Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Cataract Surgery

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Cataract Surgery

Patient Information

Ophthalmic Department

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What is a cataract?

A cataract occurs when the lens of an eye becomes cloudy and affects vision. Cataracts most commonly occur in older people and develop gradually. They can be treated by a surgical procedure which is performed under a local anaesthetic as a day case. The cloudy lens will be removed and replaced with an artificial lens implant.

Benefits of cataract surgery

The benefits of this surgery are to improve vision.

Alternatives to surgery

None

Pre-operative assessment

Normally this will be done at your clinic appointment. A health assessment is completed, and your eye will be measured for the new artificial lens implant. The operation will be performed at Ward 3 Leigh Infirmary. You will be informed of the date and time of your admission by letter.

On the day of admission

- Have a bath or shower the evening/morning before your operation.
- Please do not wear any make-up, nail polish, or jewellery including watches (wedding rings may be worn) and leave any valuables at home.

- Wear a clean loose or short sleeved blouse or shirt.

- If you are having a local anaesthetic, you should eat and drink as normal. Please make sure you have eaten before you leave home.

- Take your normal medications.

You will be seen by the surgeon and the anaesthetist on the ward prior to your operation, and there will be opportunity for you to ask any questions you may have.

In line with local governance procedures, in the majority of surgical cases your surgeon is required to mark the operation site pre-operatively with a marker pen. This forms part of the checking procedure and is a national safety guideline

Unfortunately, your relatives/friends cannot wait with you on the ward, so please bring a contact number with you and the staff will ring them when you are ready to go home.

There will be several patients on the operating list and your position on the list will determine how long you will be on the ward. Patients with certain conditions may need to take priority for medical reasons. The theatre lists run all morning or all afternoon. Do expect to be with us for a few hours.

After the operation you will be offered refreshments and arrangements will be made for your discharge home. This takes approximately one hour.

What happens during cataract surgery?

Surgery is performed on one eye at a time (you will require a second admission for your other eye). You will be given some local anaesthetic eye drops before the local anaesthetic is given around the eye area to numb your eye. You will be awake during the operation and a nurse will sit next to you and hold your hand. You will need to lie flat and still for approximately 20 minutes, your head will be raised to the level of one pillow and your face will be covered with a sterile sheet for a short period.

The surgeon will use a microscope during your surgery and will make a tiny hole in the white part of the eye (the sclera). The lens of the eye (cataract) is then broken up and removed using suction. Once this is done the new artificial lens is inserted and sits in the lens capsule. Stitches are not normally needed. You will have a pad or clear plastic shield over the eye after surgery.

Local anaesthetic for an eye operation

A local anaesthetic is a drug that stops you feeling pain. For eye surgery, it can be given as eye drops and/or injections. After you have the local anaesthetic, you will still be awake and aware of what is happening to you. The aim is that you feel no pain during the operation.

What are the advantages of local anaesthesia?

A local anaesthetic usually works very well at preventing you feeling pain during an operation on the eye. It also gives you pain relief after the operation, for several hours. It has fewer risks and side effects than a general anaesthetic, especially if you are elderly. This is because it doesn't affect other parts of your body, such as your breathing or heart. People recover more quickly following surgery under local anaesthetic and can go home on the same day. You can continue to take most of your normal medicines. You can eat and drink more freely with a local anaesthetic than with a general anaesthetic – staff at the hospital will advise you about this.

I would prefer a general anaesthetic; do I have a choice?

Yes. Nothing will happen to you until you understand and agree with what has been planned for you. If you prefer a general anaesthetic, you should discuss this with your surgeon.

There may be a medical reason why you should not have a general anaesthetic, or you may need an anaesthetic opinion. You may need to wait longer for your operation, as waiting lists for surgery under general anaesthetic tend to be longer. Some hospitals may not be able to provide operations under general anaesthetic.

Is the local anaesthetic injection painful?

