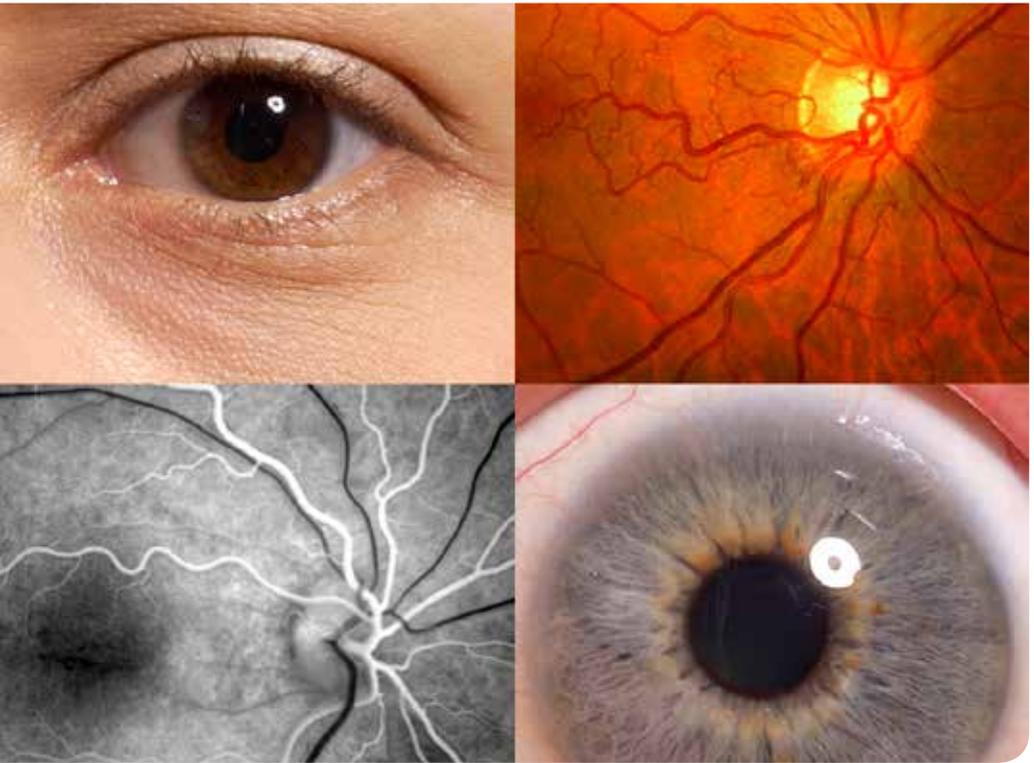


Cataracts



Eye Department

About this booklet

This booklet is to help you make sense of your cataract and help you understand

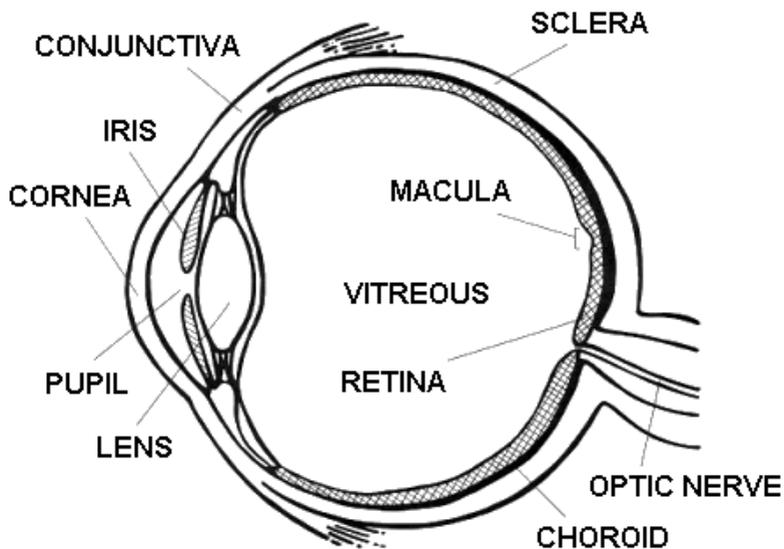
- What a cataract is
- What causes a cataract
- How it can be treated
- The risks and benefits of surgery
- What will happen when you visit the eye clinic for pre assessment
- What to expect on the day of surgery
- What to expect after the operation
- How another existing eye condition might affect the outcome of surgery

What is a cataract?

The lens is a transparent structure lying behind the coloured part of the eye (the iris). The lens bends the light rays so that a clear image is passed to the retina at the back of the eye.

