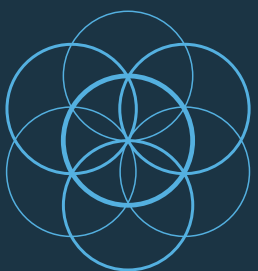


HEREFORD  
VISION  
SURGICAL  
GROUP



The  
Wye Clinic  
Cymru

# Cataract Surgery

# Cataract Surgery

This brochure will help you to decide whether to undergo a procedure to remove a cloudy lens (cataract) from inside your eye. Please read it in full and consider discussing the contents with a friend or relative if appropriate. Make a note of any questions that you may have and make sure you discuss them with your surgeon before your procedure.

A cataract is a clouding of the lens inside your eye, which can make 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, although it will usually worsen with time. Waiting for a longer period of time before you decide to have surgery does not normally make the operation more difficult.



## What to Expect

After your assessment appointment, you can schedule your procedure for a time convenient to you; you can also resume wearing your contact lenses (if appropriate) until the day before your procedure.

On the day of your procedure, you will be greeted in reception by a nurse, who will place a tiny lozenge under your lower eyelid that slowly releases medicine to dilate your pupil. This will be removed by the surgeon before the operation.

The cataract procedure is usually carried out using local anaesthetic eye drops alone, although in most cases, a mild sedative tablet is recommended to help with any anxieties you may have. With local anaesthetic, you will of course be awake during the operation. You will not be able to see what is happening, although you will be aware of a bright light. If you would prefer heavier sedation or even a general anaesthetic, please discuss this in advance; it will not be possible to arrange this on the day. Calming music is usually played during the procedure, which will help you to stay relaxed.

During the operation, you will be reclined (not completely flat) in a specially designed chair. We like to make sure you are comfortable before starting. The operation is normally quite painless and takes only 10–15 minutes, although it can take longer for some patients. A member of the team will hold your hand the whole time, both to reassure you and to allow you to communicate with the surgeon. Talking unexpectedly is discouraged. Only the eye to be treated is left exposed; the rest of your face will be covered by a light drape to keep the procedural area clean. The drape will be held away from your nose and mouth, allowing you to breathe easily and without restriction.

*"As soon as I met my surgeon they put me at ease straight away. I feel I'm benefitting from better eyesight than I have for many years all without the need for glasses. I couldn't have wished for better. I'm extremely grateful to my surgeon for their skill and expertise. I feel as though I've got my life back."*

**Cataract Patient –  
Multifocal lens**

Most cataracts are removed by a technique called phacoemulsification. For this procedure, a tiny, painless incision (only 2.2 millimetres) is made in the eye, then the lens is softened with sound waves and removed through a small tube. The back layer of the lens (the lens capsule or 'bag'), which is less than a hundredth of a millimetre thick, is left behind. An artificial lens called an intraocular lens (IOL) is then inserted into the bag to replace the cataract. In rare cases, a small stitch may be needed.

If you experience any discomfort after the surgery, a pain reliever such as paracetamol is recommended. It is normal to have slightly itchy, sticky eyelids and mild discomfort for a while after cataract surgery, although many patients are unaware of any unusual sensations at all. Some fluid discharge is also common. After 1–2 days, even mild discomfort should disappear. Although you are not encouraged to look, you may notice that the white of the eye is red underneath the eyelid; this is normal. In most cases, full healing will take 2–6 weeks. After 4 weeks, new glasses can be prescribed, if needed.

You will be given eye drops to reduce any inflammation that develops after the surgery. Our staff will explain how and when to use them before you leave. Please do not rub your eye and avoid getting water in it for a few days. Certain symptoms could mean that you need prompt treatment. Please contact your surgeon immediately if you notice any of the following symptoms: excessive pain, worsening vision, increasing redness of the eye. You are likely to be at the clinic for around 2 hours in total on the day of your surgery.

### **Likelihood of Better Vision**

After the operation, you may read or watch TV almost straight away, although your vision may be blurred. The healing eye needs time to adjust so that it can focus properly with the other eye, especially if the other eye also has a cataract or a different prescription. In most cases, your vision will improve dramatically when the eye drops used to dilate the pupil have worn off (after around 24 hours).

The vast majority of patients experience improved eyesight following cataract surgery, with a recent audit of the Hereford Vision practice showing the average (median) spectacle-free distance vision being '20:20' for all-comers. In addition, 98.4% of patients described themselves as at least happy with the outcome of the procedure.

Please note that if you have another condition, such as diabetes, glaucoma or Age-Related Macular Degeneration (ARMD), your quality of vision may still be limited even after successful surgery. This is typically explained to you in advance.



## Benefits and Risks of Cataract Surgery

The most obvious benefits are greater clarity of vision and improved colour vision. Lens implants are selected to compensate for existing focusing problems, and most people find that their eyesight without glasses improves considerably after surgery. However, some patients will need to wear glasses for distance vision and/or close work following the operation. This will depend on the lenses you have chosen, and your surgeon will discuss this with you before your surgery.

You should be aware that there is a small risk of complications, either during or after the operation.

## During the Operation

**Some possible complications during the operation include:**

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye, which may sometimes result in reduced vision, and/or delayed recovery from the procedure. This occurs in less than 1:300 procedures. If this occurs, it is likely that it will not be possible to use a multifocal or toric IOL.
- Loss of all or part of the lens into the back of the eye, necessitating a further operation, which may rarely require a general anaesthetic. This is uncommon (around 1:1,000 cases).
- Bleeding inside the eye (very rare with modern techniques, though it could conceivably lead to loss of vision or even the eye itself).
- In the highly unusual event of a significant complication, it may not be safe to place a lens implant, either temporarily or, in very rare cases, permanently. In this case, a subsequent procedure may be necessary to implant an IOL at a later stage (contact lens wear would be an alternative).

## After the Operation

### Some possible complications after the operation include:

- Allergy to, or intolerance of, the eye drops used. In this situation, a change in eye drops usually helps.
- Some eye-surface discomfort is common in the early months following most forms of eye surgery. This is typically mild after cataract surgery, and may be asymmetrical. Lubricant eye drops can help with these symptoms and are usually safe to take in addition to the normal eye drops given after surgery. Please check with your surgeon.
- Some variability of vision is normal in the early weeks after surgery, and you may need to be patient as you heal.
- Bruising of the eye or eyelids. This is uncommon, though it can manifest as red blotches on the white of the eye (particularly under the upper eyelid). These are nothing to worry about and will settle spontaneously; their presence does not reflect the underlying health of the eye.
- Floaters. The development of floaters in middle age is exceptionally common, a change which occurs as a result of maturity of the jelly of the eye. Cataract surgery can hasten the development of such changes; however, in many cases, the extra light that a new lens allows into the eye simply makes you more aware of pre-existing floaters.
- High pressure inside the eye. This is more common in patients predisposed to glaucoma.
- Clouding of the cornea, which could conceivably lead to the need for a corneal graft and imperfect vision.
- Incomplete removal of the lens. In cataract surgery, the native human lens is broken up into tiny pieces, which are then removed by suction. On rare occasions, tiny fragments of lens can become lodged either behind the pupil during surgery, or in the angle between the cornea and the iris. Should this happen, a further very quick procedure to wash out the front of the eye may be necessary. Recovery should then be uneventful.

- Incorrect strength or dislocation of the implant. In patients with multifocal lenses, it is crucial to make sure that the lens is central; in the unlikely event that the lens is decentred at your post-operative visit, and your vision is suboptimal, a small corrective procedure may be advised, although rarely it may prove impossible to achieve long-term perfect centration/ orientation.
- Swelling of the retina (macular oedema), which occurs in approximately 1:100 eyes. Drops are given following surgery to reduce the risk of this happening.
- Detached retina, which can lead to loss of sight. It is important to state that cataract surgery does not change the underlying 'medical' state of the eye; initially short-sighted patients continue to have a higher underlying risk of retinal detachment than non-short-sighted patients. In addition, the risk of retinal detachment is approximately five times higher in the first four years after cataract surgery.
- Infection in the eye (endophthalmitis), which can lead to loss of sight, or even the eye itself, despite prompt treatment. We go to great lengths to reduce the risk of post-operative infection to as low a level as we believe is possible, including the use of antibiotics, special eye cleansing and no-touch techniques. In the exceptionally unusual event of infection (less than 1:1,000), the scientific literature suggests that the organism in question is nearly always carried by the patient, rather than representing 'cross-infection' from the clinic/staff.
- Glare and associated symptoms. All types of intraocular lens can be associated with glare and associated symptoms, although the incidence of these is higher in patients who have multifocal lenses implanted. Even with standard monofocal lenses, some patients are aware of a shadow in their peripheral vision. Generally, such side effects lessen with time as the new lens settles in. Optical side effects may initially interfere with driving, work and leisure activities; however, it is uncommon for such side effects to persist in the medium and longer term. For patients with troublesome optical side effects from multifocal lenses, less than 1% choose to undergo a lens exchange procedure, swapping a multifocal for a monofocal lens. Such surgery is potentially difficult.



- Most intraocular lenses are not visible; however, people may occasionally notice a glint in your eye caused by a reflection from the front of the lens.

