

**SpaMedica**

**NHS**

# Cataract Surgery

Information booklet for patients



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## About this booklet

This booklet is designed to provide our patients with general information about cataract surgery. It explains what cataracts are, what happens during surgery, related risks and recovery.

Please take the time to read it, as it may answer a number of questions you have. It may also help you to make an informed decision before signing the consent form for your operation.

It's important that you read this before your pre-operative assessment. If it raises any questions, you can ask the clinician or other staff to clarify these at your appointment. A notes page is provided at the back of this booklet where you can list any questions you want to raise with the clinician or nurse on the day of your assessment.

## About SpaMedica's partnership with the NHS

SpaMedica is a specialist provider of eye health care services. We are registered with the Care Quality Commission and provide a consultant-led service where you can be reassured that your care is delivered by highly qualified professionals at each stage of your journey with us.

Our mission is to provide the highest quality eye care to our patients, in a safe and convenient location. We aim to ensure patient satisfaction is high.

In order to continually improve our service, we need your feedback. Please complete the patient satisfaction surveys that will be provided to you.

We are fully compliant with the requirements of the regulatory bodies that monitor the standard of healthcare provision in the UK.

## What is a cataract?

The human eye is like a camera, with a lens system at the front and a photosensitive 'film' at the back.

The normal function of the lens is to focus light so that you can see sharp, clear images.

If the lens of the eye becomes cloudy, it restricts the amount of light that is able to enter the eye, reducing your eyesight. This condition is known as cataract formation.

A cataract usually develops gradually, eventually making it difficult to carry out your daily activities. If the cataract is not removed, your vision usually becomes worse over time.

One or both eyes can be affected, but a cataract cannot spread from one eye to the other.

## Symptoms

- Blurred vision
- Colours seem faded or have a yellowish tinge
- Frequent changes required in your glasses or contact lenses
- Glare in sunlight or whilst driving
- Halo effect around lamps
- Difficulty seeing at dawn or dusk when the light is dim

## Treatment

The only effective treatment for a cataract is removing it surgically.

Cataract surgery should be considered when you are having difficulty seeing well enough to carry out normal daily activities such as watching TV, driving or reading.

Cataract surgery is usually performed as a day case procedure under local anaesthesia, administered through eye drops (not an injection).

During the operation, the cloudy lens (cataract) is replaced with an artificial lens (implant) inside your eye.

## What to expect

Typically, cataract surgery involves:

- An appointment for a pre-operative eye assessment
- An appointment for the cataract operation
- A follow-up appointment about 2-4 weeks after your operation with your optometrist or at SpaMedica

## Your pre-operative assessment

At this appointment, our clinical team will examine your eyes and take measurements to ensure that cataract surgery is appropriate for you. We will arrange dates for surgery and your follow-up visits.

The measurement of your eye (known as biometry) allows the strength of your new implant lens to be calculated.

Drops to dilate the pupils will be put in both eyes before the clinician's examination.

You will have the opportunity to raise any queries or concerns with members of the team during your pre-operative assessment.

## It is important to bring the following with you:

- Your current glasses or a recent prescription if possible
- Your completed health questionnaire, if one was sent to you with your appointment letter in the mail
- A list of your current medications, including non-prescription items
- If you are a diabetic, your record book
- If you take warfarin, your record book
- Your GP's name and address
- A contact number of a friend or family member, preferably not living with you (in case of an emergency)

## Important points

Our eye drops usually cause blurred vision for about 4 hours. Therefore, you will need someone to drive you home after each appointment.

You may take a holiday in between appointments, but ideally not for at least 2 weeks after the operation. Although complications of cataract surgery are rare, they could cause cancellation of your holiday. It is advisable to notify your travel insurance company about your forthcoming surgery.

If you are on warfarin, your INR reading must be checked within 7 days prior to your surgery. The INR must be within your normal range. Please bring your official record with you on the day of your surgery otherwise we may not be able to proceed.



If you have been prescribed oral antibiotics between your pre-assessment appointment and your theatre date you must contact the hospital, as this may result in your operation being postponed.

