

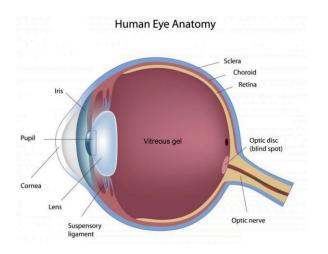
Ophthalmology – Cataract Surgery (Local Anaesthetic

Introduction

The Covid 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 can support yourself while waiting to attend the hospital.

What is a Cataract?

It is the term used for the clouding of the natural lens of the eye. As the cataract matures, you may find it difficult to see. You could have experienced problems with blurred vision, difficulty in reading and glare when driving or in bright sunlight. This eventually affects how you live your life. An operation to remove the cataract aims to change this and restore your sight. At the assessment your doctor will discuss cataract surgery with you in detail and whether this is the right option for you.



Why do you need a cataract operation?

The lens in your eye has become cloudy making it difficult for you to see well enough to carry out your usual daily activities. The purpose of the operation is to replace the cloudy lens with a plastic lens (lens implant) inside your eye.

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What are the benefits of surgery?

The most obvious benefits are **greater clarity of vision and improved colour** vision. Because lens implants are selected to compensate for existing focusing problems, most people find that their eyesight improves considerably. The lens that is implanted in your eye is usually designed to improve distance vision, and may give you clear distance vision without needing glasses.

Sometimes this is not quite achieved, and you'll need a pair of distance glasses to fine-tune the focus and to get the best possible distance vision. Because the lens implant isn't able to provide in-focus near vision, almost everyone needs to wear reading glasses after the operation. There are some situations where a lens implant is selected to allow for clear reading vision without glasses, and instead, glasses would usually be required for distance vision. If this is appropriate your surgeon will discuss this with you.

You may still find that you need both distance and up-close glasses afterwards, to give you the best possible vision. This is because the aim of cataract surgery is to give you clear vision, rather than to remove your need for glasses.

If you have another pre-existing eye condition (age related macular degeneration, diabetes, glaucoma) then this may limit the outcome of the surgery. Your surgeon will discuss this with you.

Are there any alternatives to surgery?

Only surgery will remove the cataract.

What tests will the GP do?

• In order to determine whether you have a cataract, your General Practitioner (GP) will first review your medical history and symptoms, and perform an eye examination.



• Your GP may also conduct several tests which could include the following:

Test		Description
1)	Visual acuity test	A visual acuity test uses an eye chart to measure how well you can read a series of letters. Your eyes are tested one at a time, while the other eye is covered. Using a chart or a viewing device with progressively smaller letters, your eye doctor determines if you have 20/20 vision or if your vision shows signs of impairment.
2)	Slit-lamp examination.	A slit lamp allows your eye doctor to see the structures at the front of your eye under magnification. The microscope is called a slit lamp because it uses an intense line of light, a slit, to illuminate your cornea, iris, lens, and the space between your iris and cornea. The slit allows your doctor to view these structures in small sections, which makes it easier to detect any tiny abnormalities.
3)	Retinal exam.	To prepare for a retinal exam, your eye doctor puts drops in your eyes to open your pupils wide (dilate). This makes it easier to examine the back of your eyes (retina). Using a slit lamp or a special device called an ophthalmoscope, your eye doctor can examine your lens for signs of a cataract.
4) tor	Applanation nometry	This test measures fluid pressure in your eye.

• It is important that your GP sends in ALL diagnostic test results that have been performed in primary care or other centres. This will ensure that your referral is managed appropriately and in a timely manner.

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

If the cataract is not removed, your vision may stay the same, or it may get worse. Waiting for a longer period of time may make the operation more difficult, especially if your eyesight becomes so poor that all you can see is light and dark.

What happens before the operation?

Prior to the day of surgery, you will attend a pre-assessment appointment to measure your eye for the correct implant strength. You will also be asked to provide a list of your regular medications and discuss your medical history.

