

Patient Information- Cataracts

We have given you this factsheet because you have been diagnosed with a cataract. It explains what cataracts are and how they are treated. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us and Stephanie will be happy to answer any questions.

What are cataracts?

Your natural lens is made of proteins called Crystallins. These are naturally transparent like clear glass but over time become cloudy, this is the development of a cataract. Cataracts usually progress, this means the eye is no longer able to focus the light, instead it is scattered so vision becomes blurred, halos and glare form around lights, causing blurry, misty vision and eventually blindness.

Cataracts usually appear in both eyes. They may not necessarily develop at the same time or be the same in each eye. They're more common in older adults and can affect your ability to carry out daily activities such as driving.

What causes cataracts?

Most cataracts are the natural result of ageing. However, there are several other factors that may increase your risk of developing cataracts, including:

- diabetes
- eye injury
- previous eye surgery
- long-term use of medications (such as steroids)

What are the symptoms?

Cataracts usually develop slowly over many years, so you may not notice symptoms at first. Symptoms of cataracts include:

- blurred, misty or clouded vision
- frequent changes in eyeglass or contact lens prescription
- double vision
- sensitivity to light (lights look too bright or glaring)
- difficulty driving at night

How are cataracts diagnosed?

An eye care professional, usually an optometrist or doctor, will do a series of eye tests, including a visual acuity exam, which measures how well you see. If your test results suggest you have cataracts, Stephanie can assess your eyes and advise on more tests and treatment.

How are cataracts treated?

If your cataracts are not too bad, a change in eyeglass prescription and brighter reading lights may help for a while. However, your cataracts will gradually get worse over time, so you will eventually need treatment.

The only treatment that is proven to be effective and permanent for cataracts is surgery. Cataract surgery will usually only be recommended if your loss of vision is affecting your daily activities, such as driving or reading. The surgery involves removing the cloudy lens and replacing it with a clear artificial lens called an intraocular lens (IOL). This IOL will then remain in place for the rest of your life.

What are the benefits of cataract surgery?

Cataract surgery can:

- significantly improve your vision
- reduce or eliminate the need for distance glasses
- correct underlying refractive errors (such as astigmatism, and short and long sightedness)
- help improve other eye conditions (such as glaucoma)

Assessment of your cataracts

If you have been told you have cataracts Stephanie will assess your eyes to see whether cataract surgery is appropriate for you. This assessment will involve:

- taking different measurements of your eyes and your eyesight
- ask you questions about how your day-to-day life has been affected by your cataract(s)
- explain the potential benefits and risks of the surgery to you
- discuss what type of intraocular lens (IOL) you will have inserted during surgery with you

Types of intraocular lens

There are three different types of IOL:

- monofocal lenses (lenses that have one point of focus; your vision can either be focused for distance, or distance and near with monovision)
- multifocal lenses (lenses with multiple prescriptions all in one lens)
- toric lenses (lenses (monofocal or multifocal) that will correct corneal astigmatism)

Stephanie uses monofocal IOLs when she undertakes cataract surgery; however, she will discuss all the options with you and what is suitable for your eyes. If you would like to explore having multifocal or toric IOLs inserted (if appropriate) she can guide you on how to arrange this.

What to bring to my appointment?

Do not drive to your clinic appointment. You will be given eye drops during this appointment to dilate (enlarge) your pupils and this will blur your vision for around four hours. You will not legally be able to drive within this period. Please arrange for someone to bring you to and take you home from your appointment.

Please bring the following:

- Current glasses for near and distance; any details of your prescription (if available) from your latest optician test
- Details of any past ophthalmic problems including operations, or treatments including in childhood e.g., Glasses wear/patching
- List of current health conditions
- List of current medication
- Details of any allergies

On the day of your surgery

Eating and drinking

If you are having a local anaesthetic or sedation for your surgery, continue to drink as normal. You will be able to eat up until four hours before your surgery.

If you are having a general anaesthetic or sedation for your surgery (Stephanie will have discussed this with you), you will need to fast (stop eating and drinking for a period) before your surgery.

You can eat up until six hours before your surgery. You can drink water up to two hours before your surgery.

Medications

Continue to take your prescribed medications as normal (unless you have been informed otherwise).

Please bring a list of your current medications with you (including any eye drops).

If you have diabetes

Continue to take your prescribed medications and eat and drink as normal (unless you have been informed otherwise). If you are having a general anaesthetic, please follow the advice above. Your blood sugar will be checked on admission.

What to wear

It is best to wear loose, comfortable clothing. Do not wear any make up.

Hearing aids

If you normally wear hearing aids, please bring them with you.

During your surgery

When you arrive, a member of staff will greet you and check all your personal details with you, including which procedure you are having, which eye is being operated on, and if you have any allergies.

Stephanie will go through the consent for the surgery including confirming the choice of lens implant and if you are happy to go ahead, she will ask you to sign a consent form.

A member of the nursing team will then prepare you for the surgery. They will dilate your pupil (the black centre of your eye) using eye drops or a small pellet placed inside your lower lid and ask you to lie down on a bed.

We understand that you may be feeling nervous about having eye surgery, so we will make you as comfortable as possible. We will also play music during the surgery to help you relax.

