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What you need to know about cataract surgery

What is a cataract?

The lenses in our eyes focus light on to the retina so that we can see clearly. As we get older the lens changes, becoming browner, and can develop some cloudy areas. This may make it difficult to see well enough to carry out normal daily activities and when this is the case we call it cataract.

This ageing process may be asymmetrical so one or both eyes may be affected. Contrary to what you might have heard a cataract is not a skin that grows over your eyes.

As the cloudiness of the lens i.e. the cataract develops it gradually restricts the amount of light that is able to enter your eye. You may experience some of all of the following symptoms:

- Blurred vision
- Colours seem faded
- Frequent changes required to your spectacle prescription
- Glare or dazzle

What causes cataracts?

Although cataracts are natural results of ageing they may occur in younger people due to a variety of reasons including:

- Trauma or injury to the eye
- Following other surgery to the eye
- Diseases such as diabetes or glaucoma
- After prolonged inflammation of the eye.

There is also a tendency for cataracts to run in families.

What is the treatment for cataracts?

Cataracts can take many years to develop that might affect your day to day activities. However, if the symptoms affect your normal activities you may consider an operation to remove the cataract and replace it with an artificial lens implant. This will then allow the light to pass through to the back of the eye again.

A cataract does not need to be “fully developed” before surgery however; you may wish to consider surgery when you believe that the reduction in your vision is sufficient to take the small risks of surgery.

There are some rare occasions when an intraocular lens implant is not possible and in such a case contact lenses or glasses may be prescribed in order to correct your vision. This is, however, more unusual and would be discussed with you in more detail at the time of your consultation.

Different intraocular lens implants may be used to correct your vision. In glaucoma patients I usually recommend single vision distance lenses are most appropriate to be able to continue to monitor glaucoma safely. Reading glasses may then be used, as prior to surgery, for most patients.

Admission for your cataract operation

Prior to the surgery you will have some tests together with the information needed for your surgery to go ahead. We will require on your previous medical history and surgical history together with your current medication and you can obtain an up-to-date copy of this information from your GP. You will be taken through the benefits and risks of surgery and a consent procedure including signing a consent form. This may have been filled in at a clinical assessment in advance or prior to the surgery.

A Nurse or Optometrist will measure the strength of your spectacles and the length and curvature of your eye(s). The information will be used to calculate the strength of the artificial lens implant to be placed in your eye once the cataract has been removed. The Nurse or Optometrist will explain what is happening at each stage.

Your operation

Most patients have cataract surgery as a day case procedure but you may wish to stay in the hospital overnight.

If you are having a local anaesthetic you will have to have a minimum of two hours with nothing to eat or drink before your operation. If you are having a general anaesthetic, or sedation, you will have to have a minimum of six hours with nothing to eat or drink before your operation. Further instructions about this will be given in the letter discussing your admission arrangements.

The operation is performed in the operating theatre and takes up to thirty minutes. During the operation the cataract is removed and replaced by an artificial lens implant. Most patients have this done under local anaesthetic. Eye drops will be put in to numb your eye and then generally you will have a sub-Tenons injection. This means that the local anaesthetic is in and around the eye though not by a sharp injection and it will make the eye around your eye go numb. It also stops the muscles working so that you can not close your eyelids. The feeling has been described as being similar to having a local anaesthetic at the dentist. Your eye may remain numb for 2-6 hours and this may affect your vision for that time.

During the operation you will be asked to keep your head and body as still as possible. The Nurse will hold your hand during the time you are having the operation so you will be able to be in communication with us.

Usually nowadays the cataract is removed by phacoemulsification. This means high speed ultrasound that breaks up the lens. A small incision is made in the front of the eye and a probe is passed in that can break the cataract into tiny pieces which are sucked out leaving a clear lens capsule behind. An acrylic lens is then folded and passed

through the incision into the lens capsule where it unfolds to its normal shape. Often the small incision is water-tight and will heal itself but occasionally it is supported by a stitch. After the operation a clear shield will be placed over your eye.

Immediately afterwards your eye may look red which is often due to the local anaesthetic given at the start of the operation and the antibiotic injection given at the end of the operation. This is normal and will settle down over the next four weeks. Most people experience very little pain but can have some mild discomfort or a gritty sensation which will settle over four weeks.

Risks associated with cataract surgery

Complications that may occur during surgery:

Cataract surgery is a very common operation with a good success rate. However, like any operation, there are some risks involved. In a recent national audit of cataract surgery about 5% of patients had some problems leading to a delayed recovery.

The most common one is the capsule bag of the lens breaking in 1-2% of eyes. Sometimes part of the cataract may then float into the jelly (vitreous gel) at the back of the eye and you may need to have a second operation. This, however is uncommon. If the lens capsule bag that supports the new lens does break it may be necessary to use a different type of lens implant. This may involve a bigger wound and more stitches and take a longer time for the eye to heal after the surgery and be ready for a new spectacle prescription. However, the final visual outcome is usually still good and this was the way we previously performed cataract surgery.

The most serious problem that occurs in less than 1 patient in a 1000 patients is internal bleeding inside the eye. This can lead to loss of vision in the eye.

Complications that may occur shortly after surgery:

The most serious problem that could occur after the operation is a severe infection inside the eye. This again is very rare, affecting up

to 1 patient in every 1000. This also can result in the loss of vision and antibiotic drops are given to help prevent this.

Other problems that can occur are:

- Inflammation inside the eye
- A rise in pressure inside the eye
- Clouding of the cornea (the transparent window at the front of the eye).

These problems usually last for only a few days and do not generally affect final vision but may require long term intervention or medication.

Long term complications:

A more common problem that may occur even years after the cataract operation is a clouding or opacification of the lens capsule bag behind the lens implant. The acrylic lenses that we use now reduce the risk of this happening but if it should become a problem and reduce your vision we are able to treat this using a laser beam to make a hole in the capsule. This is carried out as an out-patient procedure. The rest of the capsule remains to still support the implant but allows light to be focussed through the centre again.

I have listed above the most common complications associated with cataract surgery but it is not a completely exhaustive list. Please feel free to ask any questions about this.

After your operation

Immediately after your operation your face and mouth may feel a little numb following the local anaesthetic. This will wear off gradually. You may have reduced or double vision as the local anaesthetic wears off.

You may feel some slight discomfort for the first couple of days. Taking paracetamol or your normal painkillers will relieve this. If you have severe pain, nausea or vomiting or your eye becomes very red

and painful, or your sight worsens after the operation you must contact the hospital or myself immediately.

It is normal for your eye to water and it may be slightly bloodstained for the first couple of days. The following day you may remove your eye shield. Wash and dry the plastic cover in warm soapy water and keep this to be used in bed at night for two weeks as it will protect your eye during sleep. You can replace the shield using tape or even sellotape.

Please do not rub or touch your eye but if your eye is slightly sticky the following morning wipe your eyelids with clean cotton wool dipped in cooled boiled water. Use each piece of cotton wool or tissue only once and then throw it away. Always wash your hands thoroughly before and after touching your eye.

Please follow the directions carefully on your eye drops which will be given to you immediately after your operation. If you take drops for glaucoma or any other conditions please make sure that you are clear when you should continue these after the operation (they are almost always continued).

Your sight should improve almost immediately and you can read, watch television and go out of doors.

You may wash your hair but avoid getting soap into your eyes.

Two to four weeks after your operation

You can discontinue using the eye shield after two weeks. I will tell you when it is suitable for you to attend your own Optometrist for new glasses. Reading glasses are usually needed and many people do still require a spectacle correction for their best distance vision.

When you can return to driving will depend upon your vision in both the operated and the fellow eye. Please discuss this with me.

Contact Information

The information in this leaflet is intended as a guide only, as each patients experience will be different. If you require any further information or are concerned about your eye following surgery, please contact my secretary at the Alexandra hospital, the telephone number is 0161 495 6815.

If you are unable to speak to my secretary, please ring my secretary at the Eye Hospital who can contact me. The telephone number is 0161 276 6949. The nurses on the Private Patient Unit may also be able to advise you 0161 276 5600. If you are unable to contact my secretaries or me at the Eye Hospital and are concerned then the Emergency Eye centre on 0161 276 5597 is open everyday between 8.00 am and 8.30 pm.

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