



# One Stop Cataract Clinic

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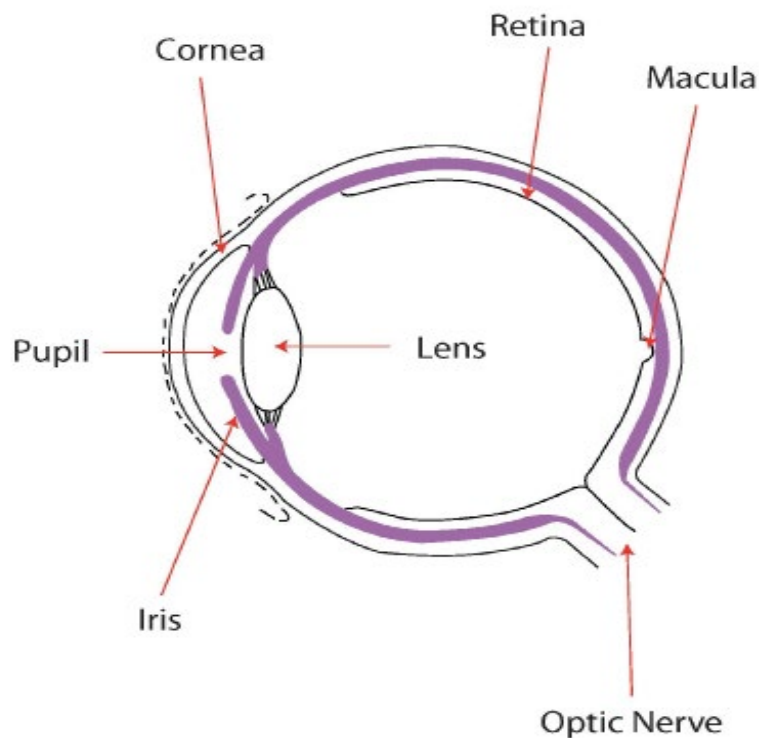
Now that you have been told that you may have a cataract, you will be wondering what happens next.

This leaflet explains what cataracts are and how we treat them. We hope it will help you reach a decision on whether you wish to have an operation. If you have any further questions after reading this leaflet, please contact us before the date of your operation.

### What is a cataract?

A cataract is a clouding of part of the eye known as the lens, which is normally clear.

Your vision becomes blurred or dim because light cannot pass through to the back of the eye. It may develop over a number of years or very quickly and can interfere with your ability to lead your normal life.



**Diagram of an eye**

## What causes a cataract?

Cataracts can form at any age, but they most often develop as we get older.

In younger people they can develop after an injury or from taking certain drugs. Or they can be the result of long-standing eye inflammation or illnesses such as diabetes.

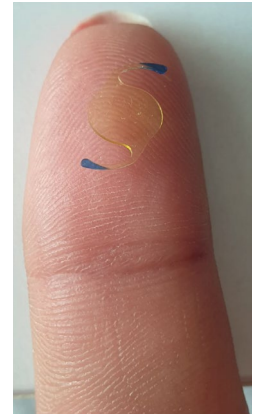
## What is the treatment?

At present there is only one way to treat cataracts and that is an operation to remove your old lens and put an artificial lens in its place.

Occasionally a doctor will decide that someone's eye is not suitable for a lens implant. In these cases contact lenses or glasses will be prescribed.



**An artificial lens  
viewed from front  
and side**



**An artificial  
lens**

## What are the benefits of the operation?

Cataract surgery is one of the most successful operations performed today, with hundreds of thousands of people having excellent vision after surgery. You should enjoy improved vision for many years and once again be able to do the things that your cataract has prevented you from doing.

If you have other eye problems, cataract surgery will not necessarily improve your vision. Your consultant will discuss this with you.

## Are there any risks?

Every operation no matter how big or small carries a risk, however the risks linked to cataract surgery are very small. Every care is taken to avoid complications but, even in the best of hands, complications do happen – although rarely. We use all the means at our disposal to minimise the effects of any complications.

- There is a very small risk of developing a **serious eye infection** after surgery, but this is rare.
- **If the bag that holds the lens tears**, the lens may not be put in until a later date.
- **Bleeding** inside your eye is possible and can affect your vision temporarily or even permanently, especially if you have uncontrolled blood pressure.
- It is possible that some time after your operation **your vision may become hazy** due to debris forming behind the new lens. This is easy to fix, with laser treatment in the eye clinic as an outpatient.
- There is a small risk of a **detached retina** during the early weeks following surgery; please ask a member of staff for the leaflet that explains this condition.

## I have high pressure in my eyes, is this a concern?

High eye pressure (intraocular pressure or IOP) is seen as any reading from the pressure test of your eyes that reads above 21. If you have higher than average IOP, over the long term a cataract operation may help lower the pressure. This is because the new lens will usually be thinner than your natural lens.

However, in the short term some eye drops given to heal the eye after surgery may increase the pressure. Make sure you remind all the health professionals treating your eye that you have a history of high IOP; you may need special follow-up appointments to monitor the pressures and, if necessary, different eye drops to reduce the temporary increase.

## I have diabetes, is that a concern for my cataract operation?

- Please make sure that your blood sugar level is below 16.5 for the day of your operation.
- On the day of your surgery, please bring to hospital the latest HbA1c (long-term blood test showing your diabetic control), if possible.
- Before your operation please eat light meals that will not raise your blood sugar level above 16.5.
- Your blood sugar level will be tested on the day of your operation. If your blood sugar is too high, your operation may have to be cancelled.

## What will happen before my treatment?

Where possible we will arrange for you to attend a cataract clinic where you will be fully assessed. You will see a nurse and an ophthalmologist (eye doctor) and possibly an orthoptist as well. Please bring your current glasses and a list of any tablets you are taking. If you have been referred by your GP (rather than by your optometrist), then please also bring along a copy of an old spectacle prescription, three to four years old.

**We advise you not to drive to this appointment** as we will be putting drops into your eye that will enlarge your pupils. This allows us to examine inside the back of your eye but can affect your vision for a few hours afterwards.

## Cleaning your eyes before surgery

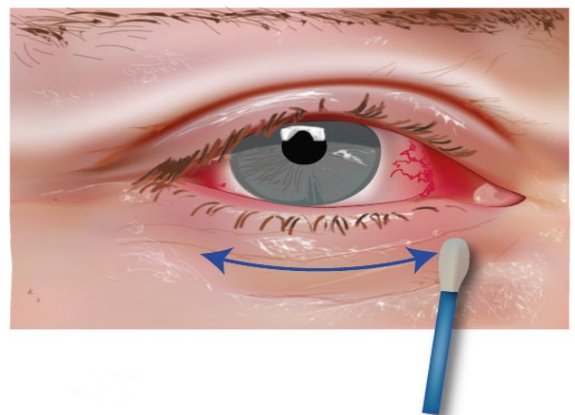
### Why do I need to clean my eyes before surgery?

We ask all patients to clean their eye lids before an eye procedure/surgery. This is to prevent any problems at the time of their operation, as infection could be transferred from the eye lids into the eye. This does not guarantee that you will not get an infection, but it will minimise the risks.

### Why do I need to do this if I do not have any symptoms?

Sometimes, we have signs of an infection that can be seen under a microscope but that do not cause us any problems. It is important that you follow these cleaning instructions, so that an infection does not cause you a problem in the future. Please follow the instructions below when cleaning your eyelids.

1. Hot compresses (if advised by your consultant or nurse). Soak a clean face cloth in warm water, as warm as your eyelids can take. Apply it to your closed eyelids for five to 10 minutes. It may be necessary to re-heat the cloth repeatedly. This should not only feel good but will make any debris on your lashes easier to remove. Once you have completed stage one you need to proceed to stages two **or** three below.
2. Baby shampoo - dilute four drops of baby shampoo to a quarter cup of boiling water then allow the solution to cool, or
3. Bicarbonate of Soda - dissolve half a teaspoon of bicarbonate of soda into half a pint of boiled water, then allow the solution to cool.
4. Dip a cotton bud into the solution of diluted shampoo/Bicarbonate of Soda and paint along your eyelid edges. Clean your eyelids, eyelid edges, and eyelashes with a side to side motion (see diagram).