Most cataract surgeries are done under local anaesthetic (a medication used to temporarily numb a small area of your body). This means you'll be awake for the surgery, and you may see some vague movements around your eye, but you won't be able to feel any pain or see what is happening.

The local anaesthetic can be given as either eye drops or an injection around the eye (not into the eye). Once your eye is numb, we will clean the skin around your eye and place a sterile cover over your eye and a small clip in your eye to stop you from blinking during the procedure.

The cloudy cataract is then removed, and an intraocular replacement lens (IOL) inserted in its place. The procedure usually takes around 15 to 30 minutes.

If you are uncomfortable at any point during the procedure, please let Stephanie know.

Are there any risks or complications with cataract surgery?

Generally, cataract surgery is a very safe procedure. However, as with every surgical procedure, there are potential risks and complications. They are not very common, and most of them can be corrected with a second procedure or treatment.

Potential complications that can happen during the surgery include:

- damage to other structures of the eye (including the capsule surrounding the lens (occurs in less than one in 100 people), and the cornea and the iris)
- vitreous loss (occurs in less than one in 100 people)
- part of the lens dropping into the back of the eye (occurs in less than one in 200 people)
- bleeding around or inside the eye (occurs in less than one in 1000 people)

Potential complications that can happen after the surgery include:

- blood clots (if we think you may be at risk of blood clots, we will ask you to wear anti-embolism stockings)
- bruising
- an infection within the eye (endophthalmitis) (occurs in less than one in 1000 people)
- a temporary increase in pressure inside the eye (occurs in one in 50 people)
- the IOL may move from the intended position
- an increase in floaters (these are harmless)
- clouding of the cornea (corneal oedema)
- detachment of the retina (occurs in less than one in 1000 people)
- eyelid drooping (ptosis)
- reactivation of the herpes infection of the cornea
- the new IOL can cause glare, halos or a shadow effect (dysphotopsia)
- blurred vision
- you may need to wear glasses to fine tune the final result of the cataract surgery, or you may choose to have laser refractive surgery to improve your vision

Contact us urgently if the following occur:

- you notice a sudden increase in floaters, with a shadow appearing in your vision
- your eye becomes red and painful, or your vision becomes more blurred in the first few days after surgery (you may have an infection)

After your surgery

A member of staff will take you back to the ward, where you will be given some light refreshments.

- You should arrange for someone to drive you home and look after you for 24 hours after surgery.
- You should also avoid lifting heavy weights or doing any strenuous activity for two weeks.
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Before you go home, we will give you details of who to contact if you have any questions or concerns.

Eye shield and pad

Your eye will be covered by a plastic shield to prevent you accidentally rubbing it while the anaesthetic wears off (this can take a couple of hours). We will also recommend that you wear the shield at night for a week

after your surgery to protect your eye while you sleep.

If you had an injection of local anaesthetic, your eye may also be covered by a pad (under the shield) until the anaesthetic wears off. This is because the muscles that move your eye may still not be working properly, and this can cause double vision. The pad will prevent you from being aware of this.

What you should do after surgery

For two weeks after your surgery, you should avoid:

- rubbing or touching your eye
- applying eye make up
- dusty environments

Eye drops

Before you go home, we will give you two different eye drops to help with the healing process. One will be an antibiotic drop to prevent infection and the other will be a steroid drop to help reduce any inflammation. You may also be prescribed other drops or tablets if you have other underlying health conditions. It is important that you use your drops as prescribed to have the best chance of a speedy recovery.

Your vision

Your vision may be blurred for the first couple of days after your surgery. This is normal. You should start to see a gradual improvement over the next few days.

Your eye may also temporarily be more sensitive to light. Wearing dark glasses will help with this.

You can start driving again once your eye is no longer sensitive to light or uncomfortable, and you can read a number plate at 20 metres. You should generally wait two to three days after your surgery.

You may want to buy a cheap pair of reading glasses to help with near work and reading while your eye recovers. It can take a few weeks before you see the results from your surgery.

Pain

Your eye may feel uncomfortable and a little gritty for a few days after your surgery. Try taking regular paracetamol for 24 hours to help ease your symptoms.

If your eye becomes more painful, red and your vision gets worse, contact us or go to your nearest emergency department. You may have an infection.

Bathing and showering

Keep your eye dry for a week after your surgery. If you need to wash your hair, you could:

- visit a hairdresser so they can wash your hair backwards over a sink
- wear well-fitted swimming goggles while bathing or showering

You should not go swimming or use a sauna for a month after your surgery.

Follow-up appointment

We will invite you to a follow-up appointment, which will usually be within six weeks of your surgery.

Do cataracts grow back?

The artificial lens (IOL) cannot cloud over in the same way, and so cataracts do not grow back after surgery. However, the capsule behind the IOL can become slightly cloudy (this is called posterior capsular opacification). This is common (affecting up to one in ten people) and can happen at any point after cataract surgery. It can be treated with a minor procedure (called a YAG capsulotomy) at the outpatient department.

The IOL itself may become cloudy and need replacing. This is very rare. If this happens, we will fully explain the process for IOL exchange to you.