## Complications Are Rare, and in Most Cases, Can Be Treated Effectively.

- In a small proportion of cases, further surgery may be needed, but the risk of this happening is approximately 1:300. Very rarely, some complications can result in loss of sight. Overall the risk of severe loss of vision (blindness) in the affected eye is less than 1:1,000.
- The most common complication is called ‘posterior capsule opacification’, affecting around 1:10 to 1:15 patients. It may come on gradually, after months or years. When this happens, the back part of the lens capsule, which was left in place inside the eye to support the implant, becomes cloudy. This prevents light from reaching the retina. To treat this, a laser is used to make a small opening in the cloudy membrane in order to restore the eyesight. This is a painless outpatient procedure which only takes a few minutes and does not need to be repeated. It will normally restore your vision to its previous post-operative state. This treatment is available privately as a standalone procedure at The Wye Clinic, but it is also possible to include a future treatment as part of your cataract package; please discuss this with your surgeon or The Wye Clinic administration team.

**We hope that this information is sufficient to help you decide whether to go ahead with surgery.**

*“My worries were put to rest. There was no pain, it was quite straightforward and very quick. After 40 or 45 years of wearing glasses or contact lenses I have perfect vision. I can fully recommend the procedure. Once you’ve had it done it is pretty amazing.”*

**Cataract Patient**

## Please Find Below an Example of the Type of Information That Is Given to Patients After Their Cataract Procedure:

- You have just had a procedure to remove a lens from your eye and replace it with a new lens. At this stage, it is likely that your vision in the eye is still blurry, although many comment on how bright the world seems. It is likely that your vision will stay blurry until at least tomorrow, partly because your eye has just had surgery, and partly because your pupil will still be dilated. Some mild discomfort is normal and should respond well to paracetamol alone.
- Sometimes, a shield is placed over your eye at the end of your procedure. If so, your surgeon will let you know when to remove this (usually on arrival at home; it is rare to be asked to keep it on overnight).
- Please make sure you use the drops supplied as per the instructions given by the nurse and written on the bottles. It is often easier for someone else to put the drops in; please ensure that hands are washed before use and try not to touch the end of the bottle against the eye or surrounding skin.
- Do not rub your eye.
- Other eye drops. If you use glaucoma drops, for example, then it is usually safe to continue, although it is important to use a new bottle for the freshly operated eye (please discuss with your GP in advance).
- To reduce the risk of infection, it is best not to get any water in the eye for the first week.
- We do not advise swimming for at least 4 weeks after surgery.
- Exercise. You have just had an operation, so please keep exercise light for 5 days or so. Getting out and about is fine, but please do not put anything dirty, such as gardening gloves, near your eye. Wearing sunglasses is often a good idea.
- Do not be concerned if the eye is red in the first few days; this will settle down. However, if the redness increases, please contact your surgeon.
- Lens surgery changes your spectacle prescription: to allow you to read in the short term, a pair of off-the-shelf +2.5 reading glasses may help until you can see your optometrist.

- Either your surgeon or a member of the Hereford Vision team will ring you tomorrow to check on you following your surgery. Please feel free to ask any questions at this stage.
- Your vision should continue to improve from tomorrow. Should it deteriorate, it is important that you seek help without delay. Likewise, if the eye becomes painful during the first week, it is also important that you contact your surgeon.



*"There was nothing really to worry about, it was just a bright light that shone, there was no pain and no fear. I had the cataracts dealt with by my surgeon in such a perfect manner."*

**Cataract Patient**

## Bilateral Surgery (Both Eyes on the Same Day)

Your surgeon will inform you if it is possible to operate on both eyes on the same day. In this scenario, which is endorsed by the Royal College of Ophthalmologists, surgery for your second eye would follow immediately after your first eye. It is important to be reassured of the following: 1) this is now the default option for most patients undergoing NHS surgery; 2) surgery to the second eye would not proceed in the extremely rare event of a problem with the first eye; and 3) that an entirely new, separate set of equipment is used for the second eye, with staff treating the second eye as a totally separate procedure. The advantages of same day bilateral surgery include a quicker surgical experience, fewer visits and less travel to the clinic, quicker visual rehabilitation, less time spent putting in eye drops, and a reduced chance of visual imbalance after single eye surgery. Potential disadvantages include a theoretical risk to vision in both eyes at the same time, plus the inability to change the refractive plan (amount and type of planned spectacle prescription) of the second eye after seeing the results of first eye surgery. This latter risk is more of an issue in certain patients and may not be particularly relevant to you. Your surgeon will only recommend bilateral surgery if the benefits outweigh the theoretical risks.



