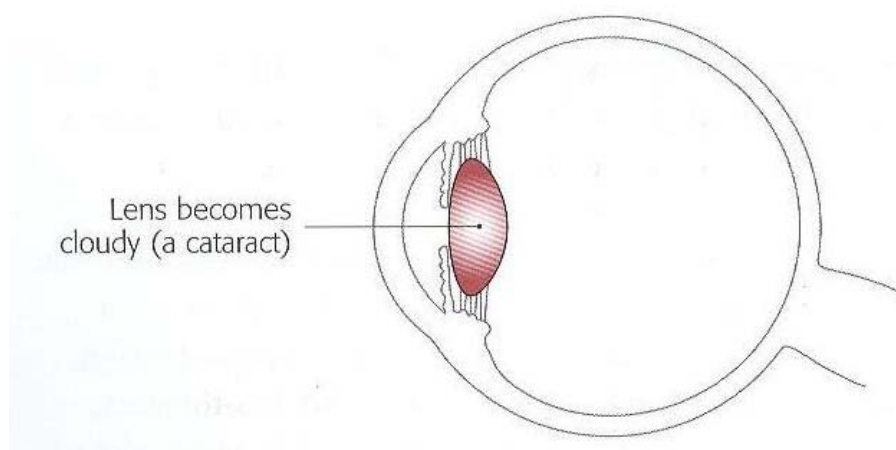


Your guide to cataract surgery

This leaflet aims to answer your questions about having cataract surgery. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a cataract?

Inside your eye you have a lens. This works like a camera lens, focusing light in order for you to see. It is a clear colour when you are young, but becomes progressively cloudier and more yellow as you age. This clouding of the lens is called a cataract. Over time, the cataract causes your vision to become more blurred and you may find yourself more sensitive to light.



Reproduced from Patient Pictures: Ophthalmology, Health Press, Oxford 2001. Illustrated by Dee McLean

Who develops cataracts?

Cataract development is a normal part of the ageing process, so everyone develops a degree of cataract as they get older. However, it can also occur at a younger age, where it may be related to a previous injury to the eye, medication use (such as steroids), or chronic illnesses such as diabetes.

When should I have cataract surgery?

A cataract itself is not harmful to your eye, so it is only worth having surgery when you feel the cataract is starting to affect your vision. In the early stages of a cataract, often a change in glasses prescription is enough. People commonly ask us if their cataract is 'ripe' or 'ready'. With modern surgical techniques, we can perform surgery at any stage when the cataract is affecting your daily life.

What does cataract surgery involve?

Cataract surgery involves removing your cloudy lens and replacing it with an artificial lens. It is normally performed as day surgery under local anaesthetic, so you are awake but your eye will not

feel any pain. You will not be able to see properly during the operation, but you may notice bright lights or colours. You will need to lie relatively still during the operation; if you need to cough or adjust your position, please warn your surgeon.

We make small incisions (cuts) in the side of the eye and use ultrasound probes in a technique called 'phacoemulsification' (not lasers, as is commonly believed) to remove your cataract, and then replace it with the artificial lens. This is made of plastic and stays in your eye forever, only rarely needing replacement. Measurements taken before the operation help us decide which lens strength is right for you. Usually, we aim to make you glasses-free for distance, so that you only need glasses for reading. However, there is a chance you will need glasses for both distance vision and reading after surgery, particularly if you have a history of astigmatism or an irregularly shaped eye. The operation usually takes approximately half an hour.

Why should I have cataract surgery?

Cataract surgery aims to improve your vision. Once the cataract is removed you should be able to see more clearly. Your colour perception may also improve.

What are the risks?

Cataract surgery is usually very successful, with over 95 out of 100 of people noticing an improvement in their vision after surgery if there are no other pre-existing eye conditions. However, it is important to realise that there is always a risk of complications associated with any operation.

Some of the complications that may occur **during the operation** include:

- internal bleeding
- damage to other structures of the eye, including the capsule surrounding the lens
- incomplete removal of the cataract
- part of the cataract falling into the back of the eye.

Some of these complications can be dealt with at the time of the surgery or just after surgery.

Potential complications occurring **after the operation** include:

- severe infection
- fluid accumulating in the retina (the light-sensitive layer at the back of the eye)
- detachment of the retina
- incorrect strength of lens inserted
- clouding of the membrane behind the lens

These complications can sometimes occur even if the operation itself is carried out perfectly.

Many of these complications are manageable, although it may mean that other treatments may be required and that the recovery period may be longer than usual. This includes the need for additional surgery in approximately one in 100 cases. The most serious consequence of all the complications is the risk of loss of vision, which may be temporary or permanent. The chance of severe or complete permanent loss of vision in the operated eye is less than one in 1,000.

In approximately one in 10 cases, the membrane behind the artificial lens can become cloudy making your vision more blurred again. If this happens laser treatment may be needed some time after surgery.

We would like to remind you that these risks are not common, with over 95 of every 100 operations occurring without any complications. If you have any pre-existing conditions (such as previous trauma or previous surgery) that may predispose your eye to be at a higher risk, you will be informed by your doctor.

