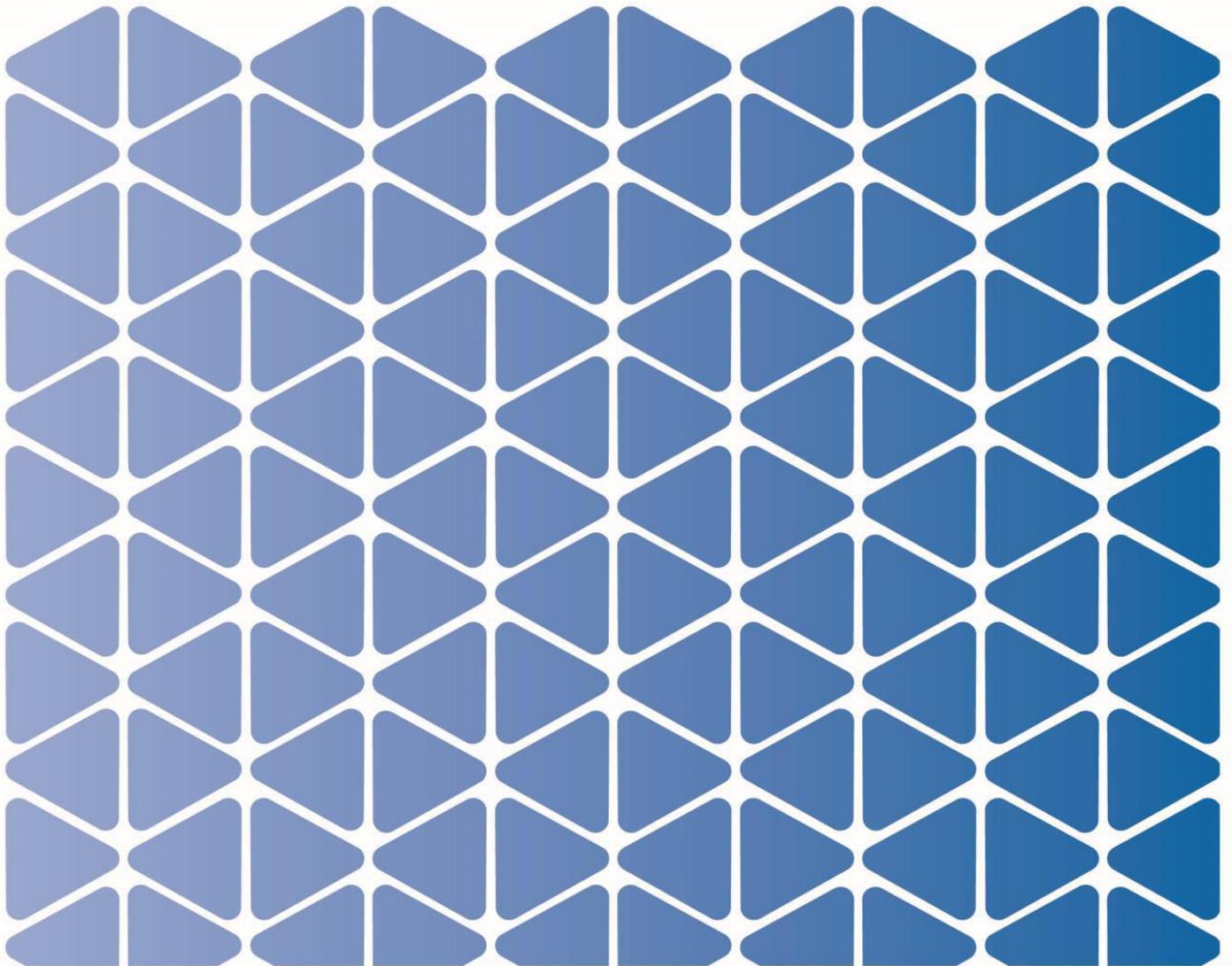




PATIENT INFORMATION

**CATARACT CARE /SURGERY**



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If you have been told that you have a cataract, a cloudy lens, don't be alarmed. Many people have some cataract and a vast majority can be treated successfully.

