

## Understanding Cataract Surgery

**If you have problems reading this leaflet, please ask us to send you a copy in a larger print size.**

If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

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Your doctor has advised you to have a cataract operation. Many people, generally over the age of 65 years, will develop a cataract. Cataracts can be successfully treated with surgery in most cases.

This leaflet tells you, your family and friends about cataract surgery. It explains what is involved, the likely benefits and any potential risks.

You should have the opportunity to ask any questions about your cataract operation with an ophthalmic nurse at the pre-assessment appointment.

The pre-assessment clinic appointment is essential prior to surgery and ensures that you are fit and prepared for the operation. It may take place on the same day you attend the eye clinic out-patient department and agree surgery, or more commonly you will be required to attend an appointment at a later date.

### What is a Cataract?

Your eye is like a camera and has a lens which focuses light rays onto the retina (the photoreceptor layer) at the back of the eye (equivalent to the 'film' in a camera).

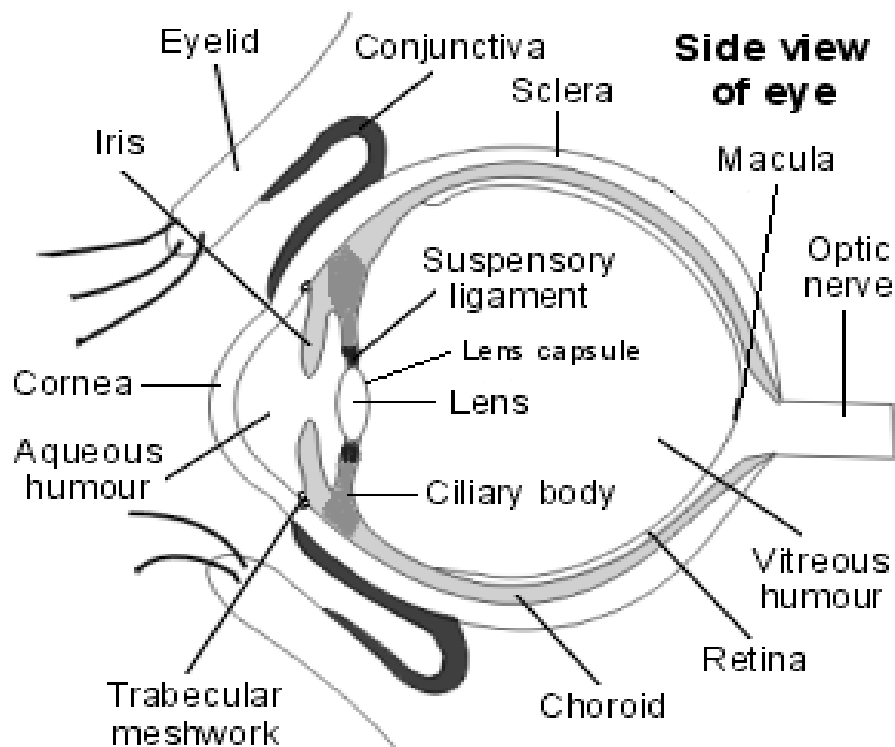
Normally this lens is transparent but when there is a cataract it becomes cloudy. The light rays can no longer pass evenly through the lens to reach the retina making it difficult for you to see clearly.

### What is a cataract operation?

The cloudy lens will be removed, most commonly using a type of ultrasound energy (phacoemulsification) and a replacement lens (intraocular implant) is positioned in the eye.

### Why do I need a cataract operation? What are the benefits of having a cataract operation?

The only effective treatment for a significant cataract is surgery to remove the cloudy lens and replace with an intraocular lens implant.



Assuming your eye is otherwise healthy, there is a good chance of improving the brightness and quality of your vision. You may need new spectacles (usually four weeks after the operation) in order to gain the full benefit from the cataract surgery.