Are there any alternatives?

The only alternative to cataract surgery is to do nothing at all.

How can I prepare for my surgery?

Arrival time

You should arrive at 7.30am if booked on a morning operating list, or 12 noon if you are booked on an afternoon list. Please come to the **Eye Day Case Unit**, 8th Floor, North Wing, St Thomas' Hospital.

Please do not bring any valuable items to the hospital.

Please note that our Eye Day Case Unit can be very busy at times, so if you are escorted by a family member or a friend to hospital, they may be asked to leave and given a time to return to take you home. Alternatively your escort can leave their phone number and our staff can call them when you are ready.

Eating, drinking and medications

If your operation is under a **local anaesthetic**, you can eat and drink as normal before and after the operation. You should take your regular medicines as you would normally. To reduce anxiety, some people may be offered a sedative drug to help them relax during the procedure. If you think you may need sedation, please talk to your doctor.

If you are having a **general anaesthetic**, you will need to fast before your operation. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions about whether you need to fast and when to start fasting. It is important to follow the instructions. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs. You should take your essential regular medications with a small sip of water only.

If you are **diabetic**, you will be given instructions by our pre-assessment nurses about your diabetic medications. Please bring with you a sweet drink in case your sugar level falls low. If you take **warfarin**, we will have asked you to have your INR blood test checked the week before surgery. If it is high, it may need to be repeated on the day of surgery. Depending on the result, we may need to reschedule your operation. If you take a **diuretic** (water tablet) in the morning, it may be better to take the tablet after surgery instead of beforehand. Please bring a list of your medications with you.

Giving my consent (permission)

The staff caring for you may need to ask your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or if you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please tell a member of staff.

What should I expect on the day of surgery?

We cannot tell you in advance exactly what time your operation will be, as this depends on numerous factors on the day. Please allow a half day attendance in our unit if your operation is under a local anaesthetic, and a full day if your operation is under a general anaesthetic.

If you are having your operation under local anaesthetic, you will need to be able to lie flat for approximately 30 minutes. You will also need to be able to keep your head still during the surgery. If you are unable to do this, please discuss this with your pre-assessment nurse.

After your operation, you may or may not have an eye pad and shield over your eye, depending on your surgeon. Once you have recovered from the anaesthetic, you will receive your eye drops, an instruction sheet about caring for your eye, and details of your next appointment. You will then be discharged and can go home.

Will I feel any pain?

During the night after your operation, you may experience some mild discomfort. Please take simple pain relief tablets as required. The drops you have been given should also help to relieve the irritation and are usually required for up to four weeks after your operation. Before you leave the hospital, we will give you specific instructions on how often to use your eye drops and when you should stop using them. Your vision may take up to a few weeks to improve. It is normal to experience some redness, watering, or grittiness of the eye, but you should never have severe pain. In general, symptoms should gradually improve as time passes. If any symptoms get worse, please contact us (see back page) or attend our eye casualty (Monday to Friday, 9am to 4pm). Outside of these hours, please go to the main A&E department at St Thomas' Hospital.

What do I need to do after I go home?

The **Going home after your eye surgery** information sheet that you are given after your operation will outline how to care for your eye after surgery. If you do not receive this, please ask us for one. We generally do not recommend driving until you have been seen in clinic. The amount of time that you will need to take off work depends on the nature of your job. Please discuss this with your doctor.

Do I have to wear glasses after the surgery?

In most cases we aim for you to see as well as possible without glasses for distance. However, you will need new reading glasses after the operation. It is recommended that you wait four to six weeks

after surgery before visiting your local optician. Patients who need cataract surgery to the other eye sometimes prefer to wait until they have had the operation before getting new glasses. Rarely, you may end up being more long sighted or short sighted than we had anticipated. If this occurs, you may need a stronger glasses prescription or a further procedure.

What should I do if I have a problem?

Please contact us if you have any problems or concerns. It is important to contact us if you have any of the following:

- Severe pain after surgery
- Increasing redness, pain and blurring of the vision in the days or weeks after surgery
- Worsening vision – especially if you find that your vision initially improves after surgery, but then starts to decline.

Will I have a follow-up appointment?

Yes. The timing of your next appointment depends on your surgeon, and is usually either the day after surgery or one to two weeks after surgery. If you are not attending the next day, you will receive a telephone call from a nurse the following day to check how you are getting on.

Contact us

If you are unable to attend your operation date, please contact our admissions officers on **020 7188 4308**. Alternatively, please bleep our pre-assessment nurse by calling **020 7188 7188** (hospital switchboard) and ask for bleep **0354**.

If you have any other queries, please bleep our pre-assessment nurse (see above). Alternatively, you can call our eye casualty on **020 7188 4316** (Monday to Friday, 9am to 4pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Further information

Royal College of Ophthalmologists website has a useful section with questions and answers about cataracts that you might find helpful.

w: www.rcophth.ac.uk

Royal National Institute for the Blind website gives you details on how to obtain their cataract information in audio format.

w: www.rnib.org.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Become a member of your local hospitals, and help shape our future

Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years. To join:

t: 0848 143 4017 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk