

OP12 YAG Capsulotomy

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What is YAG capsulotomy?

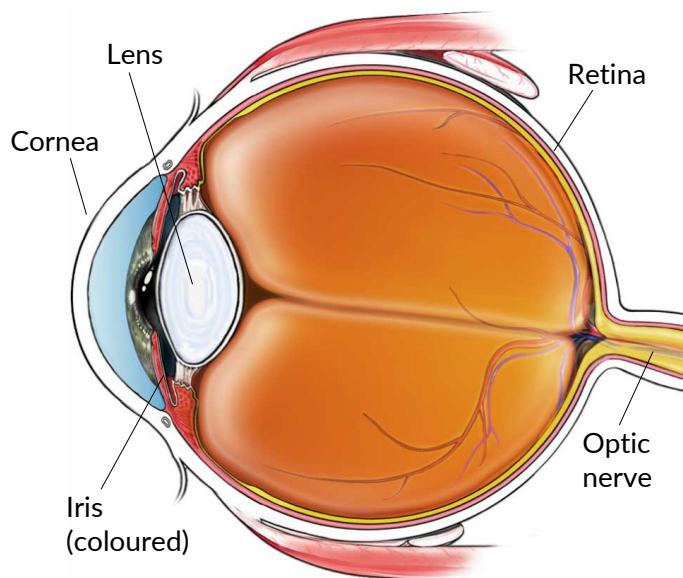
A cataract is when the natural lens in your eye becomes cloudy. You had cataract surgery, where your surgeon removed the cataract and replaced it with an artificial lens implant. Your surgeon placed the lens implant behind the iris in the same bag (or capsule) in your eye that held the natural lens in place.

Sometimes some of the lens cells that are left in the capsule grow back and form a layer inside the capsule. This can thicken or wrinkle the capsule, causing blurred vision, glare or double vision. YAG capsulotomy involves treating the capsule using a laser.

Your surgeon will assess you and tell you if YAG capsulotomy is suitable for you. However, it is your decision to go ahead with the procedure 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.



Cross-section of the eye

What are the benefits of YAG capsulotomy?

Your vision should improve.

Your eye specialist will have a better view of the retina (the inner layer at the back of your eye) so they can check more easily for other problems that affect the retina.

Are there any alternatives to YAG capsulotomy?

New glasses may improve your vision to some extent but if the thickening is severe, glasses will not help. In this case, YAG capsulotomy is the only option to restore your vision.

What will happen if I decide not to have YAG capsulotomy?

A thickened capsule usually gets slowly worse. Leaving the capsule untreated does not threaten your vision straight away but it can get gradually worse until your vision is very blurred.

What does the procedure involve?

Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure 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 procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

You will need to keep your head still during the procedure. If you cannot keep your head still, let your surgeon know.

In the treatment room

YAG capsulotomy usually takes less than 5 minutes.

Your surgeon will usually place some dilating drops on your eye that make your pupil bigger so they can see the capsule more clearly. They may also put some drops on your eye to reduce the pressure in your eye and to prevent the pressure from increasing after the procedure.

The procedure is performed while you are sitting. Your surgeon may put a contact lens on your eye. They will first put some local anaesthetic eye drops on your eye.

Your surgeon will use the laser to make a number of small holes in the centre of the capsule so light can pass through the artificial lens to the back of your eye.

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 procedure. 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.

The possible complications of YAG capsulotomy are listed below.

- 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.
- 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.
- Dislocation of the artificial lens, if the laser treatment causes the lens to move out of place (risk: less than 1 in 1,000). You will usually need new glasses. If the lens moves out of the capsule, you will need an operation to replace the lens.
- Pitting in the artificial lens, caused by the laser (risk: 1 in 3). This does not usually affect your vision.
- Increase in pressure in your eye (risk: less than 1 in 10). This usually settles within a week. If the pressure does not reduce, you may need treatment with eye drops or glaucoma surgery to drain some of the fluid in your eye.
- Retinal detachment, which is the lifting off of one of the layers at the back of your eye (risk: 3 in 100). The risk is higher if you are short-sighted. 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.

- Cystoid macular oedema, which is a swelling of the area of the retina responsible for visual sharpness (risk: 1 in 100). This causes blurred vision and can happen up to 6 weeks after the procedure. 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.
- Cornea oedema or injury, caused by the laser (risk: less than 1 in 100). This can cause blurred vision, which usually settles on its own.
- Iritis, which is inflammation in your eye (risk: less than 1 in 100). This usually settles with anti-inflammatory eye drops.

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. Your surgeon may check the pressure in your eye.

You should be able to go home after about an hour, although some people may be able to leave immediately. A responsible adult should take you home in a car or taxi. Be near a telephone in case of an emergency.

Your surgeon will tell you when you can return to normal activities. Most people

resume normal activities soon after the procedure. It is important to look after your eye as you are told, to reduce the risk of complications.

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

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

Most people make a good recovery with improved vision, although this will depend on whether you have any other eye problems.

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

Lifestyle changes

If you smoke, stopping smoking 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 improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

Following cataract surgery, the capsule that holds the lens in place can thicken or wrinkle, causing blurred vision, glare or double vision. YAG capsulotomy involves treating the capsule using a laser to improve your vision. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. 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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