

# Cataract surgery

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Information for patients attending appointments at King's College Hospital only

This leaflet explains cataract surgery, including what happens before, during and after the procedure as well as the benefits and the risks.

If you have any questions or concerns, please do not hesitate to ask the doctor or nurse at your next clinic appointment, or call the helpline number on page seven. You may also wish to discuss the procedure with a relative, friend or carer.



## What is a cataract?

Your eye is made up of a number of different parts that help you see clearly. Behind the coloured part of your eye (the iris) is the lens. Like a camera lens, this focuses your vision.

If you have a cataract, the lens becomes cloudy and opaque. This makes your eyesight blurred because it is like looking through frosted glass. A cataract is not a layer of skin that grows over your eye.

You can get cataracts at any age. They are more common the older you get, although conditions such as diabetes, certain medications and other long-standing eye problems can cause cataracts to form in younger people.

They can make your eyesight blurred and colours seem faded. You may also be dazzled by bright light, such as car headlamps and sunlight.

## What is cataract surgery?

It involves removing the cataract and replacing your natural lens with a plastic one (implant). You can have the surgery either with a local anaesthetic, so you are awake but feel no pain, or under a general anaesthetic and asleep.

## Why do I need this procedure?

Having surgery to remove your cataract and replace your natural lens will enable you to see better.

We used to wait until a cataract became 'ripe' and your vision was very poor before suggesting you have it removed. But modern surgery means you can have the operation as soon as your eyesight affects your daily life and your ability to read, work or do the things you enjoy. You will probably want to think about having surgery if this is the case.

## What are the benefits of cataract surgery?

If you do not have any other conditions that affect your sight, after cataract surgery you should be able to:



- see things in focus. We choose lens implants that correct some of the problems you have with focusing. You may still need glasses but you will need a new prescription
- look into bright lights and not see as much glare
- tell the difference between colours.

## **What are the risks of cataract surgery?**

Problems are rare and we can usually treat them. Sometimes, you may need more surgery. Very rarely, certain complications can cause blindness.

The most common problem is called posterior capsular opacification (PCO). This is where the back part of your lens capsule (the 'pocket' that the lens sits in), thickens and causes cloudy vision. This is not the cataract coming back. You may get PCO gradually, over a number of months or years.

About 80% of patients will eventually develop PCO, but only 20% will need treatment. To correct it, the eye specialist will use a laser beam to make a small opening in the thickened membrane. You can have this procedure in an outpatient clinic. It is painless and normally takes only a few minutes.

## **Risks during the operation**

- The surgeon may tear the back part of your lens capsule. This can disturb the gel inside your eye and may affect your eyesight. The surgeon will put this right during your cataract operation.
- All or part of the cataract may fall into the back of your eye. If this happens you will need another operation and may need to have a general anaesthetic.

## **Risks after the operation**

- Your eye or eyelids may be bruised. This will not affect your eyesight and will gradually clear, like any bruise, over a few days or weeks.
- Your eye may be very inflamed.
- Inflammation may cause high pressure inside your eye. If this is not treated it can damage your optic nerve and reduce your sight.



- Your cornea may become cloudy and reduce your sight. But it will clear, usually within a few weeks.
- Your eyesight will be poor if the new lens is not the right strength or it is not put in the right place. You may need more surgery to replace or put it in the right position.
- Your retina may swell up (macular oedema). We may give you eye drops to help reduce this and improve your vision.
- You may have a detached retina which can cause loss of sight. You would need more surgery as soon as possible to reattach your retina and give you back as much sight as possible.
- Your eye may become infected (endophthalmitis) which can cause sight loss. We would give you a course of eye drops, antibiotics in your eye and tablets to treat this. The earlier we diagnose this, the better your eyesight will be.
- You may have an allergy to the eye drops we give you after the operation. This can be painful and make your eyelids and eye swell. We would stop the drops and give you a different type.

## What are the risks of anaesthetic?

**Local anaesthetic:** There is a small risk of bleeding at the injection site. If this happens, we may delay your operation until a later date.

**General anaesthetic:** The risks of a serious reaction are rare, whatever operation you are having, but can include heart and breathing problems.

## What are the alternatives?

Surgery is the only treatment for cataracts in the UK. If your cataract is not removed, your vision may stay the same or it may get worse.

