

OP01 Cataract Surgery (phacoemulsification) with Monofocal Intraocular Lens Implant

Expires end of February 2023

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If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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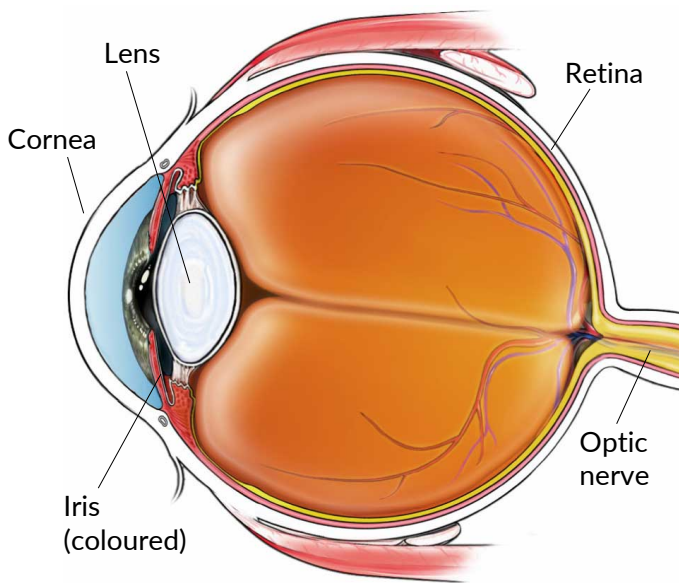
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What is a cataract?

The natural lens in your eye helps you to see clearly by focusing the light rays entering your eye. A cataract is when the natural lens becomes cloudy. This is usually caused by ageing. A cataract causes blurred vision or changes the focus of your eye.



Cross-section of the eye

Your surgeon will assess you and tell you if cataract surgery is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go

ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

Your vision should improve.

Are there any alternatives to surgery?

New glasses may improve your vision to some extent but if the cataract is too advanced, glasses will not help. In this case, surgery is the only option to restore your vision.

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

A cataract usually gets slowly worse. Leaving a cataract untreated does not threaten your vision straight away but it can be disabling. If the cataract does get worse, your vision will also get gradually worse until you have little vision left.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the

healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic given as eye drops. Sometimes a general anaesthetic is used or your anaesthetist may offer you a sedative to help you to relax. If you have a sedative, they will give it to you through a small needle in your arm or the back of your hand. You will be able to ask and answer questions but you will feel relaxed. Your anaesthetist or surgeon will discuss the options with you.

The operation usually takes about 20 minutes.

Cataract surgery involves removing the cataract and replacing it with an artificial lens implant.

Your surgeon will make a small cut at the edge of the cornea, which is the clear part at the front of your eye covering the iris and pupil. They will usually break the cataract into small pieces using ultrasound (sound waves) and then remove it from your eye through the cut.

Your surgeon will place the lens implant behind the iris in the same bag (or capsule) in your eye that held the natural lens in place.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you

take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

Keeping in the same position

If the operation is performed under a local anaesthetic, you will need to lie still and flat during the operation. If you cannot lie still and flat, let your surgeon know.

Your face will be covered with a cloth to allow your surgeon to work on a clean surface. Air will be blown gently towards your nose. If you are claustrophobic, let your surgeon know.

Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. Usually there is little bleeding and your eye may be slightly red. If it is very red and painful, let your surgeon know as this is unusual.
- Infection, which may cause blurred vision or even permanent loss of vision (risk: 1 in 1,000). Most infections happen after 2 to 7 days. If your eye becomes red and painful, and

your vision becomes blurred, let your surgeon know straight away. You may need other procedures to control the infection.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Tear in the bag which holds the lens in place (risk: 1 in 50). A tear may result in some of the jelly part of the back of your eye coming forward. Your surgeon will need to remove the jelly at the front of your eye during the operation, and you may need another operation. A tear may also result in some fragments of the natural lens falling to the back of your eye, which could cause inflammation. You may need another operation to remove the fragments.
- Heavy bleeding inside your eye during surgery, which may cause permanent loss of vision (risk: 2 in 10,000).

- Clouding of the bag which holds the artificial lens in place (risk: 1 in 10). You might notice a gradual worsening in your vision or blurred vision a few months or years later. A simple laser procedure called YAG capsulotomy can be performed to correct it.
- Retinal detachment, which is the lifting off of one of the layers at the back of your eye (risk: 1 in 300 after 7 years). The risk is higher if there has been a loss of some of the jelly part of your eye during surgery. If you notice that you suddenly get a lot of 'floaters' or flashing lights, or you think you have a shadow in your vision, let your surgeon know.
- Inflammation in your other eye (sympathetic ophthalmia) (risk: less than 1 in 1 million). This is a potentially serious complication which may be treatable. If you develop pain or blurred vision in your other eye, let your surgeon know.
- Cornea abrasion, where the surface of your eye gets scratched during the operation (risk: 1 in 10). This is easily treated with antibiotic eye drops.
- Cystoid macular oedema, which is a swelling of the area of the retina responsible for visual sharpness (risk: less than 2 in 100). This causes blurred vision and can happen up to 6 weeks after the operation. The swelling usually settles but you may need anti-inflammatory eye drops or a steroid injection into your eye. Rarely, blurred vision may be permanent.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain, let your surgeon know as this is unusual.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward or day-case unit.

You should be able to go home after a few hours. However, your doctor may recommend that you stay

overnight. Your vision should clear by the next day but in some cases it will take longer. Your surgeon will discuss this with you before the operation.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation:

- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. Most people resume normal activities soon after the operation. It is important to look after your eye as you are told, to reduce the risk of complications.

Your surgeon may give you an eye shield to wear for about a week.

Your surgeon will tell you if new glasses will improve your vision.

Do not swim or lift anything heavy until you have checked with your surgeon.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most people make a good recovery with improved vision.

Summary

A cataract is a common problem where the natural lens of your eye becomes cloudy. If your vision is getting worse and affecting your daily activities, cataract surgery should improve your vision.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Brian Fleck (MD, RCOphth)

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