

Phaco-endoscopic cyclophotocoagulation (phaco-ECP)



Information for patients

This leaflet answers some of the questions you may have about combined cataract and keyhole glaucoma laser surgery. It explains the benefits and the risks of the endoscopic cyclophotocoagulation (ECP) glaucoma surgery and what you can expect when you come to hospital.

For more information about cataract surgery, please read our Cataract surgery leaflet. If you have any queries or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

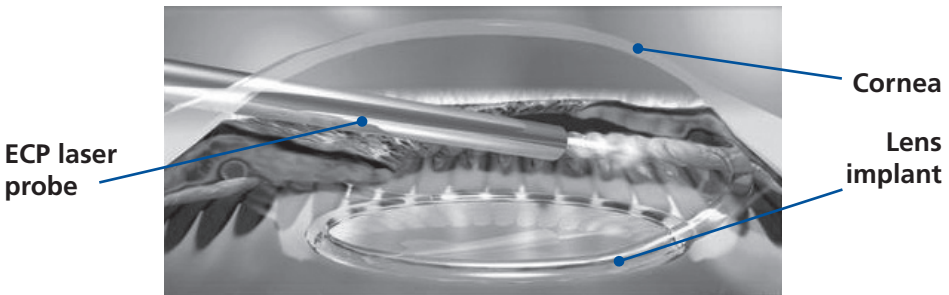


What is phaco-ECP?

It is an operation used to treat both a cataract (clouding of the lens inside your eye) and high eye pressure or uncontrolled glaucoma at the same time.

The surgeon removes your cloudy lens (cataract) in the usual way. This procedure is explained in our Cataract surgery leaflet. They then use a laser to treat the ciliary processes, the part of your eye that makes fluid (aqueous humour). This slows down their ability to make fluid and lowers the pressure inside your eye.

The surgeon uses a small probe with a tiny camera on the end (keyhole endoscope) to see inside your eye and use the laser. They put this through the small cut they make in your eye to treat your cataract.



Keyhole endoscope with laser treating the ciliary processes

Why do I need the operation?

Your eye surgeon has recommended you have phaco-ECP because:

- eye drops have not reduced the pressure in your eyes enough to prevent damage to your sight in the near future

and / or

- eye drops are not suitable for you

and

- you have signs of cataracts.

What are the benefits?

- **Reduces the pressure inside your eyes:** This helps you to keep the sight you still have and aims to prevent further loss. It will not give you back any sight you may have already lost from glaucoma and it will not improve your sight.
- **May reduce or eliminate your need for eye drops:** depending on your individual circumstances Phaco-ECP may either produce a lower and safer eye pressure on your current eye drops OR allow reduction of your current eye drops without an increase in your eye pressure.
- **Removes your cataract(s):** This should improve poor vision caused by cataracts. It will not improve any sight you may have lost from glaucoma.

What are the risks?

Common, short-term risks

- Red eye
- Bruising
- Eye inflammation
- Slightly blurred vision for a few days
- Short-term discomfort/ gritty feeling.

Serious but rare risks

- Severe inflammation – 5-7% risk (ref 1 and 2)
- Short-term rise in eye pressure – 2-14% risk (ref 1 and 2)
- Swelling of your macula (macular oedema) – 4% risk (ref 2)
- Severe loss of sight caused by infection – 0.05% risk (ref 3).

Need for further surgery

- Eye pressure drops too low. Although this is a possibility, it has never happened with this procedure.
- If Phaco-ECP is not as effective as hoped then it does not prevent other forms of glaucoma surgery afterwards such as Trabeculectomy or Tube Surgery.



What are the risks of having a local anaesthetic?

Very rare risks

- Allergic reaction to the local anaesthetic. This is much less likely than an allergic reaction to a general anaesthetic.
- Serious complications such as fits, heart or breathing problems. Your anaesthetist is trained to deal with these emergencies.
- Overdose of local anaesthetic. This is very unlikely because we weigh you before you have the local, to find out how much you need.

What are the risks of having a general anaesthetic?

Straight after a general anaesthetic you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours. During the first 24 hours you should not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

You may feel weak or dizzy at times during the first 7 – 10 days. If this happens, sit down until the feeling passes.

Are there any alternatives?

- You can keep using eye drops, but your sight is likely to get worse. You could lose your sight without some form of surgery.
- We sometimes offer patients another type of laser treatment which you have in an outpatient clinic. This is not suitable for everyone.

Consent

We must by law obtain your written consent. Staff will explain 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.



What happens before the operation?

We will ask you to come to an appointment at the pre-assessment clinic a few weeks before your operation. At this appointment we will give you any special instructions you need to follow and discuss with you the type of anaesthetic we are going to use. You may have a local anaesthetic, where your eye is numbed and you are awake during the operation, or a general anaesthetic, where you will be asleep.