### **How often should I do this?**

We advise you to use either method at least twice a day for two weeks, then once daily until your eyes feel more comfortable. If you have been given this advice before a surgical procedure then you should continue the treatment twice a day until your operation.

### **I have been prescribed anti-inflammatory ointment, how do I apply this?**

You may have been prescribed an anti-inflammatory ointment. This will need to be applied to your eyelid edges with a clean finger after the cleaning (see previous page). At bedtime, a quarter of an inch of the ointment should be placed inside your lower eyelid. The ointment will only work if the crusts around your eye are removed first.

### **What if I start to show signs of infection before surgery?**

If you show any signs of infection (such as redness, discharge, or itching), that you are not already being treated for, then please tell the hospital immediately as we may need to cancel your operation until the problem has been resolved.

### **What if I normally wear contact lenses?**

Soft contact lenses must be removed one week before your appointment. Hard lenses must be removed two weeks before your appointment. This is because we may need to take some measurements from your eye, and the lenses may affect the measurements.

### **What will happen at my appointment?**

Your vision will be tested and your eye and medical history will be discussed. Please tell the nurse or doctor at this appointment if you are on Warfarin, Aspirin, or are diabetic.

A member of the eye clinic team will test your vision and measure the pressure of your eye. Using specialist equipment, the size of your eye will be measured to help the ophthalmologist to decide which lens to put into your eye once the cataract is removed.

When the tests are finished the ophthalmologist will examine your eye in detail and discuss with you plans for giving you the best possible vision. You will be reminded about the risks and benefits, as you may then be asked to sign the consent form for the operation. Remember you can withdraw your consent for treatment at any time.

**Please note that this appointment can last two hours or more**

## What choice of intraocular (in the eye) lens do I have?

The replacement lens has a fixed focus. You will be asked to choose to see either distances possibly without glasses, or close up possibly without glasses, but not both. This is because the new lens does not change shape to focus as a natural lens does.

You may still need to wear glasses to adjust your near and far vision. Some patients choose to see clearly without glasses within the range of a few feet - for example for computers, reading, and cooking; others choose to see wider scenes - for example to view landscapes or to drive without glasses. This will be discussed before your operation.

At present artificial varifocal lenses are not recommended by the NHS.

## Will I have a preassessment appointment?

We will usually ring you a week or two before your surgery to make sure that we can meet all your needs, both on the day of your operation and following your discharge.

We do not routinely see everyone for preassessment. Your doctor will decide whether we need to see you in person or whether this can be done over the telephone. You may be seen at the time of your clinic appointment or you will receive an appointment by post telling when your further appointment will be. If we are assessing you by telephone, you will be told by letter of the date and time that we will call you, along with the date for your appointment. **It is important that you take these calls; if you do not, your procedure will be cancelled.**

## Who will carry out my operation?

Whilst you will be in the care of a named consultant for your treatment, it does not mean that this is the person that will carry out your operation. All of our doctors work in teams and it may be another member of that team who carries out your surgery.

## What will happen on the day of my operation?

Unless you are having a general anaesthetic (you will have been advised) we do not usually ask you to change into a theatre gown. Please wear something that is comfortable and easily removed when you get home (button fronted clothes are good), as you may be wearing an eye patch and do not want to be struggling to get clothing over your head. Please bring a book, magazine, or something to occupy you.

**Do not** wear contact lenses on the day of surgery, hard or soft. Glasses should be worn where necessary.

## Can I eat and drink before my operation?

Unless we have told you otherwise, you may eat and drink normally before your procedure.

## Should I take my normal medication before my operation?

Do not stop any medications including **painkillers or eye drops** unless you have been asked to do so by your doctor or preassessment nurse. If you need to take medication during your stay, please bring them with you.

If you are on **insulin** or any other **diabetic medication**, if you have a **GTN spray or inhalers**, please make sure that you bring these with you and tell your nurse when you arrive.

