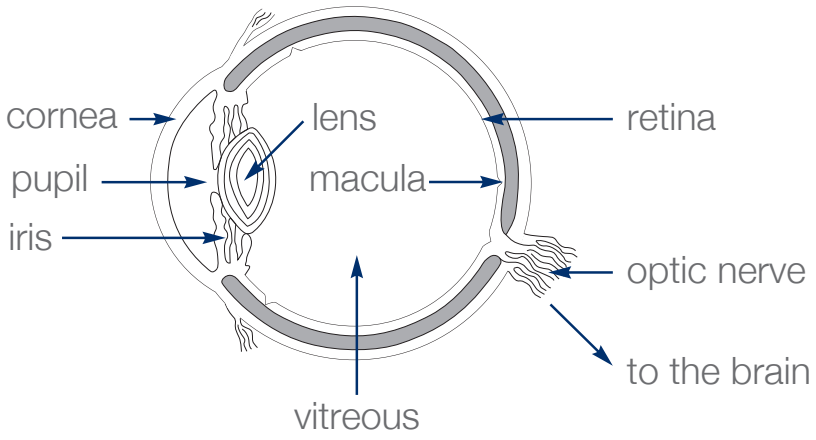
Cataract Surgery

Patient Information

INDEPENDENT HEALTH GROUP

Diagram


cornea
pupil
iris
lens
macula
retina
optic nerve
to the brain
vitreous

Cataract Surgery

Please read this information leaflet and consent form carefully.
Please ask the doctor any questions you have regarding this information.

Consent for cataract surgery

This leaflet gives you information that will help you decide whether to have cataract surgery. You might want to discuss it with a relative or carer. Before you have the operation you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery.

If you have any questions, you might want to write them down so that you can ask one of our staff.

You will be seen at your initial appointment by the same Ophthalmologist (eye specialist) that will then undertake your operation.

Understanding Cataracts

Cataracts are a very common eye condition. As you get older the lens inside your eye gradually changes and becomes less transparent (clear). A lens that has turned misty, or cloudy, is said to have a cataract. Over time a cataract can get worse, gradually making your vision mistier. A straightforward operation can usually remove your misty lens and replace it with an artificial lens to enable you to see more clearly again.

How your eye works

When you look at something, light passes through the front of your eye, and is focused by your cornea and your lens onto the retina. Your lens is normally clear so that light can pass directly through to focus on your retina (the lens is clear because of the way the cells in the lens are arranged). Your lens focuses light onto the retina, which converts the light into electrical signals. A network of nerves delivers these signals from the different parts of your retina to the optic nerve and then onto your brain. Your brain interprets these signals to “see” the world around you.

Your lens can change shape, allowing you to focus on objects at different distances, called “accommodation of vision”. As you get older, your lens isn’t able to change shape as well as it used to; even people who can see clearly in the distance without glasses will need reading glasses to see things up close. This process is not caused by a cataract.

Cataracts result from changes in the way the cells of your lens are arranged and their water

content, which causes the lens to become cloudy instead of clear. When this happens, light cannot pass directly through your lens and you may notice problems with your vision. A cataract is not a growth or a film growing over your eye; it is simply your lens becoming misty.

Causes

Cataracts can be caused by a number of things, but by far the most common reason is growing older. Most people over the age of 65 have some changes in their lens and most of us will develop a cataract in time. Apart from getting older, the other common causes of cataract include:

- diabetes
- trauma
- medications, such as steroids
- eye surgery for other eye conditions
- other eye conditions.

In general, the reason why you have developed a cataract will not affect the way it is removed. Most cataracts are caused by natural changes in your lens, which happen as you get older. However, the following factors may be involved in cataract development (please note that these are only suggested causes which are the subject of ongoing research): tobacco smoking, lifelong exposure to sunlight, having a poor diet lacking antioxidant vitamins.

Symptoms

Cataracts usually develop slowly and although symptoms vary there are some symptoms that most people experience. Most people will eventually develop a cataract in both eyes, though one eye may be affected before the other. When your cataract starts to develop, you may feel your sight isn't quite right. For example, if you wear glasses you may feel that your lenses are dirty, even when they're clean. Gradually, you may find your sight becomes cloudier and more washed out. Edges of stairs or steps become more difficult to see and you may feel you need a lot more light to read smaller print.

Another common symptom of a cataract is a problem with bright lights. Lights can seem to glare, or you may find that the headlights of a car dazzle you more than they used to. You may also notice a slight change in your colour vision – things may appear more yellow than before. This often happens if one eye develops a cataract first and colours look different when you compare one eye with the other.