## Contact lenses

Please remove soft contact lenses (both eyes) 48 hours before your pre-assessment appointment. If you wear gas permeable or hard contact lenses, they should be removed 14 days prior to your appointment. You can wear them again 2 hours after the appointment is finished, but your vision may still be blurred for a number of hours.

Remove your contact lenses 24 hours before your cataract surgery.

## Changes in your eyesight

The cataract operation involves placing a new lens implant in your eye. We have about 60 different strengths of lens implant and we match one to your eye to optimise your visual outcome.

We use the latest technology to measure the length and shape of your eye, which enables us to determine the ideal power of the lens for your specific needs.

It is routine to plan the power of your lens to leave you with minimal requirement for glasses to see clearly in the distance. On rare occasions, we may discuss leaving you short-sighted or long-sighted if we feel this may be of benefit to you. The following are possible refractive (power) outcomes following your surgery that you may wish to discuss:

### Monofocal lenses

With the NHS, you will usually be offered monofocal lenses, which have a single point of focus. This means the lens will be fixed for either near or distance vision, but not both.

If you go private, you may be able to choose either a multifocal or an accommodating lens, which allow the eye to focus on both near and distant objects.

### Myopia (short-sighted)

You will be able to see close up, but will require glasses or contact lenses to sharpen your distance vision.

## Emmetropia (normal-sighted)

You will be able to see at a distance but will need glasses for near vision. For patients that are currently slightly myopic and can read without glasses, it is important to understand that with an emmetropic outcome you will need to wear glasses following surgery to read.

## Hypermetropia (long-sighted)

Glasses will be required for distance and near vision.

## Astigmatism

In any of the above, if there is significant astigmatism, glasses will be needed at all distances to see clearly. Toric lenses (implants) capable of correcting astigmatism are available for private patients. Please ask a member of staff for further details on private surgery.

## Monovision

One eye is focused for near, while the other is for distance. This can be visually confusing, and we can only create a monovision outcome if your optometrist confirms in writing that you are used to monovision, and that it is in your best interest.

## Multifocal

These lenses (implants) allow you to see clearly both in the distance and near, without the need for glasses. These are available for private patients. Please ask a member of staff if you require further details on private surgery.

## Patients that have had previous laser sight correction surgery

Laser sight correction surgery is usually performed privately to reduce dependence on spectacles for distance vision. The anatomy of the cornea is altered by this treatment, and as a result, the calculations used to determine the correct lens power implant are rendered inaccurate in many instances. Whilst every care is taken to choose the correct power of lens, a refractive surprise may occur, where you will need to wear spectacles for distance and for near vision.

## The cataract operation

The surgeon will remove your cataract by making a very small incision in your eye. The incision is usually self-healing, but may occasionally require stitches, which are easily removed in the outpatient unit.

To ensure the eye stays open throughout surgery a small clip is positioned on the eyelid. We'll also ask you to keep still during the surgery; and, if you need to move, to sneeze, for example, that's fine, just let the surgeon know.

Inside your eye, your natural lens (cataract) is inside a capsule. An opening is made manually in the capsule and the lens is softened with ultrasonic waves before it is removed through a hollow probe.

A new artificial lens is implanted in the lens capsule, which 'shrink wraps' it to hold it in place.

Laser femtosecond cataract surgery is available for private patients. Please ask a member of staff for more details.

## On the day of the operation

- Have a light meal prior to arriving for your operation
- Please take all your medications as usual, unless specifically advised not to. If you're diabetic, check with the nurse at the preoperative assessment
- Wear comfortable, loose fitting, non-white clothing. You will not need to get undressed for the operation
- Do not wear make-up
- Do not drive yourself to the appointment
- **Please be sure to arrive at the time given in your appointment letter. You will not be seen earlier than your appointment time**
- On arrival, the receptionist will take contact details for your journey home, and give you our contact number
- Please do not bring any valuables with you
- The total time you will be receiving care in the hospital is approximately 3 hours - the time in surgery is usually 20 minutes
- We recommend that someone takes you home after your surgery, but it is not necessary for them to stay with you overnight

## At reception

The receptionist will confirm your details and direct you towards the ward.