### **1) WHAT DO I NEED TO KNOW ABOUT MY FIRST VISIT TO THE EYE CLINIC?**

Your doctor or optician have arranged for you to come to the hospital for a one visit eye examination, please allow up to two hours.

We advise you not to drive to or from the clinic - this is because we will be dilating the eyes to complete a full eye examination and your vision will be blurred for a few hours afterwards. You will need a family member or friend to accompany you and bring you to the hospital and take you home.

#### **Please bring the following with you:**

- Your reading and distance glasses and any previous glasses prescriptions.
- Any medication including eye drops you are taking in the original containers. If taking warfarin treatment, bring your warfarin yellow card.
- A completed personal information form.
- If you usually wear contact lenses, please ring the secretary whose telephone number you will find on the Day Case Admission letter.
- Please bring this booklet to every visit

You will first be carefully checked by a health professional who will also take measurements, share information about cataracts and how our clinic is organised.

Your eye will be examined and if after discussion with your specialist eye doctor, surgery is required, you choose whether to proceed or not with cataract surgery.

This leaflet gives you the information that will help you to decide whether to have cataract surgery. Before you can have the operation you will be asked to sign a consent form at the clinic so it is important that you understand the information in this booklet before you decided to have the surgery.

If you have any questions, you may wish to write them down so that you can ask one of the hospital staff. There is space on section 6) Your questions for this.

## **2) UNDERSTANDING CATARACTS**

### **What is a Cataract?**

A cataract is a clouding of the part of the eye called the lens. Your vision becomes blurred because the cataract is like frosted glass, interfering with your sight. It is not a layer of skin that grows over your eye, despite what you may have heard.

### **What is the function of the lens?**

The lens is a clear tissue found behind the iris, the coloured part of the eye. The lens helps to focus light on the back of the eye – the retina – forming an image.

### **How Does The Cataract Affect Your Eyesight?**

#### **Blurry sight:**

This is very common. You may notice that your sight had become blurred or misty or that your glasses seem dirty and appear scratched.

#### **Dazzled by light:**

You may be dazzled by light, such as car head lamps and sunlight.

#### **Change in colour vision:**

Your colour vision may be washed out or faded.

### **What Causes A Cataract?**

Cataracts can form at any age. Most develop as people get older but we do not know why, although research is being done into a number of possible causes. In younger people we know that they can result from conditions such as diabetes, certain medications and alongside other long-standing eye problems.

### **What Treatment Is Available?**

The most effective treatment for cataracts is an operation to remove the cloudy lens. Diets or drugs have not been shown to slow or stop the development of a cataract.

### **When Should I Have The Operation?**

In the past eye specialists often waited until the cataract became 'ripe' and your vision was very poor before suggesting you had the cataract removed. Nowadays, with modern surgery, the operation is usually done when the cataract interferes with your daily life and your ability to read, to work or to do things you enjoy. You will probably want to consider surgery if this is the case.

Following cataract surgery the eye would be out of focus; this is usually overcome by placing an intra-ocular lens (artificial lens) inside the eye at the time of the operation. Once a lens implant is in position no further surgical treatment is usually required.

Multi-focal lenses can also be implanted into the eye, however, this type of lens is not available on the NHS and if this is an option you would like to consider you would need to seek private consultation.

If the cataract is not removed, your vision may stay the same, or it may get worse. Waiting for a longer period of time will not make the operation more difficult.

Occasionally cataract surgery may not be effective but the reasons for this will be explained to you by your specialist eye doctor at your initial consultation. As with everything in life, there are risks associated with cataract surgery and in spite of our efforts to minimise the chances of these, complications may occur.

If you are a car driver you must reach the visual standard required by the Drivers and Vehicle Licensing Authority, and it may be necessary to have the cataract removed in order to keep your license.