Please ensure you have arranged:

- Transport for the day of surgery, to take you to and from hospital
- Someone to help put in your eye drops after the operation if you are unable to do this yourself.



On the day:

- Please arrive on time, or your surgery may be cancelled
- · Remove all make up and nail varnish
- · Wear loose comfortable clothing
- Do not bring your mobile phone into theatre

When you arrive at the Eye ward on the day of surgery, nursing staff will check your details and admit you to the day ward. Drops, or a small pellet, will be put on the inside of your lower eyelid to enlarge your pupil in preparation for the operation. This may make your vision blurred. The surgeon will see you before the surgery and ask you to sign a consent form.

What happens during cataract surgery

- Cataract surgery involves removing the clouded lens and replacing it with a clear artificial lens. The artificial lens, called an intraocular lens, is positioned in the same place as your natural lens. It remains a permanent part of your eye. Most cataracts are removed by a technique called phacoemulsification. A small incision (cut) is made in the eye. The cataract is broken into very small pieces by ultrasound, which are then sucked out of the eye. The capsule that holds the lens is left behind. An artificial lens is then inserted to replace the cataract. Sometimes a small stitch is put in the eye.
- For some people, other eye problems prohibit the use of an artificial lens. In these situations, once the cataract is removed, vision may be corrected with eyeglasses or contact lenses.
- Either an anaesthetist or the surgeon will perform the anaesthetic to numb the eye. There may be some discomfort or stinging sensation during your anaesthetic. Some anaesthetics involve local infiltration of anaesthetic around the eye using a blunt cannula (no sharp needle). Occasionally there may be some swelling and a small amount of bleeding which can lead to bruising around the eye. This swelling usually settles in a day or two. If bleeding is severe your operation may be postponed. Risks of this type of anaesthetic include damage to the eye, blood vessels or nerves, or spread of local anaesthetic to other areas. The anaesthetic wears off within 6 hours.
- The operation normally takes 15-20 minutes but can take up to 45 minutes. You will be lying comfortably during this time. You will be lying flat and your face will be covered with a thin drape, which is held away from your nose and mouth.

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- After the procedure, you'll have some discomfort for a few days. Healing generally occurs within a few weeks. If you need cataract surgery in both eyes, your doctor will schedule surgery to remove the cataract in the second eye after you've healed from the first surgery
- Cataract surgery is generally done on an outpatient basis, which means you won't need to stay in a hospital after the surgery. During cataract surgery, your eye doctor uses a local anaesthetic to numb the area around your eye, but you usually stay awake during the procedure.
- Cataract surgery is generally safe, but it carries a risk of infection and bleeding. Cataract surgery increases the risk of retinal detachment.
- During the procedure you may hear some noise from the machine that powers the ultrasound probe. You may also see lots of different colours. You may feel water on your skin; it is normal and linked to the procedure. The surgeon may explain to you what is happening as the operation goes along. At the end of the operation a small pad and/or shield may be put over your eye protecting it.

Note: Your operation may be recorded on video/DVD and used for training and educational purposes. Your consent will be sought before any identifiable images can be used for purposes of publication.

During the operation:

- Posterior capsule rupture and / or vitreous loss: a split in the thin membranous bag (lens capsule) holding the cataract (1 in 70 operations). This can allow communication between front and back compartments of the eye. The vitreous gel in the back compartment of the eye may come forward and need to be cleared before the new lens can be inserted
- **Dropped nucleus:** part or all of the cataract falls through a posterior capsule rupture into the back part of the eye, needing another operation to remove it.
- **Suprachoroidal haemorrhage:** bleeding inside the eye which may require the operation to be completed on another day.
- No lens implantation: one of the above complications may result in the lens implant not being inserted at the time of surgery. A second procedure would be required to do this.



What complications can occur?

Complications are rare and in most cases can be treated effectively. In a small proportion of cases further surgery may be needed (1 in 200).

What can I do to make the operation a success?

