nurses in clinic can advise you if needed.

Can I drive following cataract surgery?

This depends on a number of factors including the level of vision in your other eye. If you have good vision in the unoperated eye and following surgery you feel comfortable using both eyes and can move the eye without pain, then it is likely you will be legal to drive. If you feel unsteady or take a while to get used to your new level of vision then please do not drive until you feel safe to do so. If there is any doubt as to whether you can drive please contact us for advice.

Some patients may need to wait until they visit their optician for a new pair of glasses before they are ready to drive again.

When can I see my optician for an update to my spectacles?

You can usually have your eyes checked for new glasses by your own optician about four to six weeks after the operation. Some patients take longer before they are ready for new glasses. While waiting for your new glasses you may choose to use or not use your old glasses, or for your optician to remove the lens in one side of the glasses, until your final pair of glasses is ready or you have had the operation in both eyes.

When can I have my other eye operated on?

We like to ensure the first eye has gone well before listing you for the other eye. While waiting for the second eye operation some patients may experience some difficulties with vision when using both eyes together especially if there is a big difference in the glasses prescription between the two eyes. In these patients we will do our best to expedite proceedings.

Can the cataract recur?

Cataracts cannot recur. However you may develop thickening or clouding of the membrane behind your new lens implant in the months or years following your surgery. This occurs in

around 1 in 5 patients. This is called posterior capsular opacification and can cause blurring of the vision. This can be treated as an outpatient with a laser procedure, known as YAG laser capsulotomy. This involves one outpatient visit. It is usually very effective, painless and quick, but can very occasionally cause complications.

Any further questions, please ask at the time of your cataract clinic or contact us on 01743 261476.



Contact Us

If you have any concerns or questions that you need support with, our Patient Advice and Liaison Service (PALS) is a great place to start. You can call 01743 261691 for the Royal Shrewsbury Hospital or 01952 641222 ext 4382 for the Princess Royal Hospital. They will listen to you and advise you how they can help. If you would prefer to get in touch by email, please contact sath.pals@nhs.net