If you and your specialist eye doctor decide to continue with the cataract surgery, the chart on the last page of this booklet shows your journey through cataract surgery. Included are the planned visits and who will be caring for you at what time.

### **3) WHAT ARRANGEMENTS SHOULD I MAKE BEFORE THE DAY OF SURGERY?**

For the day of surgery you will need to arrange private transport to and from the hospital. In the event of any difficulty, transport can be arranged through your own GP surgery. A community transport list can be provided by hospital staff. It is recommended that you have access to a telephone for the first night after the operation.

You will be given eye drops to use after your operation. The hospital staff will explain how and when to use them. It is a good idea to have help at home, especially if you find it difficult to put your drops in.

### **What Do I Need To Do Before I Arrive At The Hospital On The Day Of Surgery?**

- With a local anaesthetic you should eat and drink as normal prior to surgery.
- You are able to take any medication including eye drops as normal unless instructed otherwise.
- Please bring with you a list of your medication.
- Please do not bring valuables with you.
- Please do not wear any eye or face make-up.

### **What Do I Need To Know About The Eye Theatre?**

You need to know the hospital address of the eye theatre where you are having your operation. This can be found on the back page of this booklet.

Where to go on arrival - Report to the Reception Desk where you will be admitted.

Arrangements for a relative or friend - a restaurant or coffee shop is a pleasant place to wait to be contacted by phone to collect you. Your relative or friend may leave a mobile telephone number or return in 1½ – 2 hours.

### **Who Are The People Caring For Me And When Will I Meet Them To Discuss My Care?**

- A receptionist will greet you and prepare your notes
- A team of nurses will care for you throughout your visit
- An anaesthetist will give you the anaesthetic
- An experienced eye surgeon will carry out the operation

### **What Operation Will I Have?**

Most cataracts are removed by a technique called phaco-emulsification. The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye.

### **What Type Of Anaesthetic Will I Have?**

Two methods can be used but local is the most common.

- Local Anaesthesia: where the patient is awake during the operation. The area to be operated on is made numb for a few hours with injections around the eye. General complications are less frequent but can still occur. The main complications, although rare, include bleeding and infection around the injection site or perforation of the eye with the anaesthetic needle.

- **General Anaesthesia:** where the patient is put to sleep for the operation is a safe procedure. However, complications can occur and are related to the general health of the patient.

These include thrombophlebitis, memory loss, strokes, heart and chest problems, brain damage and even death. This list is by no means complete and any concerns should be discussed with your anaesthetist.

The local anaesthetic will be given by an experienced anaesthetist or a trainee supervised by an experienced anaesthetist.

After some local anaesthetic drops have numbed the surface of the eye the anaesthetist will inject local anaesthetic around your eye. You may feel some discomfort for a few seconds as the solution is injected then your eye will become numb.

Sometimes your eyelids and your face and forehead are also numbed; this will last for about four hours after the operation.

A pulse monitor will be attached to your finger and your heart will be monitored. You may have a small plastic cannula inserted into a vein on the back of your hand prior to the anaesthetic.

### **What Happens During The Operation?**

Just before the operation, you will be given eye drops to enlarge the pupil. A nurse will escort you and will stay with you for the local anaesthetic. You will be asked to lie on your back on a comfortable trolley, your nurse will stay throughout the surgery and hold your hand if you wish, making sure you are comfortable and relaxed. Sterile towels are placed around your head and face covering your other eye, these do not obstruct your nose or mouth and oxygen is piped under the towels. You will not be able to see what is happening, but you will be aware of a bright light.

During the operation, you will be asked to keep your head still and lie as flat as possible. The operation normally takes 10-15 minutes but it may take up to 45 minutes.

The surgeon makes a very small cut in the eye, softens the lens with sound waves and removes it through a small tube. The back layer of the lens is left behind (posterior capsule). An artificial lens (implant) is put in the eye to replace the cataract and remains permanently in the eye.

Sometimes a small stitch is put in the eye.