A cataract is formed when the lens becomes cloudy. A cataract can lead to

- Blurred or misty vision
- 'Faded' colour vision
- Dazzling by lights such as car headlights or sunlight



What causes a cataract?

Cataracts most commonly occur in older people and may be part of the ageing process.

However, younger people may also develop cataracts as a result of other conditions such as diabetes. Cataracts may be present at birth (congenital). The exact cause of cataracts is uncertain but some causes may be excessive exposure to sunlight, smoking and poor diet.

How can this be treated?

The treatment for a cataract is surgery. The most common form of surgery is phacoemulsification technique (this is not laser as sometimes thought). A very small cut is made in the front of the eye. The ultrasound probe breaks up the cataract, then it is removed by suction. A new artificial lens is inserted. Stitches are not usually required, however, in some cases one stitch may be put in. This will not need to be removed, as it will dissolve.

The following information on risks and benefits of this surgery is reproduced from the Royal College of Ophthalmologists Guidelines on Cataract Surgery, 2004.

The intended benefits of the operation

The main aim of the cataract operation is to improve the quality of your vision; it may also be of benefit to improve the doctors' view of the back of the eye. We will try to reduce your dependence on spectacles as much as possible, but you may still require distance glasses for best vision and you will probably need reading glasses; in any case your glasses prescription will change after the operation.

Risks and possible complications

The vast majority of people have improved eyesight after cataract surgery. Serious complications are rare and, in most cases, can be treated successfully. However, it is possible that you may end up with worse vision or no vision at all as a result of the operation.

Some possible complications during the operation

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye. This may require an additional procedure (vitrectomy) which will increase the time the operation takes.
- Loss of all or part of the cataract into the back of the eye, requiring a further operation another time.
- Bleeding inside the eye.

Some possible complications after the operation

- Bruising of the eye or eyelids
- High pressure inside the eye
- Clouding of the cornea

- Incorrect strength or dislocation of the implant
- Swelling of the retina (macula oedema)
- Detached retina, which can lead to loss of sight
- Infection of the eye (endophthalmitis) which can lead to loss of sight
- Allergy to the eyedrops used
- 'Posterior Capsular Opacification' – this is where the membrane behind the lens becomes cloudy. This may come on gradually months, or even years after the operation. This can be treated by a quick and painless laser procedure in the outpatient department.

What happens at the pre-operative assessment?

You will be given an appointment which may take 2-3 hours. During the visit you will be given information about the operation day and aftercare. We will take various measurements of your eye to determine what strength of artificial lens will be required.

We will also take a medical history. Some people may need to have a blood test and heart tracing (ECG) if having a general anaesthetic. After these tests you will see a doctor who will explain the benefits and risks of surgery with you and then ask you to sign a consent form.

What happens on the day of surgery?

You will be given a time to report to the eye unit. This can be found on your letter from the admissions department.

Before leaving home, remember to put in the eye drops given to you at pre operative assessment. When you arrive, the nurse will administer more dilating drops and the doctor will mark the eye for surgery. The eye will be anaesthetised when you are taken through to the theatre. This may consist of simply drops, or an injection to numb the eye. The operation and anaesthetic take about 45mins.

What should I expect after surgery?

After surgery you will arrive back at the eye unit from theatre with a patch over your eye and will be given tea/ coffee and biscuits. You may be given a diamox tablet to reduce the pressure in your eye. You will be discharged with either a patch or a plastic eye shield over your eye. You will be given a pack containing drops, information sheets and an appointment card. Then as long as you feel all right you are able to go home.

You may experience some mild discomfort in the eye, which can be relieved with paracetamol.

Your sight will be blurred for 24hrs after the operation due to the dilating drops. Your sight should gradually improve within a few days.

The eye may take some weeks to heal fully. After your drops are completed you can visit your optician for new spectacles.

Do I need to come to clinic again?

Yes, we will need to see you again about a week or 10 days after your operation. You will be given your follow up appointment before you leave the eye unit after your operation.

I have another eye condition; will this affect the outcome of my surgery?

If you have another eye condition such as glaucoma, diabetes or age related macular degeneration, the quality of your vision may still be limited, even after successful cataract surgery. The doctor/specialist will discuss your prognosis prior to surgery.

Reference source(s):

N.I.C.E (National Institute of Clinical Excellence) guidelines

Royal College of Ophthalmologists Guidelines on Cataract Surgery 2004.

Contact details

Eye Clinic: 01483 571122 ext 4648
Admissions office: 01483 571122 ext 6465
Orthoptist: 01483 571122 ext 4649

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Carolyn Hunt

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