If you are taking **warfarin** please take it as normal, and bring your warfarin booklet with you on the day of surgery. This is important as the cataract unit staff will need to see that your INR levels (international normalised ratio; which are the blood tests used to check that your warfarin is at the right dosage for you) are less than 3 and/or within your usual therapeutic range for the operation to be performed.

## What will happen when I arrive at hospital?

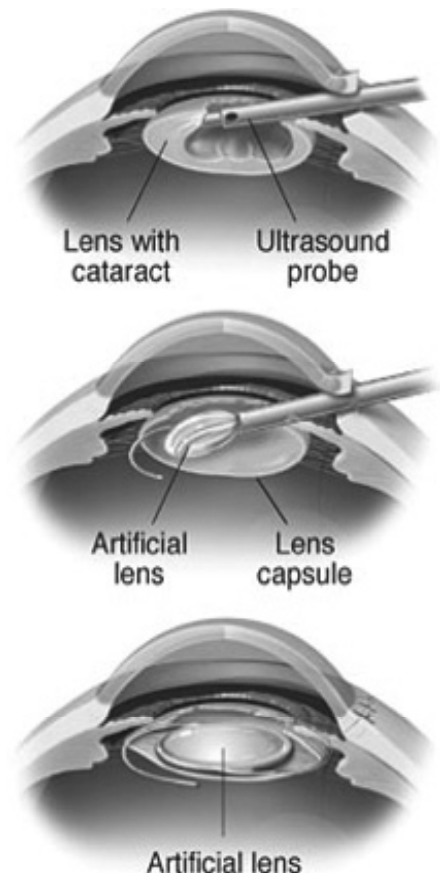
On arrival, please report to the receptionist. A nurse will take your blood pressure and pulse and ask you some questions. Please bring the contact number of a relative/friend in case we need to contact somebody in an emergency.

## Cataract surgery using ultrasound

Your stay with us will be approximately four hours.

Just before the operation, you will be given eye drops to enlarge your pupil. These cause temporary blurring of your vision. Please arrange for someone to drive you to and from hospital.

The doctor will also see you before your procedure and answer any further questions that you may have.





Normally cataract surgery is carried out under local anaesthetic (the area is numbed but you are awake). This is given using either anaesthetic drops or an injection around the area of the eye. However, the ophthalmologist may decide that you need a general anaesthetic (you will be asleep) and will have discussed this with you already in the clinic.

The operation is performed using a microscope and generally takes between 10 to 30 minutes. You lie flat for the procedure, under a bright light. You will only be able to see a vague coloured blur, but no details. Your face will be covered, apart from your eye, to create a sterile area. There will be a pipe giving you air to breathe under a sterile drape. Please tell the staff if you have claustrophobia (a fear of being enclosed in small spaces). You should feel no pain but be aware of touch. A high-pitched sound is just the ultrasound machine.

Normally a small incision (cut) is made in your eye; this incision is designed to self seal and rarely needs stitches. Where a larger incision is necessary, you may need stitches. A pad or shield will be put over your eye to protect it from accidental rubbing and bumping.

A nurse will be with you throughout and you will have some refreshments afterwards. Before you are discharged a nurse will give you all the instructions and advice that you need; this will be in the presence of any relative or friend you bring with you and who will accompany you home. Please ask any questions and share any concerns that you have.

### How can I expect my eye to feel after surgery?

The following are common symptoms and are not to be concerned about.

- A feeling of **something in your eye/watery eye** is usually your eye healing. Some swelling can happen and you can try artificial tears from a chemist to soothe your eye if you like.
- **Mild discomfort** can be helped with your usual painkilling medicine.
- **Light may seem to be bright**, so wearing sunglasses at first can help.
- **Red or bloodshot eye**; this usually settles within one to two weeks.
- Some **swelling and/or bruising** in and around your eye; this usually settles within one to two weeks.
- **Small floaters or double vision**; this usually settles down.