Implants have been used for many years and are safe, stable and long lasting. You will hear the noise of the equipment working in the background. You will feel fluid on your

face, it is only the special fluid that circulates through the machine and is not anything to be worried about.

At the end of the operation, tape may be applied to the eyelid until the lids can open and close. A shield may be put over your eye to protect it from accidental rubbing and bumping after the operation. Your nurse will escort you back to the lounge for a cup of tea or coffee.

We want to assure you that your eye is not taken out of its socket during surgery. The operation is not painful and if stitches are used, they cannot be seen or felt. The operation cannot be performed by laser.

### **If I Am Anxious How Will I Be Helped?**

Throughout the surgery visit a nurse is allocated to care for you, available to discuss your concerns and be with you during the operation. If you are very anxious you can discuss this with the consultant anaesthetist on the day of surgery.

Common complications include:

- Bruising of the eye
- A bloodshot eye
- Numbness of the forehead or face
- Double vision

These are temporary and usually return to normal after a few days. Serious complications such as damage to the eye or reaction to the anaesthetic have been reported elsewhere but are extremely rare. Most patients find the local anaesthetic acceptable.

### **What Will Happen After My Operation Before My Discharge Home?**

Before going home we will confirm details regarding your after care. You will be given some eye drops and a post-operative appointment will be arranged.

**IF YOU ARE ALREADY TAKING EYE DROPS PLEASE INFORM THE STAFF OF THE EYE UNIT.**

### **4) ON DISCHARGE HOME WHAT SHALL I DO?**

When you arrive home relax quietly, you may watch the television or read if able. If you have a clear plastic shield covering the eye leave it in place until the following morning. The eye drops will be given to you to take home from theatre. Start the eye drops the following morning to reduce inflammation. Follow the eye drop regime given.

If you require more eye drops please see your GP. If the eye feels sticky you can bathe the lid beneath the eye with clear water.

### **If I Experience Any Pain How Will I Reduce It?**

If you have any discomfort we suggest you take a reliever such as paracetamol every 4-6 hours (but no aspirin or tablets containing aspirin – this can cause bleeding. If aspirin has been prescribed by your GP you must continue with this). It is normal to feel itching, sticky eyelids and mild discomfort for a while after cataract surgery. Some fluid discharge is common. After a few days even mild discomfort should disappear. In most cases healing will take about two to six weeks.

### **What Side Effects May Occur At Home And How Do I Recognise Them?**

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms after surgery.

- If your sight become worse.
- If you experience pain in the eye, which is not reduced after using your normal brand of pain relief.
- Increasing redness of the eye.

Points to remember:

You may experience a drooping eyelid, this should gradually return back to the normal position.

You may get bruising below the eye from the local anaesthetic this should not affect the eye or eyelid function.

For the first 48hours you may have double vision; this will improve as the eye muscles return to working normally for you. The eye may produce too much tears, this alone, is normal.

### **What Support Will I Have At Home?**

Please refer to telephone numbers and department opening hours on the back page of this booklet.

### **How Will The Operation Affect My Normal Lifestyle?**

Most people will have the operation and go home on the same day, and will probably be able to carry on with normal daily activities – but do think about the following for the next two weeks:

- Avoid rubbing your eye; if given a shield wear your eye shield at night.
- Do not do any heavy lifting, avoid strenuous exercise.
- You may go for a walk, but take care if it is windy, in case anything blows into your eye; protect with glasses or shield.

You may watch TV and reading will not harm the eye. You may use your own glasses or go without, whichever is better.

- Do not swim for 4 weeks after surgery.
- Flying by aeroplane is not a problem after a few weeks following cataract surgery but you must remain within easy access of healthcare.
- After one week you may gently wash your hair using a backward method, make sure not to get soap or water in the operated eye because the pain may make you rub the eye.
- Driving – The surgery will have changed the way your eyes work and the brain must get used to this before you drive. Do not drive for a week after surgery. If you are concerned about your vision please contact your Optician for an eye test.

