

Ophthalmology - Insertion of Prosthetic Replacement For Lens NEC - Prosthesis of Lens (cataract)

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 like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

This information sheet provides information to patients who are on the waiting list for cataract surgery (removal of cataract and insertion of a prosthetic lens implant).

Guidance for Patients

What is a cataract and do I need a procedure?

Behind the coloured part of your eye called the 'iris', there is a natural lens inside the eye. The lens helps to focus light onto the retina at the back of the eye in order to help you see clearly. The lens is designed to be completely clear, but as we get older, the lens becomes thickened and cloudy – which is called a 'cataract'. Cataracts are often symmetrical but it's possible to have a cataract in only one eye (or in one eye more than the other). Cataracts may also form earlier in certain situations, for example, in patients with diabetes or in patients using steroid medication.

The presence of cataract causes vision to become increasingly blurred over time. You may also experience glare or difficulty in night-time driving.

Not all cataracts need an operation. Some people have excellent vision despite having cataracts. Some people have reduced vision - but can still get on with their daily activities just fine and glasses alone are sufficient to improve the vision.

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It is usually safe **not** to have surgery if you do not feel you have a problem with your vision or do not wish to undergo an operation.

If cataracts are affecting quality of life to the point where vision is significantly reduced and day-to-day tasks become difficult (despite up-to-date glasses), they can be treated by surgery. During cataract surgery the surgeon removes the cloudy lens from your eye and replaces it with an artificial lens.

What next?

Before the day of the operation you will have a pre-operative assessment in clinic. This will include measurements of the eye with a scan machine. Prior to these tests, if you wear contact lenses, you must leave them out for:

- 1 week for soft lenses
- 2 weeks for rigid or gas-permeable lenses

You may also have some blood tests and an electrocardiogram (ECG).

What does the operation involve?

An experienced eye surgeon (consultant) will carry out your procedure or perform this together with a junior eye surgeon (registrars trainee or staff grade) under supervision.

Most operations are performed under local anaesthetic, which means you are awake but your eye is numbed using eye drops. Sometimes an additional anaesthetic using a small injection is given around the eye, which can be uncomfortable for a few moments. A small number of patients need sedation or even a general anaesthetic (where you are asleep).

During the operation, which takes between 10 - 60 minutes to do, the surgeon will remove the cloudy cataract from the eye, then replace it with an artificial lens made of a plastic-like material. The wound is very small and most patients do not need stitches. If the surgery is complicated, the surgeon may decide **not** to place an artificial lens at the time of the procedure and consider inserting in the future.

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The operation is performed with you lying down on your back. Your face is partly covered by a sterile drape. You are usually awake during the operation and may see bright lights, colours and shadows. You may feel the surgeons' hands resting gently on your forehead or cheek. You may hear sounds of the machines and the surgeons conversing and feel the fluid used by the machines. The operation itself should not be painful.

Risks and benefits of cataract surgery

All operations have a degree of risk; however more than 95% of patients have improved eyesight following cataract surgery providing there are no other problems with the eye.

In some cases, the vision in the eye may be poor due to other reasons and cataract surgery may not fully improve the vision.

There is a very small risk of permanent vision loss (less than 1 in 1000).

Risks:

- 1 in 10 patients require a clinic laser treatment at some time in the future for a 'clouding' of the capsule that the new lens is inserted into. This is generally a well-tolerated, painless 'one-stop' procedure.
- 1 in 20 patients are at risk of complications, which may require further treatment at the time of surgery or following the operation – such as high pressure or inflammation in the eye. These can generally be treated with drops after the procedure.
- There is a 1 in 100 risk of requiring additional surgery to rectify issues such as a compromise to the delicate structures such as the lens capsule inside the eye.
- There is a 1 in 1000 risk of severe and permanent visual loss due to severe bleeding or infection
- **Cataract surgery does not guarantee to take away your need for glasses:** The artificial lens that we put in place of your cataract can be set to focus for distance **or** near vision (not both). The most commonly selected option is to receive an artificial lens calculated for distance vision, in which case, reading glasses (and possibly glasses for intermediate distance +/- long distance) will be required after surgery. There are indeed some patients that opt to receive an artificial lens calculated for near vision, for example, patients who have been short-sighted all their life who wish to continue wearing glasses for distance. If there is a significant amount of astigmatism (a variation in shape of the front of your eye, where it is not completely spherical) in the eye, a special lens called a 'toric' lens may be considered in order to attempt reducing the level of astigmatism after the operation.

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It is important to understand that, regardless of which lens is chosen, glasses may be required to sharpen the vision in general or to correct residual astigmatism. There is a small chance of 'refractive surprise' where the focus outcome is greatly different to what was expected. In this situation, options such as glasses/contact lenses, further corrective surgery or laser can be discussed.

It is important to note that, whilst unavailable on the NHS, multifocal intraocular lenses are available in the private sector and you should explore this option **before** being operated on under the NHS if you feel you would like to consider this option.

On the day of surgery:

If you are having your surgery under a general anaesthetic it is very important that you do **NOT**:

- eat any food within 6 hours before your operation
- drink anything within 2 hours before your operation

It is important that you remove all eye make-up prior to surgery to reduce the risk of infection.

After the surgery:

You will have a clear plastic shield and possibly an eye-pad covering your eye immediately after the surgery. You will be told when to remove this to start putting your eye drops in (usually the same night/next morning). Most patients are advised to wear the clear shield whilst sleeping for a week.

Following your operation your eye is likely to have a dull ache, be a little red, gritty, watery and blurred. You will be given medication (eye drops) to help healing, prevent inflammation and infection. You can use your normal pain-relieving tablets. Your eye usually settles within the coming 2-4 weeks. If the pain, redness or blurred vision is getting worse rather than better, you should contact us immediately.

You will be reviewed around 4 – 6 weeks later for your post-operative check-up. You may be seen in the clinic at West Herts (Watford or St. Albans sites) or in the community. Following this, you will be able to see your optician to update your glasses.

Going home:

For patients having local anaesthetic, you will be able to go home approximately half an hour after surgery. Please arrange for a responsible adult (18 years or over) to collect you after the operation. We would advise that you are taken home in a car and refrain from using public transport.

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For those having sedation or a general anaesthetic, you will be in the hospital for a minimum of three hours following surgery. Someone will need to stay with you overnight (at home). We would advise that you are taken home in a car and refrain from using public transport. If no-one can stay with you overnight, it is possible to arrange an overnight stay at the hospital, however, this will need to be requested in advance of the day of surgery.

What should I do if my health is deteriorating?

We would greatly appreciate being contacted in advance of your surgery if you experience any changes to your ocular (eye) or general health. This can include any changes to prescribed, or over-the-counter medication that you are taking. This is because certain medical conditions and medications can affect cataract surgery. Informing us of any changes in advance will reduce the likelihood of you being cancelled on the day of surgery.

Ocular examples would include: A red or painful eye (which may be the one listed for surgery, or indeed the other eye), any discharge coming out from either eye, sudden reduction of vision in either eye, or any other ocular concerns.

Systemic examples would include: A new stroke or heart attack, new infection anywhere in the body, new heart murmur or irregular beating of the heart, any falls or fractures, new medication prescribed by a GP or specialist (or over-the-counter medication) or any other systemic concerns.

Contact Us

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