

**Patient Information to be retained by patient**

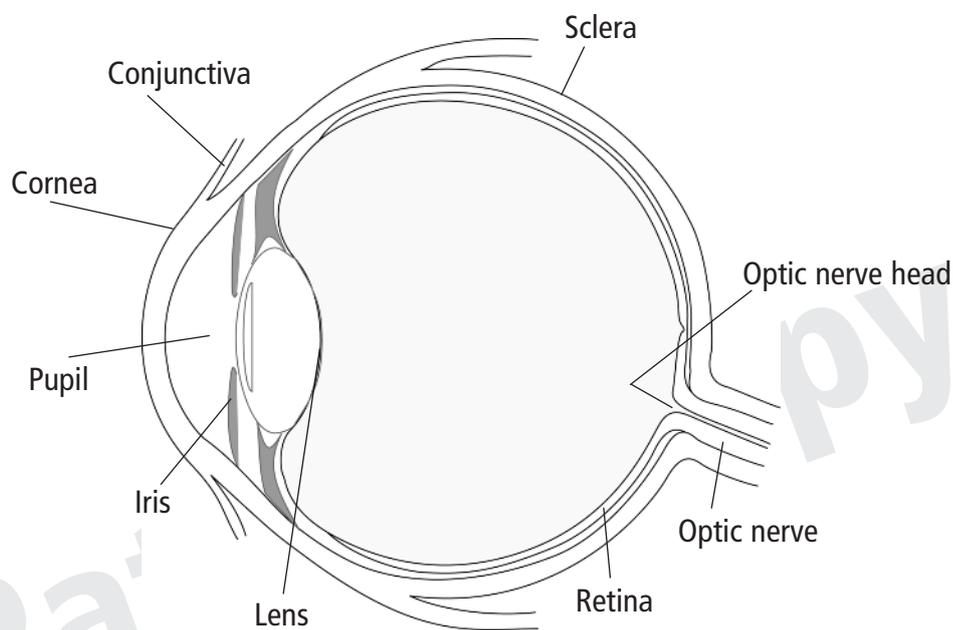
# Cataract surgery

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## What is a cataract?

The eye is made up of different structures that help you see clearly. Behind the iris (the coloured part of the eye) is the lens, which, like a camera focuses light rays onto the retina (the receptor layer at the back of the eye or the 'film' in the camera).

A cataract is a clouding of the lens. As the light rays can no longer pass evenly through the lens to reach your retina, it makes your vision blurred, like looking through frosted glass. A cataract is not a layer of skin that grows over your eye.



## What causes it?

The cataract is commonly caused by ageing changes in the lens. However, cataracts may also form due to conditions such as diabetes, taking certain medications such as steroids and other longstanding eye problems such as uveitis.

## How is it treated?

The treatment for cataracts is surgery to remove the cloudy lens and replace it with a crystal-clear plastic lens implant.

## When is the right time to have surgery?

If you do not suffer with blurred vision, do not drive a car or are managing day-to-day activities without any difficulty, you probably do not need to undergo a cataract operation.

There are three main reasons to undergo cataract surgery:

- if you suffer with blurred vision affecting your everyday life, and glasses do not improve the sight, surgery will give you sharper, clearer vision
- to maintain the minimum standards to drive a car. If you cannot read a front car number plate 20 metres away despite wearing your driving glasses, cataract surgery may extend your driving career
- if you suffer from narrow angle glaucoma your consultant may recommend early cataract surgery in order to control the pressure inside your eye.

### **Are there any alternatives?**

In the early stages of cataract, glasses can help to improve your sight. When glasses fail to improve your sight, there are no alternatives to improve your vision without cataract surgery.

### **What does it involve?**

A few weeks before your operation, a pre-operative assessment will be carried out. This will include taking measurements of your eye to determine what strength of the lens implant is needed. You will be given eye drops to take home, which you will need to put in at home on the day of surgery.

Cataract surgery is carried out under a microscope through a tiny opening at the edge of your eye. The cloudy lens is liquidized and removed. The clear membrane which originally contained the cloudy lens is left in place to receive the new lens implant. The operation takes about twenty to thirty minutes.

You will usually have this surgery as a day case whilst wide awake, painlessly under a local anaesthetic. You will lie on your back on a couch. The eye is numbed with either drops or an injection around the eye. You will lie on your back on a couch and we will make you comfortable.

All you have to do is to stare into the very bright light of the microscope and keep fairly still. You will not be able to see or feel the surgical instruments, but you will be aware of bright lights, sounds from the machinery and feel water irrigating your eye.

In some circumstances a general anaesthetic or local anaesthetic with sedation is appropriate and your doctor will discuss this with you at your clinic appointment.

### **How do I prepare for it?**

If you are undergoing surgery under local anaesthetic you should be prepared for about a 5-hour hospital stay, either all morning or all afternoon. If your surgery is under sedation or general anaesthetic, you may need to stay a couple of hours longer to allow for safe recovery.

On the day of your operation, before you leave home put an eye drop into the eye that is to be operated on – this will dilate your pupil. You would have been given this drop at your pre-assessment.

You will not usually need to undress for this operation if you are having a local anaesthetic. We suggest you wear clean clothes and items of clothing that do not need to be removed over your head.

If you are having your operation under local anaesthetic, you may eat and drink normally on the day of your operation. If you are having a general anaesthetic, you must follow the fasting instructions given to you at your pre-assessment.

