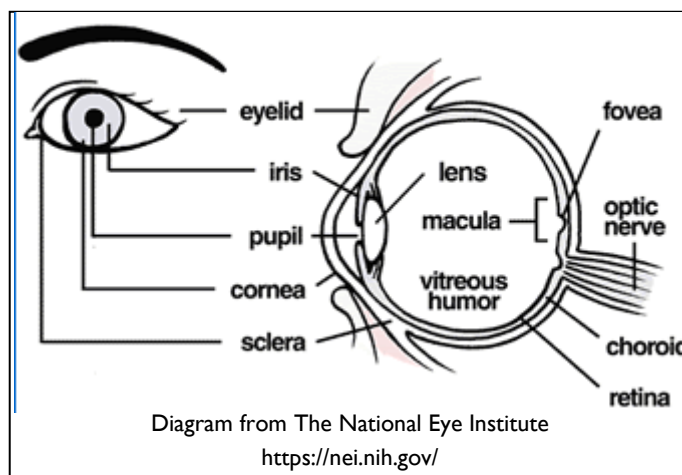


**Please read this information carefully.**

### Understanding cataracts

Your optometrist / GP has referred you to the Ophthalmology department because they believe you have cataracts. This leaflet gives further information about cataracts and cataract surgery. We hope that it will help you to decide whether to have an operation to correct the problem or not.



### What is a cataract ?

A cataract is a clouding of the lens. It is not a skin growing over your eye and, in most cases, it is just a natural part of the ageing of the eye. It causes your vision to blur, colours to fade and light to appear dim. This happens because light cannot pass through the lens properly to the back of the eye.

### How is a cataract treated ?

The only way a cataract can be treated is with surgery. With the advancements in surgical technique, cataract surgery is now **usually** performed as a day case under local anaesthetic, although you can choose general anaesthetic.

### What are the benefits and risks involved ?

The most obvious benefits are greater clarity of vision and improved colour vision. The surgeon will endeavour to compensate for any existing focusing problems, such as short-sight or long-sight, therefore many patients find that their eyesight improves considerably after surgery.

However, you should be aware that there is a small risk of complications, either during or after surgery. These include:

- Tearing of the lens capsule, causing reduced vision
- Loss of the cataract in the eye, requiring further, more complicated surgery
- Bleeding inside the eye
- Swelling of the retina
- Detached retina
- Infection of the eye

The risk of permanent damage caused by complications is about 3% and if this was to occur, further surgery may be required. The risk of minor complications, which will not result in permanent damage, but may reduce the visual outcome is about 5%.

Complications are rare and in most cases can be treated effectively and the vast majority of patients have improved eyesight following cataract surgery.

### Reasons we won't operate

If you suffer from other eye diseases you may be advised not to have the operation until the benefits outweigh the added risks those diseases cause. The diseases include:

- Glaucoma
- Age Related Macular Degeneration (ARMD)
- Diabetic Retinopathy
- Eye Inflammation Problems or Corneal Disease
- Other general medical reasons

These diseases may limit the improvement in vision we would expect you to achieve and, due to the nature of your cataract, may be undetectable until after your cataract surgery.

A decision about whether surgery is appropriate for you will be made at a **pre-assessment clinic**.

### What is a pre-assessment clinic ?

The pre-assessment gives you the opportunity to discuss:

- The potential risks and benefits of surgery
- Alternative options to surgery
- Any concerns you may have

Nurses will carry out some very detailed measurement of your eyes and assess your general medical health. The doctor will perform a very thorough examination of your eyes and assess your suitability for surgery.

**In order to perform the measurements on your eyes it is vital that you do not wear contact lenses for two weeks before your appointment.** In a very small number of people there is a possibility that the measurements of the eye taken at the clinic may be inaccurate. A small number of these cases may require further surgery.

These examinations can take a long time (**usually 2 to 3 hours**), although some of the time will be spent waiting for eye drops to work. These drops will dilate your pupils and this can affect your vision. We therefore advise you not to drive afterwards and maybe have someone come with you for your appointment.

If surgery is viable and you have signed the **consent form**, a date for surgery will be arranged for you.

### What is the consent form ?

If you decide to have an operation you will be asked to sign an NHS Lothian consent form. The form will confirm that you understand what is involved in the operation and accept the possible benefits and risks involved.

You may ask for a relative, friend or a nurse to be present when you sign the consent form. You can refuse treatment or defer consent to a later date if you wish.

## What is the consent form ? continued...

### The form will include the following questions:

- Are you the patient, parent or guardian?
- Is there anything that you don't understand about the procedure you are agreeing to have?
- Have you checked what operation you are signing for?

### The form will ask you to agree to:

- What is being proposed, as explained by the practitioner you have seen
- Your operation being recorded\* for teaching purposes

\* These recordings are used in the training of new NHS staff and are a valuable way of improving operating techniques. If you do not want your operation recorded you must say so and it will be recorded in your consent notes.

### The consent shows that you understand:

- The risks of the treatment
- The method of anaesthesia (General, Local or Sedation)
- That any other procedure in addition to the operation you are aware of will be allowed where it is deemed necessary and in your best interests, justified by medical reasons
- That the operation **may not** be done by the practitioner you have seen in the clinic

Training of doctors, nurses and other healthcare professionals is essential to the continuation of the Health Service. Your treatment may provide an important opportunity for such training. This will always be done under very close and careful supervision of a senior doctor or nurse. It is, therefore, not guaranteed that a particular individual will perform your operation, although the surgeon will have appropriate experience.

