

# Cataract surgery

Department of Ophthalmology

Information for Patients

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## What is a cataract?

We have a lens in our eye that helps to focus light on the back of the eye (retina). A cataract is a clouding of the lens which may stop the light entering the eye. Many people over the age of 60 can have cataracts and most can be treated successfully. If a cataract is found in the early stages, the cataract may not affect your vision and so does not need treatment.

## Why has cataract surgery been suggested for me?

We have suggested cataract surgery because the lens in your eye has become cloudy, making it difficult to see well enough to carry out your usual daily activities.

If the cataract is not removed, your vision may remain the same or it may get worse. If you wait a bit longer to have your surgery, this should not make the surgery more difficult, unless the vision becomes so poor that all you can see is light and dark.

## What happens during the surgery?

The most common type of cataract surgery is called phacoemulsification (phaco) with an intraocular lens implant. This involves making a small cut on

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or call 111 for non-emergency medical advice**

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the surface of your eye and then using an ultrasound to soften the lens in your eye. The lens is then broken up and removed. A clear plastic lens (implant) is placed inside your eye as a replacement to the lens that has been removed.

## What happens on the day of surgery?

You will be asked to come to the ophthalmology suite either early in the morning or at midday, depending on whether your surgery is in the morning or afternoon. You should expect to spend at least half a day on the ward.

When you arrive, a staff member will speak to you and give you a seat. They will start putting drops into your eye to help get your eye ready for the surgery.

Your surgeon and your anaesthetist will speak to you before your surgery. You will be asked to sign a consent form to confirm that you have **read and understood** this information leaflet and are happy to go ahead with the surgery.

They will put a mark on your forehead showing which eye is being operated on.

When it is your turn for surgery, one of our staff will take you to the anaesthetic room where they will give you more drops to numb your eye.

You will then be given either local or general anaesthesia. Your doctor or nurse will talk to you about the anaesthetic options before the day of your surgery. Most patients have their cataract surgery under local anaesthetic.

With a local anaesthetic, you will be awake for the surgery but your eye will be numb and you will not feel any pain. While you are lying down on the table the surgeon will clean your face with an antiseptic lotion and will place a towel over your face in order to keep the area clean. You will then see a bright light from the microscope. When the surgeon starts the procedure you might feel some water trickling down on the side of your face and you might hear some noise from the machines in the room. The procedure will take about 20 to 40 minutes and it is important to keep still during this time.

If you would like, one of our staff will be able to sit next to you and hold your hand.

When the surgery is over the surgeon will clean your face and you will then be taken to the recovery room and may be moved to a chair. The time you spend in the recovery room depends on the type of anaesthetic you have. You will go back to the ward from the recovery room where you may have light refreshments.

The staff on the ward will give you instructions on what to do after the operation, before you go home. Usually you will be given drops to use in the operated eye for about 4 weeks.

The surgeon may want to check your eyes a few hours after surgery. You might be asked to come for a follow-up after your surgery or you may be asked to see your optician for a check up.

## What are the benefits of cataract surgery?

The main benefit of surgery is that your vision may improve. You may also notice that your colour vision is better. If you are a person who wears glasses for looking at objects in the distance (e.g. watching TV, driving) then we may be able to reduce your need for glasses. However, you will still need reading glasses and may still need glasses for fine tuning your distance vision.

Removing a cloudy lens will also help your eye doctor or optician to see the back of your eye better. This is important if you have any problems affecting the back of your eye, such as age-related macular degeneration (AMD), as your eye doctor will be able to better monitor and treat your condition.

Please remember that if you have other conditions such as diabetes, glaucoma or macular degeneration, your vision may not get any better, even after a successful operation.

## What are the risks of cataract surgery?

**In most cases, cataract surgery is successful. However, you should be aware that there is a small risk of complications either during or after your operation.**

There is a small risk of going blind in the operated eye after the surgery, but this is very rare. The risk of losing vision completely due to an infection is about 1 in 1000 patients while the risk of losing the eye from bleeding is about 1 in 10,000 patients.

Some people might need a second operation (2 to 3%). This may be because of:

- increased pressure in the eye
- a tear in the capsule of the lens (the area of the eye that holds the lens in place)
- infection in the eye (endophthalmitis),
- the replacement lens is not sitting in the correct place (implant dislocation)
- bleeding of the eye

Some patients might get swelling at the back of the eye (macular oedema). In most cases, this will be gone after a few months, but in some patients it can continue and affect their final vision. Very rarely, people can get a retinal detachment (where the

thin layer at the back of your eye becomes loose) or a cloudy cornea (the window at the front of the eye) which may reduce your vision and need further treatment.

The power of the replacement lens (implant) is picked based on computer calculation and may not always be accurate. Even if the lens power calculation is right, you will still need reading glasses and may need glasses for fine tuning your distance vision. The vision in the operated eye will not get better straight away, but gets better slowly after the operation.

Your eye will be red for 1 to 2 weeks and there will be some mild pain and irritation in the operated eye for up to a few weeks.

Some people can get an allergic reaction to the eye drops they are given after their operation, causing itching and swelling until the drops are changed or stopped.

Usually the cut made on the surface of your eye during surgery will heal itself and stitches are not needed. However, some patients may need stitches and if so they may need to be removed after a few weeks.

Clouding of the membrane behind the implant may occur after some months leading to loss of vision in some patients. This can be treated with a simple laser procedure in clinic.

## Things to remember before surgery

- Please remember the instructions given to you by the nurse at your pre-assessment.
- Please remember to follow any instructions about taking/stopping your regular medications before surgery (especially for patients who are on blood thinning medication).
- Remember to bring any medication you are taking with you to hospital.
- If you are on regular eye drops for any other eye conditions, such as glaucoma, you will need a fresh bottle of drops for after your surgery. You should get this from your GP before your surgery.
- If you wear contact lenses, they must not be worn for 1 week before surgery for hard lenses, or 48 hours before for soft lenses.
- Please buy a small roll of approx. 1cm surgical tape available from pharmacies and supermarkets. This is to keep an eye shield in place that will be given to you to wear at night for 1 week after your surgery.

## Reasons for cancelling a surgery

Most operations go ahead as planned. However, very rarely operations are cancelled on the day of the procedure. The common reasons are:

- A patient withdrawing consent and no longer wanting the surgery
- A patient has developed another unexpected medical problem
- The patient has not followed instructions on how to prepare for the operation

## Contact details

If you have any questions or concerns about your surgery that cannot wait until the day of your surgery then please call us on **0116 258 6248** and ask to speak to one of our nurses.

If you think you may have any problems with your eyes, you should contact the **Eye Casualty Department on 0116 258 6273** or go to Eye Casualty located in the Windsor Eye Clinic, Level 1, Windsor Building, Leicester Royal Infirmary:

Opening times: Monday to Friday, 8.30am to 4.30pm

Saturday & Sunday, 8.30am to 12.30pm

If your problem happens outside of these hours and you feel that it is urgent, you should go to the main Adult Emergency Department at Leicester Royal Infirmary.

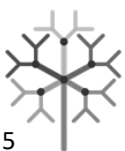
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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