The eye specialist or a nurse in the eye clinic will be able to answer any questions you may have and advise you when to have an eye check or when you can go back to work.

### **What Is The Likelihood Of Better Vision?**

The vast majority of patients have improved eyesight following cataract surgery. After the operation you may watch TV straight away, but your vision may be blurred. The healing eye needs time to adjust so that it can focus properly with the other eye, especially if the other eye has a cataract. For reading or close work most people require reading glasses.

Please note that if you have another condition such as diabetes, glaucoma or age-related macular degeneration your quality of vision may still be limited even after successful surgery.

### **What Are The Benefits Of Having This Operation?**

The most obvious benefits are greater clarity of vision and improved colour vision. Because lens implants are selected to compensate for existing focussing problems most people find that their eyesight improves considerably after surgery but may still need to replace their glasses.

Reading glasses are usually needed after cataract surgery.

## **5) WHAT ARE THE POSSIBLE COMPLICATIONS OF THIS SURGERY?**

Listed below are some but not all of the complications.

- Tearing of the back part of the lens capsule with the disturbance of the gel inside the eye that may sometimes result in reduced vision.
- Loss of all or part of the cataract into the back of the eye requiring a further operation. Bleeding inside the eye.
- Bruising of the eye or the eyelids.
- High pressure inside the eye.
- Clouding of the cornea.

- Dislocation of the implant or incorrect strength of implant
- Detached retina which can lead to loss of sight.
- Allergy to the medication used.
- Infection in the eye.
- Severe infection (endophthalmitis) which can lead to loss of the sight.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases, further surgery or laser treatment may be needed.

Very rarely some complications can result in blindness. Cataract surgery is one of the most successful operations. Fewer than two per cent of patients have serious, unforeseen complications, either during or after the operation.

The most common and easily correctable complication is a thickening of the lens bag - the part of the eye that holds the lens in place. This prevents light from reaching the retina. It can come on gradually after months or years. This can easily be corrected with laser treatment. The eye specialist uses a laser beam to make a small opening in the cloudy lens bag in order to improve the eyesight. This is performed painlessly in the outpatient department.

### **Do I Need To Come To The Eye Department After The Surgery?**

After your planned cataract surgery has been completed, you will be contacted by your chosen Optometrist within 48 hours.

The Optometrist will offer you a follow up appointment within 4 weeks of your operation.

During this appointment you will have your eyes examine and if you have no further eye conditions you will be discharged back to the care of your own GP.