You must tell a senior doctor or nurse if you do not wish trainees / students to be involved in your care. You will be given a chance to read and sign the consent form and any objections you have raised will be noted on your consent form.

Please write down any questions that you'd like to ask during pre-assessment. Please don't worry about asking questions as our staff are always happy to help.

## What happens next ?

A cataract operation is **usually** performed under 'local anaesthetic'. In other words, you'll be awake during the operation. Local anaesthetic may simply consist of eye drops or it may involve injecting the solution into the tissues surrounding the eye; the injection does not go into the eye.

The operation normally takes 15 – 30 minutes, but it can occasionally take longer.

You may be offered an alternative type of anaesthesia if you are:

- Claustrophobic, prone to panic attacks or profoundly deaf
- Breathless, or unable to lie flat or still
- Cannot stop coughing
- Allergic to local anaesthetics

This will be arranged for you at the pre-assessment clinic.

## The day of the operation

Unless otherwise advised, please take your usual medication on the day of your operation. Please bring all your medicines, inhalers, sprays and eye drops with you.

The staff will inform you of any additional medication you may be required to take.

As you will go to the theatre in your own clothes, we recommend that they be casual, comfortable and loose fitting.

It is best if you **do not**:

- Bring valuables
- Wear make-up or nail polish
- Wear jewellery

## On arrival at the ward

When you arrive at the ward the nurse looking after you will introduce themselves to you and show you to your bed or seating area. After you have had a few minutes to catch your breath and remove your coat etc, they will admit you to the ward, issue you with an ID band and probably put a little mark above the eye which is being operated on.

They will also check your blood pressure and blood sugar levels (if you are diabetic). If everything is satisfactory they will begin to instil eye drops to dilate the pupil of your eye. Once you are ready you will be taken to the theatre for your operation.

## What is the operation like ?

Most cataracts are removed by a technique called phacoemulsification, which uses ultrasound to remove the cataract.

During the operation you will be asked to keep your head still and to lie as flat as possible. Your face will be covered with a drape, as may your clothes. You will still be able to hear what is going on and music may be playing during your operation.

You may feel a slight pressure in the eye and / or a trickle of fluid on your cheek, but both are painless and perfectly normal.

If you have any problems during the operation you will be able to speak and notify the surgeon and the nurses in theatre.

We would like to reassure you that the operation is **not** painful and that the eye is not removed during surgery.

## After the operation

You will return to the ward and receive, we are sure, a much awaited cup of tea and possibly something to eat.

You may also be required to take a tablet to help control the pressure in the eye following surgery.

When you are ready to go home you will be advised of what you can and cannot do following the operation. A post-operative appointment will be arranged for you.

We would prefer that you **do not** use public transport to get home after your operation and therefore you should have someone available to take you home.

## Basic Do's and Don'ts

### For the first four weeks avoid:

- Rubbing or bumping your eye
- Any heavy lifting, strenuous exercise and swimming
- Driving, unless we tell you it is safe to do so

### You can:

- Wear sunglasses (remember everything will be very bright)
- Read or watch television, as long as you find it comfortable
- Shower, bathe and wash your hair

Your sight will usually improve within a few days, although complete healing may take several months. **You must use eye drops for a month after the operation.**

## At home again

Although the operation tends not to be painful, you may experience some mild discomfort after the operation. We recommend that you use your own preferred painkiller, such as Paracetamol, if this occurs.

You will have been given drops to put into your eye after the operation. It is very important to use these drops as prescribed as they help the eye to heal and prevent infection after the operation.

Infection is the thing you have to guard against. It is very important to wash your hands before touching the eye or putting in your post-operative drops.

Your eyes may become sticky because of the drops. We advise that you clean your eyelids with cotton wool and boiled water that has been allowed to cool down to room temperature again, should this happen. It is important that you only wipe the eye once with the cotton wool and never put dirty cotton wool in your clean water.

You will normally be asked to visit your own optician 5-6 weeks after your surgery.

**It is very important that you attend this appointment.**

## Things to look out for...

Although complications are rare, it is important that any that arise are treated quickly. The most common signs that things are not quite right are if:

- You have a sudden loss of vision
- You are experiencing pain

If either of these occur then please do not hesitate to contact the Eye Department using the contact details below.

Another common complication is called Posterior Capsular Opacification. This tends to occur gradually over many months or years after a cataract operation and may feel like the cataract has come back. *Don't worry, it hasn't!* It is just the remaining lens capsule, which supports the new lens implant, that has become cloudy and is preventing light reaching the retina.

The treatment is painless and involves a laser to make a small opening in the cloudy membrane. Your optician will refer you to a special eye laser clinic in the Eye Department if this occurs.

We hope that the information provided in this leaflet is sufficient to help you decide whether to go ahead with surgery or not.

## Contact details

### Appointment enquiries

Monday – Friday between 9am and 5pm

St John's Hospital, Livingston  
01506 524 286

Princess Alexandra Eye Pavilion, Edinburgh  
0131 536 1628 (Option 3)

### Post-operative clinical advice

Monday – Thursday between 8.30am and 5pm, Fridays between 8.30am and 2pm

Eye Department, St John's Hospital, Livingston  
01506 522 180

### 24 hour helpline

Ophthalmology Ward, Princess Alexandra Eye Pavilion, Edinburgh  
0131 536 1172

### Other useful contacts

Driver and Vehicle Licence Agency (DVLA)  
Drivers Medical Group  
Swansea, SA99 1TU

0845 850 0095  
[www.dvla.gov.uk](http://www.dvla.gov.uk)