*"My surgeon immediately put me at ease because he's got such a professional manner, so I felt good about that.*

*By the time I left the consultation I really knew what was going to happen and I was perfectly at ease."*

**Cataract Patient –  
Multifocal Lens**

## Anaesthetic Options for Cataract and Lens Replacement Surgery

Modern cataract and lens surgery is typically performed with the use of eye drop anaesthetic alone. Immediately before the procedure, eye drops are administered which completely numb the front of the eye. They do not, however, paralyse eye movements or affect the vision of the eye. This form of anaesthetic aids a quicker recovery from the procedure and avoids the risks associated with the anaesthetic injections of yesteryear. The use of eye-drop anaesthetic makes it highly unlikely that you will feel any sharpness or pain during the procedure, though you will probably feel 'pressure'-type sensations at various key stages. Your surgeon will warn you in advance when such sensations might occur. In the unusual event of these sensations becoming uncomfortable, it is always possible to administer an additional, safe, needle-free local anaesthetic during the procedure.

### Option 01

Although I do not think you will feel pain, I would recommend the use of a mild sedative tablet (typically diazepam) in your case, to help relax you before, during and after the procedure. While many are happy to admit their anxieties, others can exhibit slightly unusual behaviour during the procedure, which can interfere with surgery. Examples include breath holding, deep breathing and unpredictable movements. Most of these can be controlled by a sedative. The use of a sedative pill is also highly recommended for second eye surgery, as it is not unusual for you to be more aware of your surroundings. You should naturally expect to feel a little drowsy afterwards.

### Option 02

In your case, I would recommend carrying out the procedure with the assistance of a general anaesthetic (going to sleep for the operation). You may need to have a formal assessment of your fitness by the hospital/ anaesthetist and should expect to spend 3–4 hours after the procedure in the hospital. It is important that you do not eat for 6 hours before the procedure, and you will be asked to change out of your normal clothes into a hospital gown. Extra fees apply.



## IMPORTANT

If you would prefer to change your anaesthetic option, it is important to contact Hereford Vision well in advance of surgery, as it will not be possible to change it on the day.

Please find on the next page a sample consent form, a copy of which you will be asked to sign on the day of surgery. Please do not hesitate to contact your surgeon in advance if you have any questions regarding the proposed surgery.

## Sample Consent Form:

I, ....., date of birth .....  
give my consent for a LEFT / RIGHT phacoemulsification procedure with  
placement of an intraocular lens.

**I have read the leaflets issued to me by my surgeon and understand the contents.**

After reading this information, I understand that any procedure has a risk involved, and that the overall risk of serious loss of sight as a result of the proposed surgery is approximately 1:1,000. I understand that, while uncommon, other complications can occur, which may delay recovery or potentially lead to a level of vision with which I am disappointed.

I also understand that, although I have had my eyes measured for surgery by a modern laser technique, there is no absolute guarantee that the refractive outcome (desired spectacle prescription, if any) will be perfect, due to the nature of the formulae used to estimate the required intraocular lens power. Approximately 90% of patients achieve a refractive outcome within 1 Dioptre of their goal, and approximately 70% within 0.5 Dioptres. I therefore understand that there is a small but significant chance of remaining spectacle-dependent, for both distance and near sight, despite surgery. This applies even if a premium multifocal or toric lens has been used. Subsequent corrective refractive surgery may be possible at a later date for some patients.

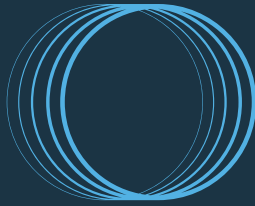
Delete if not applicable:

For patients who have chosen multifocal and/or toric lenses, in the unlikely event of a complication, which makes placement of such a lens impossible or unsafe, I understand that a standard intraocular lens may need to be used instead.

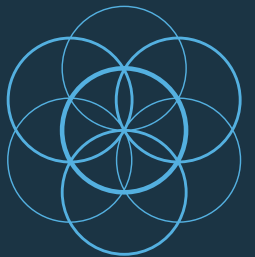
Additional comments specific to me:

Signed:

Date:



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## Helping you to **live** your life.

For more information or to book an assessment,  
visit [thewyeclinic.com](http://thewyeclinic.com) or email [admin@herefordvision.com](mailto:admin@herefordvision.com)  
or call **01432 802600**

### How to find us:

The Wye Clinic occupies the former Moorfield House Surgery building, **located in central Hereford**. It is very close to the Old Market Shopping Centre, Waitrose and the Courtyard theatre complex. There is **extensive parking on-site**, which is naturally free of charge. Access is off Portland Street. To navigate to Portland Street via the one-way system using satnav, enter the postcode **HR4 9JE**. The clinic gate is on your left as you reach Portland Street.