Patients who are keen to try and minimise the need for spectacles after cataract surgery may benefit from having a different type of lens implant eg. multifocal lens implants or toric lens implants to reduce astigmatism (“rugby ball” shaped eye). Please discuss with the doctor as these lens implants, which often reduce the need for spectacles, are not routinely available in the Trust.

### **What are the alternatives?**

Cataracts cannot be cured by taking eye drops or tablets. At present there are no other proven treatments for this eye condition except surgery. Cataracts almost always get worse if left untreated and can result in blindness.

The eye doctor (Ophthalmologist), or hospital Optometrist, has advised that you are likely to benefit from a cataract operation.

If you change your mind at any time and decide that you do not want the operation, then you can always cancel the planned procedure.

## What are the potential risks and side effects?

Overall cataract surgery is usually very successful in the vast majority of people, but as with all surgical procedures there are possible complications which may delay your discharge or require further treatment.

Even after successful cataract surgery the vision may not improve if the eye has other pre-existing conditions such as diabetes or macular degeneration.

The most serious risks are loss of vision or loss of the eye: One person in every 1000 will go blind in the operated eye as a direct result of the operation and one in 10,000 will lose the eye.

The following, taken from the Royal College of Ophthalmologists Cataract Surgery Guidelines, is a more extensive list of the most specific complications:

**Ecchymosis:** bruising of the eye or eyelids (quite common)

**Posterior capsule rupture and/or vitreous loss:** a split in the thin back wall of the cataract capsule which can result in difficulty removing the cataract or inserting the replacement intraocular lens implant. This occurs in approximately 1 in every 100 operations and may result in a second operation being required.

**Raised intraocular pressure (IOP):** elevated eye pressure in the first few days after surgery is quite common and may require additional treatment.

**Cystoid macular oedema:** inflammatory fluid in the centre of the retina. This occurs once in every 150 routine cataract operations. It is usually mild and often resolves after a few months of additional eye drops.

**Endophthalmitis:** severe (usually painful) infection inside the eye which occurs in approximately 1 in every 1000 cataract operations.

**Suprachoroidal haemorrhage:** serious bleeding inside the eye which usually requires the operation to be stopped (very rare).

**Corneal decompensation:** clouding of the normally clear front window of the eye (usually temporary but can rarely require additional treatment)

**Detached retina:** peeling off of the photoreceptor “seeing” layer at the back of the eye (rare).

**Dislocation of the lens implant:** movement of the intraocular lens out of position inside the eye (rare).

**Refractive surprise:** the eye focussing differently from predicted, usually means that stronger spectacles than expected are required to see clearly.

**Allergy:** some people can be allergic to the post-operative eye drops and an alternative is required.

**Posterior capsule opacification:** clouding of the membrane supporting the lens implant which can usually be cleared with a laser in the eye clinic.

**Although you will sign a consent form for this procedure, you may change your mind and decide not to proceed with the operation. Please discuss this with your surgeon.**

### Will I need an anaesthetic?

The doctor will discuss the most suitable type of anaesthetic for you. This is often topical anaesthetic, using eye drops to numb the eye surface. Some patients benefit from an additional local anaesthetic placed around the eye socket ("sub-tenons" anaesthetic). Occasionally an oral sedation tablet/ intravenous sedation may be given. You may be booked onto a general anaesthetic list, if this is required.

### What should I do before my pre-assessment clinic appointment?

At your pre-assessment appointment you will be given the opportunity to discuss the operation and anaesthetic with the ophthalmic nurse/practitioner.

Please remove any contact lenses **two weeks** prior to attending the pre-assessment clinic or Biometry appointment.

### What do I need for my pre-assessment appointment?

We would like you to bring:

- A list of all medications you are currently taking.
- Details of any present or past medical history.
- Your phone number, including any mobile numbers.
- The name, address and phone number of your next of kin.
- Any recently prescribed distance and/or reading spectacles.