Do not drive yourself to your operation. If you are having sedation or general anaesthetic, you should have someone to care for you overnight after your surgery. This is for your safety.

### **What happens at the hospital?**

You will be greeted by the staff, your details checked and your blood pressure and pulse taken. The nursing staff will put in more eye drops to enlarge your pupil. The operating doctor will see you before your operation. When it is time for your operation a nurse will accompany you to the anaesthetic room. You will be made comfortable on the theatre table. Following your operation, an eye shield (a clear plastic shell) will be taped over your operated eye and will remain there until the following day. If you have had an anaesthetic injection to numb the eye you may have an eye pad under the shield after the operation, which can be removed the following morning.

### **What happens afterwards?**

You will be taken back to the day ward area where you will have your blood pressure re-checked and be given light refreshments. A nurse will explain to you how to look after your eye when you get home and contact your relative or carer to collect you.

You will be given post-operative drops to settle the eye – these are usually used for 4 weeks as prescribed. In some circumstances additional drops or tablets may be given. If you also take eye drops for glaucoma, you must continue to use these as usual after the surgery.

### **What should I look out for?**

Telephone the Emergency Eye Clinic if you experience any of the following:

- pain in your eye that is not relieved by pain killers
- a large amount of sticky discharge
- increasing redness of your eye
- progressive deterioration of your vision
- showers of floaters or flashing lights.

### When can I resume normal activities?

You can resume normal activities such as bending down, watching television and reading straight away. You can usually return to work up to a week after the operation. This may be longer if your job involves heavy manual work or a dusty, dirty environment.

### Avoid:

- getting soap and water in the eye when hair washing for two weeks
- make-up for two weeks after surgery
- heavy exercise, gardening or lifting heavy weights for two weeks
- swimming for four weeks.

### When can I resume driving?

You may legally return to driving if you can read a car number plate at 20 metres with both eyes open. This usually takes a few days after the operation, but for some patients it is considerably longer, maybe up to six weeks or more. You may need to obtain a new pair of spectacles from your optician before you can drive.

### Will I need any follow up?

If your operation has gone smoothly and no other surgery is planned you will need to see your optometrist six weeks after the surgery. The optometrist will then inform us of the results of the surgery.

For all other situations you should receive a follow-up appointment at the hospital with a nurse or a doctor in 1-4 weeks, depending on the complexity of your surgery.

### Do I need to get new glasses before my second cataract operation?

Most patients can cope without getting new glasses before their second eye surgery. However, you should have a sight test at your local optician six weeks after your first eye surgery, and bring the results for the consultant to see at your second operation.

### Are there any risks or complications?

Most patients do extremely well, and the risk of cataract surgery is very small. As with all procedures, there are some risks from having this operation:

- **Infection** – About 1 in 2,000 patients contract an infection in their eye after cataract surgery, resulting in permanent loss of a substantial part of their eyesight, blindness or on rare occasions, loss of the eyeball itself.
- **Ruptured lens membrane** – About 1 in 200 patients suffer a rupture of the delicate lens membrane during the course of the operation. If this happens, it may result in your surgery being abandoned on that day. You would then need a second operation to be performed at Royal Cornwall Hospital (or maybe even out of Cornwall) by a different surgeon, several days later.

- **Unexpected longsightedness or shortsightedness after the operation** – Up to 1 in 10 patients who have undergone cataract surgery end up dependent on long-distance spectacles, despite the correct lens having been selected and implanted into their eye.
- **Bleeding behind the eye (expulsive haemorrhage)** – This is extremely rare but can lead to blindness.
- **Excessive and painful inflammation of the eye** – This would require an extended course of eye drops.
- **Dry, gritty eye** – This is common and may persist for several months after the operation, requiring frequent lubricating eye drops.
- **Swelling of the retina** – This results in a very slow recovery of vision and requires an extended course of treatment.
- **Detached retina** – needing surgery.
- **Clouding of the capsule** – can happen after several months. This can be corrected with a simple laser procedure.
- **Double vision or ghosting.**
- **Visual disturbance** – seeing an arc of light or shadow/dark crescent in the corner.
- **Waterlogging of cornea** – fluid build-up in the cornea (the clear window at the front of the eye).

#### Contact us

Outpatients booking team (for outpatient enquiries only):

**01872 25 2272**

Inpatients admission booking team:

**01872 25 2774 / 25 3902**

Eye Emergency Clinic (if you experience any post-operative issues immediately following your surgery, as outlined in the section 'What should I look out for'):

**01872 25 2324**

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

# Cataract surgery

**Right eye / Left eye** (delete as applicable)

*Removal of lens and replacement with intraocular lens implant*

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

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

- *Better vision in the operated eye.*

**Significant, unavoidable or frequently occurring risks**

- *Prolonged Inflammation*
- *Unexpected long or short sightedness*
- *Waterlogging of retina*
- *Dry irritable eye*

**Rare but serious risks:**

- *Bleeding behind the retina with loss of vision*
- *Infection inside the eye resulting loss of vision*

**Any extra procedures which may become necessary during the procedure:**

- *Vitrectomy - removal of some of the jelly if the capsule ruptures during the procedure*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure:** Cataract surgery CHA4222 which forms part of this document.

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia     Local anaesthesia     Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Cataract surgery CHA4222 which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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