- **Seeing something at the outer edge or a line across your vision**, especially when near a window. This should settle as your brain gets used to your new lens.
- **Blurred distance vision**. This can happen straightaway or one to two days after surgery. You can try having the distance vision lens removed from your glasses on the operated side and give your eye some time to settle down. If your vision is worse than before your operation, please contact us.
- **Blurred reading vision**. You can try ready readers (available from chemists, supermarkets, petrol stations) to help you to read, while you are waiting four to six weeks to see your optician.
- Overall your vision will hopefully be much clearer and brighter and you will see true colours again, unless you have other eye problems that have affected your vision, or have any complications such as infection.

### When should I ask for help?

These early symptoms should gradually settle down as the days and weeks go by. If you experience any of the following or you are worried about your eye, please contact us, your GP, or nearest Emergency Department.

- Vision getting worse
- Severe pain in your eye or headaches
- Yellow or green discharge from your eye
- Straight lines such as door frames looking wavy/distorted
- Swelling of your eyelids or an excessive itching feeling
- Bright lights hurting your eye
- Feeling nauseous (sick) or feeling “seasick”
- New large floaters in your eye (moving shapes floating in your vision)
- Flashing lights in your vision
- Black or grey curtain appearance across your eye.

### Why have I been given eye drops after my operation?

The day surgery staff will usually provide you with two bottles of eye drops to take home and use. It is very important to use them to settle your eye down and prevent infection.

You will normally need to use one drop four times a day to your operated eye for two weeks, then reduce to one drop twice a day to your operated eye for two weeks, then stop.

If you develop an allergic reaction such as severe stinging, pain, or swelling of your eyelids, please tell us or contact your GP who can prescribe an alternative.

## Can I still use my other eye drops?

Yes, please continue all your usual eye drops such as artificial tears or glaucoma medicines, if you usually have them. Use a fresh bottle for your operated eye and a separate bottle for your other eye for the first month after surgery.

Please leave a gap of five minutes between different eye drop medicines.

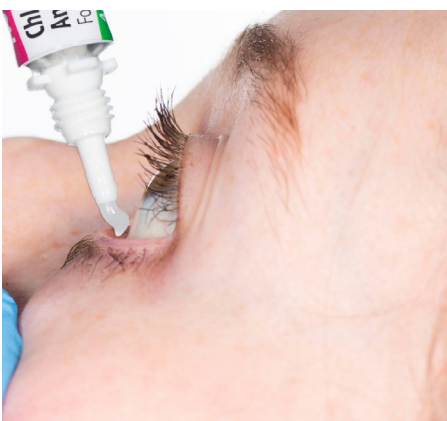
## How do I use the eye drops/ointment?

- Read the label for the directions.
- Wash your hands.
- Sit or lie comfortably with your head tilted backwards looking at the ceiling.
- Gently pull down your lower eyelid with one finger to form a sac.
- Holding the eye drops/ointment in your other hand, bring the dropper close to your eye and squeeze one drop into the sac. Do not let the dropper touch your eye or eyelid. If you are applying ointment, use about a quarter of an inch of ointment to the inner surface of the lower lid of your eye.



### Installation of eye drops

**Note:** if you can, with a clean finger gently press the inner corner of your eye while, or just after, adding the drop. Hold it there for at least a minute. This blocks the tiny tear duct openings, or puncta, in the corner of your upper and lower eyelids and prevents the drop draining from your eye too quickly.



### Application of eye ointment

- Close your eye and blot the excess solution with a clean tissue.
- Replace the cap of the eye drops/ointment immediately after use.
- You may find it easier to get someone else to help you.
- If you need a different drop in the same eye, wait at least five minutes before installing the next drop/ointment.
- Use only for the eye mentioned on the label, unless told otherwise.
- Discard the bottle/tube once treatment is completed, otherwise use a fresh bottle every four weeks.
- Get more from your GP before you run out, if you do not have enough.

It is important to use the eye drops for the whole month to settle your eye down and prevent infection. You can buy a plastic device from a chemist, the International Glaucoma Association, or Kent Association for the Blind to help with using the eye drops if you need to.

### **Can I clean my eye?**

You can gently clean your eye (after washing your hands) using some boiled, cooled water, made fresh every time, with some cotton wool pads. Please do not use a flannel or handkerchief on your eye for the first month because of the risk of infection.