For Eastbourne Hospital Patients, Patients will have a telephone Pre-assessment, (please make sure you have the above details ready for the pre-assessment), and then a biometry reading appointment (in Ophthalmology Outpatients, and to bring your prescribed spectacles).

## What will happen at the Pre-assessment/Biometry appointment?

At the preassessment appointment, you will see a nurse who will go through your medical history, medication, and conduct observations ( blood pressure, etc..).

You will also have measurements taken of your eyes, this is called a biometry. You will need to be able to place your head against a headrest, look straight ahead, and keep your head still for the measurements to be taken. This information is for the surgeon to choose the correct lens on the day of surgery.

## How long will I be in hospital?

Most patients need to stay in hospital for the morning or afternoon of surgery (up to 6 hours, unless your surgeon or anaesthetist thinks you should stay in longer due to a medical condition).

## What should I do before I come into hospital for the operation?

- Wear loose comfortable clothing, preferably a shirt or blouse that buttons up.
- **Follow the advice given on whether you should eat or drink (on your appointment letter for surgery).**
- Do bring all your medication with you if you need to take it whilst here.
- If taking warfarin please bring your INR booklet, with a reading done within the last 5 days.
- Please do not wear any make-up, especially eye/ face make-up and nail varnish for at least 3 days before your surgery.
- Please remove all jewellery apart from your wedding ring, which can be covered with tape if you are having a general anaesthetic.
- Please make sure you are wearing clean well-fitting footwear with you on the day of surgery.
- Try to arrange for someone to bring you to hospital and collect you when you go home. If there is nobody available, we are happy for you to go home in a taxi (you are advised not to use public transport), as long as you are fit and well.

**Please do not bring any valuables with you; we do not have the facilities to store large amounts of cash or jewellery. You will be asked to sign a disclaimer stating the hospital takes no liability for lost or stolen valuables during your admission - safer to leave them at home.**

## What will happen when I arrive at the hospital for my operation?

When you arrive on the ward you will be welcomed by a nurse who will commence the admission process. Please highlight any changes in your health or medication at this stage.

You will have eye drops and/or anaesthetic eye drop, and a pellet administered to your lower eyelid prior to surgery to enlarge the pupil (this can take up to an hour to dilate your pupils) they may sting a little and your pupil could remain dilated for several days.

A pre-operative discussion with the operating surgeon will give you the opportunity to ask any questions about driving, time off work etc.

### **What happens in the anaesthetic room?**

- A member of theatre team will complete a pre-op checklist and escort you into theatre.
- You will be made comfortable on the trolley.
- You will receive a local or general anaesthetic (as previously discussed and agreed).
- If you are having a general anaesthetic or sedation, the anaesthetist will place a cannula into the back of your hand to administer. You will be monitored closely throughout the procedure.

### **What happens in theatre?**

- Monitoring may be attached if necessary-possibly just a clip placed on the finger to monitor oxygen levels and occasionally electrodes to your chest to monitor your heart.
- The area around your eye is cleaned and a sterile sheet placed over your face.
- An oxygen tube is placed under the sheet to administer oxygen and raise the sheet above your nose and mouth.
- A small clip is placed in your eye to keep it open.
- Some patients can be aware of a bright light from the microscope.
- You may feel lots of water going onto your eye during the procedure- this is to keep your eye hydrated.
- If your eye feels uncomfortable during surgery, let a staff member know.
- We are always happy to hold your hand during surgery, just ask!

### **What happens after the operation?**

At the end of your operation, we will place a shield and/or a pad over your eye which will remain on until the following day (depending on the type of anaesthetic you have been given).

### **How will I feel afterwards?**

**Generally, patients experience very little pain after this operation.**

Once home, if the eye is uncomfortable, feels gritty, achy, or sore take either paracetamol tablets or any tablet you would normally take for a headache. This should be sufficient to relieve any discomfort. However, if your symptoms are more severe or persist, please contact the hospital.