If a cataract isn't removed, your sight will become increasingly cloudy. Eventually, it will be like trying to see through a frosted window or a heavy net curtain or fog. Even if your cataract gets to this stage, it can still be removed and your sight may be the same or almost the same as it was before the cataract developed.

Treatment

The only effective treatment for cataracts is surgery to remove your cloudy lens and replace it with an artificial lens implant. This is done by an ophthalmologist (eye specialist). Lasers aren't used to remove cataracts and there is no evidence to suggest that changing your diet, taking vitamins or using eye drops can cure cataracts.

Most people choose to have their cataracts removed when the change in their vision starts to cause them difficulties in everyday life. The timing of this varies from person to person. If you have problems in bright light, or you find reading or getting out and about, cooking or looking after yourself increasingly difficult then it may be time to consider having your cataract removed.

When you have your appointment in the eye clinic you need to make clear to the specialists any everyday problems you are having.

The operation

The purpose of the operation is to replace the cataract with a plastic lens (implant) inside your eye.

Cataract surgery usually takes between 10 and 20 minutes and you will be able to go home an hour later.

Local anaesthetic eye drops are used to numb the eye, occasionally a gentle injection may be needed. You will be awake during the operation but you will not feel any pain. You can talk to the operating team if you need any assurance.

You will also be given eye drops to dilate your pupil. Your face will be covered by a sheet, which helps to keep the area around your eye clean during the operation. The most common way to remove cataracts is called phacoemulsification. This technique uses high frequency sound energy to break up your natural lens with the cataract. Only really small cuts are used, so you do not need any stitches, and this helps to speed up your recovery from the surgery. Usually, the ophthalmologist uses a machine which acts as a microscope to get the best view of your eye.

The lens in your eye is made up of different layers and the outside layer is called the lens capsule. During the operation, the ophthalmologist cuts through the front of the lens capsule so they can reach the lens inside. Using the same instrument, the ophthalmologist can break up your lens and the cataract inside your eye, and remove it using suction. Your lens capsule is kept in place so that the artificial lens implant can be placed inside it. The tiny implant is folded so that it can be put into your eye through the same instrument that is used to remove your cataract. Once it reaches the right position, the ophthalmologist unfolds the artificial lens so that it

sits in the right place inside your lens capsule.

As you are awake during the operation it is important that you keep as still as you can; if you feel this will be difficult for you please discuss with the Ophthalmologist at your initial appointment. You will be able to hear what is happening in the operating room and can communicate with the ophthalmologist and the nurses. They are on hand to reassure you and offer any help if you need to move.

Because the eye is anaesthetised and your pupil is dilated, you may be able to see some lights and movement but not the details of the instruments used. You should not feel any pain in your eye.

After the Operation

You will be able to go home about an hour after your operation. You should of course go straight home and please remember that you have had surgery on your eye and rest as much as possible that day. Put your feet up!

You will be given eye drops to reduce the inflammation and prevent infection. Staff will explain how and when to use them.
Your eye will be covered with a clear plastic shield when you go home.
Your eye may begin to feel sore once the local anaesthetic starts to wear off. Usually the pain is not too bad and you can take a painkiller tablet, such as paracetamol, to help.
The dressing, which is put on in the clinic, usually needs to stay on your eye overnight, but you should be able to take it off the following morning.
Your eye may look red and you might develop some bruises but these

will improve over the next few days.

The vast majority of patients have improved eyesight within days after cataract surgery. Sometimes the vision may vary in quality for four to six weeks; after which your optician can prescribe your new glasses, if needed.

Benefits and risks of cataract surgery

The most obvious benefits are improved colour vision and greater clarity of vision. Lens implants are usually selected to compensate for existing focusing problems and most people find that their eyesight improves considerably after surgery but will need to replace their glasses.

Approximately 95% of patients will notice an improvement in their eyesight following cataract surgery.

Please note that if you have another condition such as diabetes, glaucoma or age related macular degeneration also affecting your vision, the recovery of your vision may be limited after surgery. Most patients do not achieve their full visual potential until they get their new glasses and some may even seem to have worse vision until their glasses are prescribed.

You should be aware that there could be complications either during or after the operation.

Risk to vision from the surgery

If complications occur, they can in most cases be treated effectively. In a small proportion of cases, further surgery may be needed.

