

## **APPENDIX 2- CATARACT SURGERY INFORMATION**

This leaflet gives you information that will help you decide whether to have cataract surgery. You might want to discuss it with a relative or carer. Before you have the operation, you will be asked to sign a consent form, so it is important that you understand the leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

### **The cataract**

Your optometrist or doctor has referred you for cataract surgery because the lens in your eye has become cloudy making it difficult for you to see well enough to carry out your usual daily activities. If the cataract is not removed, your vision may stay the same, but it may gradually get worse.

### **Do I need an operation?**

Doing nothing is an option. Just because you have a cataract does not mean you need an operation. Delaying surgery is unlikely to make the operation more difficult, unless your eyesight becomes so poor that all you can see is light and dark. You will not come to any harm if you delay surgery. You should only consider having surgery if and when your cataract interferes with important daily activities such as working, reading, watching television, driving or simply getting out and about.

### **The operation**

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye. An experienced eye surgeon will carry out the operation or may supervise a doctor in training who also performs some operations. With a local anaesthetic you will be awake during the operation. You will not be able to see what is happening, but you will be aware of a bright light. Just before the operation, you will be given eye drops to enlarge the pupil. After

this, you will be given an anaesthetic to numb the eye. This may consist simply of eye drops or injecting local anaesthetic solution into the tissue surrounding the eye. During the operation you will be asked to keep your head still, and lie as flat as possible. The operation normally takes 15-20 minutes, but may take up to 45 minutes. A member of the nursing staff is usually available to hold your hand during the operation, should you want them to. Most cataracts are removed by a technique called phacoemulsification, in which the surgeon makes a very small cut in the eye, softens the lens with sound waves and removes the cataract through a small tube. An artificial lens (implant) is then inserted to replace the cataract. Sometimes a small stitch is put in the eye. At the end of the operation, a pad or shield may be put over your eye to protect it. Your appointment will take around 1 ½ to 2 hours total.

### **Benefits of cataract surgery**

The main aim of the cataract operation is to improve the quality of your vision. **The vast majority of patients have improved eyesight following cataract surgery.** However if you have another condition such as diabetes, glaucoma or age-related macular degeneration your quality of vision may still be limited even after successful surgery.

We will try to reduce your dependence on spectacles as much as possible, but you may require distance glasses for best vision and you will probably need reading glasses; in any case your glasses prescription will change after the operation.

### **Risks of cataract surgery**

95% of patients have a straightforward operation and are delighted with the outcome. However it is possible for a cataract operation to leave you worse off than you are now.

1 in 50 people will have some complications resulting in a disappointing outcome, which means not as good as we had hoped

for. 1 in 100 will have more serious complications resulting in poor vision that leaves you relying on the other eye. 1 in 1,000 will go blind in that eye as a direct result of the operation. 1 in 10,000 will lose the eye. There is less than 1 in 1 million risk to the other eye. In a small proportion of cases, further surgery may be needed.

### **Some possible complications during the operation**

- Tearing of the bag that holds the lens in place (risk 1 in 50). This may result in some of the jelly part of the eye coming forward which need to be removed. If this happens you may need another operation especially if this results in fragments of the lens falling to the back of the eye.
- Bleeding inside the eye during surgery (risk 2 in 10,000) which may cause permanent loss of vision

### **Some possible complications after the operation**

- Bruising of the eye or eyelids
- High pressure inside the eye. This may require further treatment
- Clouding of the cornea
- Incorrect strength of lens implant which causes different from expected need for glasses.
- Cystoid macular oedema (risk less than 2 in 100). This cause blurred vision up to 6 weeks after the operation. This usually settles with additional treatment and is rarely permanent.
- Retinal detachment (risk 1 in 300 after 7 years) which can usually be treated but can lead to permanent loss of sight
- Infection in the eye – (risk 1 in 1000) - which can lead to loss of sight or even loss of the eye
- Inflammation in your other eye (sympathetic ophthalmia) (risk less than 1 in 1 million).
- Clouding of the bag which holds the artificial lens in place (risk 1 in 10). A simple laser procedure can correct this.



### **COVID-19:**

Attending the hospital for pre-assessment and cataract surgery may increase your risk of contracting Covid-19. We will try and reduce this risk as much as we can. In the majority, COVID-19 causes a mild, self-limiting illness but symptoms may be highly variable amongst individuals. **There is no guarantee of zero risk of COVID-19 transmission.** You may wish to defer surgery for now.

We hope this information is sufficient to help you decide whether to go ahead with surgery. Please write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Our staff will be happy to answer them. If after reading this, you decide not to go ahead with surgery, please let us know.