### **What can I do for the first week after surgery?**

You can do your normal activities such as reading, watching television, going out, and light housework, but please avoid lifting anything heavy. Do not lean forward to wash your hair, lean backwards instead, keeping soap and tap/shower water away from your eye. Use your eye drops as instructed and avoid rubbing your eye.

If you wear glasses, place your thumbs over the ends of the frame when putting them on to avoid any chance of poking your eye.

### **What can I do two to four weeks after surgery?**

Carry on with your eye drops. Wash your hair as normal. Gradually get back to your usual routine, and return to activities such as gardening, golf, bowling, and cycling, with care, if you wish.

## When can I swim or use eye make-up?

When you have finished your eye drops, four weeks after your surgery. This is to reduce the risk of getting an infection in your eye.

## When can I drive?

You can drive a car or a mobility scooter when you feel safe to do so and are meeting the DVLA standard as follows:

People driving a Group 1 car/motorcycle, in good light (with the aid of glasses or contact lenses if worn) should be able to read a vehicle registration number plate:

- plate registration before 1st September 2001 at a distance of 20.5 metres (approximately 67 feet or five car lengths); or
- plate registration after 1st September 2001 at a distance of 20 metres.

People driving must also meet the recommended national guidelines for visual field. Refer to the Trust's **DVLA and your eyesight** leaflet or contact the DVLA for more information.

It may help to have the lens removed from the operated side of your driving glasses as the old lens may make your vision seem more blurry. If in doubt speak to your optician.

We would also advise that you check with your insurance company to make sure that you are covered during this period.

## Will I still need my glasses?

The best vision is often not achieved until both eyes have undergone surgery. In a very few cases, it may be necessary to cover one eye for certain activities until the second eye has been done.

Your glasses may no longer be useful after cataract surgery. Unfortunately, there are no rules to say what will give you the best vision. Here are a few suggestions.

- If you can see better without your glasses, then do not wear them.
- If your glasses still work well, then you can continue to use them.
- For most patients you will need glasses only for the eye that has not had surgery. If it is possible, you may ask somebody to remove the glasses lens from the eye that has had the surgery.
- If you have some old glasses at home you may wish to try them.

### **Will I need to see my optician?**

Yes, please make an appointment to see your optician about four to six weeks after surgery, when your eye has settled down. Please take the paperwork the hospital staff gave you to this appointment.

### **What about my other eye?**

If you have a cataract on your other eye, you can discuss it with your optician who will send a report back to your surgeon. You may then be placed on the waiting list for your second eye cataract surgery; we do not usually need to see you at the hospital again before your second operation unless there is a problem. There are usually a few months between the two operations, as the first eye needs to settle down and be measured by your optician before a decision is made about your other eye.

### **When can I go back to work?**

Usually after about one week, depending on what work you do. Office/computer work can start again as soon as you feel able.

### **Can I travel after surgery?**

Yes, it is fine to travel after surgery, including flying.

You may wish to consider how to get medical help if you are going abroad and apply for travel insurance if you wish.

We have tried to cover most of the more common problems that happen after cataract surgery. However, it is not possible to cover them all.

**Please remember that all eyes are different and your experience of cataract surgery may not be the same as other peoples.**

**If we are operating on both eyes it is possible that the experience will be different on the two occasions.**

## What if I have concerns or questions once I am home?

Please remember that most patients have a very good result from their surgery. If you develop any problems after your operation, please do not hesitate to contact the hospital on one of the following numbers.

### **Kent and Canterbury Hospital, Canterbury**

- Waiting List Co-ordinator Telephone: 01227 86 64 44
- Ophthalmology Suite Telephone: 01227 86 64 93

### **Queen Elizabeth the Queen Mother Hospital, Margate**

- Waiting List Co-ordinator Telephone: 01843 23 43 64
- Day Surgery Unit Telephone: 01843 23 44 99

### **William Harvey Hospital, Ashford**

- Waiting List Co-ordinator Telephone: 01233 61 67 57
- Day Surgery Unit Telephone: 01233 61 62 63

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)