On discharge it is important to follow the post operative advice for eye care and drop installation. Eye drops will be required for 4 weeks following the surgery. Ensure you wash your hands well before touching your eye. You will need to wear the eye shield over night for 1 week after surgery. To minimise the risk of infection and irritation, avoid getting shampoo in the eye and do not use hairspray or hair colour- ants for the first week. It is also advisable not to use eye make up for two weeks.

Health and Wellbeing Guidance for Patients

Whilst you are waiting for any procedure, it is important to maintain a healthy lifestyle and be as medically fit as possible. If you have any long-standing conditions such high blood pressure you should get this reviewed at your Doctor's surgery to make sure it remains well controlled. This will also help prevent any unnecessary delays when you come for your pre-operative assessment.

- Information on a range of **Ophthalmology** conditions including Cataracts can be found on the following website:
 - Sight Research UK (Cataracts | Sight Research UK) provides general information including treatment options.

General **health and wellbeing information to** support our local residents to stop smoking or with weight management **Healthy Surrey** has been commissioned to provide free stop smoking and weight management support our community.

- National Stop Smoking and weight management support is also available via:
 - Quit smoking Better Heath NHS (www.nhs.uk) The NHS stop smoking service provides a range of options to help you quit including support from an advisor, stop smoking medications, e-cigarettes and a digital offer for those who wish to quit by themselves. If you are not ready to quit smoking, but would like more information on how to protect your family, Smoke free Homes, advises on how to make your home and car smoke free.
 - Live Well NHS (www.nhs.uk) are here to help you and offer different levels of support to maintain a healthy weight and to stop smoking, alcohol support and eating well etc.

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• Healthy eating and being active

Information and advice on healthy eating and becoming more active is available from:

- Eat well NHS (www.nhs.uk) (website) includes easy to prepare meals for healthy meals and the NHS Food Scanner app - Healthier Families -NHS (www.nhs.uk) to help reduce levels of sugar in your diet.
- Weight Management Service The service supports adults aged 18 years or over who want to lose weight and have been identified as obese.
- Lose weight Better Health NHS (www.nhs.uk) (website) includes tips on getting active for all, including the downloadable active apps, as well as tailored advice for those living with a long-term conditions.

• Find out your BMI

You can get help to lead a healthier lifestyle if you're an adult (18 years or over) living on the Isle of Wight and your body mass index (BMI) is above average. Use this tool to BMI calculator | Check your BMI - NHS | Please fill in your details (www.nhs.uk) if it's too high, sign up for a programme that will help you lose weight BMI of 30+

o BMI of 28+

You can get support from the 'Live Well' website, if your BMI is 28 or over if at least one of the following applies:

- you have Type 1 and 2 Diabetes or Metabolic Syndrome
- you have problems with your heart, circulation, hypertension or high blood pressure
- you have been diagnosed with anxiety/depression
- you need to lose weight before receiving another medical treatment or surgery
- you have a serious long-term health condition that is adversely affected by your weight such as muscular skeletal disorders (back pain, mobility issues) and asthma
- you're from a black or ethnic minority background.

o BMI of 25+

If you have a Body Mass Index of 25 or higher Eat well - NHS (www.nhs.uk) provides online support to help you lose weight and includes access to the NHS 12-week weight loss plan.

The NHS 12-week fitness plan will support your weight loss plan as well as improve your health. This is aimed at beginners and will help get you into the habit of regular exercise over the course of the programme. It is structured but flexible enough to allow you to fit the exercise sessions around your other weekly commitments.



What should I do if my health is deteriorating?

If you are experiencing any worsening signs or symptoms of any Urological problems, you should first consult your GP.

a. Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

b. Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us:

Call: Surrey & Sussex Healthcare NHS Trust Limpsfield Ward:	Email: sash.pals@nhs.net For	Websites: https://www.surreyandsussex.nhs.uk/
🕿 01737 768511 Ext 1672	My Planned Care enquiries	
Daytime (09:00 - 17:00)		
🕿 01737 231672 (direct line)		