If you delay until your eyesight becomes so poor that all you can see is light and dark, this may make the operation more difficult.

**If you have any questions or need advice, call the Cataract Helpline on 020 3299 1705, 9am - 5pm, Monday to Friday.**

## Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and



alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

## **Will I be able to see better after surgery?**

**You will be able to read or watch television almost straight away, but your vision may be blurred. Your eye will be healing. It needs time to adjust so it can focus properly with your other eye, especially if you have a cataract in your other eye.**

**The vast majority of patients have better eyesight after cataract surgery. But if you have another condition that affects your sight, such as diabetes, glaucoma or age-related macular degeneration (AMD), you may still have limited vision even after successful surgery.**

## **Do I need to prepare for the operation?**

**If you are having a local anaesthetic:**

- you can eat and drink as normal
- you must take your medication as normal.

**If you are having a general anaesthetic and are arriving at 7.30am:**

- you must not eat after midnight
- you can drink small amounts of water until 5.30am
- you can take your normal medication (unless told otherwise) with a small amount of water.

**If you are having a general anaesthetic and are arriving at 12.30pm:**

- have breakfast by 7.30am
- you can have small amounts of water until 11am
- you can take your medication as normal.

## **What happens before the operation?**

We will put some drops in your eye to dilate (widen) your pupil (the black circle at the centre of your eye). We will then give you a local or



a general anaesthetic. We will tell you which type you are having at your pre-operative assessment appointment.

**Local anaesthetic:** We may give you anaesthetic eye drops or an injection into the skin around your eye. Having this type of painkilling medication means you will be awake during your operation. You will not be able to see or feel what is happening, but you may be aware of a bright light. We will ask you to lie fairly flat and keep your head still. We will cover your face with a sterile sheet, but you will be able to breathe normally.

**General anaesthetic:** We will give you an anaesthetic injection into the back of your hand, which will make you fall asleep while you have your surgery.

## What happens during the operation?

An eye surgeon will carry out your surgery or they may supervise another doctor who also does operations.

Most cataracts are removed using a type of surgery called phacoemulsification.

The surgeon will make a very small cut at the edge your cornea (the see-through outer layer on the front of your eye). They will put a small probe into your eye that releases ultrasound (high-frequency) waves and breaks your lens and cataract into tiny pieces.

They will remove these pieces through a small tube and put in an artificial plastic lens (implant) to replace the cataract. Sometimes they put a small stitch in your cornea.

At the end of the operation, they will put a pad or shield over your eye to protect it.

## How long does the operation take?

It usually takes up to 45 minutes.

## What happens after the operation?

When we book you in to have your surgery we will explain how to care for



your eye after the operation. We will also give you full written instructions. It is important that you understand these instructions and follow them carefully so you do not have any problems.

It is normal to have itchy, sticky eyelids and mild discomfort for a while after surgery. After one – two days even this mild discomfort should go away. We will give you eye drops to reduce inflammation and prevent infection.

Your eye will take about two – six weeks to heal. Once it is healed, you can visit your optician for a new glasses prescription.

## **Who can I contact with queries and concerns?**

If you have any questions or concerns, write them down and bring them with you when you come for your operation. You can also call the Cataract Helpline for advice:

Tel: **020 3299 1705**, 9am - 5pm, Monday to Friday

## **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## **Care provided by students**

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is



located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Fax: **020 3299 3626**

Email: **kch-tr.PALS@nhs.net**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**

## **Where can I get more information about cataract surgery?**

**NHS Choices:** [www.nhs.uk](http://www.nhs.uk)

**Royal National Institute for the Blind (RNIB):** Helpline: 0303 123 9999, 8.45am – 5.30pm, Monday to Friday, [www.rnib.co.uk](http://www.rnib.co.uk)

## **Notes and questions**

Use this space to write down your questions or to make notes on anything you have read.

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Document revised by:

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[www.kch.nhs.uk](http://www.kch.nhs.uk)  
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King's College Hospital is part of King's Health Partners Academic Health Sciences Centre (ASHC), a pioneering collaboration between King's College London, and Guy's and St. Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts.

For more information, visit [www.kingshealthpartners.org](http://www.kingshealthpartners.org) 