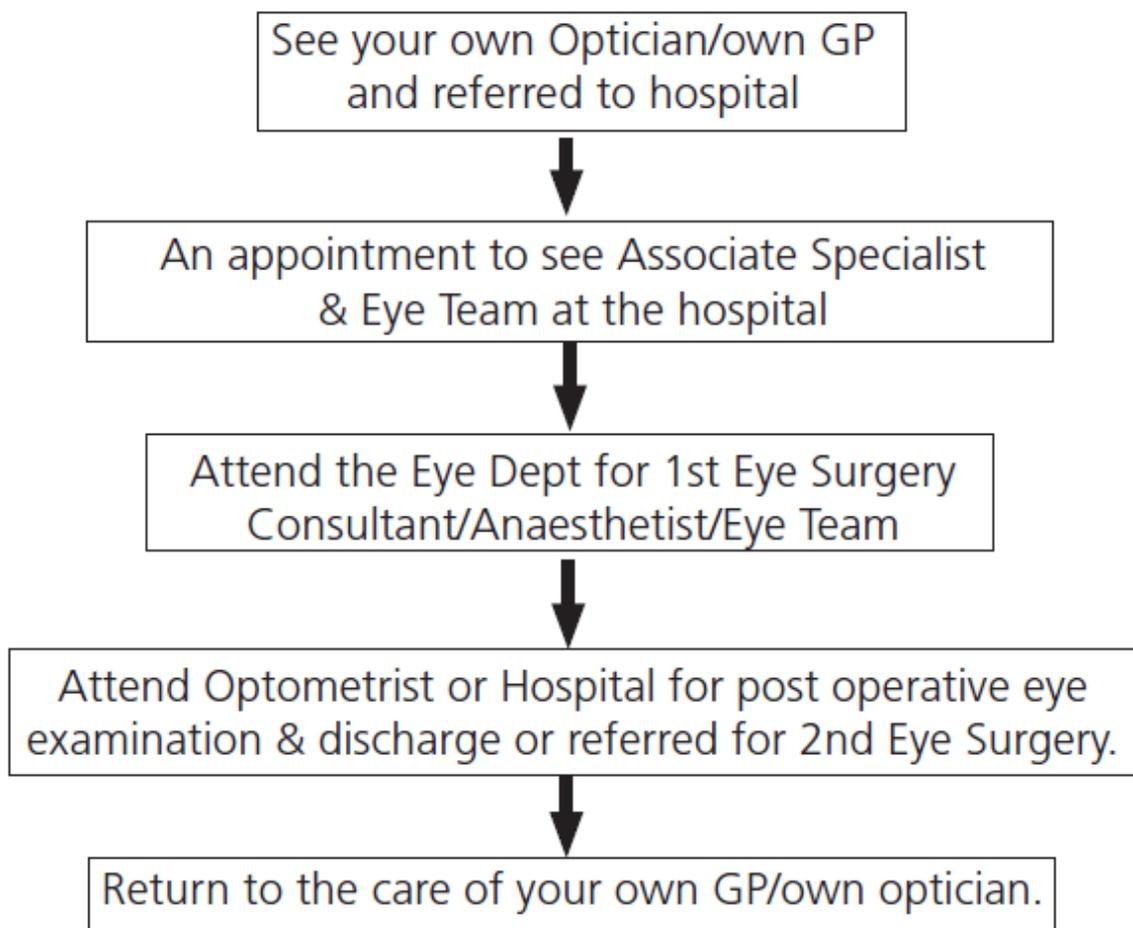
If you have another eye condition or live outside South Worcestershire you may be asked to attend the hospital for your post-operative check.

## **6) YOUR QUESTIONS**

Our commitment to you is to provide safe and comfortable eye care in attractive surroundings supported by a pleasant and effective service with complete integrity. We try to demonstrate at all times a genuine desire to please and to provide you with a completely satisfying experience. Less able people with specific needs are invited to request help from any member of staff. Please at any time feel free to speak to a member of the eye team or write in with any ideas or comments you may have to develop the service.

## **7) YOUR PATHWAY THROUGH CATARACT SURGERY**

The following chart shows your journey through cataract surgery. Included are the planned visits and who will be caring for you.



## **8) TELEPHONE NUMBERS**

Help and Advice for the first 48 hours following surgery, Monday to Friday 9.00am to 5.00pm

### **The Alexandra Hospital**

Woodrow Drive,  
Redditch,  
BG8 7UB  
Tel: 01527 503030

Please report to the Eye Unit if having local anaesthesia Ext 44059

Please report to the Birch Day Case Unit if having a general anaesthesia 01527 505786

For clinical queries please call Princess of Wales Eye Clinic on 01527 488198

### **Kidderminster Hospital and Treatment Centre**

Bewdley Road,  
Kidderminster,  
DY11 6RJ  
Tel: 01562 823424

Please report to the Ophthalmology Department Tel: 01562 512382

### **Worcestershire Royal Hospital**

Charles Hastings Way,  
Worcester,  
WR5 1DD  
Tel: 01905 763333

Please report to the Ophthalmology Department, Aconbury West. Tel: 01905 733569

Between the hours of 5.00pm and 8.30am or weekends and bank holidays contact  
your own Family Doctor  
or

Birmingham Midlands Eye Centre 0121 507 4440  
located at City Hospital in Birmingham and contact for A&E 0121 554 3801

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.