Your vision may not clear immediately after the operation. The surface of your eye needs to recover, and the pupil may take a few days to return to a normal size. Rarely some people have transient double vision.

### **When can I go home?**

The majority of patients go home approximately 20 to 30 minutes after their operation, but this depends on the type of anaesthesia used.

### **Will I need someone to take me home?**

It is very important that someone takes you home if you have had sedation or a general anaesthetic. In addition, an adult should be available to stay with you for 24 hours if you have had a general anaesthetic and/or IV sedation. Most patients will have a local anaesthetic, and do not need someone to stay with them.

We do not advise to take public transport (bus/train) or walk, yourself home after your surgery. You can go home by taxi or relative/friend.

### **What should I do when I get home?**

The shield and/or eye pad dressing should be removed as per the surgeon's instructions and the eye cleaned as informed by your nurse using cool, boiled water and cotton pads/gauze.

It is important that anyone touching your eyes, (you included) wash their hands beforehand.

The prescribed/issued post-operative eye drops should be commenced as soon as you have cleaned your eye. The eye drops are usually prescribed four times a day for three/four weeks. You may need a friend or a relative to help you instil them.

### **Do**

- Instil your eye drops regularly as prescribed.
- Wear sunglasses in bright sunlight for a few weeks.
- Prevent soap and water getting in the eye for at least one week.
- Avoid smoky and dusty areas for at least one week.
- Resume most normal activities including stooping, bending over, washing etc.
- Discuss with your doctor when you can work, drive and fly again.
- Plan ahead any respite care needed for dependants.
- Avoid Straining or heavy lifting for at least one week.

## Don't

- Rub or unnecessarily touch the operated eye for two weeks.
- Wear eye make-up for at least two weeks.
- Participate in strenuous exercise, swimming, bowls or golf.
- Undertake gardening or DIY duties.
- Expose yourself to risk of infection from animals.

## Will I have to come back into hospital?

Most patients are reviewed for a post-operative check by their community optometrist (optician) four to five weeks after surgery. You will be asked to telephone and arrange this appointment. If it is necessary for you to attend the hospital eye clinic an appointment will either be given to you on the day of surgery or sent in the post.

**Please do not drive to your follow up appointment as you may need to have dilating drops instilled.**

## Will I need new glasses?

Each patient is individual and you will be advised.

## When can I return to work?

This can be discussed with your doctor or pre-assessment nurse/practitioner as it depends on the exact nature of your work.

If you need to refrain from work, we can give you a sick certificate for two weeks. You will need to visit your GP if you need more time off.

## What should I do if I have a problem?

If you develop any of the symptoms featured in this leaflet, or need urgent advice about your eye(s), please telephone (in the information please provide your hospital 'X' number (if known), Name, Date of Birth and a contact telephone number) :

Main telephone number: 0300 131 4500

Central Triage Nurse: Ext. 771744 during 09.00am and 17.00pm.

For Out of Hours (Evenings and Weekends), contact you may leave an answerphone message on the telephone numbers above, and a member of staff will contact you the next working day. Otherwise, if you feel you need to be seen urgently, please ring the Main hospital number and ask for the On-Call Ophthalmology (Eye) Doctor.



## Sources of information

### **Bexhill hospital**

Ophthalmic Day Unit – Tel: 0300 13 14 500 Ext: 734422 between the hours of 8.00am and 6.00pm

### **Eastbourne District General Hospital**

Jubilee Suite - Tel: 0300 131 5411 between the hours of 08.00 and 17.30, Monday to Friday

RNIB Helpline: 0303 123 9999

Royal College of Ophthalmologists - [www.rcophth.ac.uk](http://www.rcophth.ac.uk)

NHS Website – [www.nhs.uk.co.uk](http://www.nhs.uk.co.uk) Telephone: 111

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask?  
Please list below and ask your nurse or doctor.

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## Reference

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Next review date: September 2025

Responsible clinicians: All Consultant Ophthalmologists, ESHT

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