

Understanding cataracts

Eye Pre-assessment Team
Tel: 01271 311594

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the team.

This booklet contains information you will need before and after your operation. Please bring it with you to the pre-assessment clinic and when you come in for your operation.

What is a cataract?

A Cataract is a very common eye condition. It causes a change in the lens of the eye, which makes your sight cloudy. Cataracts slowly get worse, so your sight gets cloudier over time. However, they can be removed with surgery and an artificial lens fitted to enable you to see again.

The lens

The lens is a transparent body behind the iris (the coloured part of the eye). The lens bends light rays so that they give a clear image to the back of the eye – the retina. As the lens is elastic, it will change shape, getting fatter for close objects and thinner for distant objects.

To help produce a sharp image, the lens must be clear. The diagram shows the main parts of the eye.

What causes a cataract?

Cataracts can form at any age, but most develop as people get older. These are usually called age-related cataracts. Most people over the age of 65 have some changes in their lens which will eventually lead to a cataract. Apart from getting older the other, common causes of cataract include:

Diabetes

Medications, such as steroids

Eye surgery for other eye conditions

Injury

Cataracts can also be present at birth. These are called congenital cataracts.

Although researchers are learning more about cataracts, no one knows for sure what causes them. There may be several causes; some studies have linked smoking, excessive exposure to sunlight and poor diet with cataract development.

Some symptoms

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The NHS relies on training junior surgeons in order to be sustainable in the long term. We usually have one surgeon in training on each operating list. You will meet our trainees at the pre-op ward round. Your operation or part of it may be carried out by the trainee. Appropriate supervision by a senior surgeon or consultant will be guaranteed.

What happens during the operation?

The theatre staff will ensure that you are as comfortable as possible and supported with pillows as necessary. It is very important that you lie still.

Normally cataract surgery is performed with a local anaesthetic. The local anaesthetic numbs the area that is being operated on. You will be awake but will feel no pain. Sensations of pressure, light and fluid moving over your eye are quite normal and do not mean that anaesthetic injection is not working.

The doctor will cover your face with a light sheet. This sheet will be raised above your face and rested over a bar so that it is not touching your mouth or nose. You may be given a pipe to hold which has air coming through it. You will be given a buzzer to hold in case you want to cough or feel uncomfortable, so you can alert the staff.

Usually the eye specialist will explain what is happening as the operation goes along, unless you request otherwise.

The most-common way to remove cataracts is called phacoemulsification. This technique uses ultrasound to break up

5. Floaters and/or flashes that are getting worse
6. A dark shadow or curtain from above or below
7. A **milk-like fluid level** in front of your iris (the coloured bit of your eye) this is an important warning sign

If any of the above symptoms occur, please ring **01271 322577** and ask for the eye doctor on-call to assess you over the phone, or if necessary in A&E. You would need to specify that you have had eye surgery and that you have detected warning signs that you wish to report. If in doubt, always insist to be assessed on a slit-lamp microscope.

Ideally you should not go to A&E without ringing ahead as this may entail a significant delay in your being seen. Obviously if you cannot get hold of anyone via phone, please go to A&E directly. You could politely mention to the triage nurse that as a postoperative patient

The eye specialist or a nurse in the eye clinic will be able to answer any questions you may have.

Medication

You must put your eye drops in regularly and as directed. This is usually four times a day for four weeks. You will have two different kinds of drops (an anti-biotic and an anti-inflammatory) and must leave a five-minute gap between them. These drops will be in addition to any other eyedrops you use. Please use these drops for four weeks, unless told otherwise.

Your eye may be slightly sticky in the mornings. You can bathe your eyelids using cooled boiled water, gauze or kitchen roll. Do not use cotton wool or tissues. If your eye is sensitive to light you can wear sunglasses or clip-on sun lenses.

Diet

You may continue with your usual diet.

Leisure activities

You may read, knit, sew and watch television, but if your eye aches, stop for a while and rest it. You should avoid activities such as golf, football, aerobics, gardening and DIY for two weeks, and swimming for six weeks.

Follow-up

When you go home, you will be given an appointment to see the doctor or clinical nurse specialist in four to six

The clinician will advise you when to visit the optician to have your eyes tested for new glasses, usually six weeks after the operation.

Bleeding inside the eye this is extremely rare but can lead to total loss of sight

After the operation

You may experience edge glare or dark line, an arc or shadow which is periodical in character but will usually resolve within three months

Bruising of the eye or eyelids

High pressure inside the eye

Clouding of the cornea

Incorrect strength or dislocation of the implant

Swelling of the retina (macular oedema) 3.5%

Detached retina, which can lead to loss of sight

Infection in the eye (endophthalmitis), which can lead to total loss of sight or even the eye (very rare 0.74%)

Allergy to the medication used

Serious or frequent complications

1:5 chance of requiring laser treatment later

A common occurrence that can develop some months or even years after surgery is called posterior capsular opacification. When this happens, the back part of the lens capsule, which was left in the eye to support the implant, becomes cloudy. This would make your vision blurry. To treat this, the eye specialist uses a laser beam to make a small opening in the cloudy membrane to improve the eyesight. This is a painless outpatient procedure, which normally takes only a few minutes.

Further information

If you have any questions once you get home, please telephone:

Day surgery unit **01271 322455** or

Eye Clinic **01271 322467**

Monday Friday, 9am 5pm

Outside of hours, ring the main switchboard on 01271 322577 and ask to speak to the ophthalmic doctor on call.

Useful contacts

Royal National Institute of the Blind www.rnib.org.uk
Email: eyehealth@rnib.org.uk

Royal College of Ophthalmologists www.rcophth.ac.uk
The Royal College of Ophthalmologists is unable to comment on individual patient care.

Drivers and Vehicle Licence Agency (DVLA)
www.dvla.gov.uk

Drivers Customer Services (DCS)
Correspondence Team DVLA
Swansea SA6 7JL
Tel: 0870 240 0009

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