This varies from person to person. Eye drops that numb the surface of the eye are used first to make it as comfortable as possible. A very fine needle is used to inject the local anaesthetic into the eye area, (not into the eye itself) and there may be a feeling of stinging or pressure, which usually lasts less than a minute. In our trust a study found approximately 20 – 30% of patients experience brief discomfort at this stage.

Are there any complications of local anaesthesia?

Local anaesthesia for eye surgery is the safest anaesthetic for many people. Sometimes you may develop bruising or a black eye, as the injection damages a small blood vessel around the eye. This is not usually serious but can look unsightly for a week or so. It is more common if you take aspirin or other drugs that thin the blood.

Rarely, bleeding after the injection can cause problems around the eye.

Your surgeon may decide that the operation will have to be delayed to another day.

Serious complications

Significant damage to the eye, blood vessels or eye muscles, and serious effects on your heart, blood pressure and breathing can happen. These are rare or very rare. Your anaesthetist and eye surgeon will be able to give more information about these complications.

You may not need glasses for distance any longer, but it is likely you will still need them for reading however, you should always check with your optician after cataract surgery so they can show you whether glasses could make your vision clearer or more comfortable.

If you have been short-sighted (see well for near but need glasses for distance) prior to surgery and would prefer to continue to wear glasses for distance after surgery and be less dependent on glasses for near tasks, then this is something you should discuss with the team prior to surgery.

Possible risks and complications of cataract surgery

As with any operation, cataract surgery does carry a risk of complications, these will be discussed with you when you are asked to sign the consent form in clinic. In most patients, the operation is successful, and vision improves.

The most common complications are as follows:

- Infection
- Bleeding
- Retinal disturbances
- Corneal (the clear part of the eye) clouding
- Reduced or loss of vision (blindness)
- Refractive error
- Rarely a second procedure may be required

- Posterior capsule opacity (cloudiness)

Posterior capsule opacification is quite common and can occur following cataract surgery. What this means is that the back of the lens capsule can thicken and become cloudy several months after surgery and can cause a reduction in vision. If this happens you need to report the decline in vision to your optician, and they can arrange for it to be treated in the outpatient clinic using a laser. This does not require an anaesthetic and is painless.

If you are concerned about any of these complications, please discuss this with the surgeon prior to your operation.

The following notes aim to provide some general information on what to expect and how to care for the eye after cataract surgery. They will apply in most cases, but the experience can vary from one individual to another. Occasionally arrangements will be different, and if so, please follow the specific advice of your team.

Following your operation

You will need to stay on the ward for approximately an hour after your surgery.

You may be given two tablets to take called acetazolamide. These are to control the level of pressure within the eye and are not pain killers. If you experience any discomfort or a headache, we recommend you take either your normal painkillers or Paracetamol tablets as per package information.

Due to the local anaesthetic, you may experience:

- Difficulty opening your eye lid

- Numbness in your face and mouth
- Double vision/visual disturbance
- Misty vision.

This usually disappears after a few hours.

Going home

Please rest quietly at home overnight. Leave the dressing/plastic shield in place until the following morning.

Morning after surgery

Ensure that you wash your hands first, remove the dressing / plastic eye shield, and throw it away.

Next, using cotton wool balls and cooled boiled water, gently bathe your eyelids with your eye closed from your nose outwards. Continue to bathe your eye this way each morning until you have finished using your eye drops.

Eye drops

Instil the eye drops as prescribed on the bottle and instruction leaflet. The drops you have been given to take home are enough to last for the length of time required. However, if necessary, further supplies can be obtained from your GP.

If you are already using eye drops for another condition, for example glaucoma/dry eyes, continue to use these as normal in the un-operated eye. You should recommence use in the operated eye, the day after surgery, leaving at least a 10-minute gap between each of your drops.

For the next few days you may experience:

- Blood-stained tears
- Blood shot eye
- Prickly or gritty sensation
- Watering eye
- Headache/discomfort (usually settled with Paracetamol or your normal pain killers)
- Misty vision
- Glare, halos or starbursts around lights at night (this may persist for a few weeks).