## In the ward

Most patients do not require sedation for their surgery. However, if the clinician has identified this as a requirement at the time of the pre-assessment clinic then the appropriate sedative tablet will be offered to you. Your pupil will be dilated in preparation for surgery, using several eye drops or a pellet inserted under your lower eye lid.

Please tell the nurse if anything has changed since your pre-operative assessment, for example, new medication, illness or eyesight change.

## Ambulatory reception

You will be escorted to the ambulatory reception, close to theatre, where anaesthetic and antiseptic drops will be placed in to your eye.

Your Consultant Ophthalmologist will visit you in the ward area or in the anaesthetic room.

In some very rare cases, the whole eye needs to be anaesthetised in order to prevent it from moving. The Consultant Ophthalmologist may then use an injection close to your eye, although this is rarely necessary.

Drops to further dilate the pupil may be placed in the eye to be operated on before your surgery. These drops will blur your vision for up to 4 hours, and sometimes longer.

## In theatre

You will be taken into the operating theatre, where the nursing team will make you comfortable on the operating bed. The area around the eye will be cleaned with a surgical skin cleaner containing iodine. Your face, head and chest will be covered to create a sterile barrier.

This sterile sheet is adhesive and sticks to the skin around the eye. Removing it at the end of the procedure is like having a sticky plaster removed, so we perform this as delicately as possible for your comfort .

Water is used to irrigate the eye during the procedure. This sometimes gets behind the surgical sheet and can run down into your ear or neck. We therefore remove hearing aids on the side of the surgery just before the operation. The water is coloured with iodine and may be difficult to wash out from white clothing.

The surgeon uses a high-powered microscope to perform the surgery and the light is very bright. You will be asked to look straight into the light so the operation can take place.

You need to keep as still as possible during the procedure. Even slight movements, like talking or nodding, are amplified under the microscope and make the surgery more difficult.

You will be shown how to communicate with the surgeon if you need to cough or sneeze.

## What does the surgery feel like?

You may feel certain sensations, such as the surgeon touching your face and forehead and you may experience some pressure in the eye.

If this becomes uncomfortable, we can instil more anaesthetic during the surgery. Occasionally a mild degree of discomfort can occur.

We have a great deal of experience in keeping you as stress-free as possible to allow for a good, safe experience.



## After the operation - in the unit

You will be accompanied back to the ward by one of our staff.

Your eye will be covered with an eye shield. Eye drops will be given to you to prevent infection and reduce any post-operative swelling. Written post-operative care instructions on how and when to use the drops will be provided to you. The staff will give you a booklet explaining your drops regime. It also has a chart that can be used to record when you need to instil your drops. Many patients find this very useful.

Your post-operative appointment will be confirmed with you prior to your theatre discharge.

## After the operation - at home

If you have a pre-existing condition (for example, glaucoma) that requires the use of eye drops, please continue to use these unless specifically otherwise instructed by our team.

Please ensure, however, that you use a fresh bottle on the operated eye for the first 3 weeks post-operatively. It is important that you have sufficient supply of your pre-existing eye drops prior to attending for surgery.

## Post-surgery symptoms

Common symptoms for the first week after surgery include:

- Eyes feeling sensitive to light
- Mild discomfort around the eye
- Grittiness sensation of having something stuck in your eye
- Itching in your eyes
- Burning sensation
- Watering eye
- Stickiness of the lids

If you have discomfort, we suggest that you take paracetamol or your regular choice of painkiller every 4-6 hours, in accordance with correct dosage. (Avoid aspirin unless it has been prescribed).

Vision in the healing eye may be blurred when reading or watching TV as the eye heals and the new lens stabilises.

If you run out of drops or feel you may run out of drops please contact us for replenishment.

Do not rub the eye which has been operated on.

- Always wash your hands before touching your face and eye
- Wash your hands before instilling your eye medication

**Call us immediately if you experience:**

- Excessive and increasing pain after the operation
- Increasing deterioration of vision
- Increasing redness of the eye

Please refer to page 25 for the Clinical Helpline.