On the morning of your operation it is important that you use your eye drops as normal, unless your doctor has told you otherwise.

What happens during the operation?

You have your operation in one of our theatres. A doctor will see you before surgery to check your eye pressure again and answer any questions you may have. You will also see the anaesthetist.

You will then be taken to theatre and be given a general or a local anaesthetic, depending on which you have chosen.

The surgeon will perform cataract surgery in the normal way.

Once they have put the new lens in your eye, they will put the endoscope in through the same cut they made at the edge of your cornea (the see-through outer layer at the front). They will then use a laser to treat the ciliary processes that make the fluid in your eye. This lowers the pressure in your eye.

You will have antibiotics and an anti-inflammatory injected into your eye, to reduce the risk of infection and swelling. The injection will not hurt.

The cut usually heals on its own so you do not need stitches. About 2% of patients will have a small stitch put in to make sure the cut heals correctly. This either dissolves on its own or is taken out in outpatients after you have been given some drops to numb your eye.



How long does it take?

The surgery takes about 30-45 minutes. You are usually in hospital for half a day. Some patients need to stay overnight.

What happens after the operation?

It is normal for your eye to feel uncomfortable and it will be a little red and swollen. These symptoms will get better over the first two weeks.

The inside of your eye may also be swollen. We will give you eye drops to ease any swelling and some antibiotic drops to prevent infection. Your doctor will explain exactly how to use them. Only use them in the way explained.

Before you go home from hospital, we will put a patch over your eye to protect it. If your sight is not good in the eye that has not been operated on, we will put a clear shield over your operated eye instead of a patch so you can still see. The patch or shield will be taken off the next day when you come to your follow-up outpatient appointment. You do not need to start using the drops in your operated eye until we have checked it to make sure it is settling well.

We will also give you a plastic night shield to wear while you sleep, to stop you accidentally rubbing your eye. You need to wear this at night for four weeks, unless your doctor tells you otherwise. Wash and fully dry the shield before covering your eye each night. You can also wear it during the day if you are worried about harming your operated eye.



If you have any of the following symptoms, please call the hospital straight away (see page 8 for contact numbers). You could lose the sight in the operated eye without more treatment:

- **severe pain**
- **your eye is sticky and keeps producing a sticky discharge after you have gently bathed it with cooled, boiled water**
- **a sudden or very obvious worsening or darkening of your sight**
- **shadows or a 'spider web' pattern across your vision**
- **flashing lights**
- **increasing redness of your eye.**

What happens when I go home?

It is normal for your operated eye to be a little sticky when you wake up in the morning. Gently clean your eyelid with cooled, boiled water.

Please ask your doctor for more information about how to do this safely. Remember, always wash your hands before cleaning or putting drops in your eye.

Avoid stooping, bending and any hard activity for the first two weeks after your operation, or until your doctor tells you otherwise. You should also avoid swimming and contact sports.

You may need to take up to two weeks off work, depending on the type of job you do and the vision in your other eye. You may need more time off if it involves heavy lifting or dirty or dusty work.

Please check with your eye doctor before going abroad if you are planning to travel in the next 6 – 8 weeks. You will also need to make sure you take enough drops with you to last for the whole of your time away.



Who can I contact with queries and concerns?

For more information, please contact the secretary to glaucoma consultants on 020 3299 1521.

If it is an emergency, please go to your local Accident and Emergency (A&E) department or contact the Emergency Referral Service (ERS) on 020 3299 3878. For any questions about your treatment, please contact your GP (home doctor).

If it is out of hours, please phone the on call Ophthalmologist via the switchboard on 020 3299 9000.

Will I have a follow-up appointment?

It is very important that you come to all your follow-up appointments.

To make sure the procedure is working well, we will see you again at the outpatient department the day after your operation for your first follow-up appointment.

At first you will need regular check-ups to make sure that the operation is working well and you are having no problems. You may have to come to the clinic every week or two in the first four weeks after your operation. You will start to visit less often after this time. Your doctor will decide how often you need to be seen.

If you use glaucoma drops it is very important that you keep using them after your operation. We may also give you Acetazolamide (Diamox) tablets to take to control the pressure for a few days.

If you are using glaucoma drops in your untreated eye, please keep using them unless your doctor tells you otherwise.



Your eye will take time to recover. It is normal to have blurred sight for a few weeks or months after your operation. When your vision has settled, your doctor will let you know when you can get your eyes checked by an optician. New glasses usually restore your sight to how it was before the operation.

It is very important that you come to all your follow-up appointments.

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.

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.