It is possible for a cataract operation to leave you worse off than you are now:

One person in 100 will have worse vision in the eye than before the operation.

One person in 1000 will go blind in that eye as a direct result of the operation.

One person in 10,000 will lose the eye.

There is virtually no risk to the other eye.

If you decide against a cataract operation, your vision will probably slowly worsen as the cataract continues to develop.

Possible complications during the operation

Posterior capsule rupture tearing at the back part of the lens capsule with disturbance of the gel inside the eye that sometimes results in reduced vision. Risk 2 in 100.

Dropped nucleus part or the entire cataract falls through a rupture in the back part of the lens capsule into the back part of the eye, needing another operation to remove it. Risk 2 in 1000.

Suprachoroidal haemorrhage bleeding inside the eye, which may require the operation to be completed on another day.

Possible complications after the operation

Posterior capsular thickening clouding of the membrane behind the implant causing blurred vision. This is the most common post-operative problem. Risk 15 in 100 patients. It may come on gradually

after months or years and when this happens the back part of the lens capsule, which was left in the eye to support the implant, becomes cloudy. This prevents light from reaching the retina. To treat this, the eye specialist uses a laser beam to make a tiny hole in the bag to let the light pass through. This is a painless procedure, which only takes 10 to 15 minutes and is done in clinic.

Bruising of eye or eyelids (quite common)

High pressure inside the eye – for the first day or two (quite common)

Corneal decompensation clouding of the normally clear front window of the eye (cornea). This commonly recovers with time but sometimes the cornea remains cloudy and thus the vision remains blurred. Further treatment can be undertaken.

Refractive surprise the strength of glasses needed after the surgery is greater than expected. Sometimes a further operation is needed to swap the implant for one of a different power.

Cystoid macular oedema swelling of the central retina. This is commonly mild and needs no treatment. It can be severe causing reduced vision and require prolonged treatment. Occasionally the reduction in vision in long term. Risk 2 in 100.

Dislocation of the implant movement out of position of the lens implant. Risk approximately 1 in a 100.

Detached retina peeling off of the seeing layer of cells within the eye, which can lead to loss of sight. Risk 1 in 1000

Endophthalmitis severe, usually painful infection inside the eye that can lead to loss of sight, or even the eye. Risk 3 in 10,000

Allergy to the drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed. Complication rates quoted are derived from both UK and International data.

We hope this information is sufficient to help you decide whether to go ahead with surgery. Please use the space below to write down any further questions to ask the doctor or nurse when you come to the clinic for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.

Please read the consent form, which is a copy of the form that you will be signing before you have your surgery.

Consent Form

(for information only, no signatures required)

Statement of health professional

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

Improvement in vision. Approximately 95 out of 100 patients will notice an improvement in their eyesight following cataract surgery. Approximately one out of 100 patients will have worse vision in the eye than before cataract surgery.

Please note that if you have another eye condition, such as diabetic eye disease, glaucoma, or age-related macular degeneration, your quality of vision may still be somewhat limited even after a successful cataract operation.

Risk to vision from the surgery

I have advised the patient that there are a number of different complications that can occur either during or after cataract surgery, in most cases these complications can be treated effectively. In a small proportion of cases, further surgery may be needed.

A list of the most significant and common risks was included in the written information leaflet provided to the patient.

I have advised the patient that; One person in 1,000 will go blind in that eye as a direct result of the operation. One person in 10,000 will lose the eye. There is virtually no risk to the other eye.

Complaints Procedure

At Independent Health Group we endeavour to provide a service that does everything to satisfy the expectations of all our patients. We acknowledge that on occasions it may be necessary for a patient to raise concerns with regard to the way in which they have been treated. In the first instance we would appreciate the opportunity to discuss and understand the concern.

In the event of any complaint patients are asked to speak or write to the Head of Quality and Governance:
T:03330 100362 E: ihg.referralsandenquiries@nhs.net
Independent Health Group, Unit 8, The Office Village, Roman Way, Peasedown St John, Bath, BA2 8SG.

Wherever applicable the Head of Quality and Governance will recommend the services of an independent advocate or if the complaint is not resolved patients can contact the following:
Your Local Clinical Commissioning Group (CCG) NHS England at englandcontactus@nhs.net
Parliamentary and Health Service Ombudsman
T. 0345 015 4033 or visit www.ombudsman.org.uk/make-a-complaint.

The Care Quality Commission (CQC) T: 03000 616161 or E: enquiries@cqc.org.uk

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