## Driving

- You must be able to read (with glasses or contact lenses, if necessary) a car number plate made after 1 September 2001 from 20 metres
- You must also meet the minimum eyesight standard for driving by having a visual acuity of at least 6/12 measured on the Snellen chart (with glasses or contact lenses, if necessary) using both eyes together or, if you have sight in one eye only, in that eye
- You must also have an adequate field of vision; your optician can tell you about this and do a visual field test if necessary
- Please note that driving standards differ for lorry and bus drivers
- You must not have double vision
- It is advisable to contact your insurance company before you drive, as they may have other restrictions
- Do not drive for 48 hours after surgery if you were given sedation
- Please be aware that your judgement of distance may change following cataract surgery, and this may take time to get used to
- If you are relying solely on your operated eye to drive, it is not guaranteed that your eyesight will be good enough without glasses. You may require a change in glasses, which would usually only be prescribed 4 weeks after surgery
- If your non-operated eye sees well, you should be able to meet these requirements

## Flying

There are no restrictions to flying except under very rare circumstances, (less than one in 10,000), which your surgeon will discuss with you if necessary.

## Working

As a guideline, you can aim to return to work on the seventh day after surgery, unless you work in a dusty or dirty environment, in which case it should be after 14 days. You will not damage your eye by using it to read or look at a monitor immediately after surgery.

**Fitness to work note** – If you require a fitness to work note following cataract surgery please ask the nurse on the day of surgery. Do not request this from your GP as they may not be able to assist which could lead to a delay.

## Follow-up

Your referring optician may be accredited with us, enabling them to see you after surgery. We advise a follow up 2-4 weeks after surgery. The accredited optician will arrange an appointment at their optometric practice. Alternatively, your follow-up may be arranged at a SpaMedica location.

At your follow-up visit after surgery, you should be close to finishing or have just finished your eye drops.

Please do not drive to this appointment as eye drops will be used to dilate the pupil, which will blur your vision.

The clinician will examine your eye after the pupil has been dilated. He or she will then do one of the following:

- Discharge you from the clinic, as your treatment is complete
- Arrange a further follow-up
- Give a date for your second eye surgery

If your appointment is with your own optician they will then contact SpaMedica to arrange an appointment for your second eye surgery if necessary. SpaMedica will then send you a letter with the date of your next surgery.

## Success rates of cataract surgery

- About 95% of patients achieve vision close to the driving standard or better
- About 92% of patients improve their vision
- About 2% of patients have worse vision in the operated eye (even with glasses) than before
- About 0.2% of patients end up with severely reduced vision in the operated eye (even with glasses)
- Complications can in most cases be effectively treated
- A small proportion of cases may require further surgery
- Very rarely, some complications can cause blindness in the operated eye

Please note that any pre-existing condition including diabetes, glaucoma, macular degeneration, corneal and retinal problems or trauma may cause your vision to be limited even after successful cataract surgery.

Some research suggests that all complications are more likely if patients have diabetes and there may be an advancement of diabetic eye changes after surgery.

Not all cataract operations are straightforward. Small pupils, dense cataracts and high levels of short or long sight are some of the many conditions that make surgery difficult and some patients have combinations of these factors.

Some of these more difficult cases can be predicted before surgery. Occasionally, complexities do not show until surgery has begun.

Please ask your consultant whether the surgery is likely to be straightforward or more difficult.

A straightforward, planned operation reduces, but does not remove altogether, the likelihood of complications.

Rarely and under certain circumstances, the consultant may decide that surgery should be performed in an alternative setting, and an appropriate referral will be made.