These should slowly settle after a few days, however, should you experience any symptoms which do not begin to settle after a few days please contact: Ophthalmic Department, Boston House Eye Clinic, telephone 01942 822244.

Following the operation, you should avoid

- Rubbing your eye with your hand or tissues as this may cause trauma or infection.

- Driving – until your optician or ophthalmic doctor advises you it is safe to do so. This is especially important if your job involves driving a works vehicle.
- Undertaking heavy manual work for example digging the garden or vacuuming
- Swimming or other sporting activities especially contact sports
- Wearing eye make up
- Exposing yourself to smoky atmospheres
- Getting soap or shampoo in the eye
- Going out in severe weather conditions. (You may find it more comfortable to wear dark glasses if going out in sunny or windy weather).
- Flying, although it is not harmful to the eye it is wise to avoid it for a week or two after surgery especially if travelling to an area where follow up care of your eye may be compromised.

The above restrictions apply for the first two weeks following surgery, you should gradually return to your normal activities over the following two weeks.

You may…

- Have your hair washed, using the back-wash method if possible
- Read
- Watch television

- Do light housework

- Resume light activities, but if something causes discomfort to the eye then don’t do it.

Work

You may consider returning to work one to two weeks after surgery if you work in a clean environment, and your job does not involve heavy lifting or driving professionally. Otherwise, you may need to remain off work for up to four weeks. Ask your doctor if in any doubt. You may self-certificate for the first week. Further Doctors notes can be obtained from your GP.

Glasses

The artificial lens implanted in your eye during surgery is for distance vision, which means your current glasses will no longer be suitable for your operated eye. You can ask your optician to remove the lens from your glasses on that side until you are ready to have your cataract removed on the other eye.

If you have now had cataract surgery on both eyes, or if you are not having cataract surgery on your other eye, you should be ready to be tested for new glasses in approximately six weeks. You will be advised about this at your out-patient appointment. If you wear glasses for reading you will still need these although the prescription will change.

Appointments

You are normally seen in the ophthalmic out-patient department four weeks after your operation. If you have not been given an appointment to take home one will be posted to you. Occasionally your surgeon may wish to see you sooner than this.

There are eye clinics at Leigh Infirmary and Boston House Eye Clinic. While every effort is made to make your appointment at which ever hospital is nearest to you, please be aware that for various reasons this is not always possible.

It is important that you attend your out-patient appointment, but if for any reason you are unable to do so or need to change your appointment, please ring the appointments department this number will be on your appointment letter.

What to look out for

- Deep eye pain which does not settle with pain killers
- Pain with nausea/vomiting
- Discharge or sticky eye
- Flashing lights
- Gradual shading as if a curtain is falling over all or part of your vision
- A deterioration in vision

If you experience any of the above, seek medical advice immediately.

Contact telephone numbers

Ophthalmic Department, Boston House Eye Clinic, Monday to Friday, 9am to 5pm, 01942 822244

If you have any difficulty getting through on these numbers, contact Royal Albert Edward Infirmary Switchboard: 01942 244000.

Outside of the Boston House Eye Clinic opening times, please attend the Accident and Emergency Department, Royal Albert Edward Infirmary, telephone: 01942 244000 and ask for Accident & Emergency.

For general enquiries, Monday to Thursday, 7:30am to 8pm, Ward 3 Leigh Infirmary, telephone: 01942 264260 or 01942 264261.

If you are experiencing any difficulties or have any concerns at the weekend or in the evenings after 5pm the following services are available to you:

Leigh Urgent Treatment Centre (next door to Leigh Infirmary) open 7am to 9pm everyday telephone 01942 483 453.

Wigan and Leigh GP HUB phone lines are open from 9:30 am to 3:15 pm weekends and bank holidays appointments are from 10am to 4pm telephone 01942 482 848.

RAEI, Wigan A&E switchboard telephone 01942 244000

St Pauls Eye Unit Liverpool telephone 0151 706 2000

Manchester Royal Eye Hospital telephone 0161 276 5533



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