# Complications

## Anaesthetic complications

- Any surgery can precipitate stress reactions in patients which can lead to worsening of angina or rarely, a heart attack
- Sedative drugs may cause drowsiness for up to 48 hours
- Anaesthetic drops may cause the surface of the cornea to react as if it were scratched

## Eye complications - less serious

- Bruising of the eye or eyelids
- Allergy to the medication used
- Iris trauma
- High pressure inside the eye
- Temporary clouding of the cornea
- Retinal swelling
- Wound gape/iris prolapse
- Uveitis
- Dislocation of the implant
- Anterior chamber haemorrhage

- Vitreous loss
- Posterior capsule rupture
- Refractive surprise including myopia, hyperopia and astigmatism
- Dry eye which may require eye drops for a prolonged period of between 4 to 6 months

• Lens fragment left in the eye leading to another procedure

### **Colour perception**

Once you have had surgery, you may notice a difference in colour between the two eyes. For a small number of patients, this can cause some problems with colour perception. This normally settles down with time as the brain adapts to seeing differently.

## **Serious complications, leading to severe loss of eyesight**

- Detached retina which can lead to loss of sight
- Infection inside the eye (called endophthalmitis) which can lead to loss of sight
- Choroidal haemorrhage
- Severe post-operative inflammation
- Permanent corneal clouding requiring corneal graft
- Permanent retinal swelling



**If you require immediate help, please call us on our emergency number: 0161 838 0883**

- Throbbing pain in or around the operated eye
- A severe frontal headache with, or without, nausea and vomiting. Persistent even after paracetamol
- Progressive deterioration of vision, or loss of vision
- Increasing redness in your eye

General enquiries please call 0330 058 4280

## Later complications

In approximately 10% of patients, the lens capsule itself becomes cloudy. Symptoms are the same as if the cataract were returning, in particular, blur, glare and streak patterns when looking at lights.

This is easily and painlessly treated in the outpatient clinic using a laser and takes just a few minutes.

Your optician will advise you if laser surgery is required and will help you make the appropriate referral.

## Data protection

We will only share information about you and your health with:

- The doctor, nurse or other healthcare professional who referred you to SpaMedica for treatment
- Any NHS or other organisation with the responsibility for investigating any unexpected event or result, or any complaint
- The NHS body responsible for funding your treatment with SpaMedica
- Any person involved with your treatment or care, before, during and after your treatment by SpaMedica

## Research

Anonymous or aggregated data from your patient information may be used by SpaMedica, or disclosed to others, for research or statistical purposes and registered with such bodies. Your identity will not be disclosed nor any information which may reveal your identity.

## Audit

Your patient information may be disclosed to NHS bodies and others acting on behalf of the NHS for audit purposes.

## Telephone calls

In the interest of continually improving our services to patients, your calls to the hospital may be monitored and/or recorded.

## Feedback & Complaints

SpaMedica always listens to our patients and we value your feedback, both good and bad. Please let us know what we do well and what we can do better. Please send your feedback to us using the contact details below:

Chief Operating Officer, SpaMedica Head Office  
43 Churchgate, BOLTON BL1 1HU  
T: 0330 058 4280 E: [contact@spamedica.co.uk](mailto:contact@spamedica.co.uk)

If you are not happy with the service you have received, please contact us in person or write to us using the contact details above.

If you make a complaint to SpaMedica and are not satisfied with the response, you can contact the Parliamentary and Health Service Ombudsman (PHSO), using the contact details below:

Complete an online form on the PHSO website -  
[www.ombudsman.org.uk/#complaint-checker](http://www.ombudsman.org.uk/#complaint-checker)  
PHSO Customer Helpline – 0345 015 4033 from 8:30am to 5:30pm,  
Monday to Friday, except bank holidays. Send a text to the PHSO ‘call  
back’ service: 07624 813 005, with your name and mobile number.

# Notes

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## How to contact us:

SpaMedica Head Office  
SpaMedica House  
Churchgate  
Bolton, BL1 1HU

T: 0330 058 4280  
E: [clinic@spamedica.co.uk](mailto:clinic@spamedica.co.uk)  
W: [www.spamedica.co.uk](http://www.spamedica.co.uk)

Please contact SpaMedica on the above number, for all locations, if you have any concerns or queries relating to your eye.

This number is available 24 hours per day, 365 days of the year for emergencies, and from 8am - 6pm (Mon-Fri) for general enquiries.

**SpaMedica**

[www.spamedica.co.uk](http://www.spamedica.co.uk)