About your day case cataract operation
Your own personal guide

This booklet has been prepared to answer some of the questions you may have about your cataract operation.

We hope that it will prove useful to you.

Please take care of this booklet as you will need to refer to it before and after your operation. It will be helpful if you could bring it with you to clinic appointments, and when you come in for your operation.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a cataract?</td>
<td>4</td>
</tr>
<tr>
<td>How is it removed?</td>
<td>4</td>
</tr>
<tr>
<td>The intended benefits of the operation</td>
<td>4</td>
</tr>
<tr>
<td>What are the risks and consequences associated with this operation?</td>
<td>4</td>
</tr>
<tr>
<td>Pre-operative assessment appointment</td>
<td>6</td>
</tr>
<tr>
<td>What happens on the day?</td>
<td>6</td>
</tr>
<tr>
<td>Overnight advice following surgery</td>
<td>7</td>
</tr>
<tr>
<td>Cleaning the eye</td>
<td>8</td>
</tr>
<tr>
<td>Drops</td>
<td>8</td>
</tr>
<tr>
<td>Application</td>
<td>8</td>
</tr>
<tr>
<td>Do’s and don’ts following eye surgery</td>
<td>9</td>
</tr>
<tr>
<td>Bathing and showering</td>
<td>9</td>
</tr>
<tr>
<td>Driving</td>
<td>9</td>
</tr>
<tr>
<td>Work</td>
<td>9</td>
</tr>
<tr>
<td>When will I be seen again?</td>
<td>9</td>
</tr>
<tr>
<td>Useful contacts</td>
<td>10</td>
</tr>
<tr>
<td>Questions for the doctor/nurse</td>
<td>11</td>
</tr>
<tr>
<td>Appointment dates</td>
<td>11</td>
</tr>
</tbody>
</table>
You have been told by your eye doctor/ophthalmologist that you have a cataract and that you require an operation to remove it.

What is a cataract?
Cataract is the name given to the lens in the eye that has become ‘cloudy’. The lens helps you to see clearly and focus on objects.

Usually a cataract develops gradually and can often go unnoticed at first. As they develop, vision becomes worse and everyday activities become more and more difficult.

If you have a cataract in one eye there is a strong possibility that you will have it in the other eye. This could have less impact on your vision and so you don’t notice it.

How is it removed?
In the operating theatre the cloudy lens will be removed and replaced by an artificial lens implant.

Your operation may be carried out under local anaesthetic, either by drops or a small injection.

This means that you will be awake during the operation. You will not feel or see anything.

The intended benefits of the operation
The main aim of the cataract operation is to improve the quality of your vision; it may also be of benefit to improve the doctor’s view of the back of the eye.

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.

What are the risks and consequences associated with this operation?
Most operations are straightforward, however as with any surgical procedure there is a small chance of side effects or complications.

It is possible for a cataract operation to leave you worse off than you are now. One person in every 1000 will go blind in that eye as a direct result of the operation. One in 10,000 will lose the eye. There is virtually no risk to the other eye.
Details on the most common specific complications are:

- **Ecchymosis** - Bruising of the eye or eyelids (quite common).
- **Corneal decompensation** - Clouding of the normally clear front window of the eye.
- **Dropped nucleus** - Part or all of the cataract falls through a posterior capsule rupture into the back part of the eye, needing another operation to remove it.
- **Posterior capsular opacification** - Clouding of the membrane behind the implant causing blurred vision, which can be managed with laser treatment.
- **Posterior capsule rupture and/or vitreous loss** - A split in the thin back of the cataract which can allow communication between the front and back compartment of the eye.
- **Suprachoroidal haemorrhage** - Bleeding inside the eye which may require the operation to be postponed and completed on another day.
- **Detached retina** - Peeling off of the seeing layer of cells within the eye.
- **Allergy** - Drops given after the operation, causing an itchy, swollen eye until the drops are stopped or changed.
- **Dislocation of the implant** - Movement out of the position of the lens implant.
- **Endophthalmitis** - Severe, usually painful, infection inside the eye.
- **Cystoid macular oedema** - Inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment. It can be occasionally severe and require treatment.
- **Refractive surprise** - Unexpectedly large (or different from expected) need for glasses.
- **Post operative glaucoma** - Raised pressure in the eye for the first day or so (common). This may require temporary treatment.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases a further operation may be required.

If you decide against a cataract operation, your vision will probably slowly worsen. If you need to discuss your options further, or at a later date please contact (preferably in writing) the consultant responsible for your care.
**Pre-operative assessment appointment**

The hospital will contact you about an appointment to see an eye doctor and nurse specialist.

The doctor will discuss the operation and give you all of the necessary information. The doctor will also examine your eyes.

The nurse will take measurements of your eyes. This allows the surgeon to calculate the strength of the implant needed.

The nurse may also take a tracing of your heart, known as an ECG.

| Please bring in with you  
| all of your current medications in their original boxes. |

At the end of the appointment a date for your operation will be arranged with you.

The appointment will last approximately 2 - 3 hours. We will try to make your stay as short as possible.

**What happens on the day?**

Hospital transport **cannot** be arranged for eye day case patients. Therefore you must make alternative arrangement to get into hospital and to get home following surgery.

If you are having a local anaesthetic there are no restrictions on eating and drinking.

All patients are asked to report to Eye Day Case, Royal Derby Hospital at specific times.

- Morning admission times between 8.00am and 10.00am
- Afternoon admission times between 12.00pm and 2.30pm

The morning theatre session runs from approximately 8.30am to about 12.00pm and the afternoon session from approximately 1.30pm to about 6.00pm.

The nursing staff **do not** know the order patients will be going to theatre until the day of the operation.

Please remember to remove all items of jewellery (except wedding rings which will be taped) before coming to hospital.
Also ensure that make up and nail varnish (including false nails) is removed.

In preparation for the operation the nurse will put some drops into the eye to enlarge the pupil.

The operation will take place in the eye theatre.

You go to theatre in your own clothes to help you feel as comfortable as possible. You will be wearing a hospital gown over your clothes for protection.

Usually the surgeon will explain what is happening as the operation goes along and a nurse will be there to hold your hand and make sure you are comfortable.

The operation takes approximately ½ an hour. Following the operation you will be accompanied back to Eye Day Case.

The eye will be covered overnight to protect it from accidental bumping or rubbing.

Patients are normally allowed home within ½ an hour of surgery.

**Overnight advice following surgery**

It is very important that you follow these instructions on returning home.

- **Do not** bend, lift or strain in any way
- **Do not** get anything into the eye

You should rest and relax in your normal way. There is very little pain associated with a cataract operation however, if necessary Paracetamol or your usual painkiller will help to relieve any discomfort. Follow the manufacturer’s instructions and do not exceed the maximum dose.

If the eye becomes very painful, you begin to feel sick or you have any queries do not hesitate to contact Ward 307 on 01332 788307 for advice.

You will be discharged from Eye Day Case with:

1. Dressing pack
2. Sterile water
3. Drops and/or ointment and a reminder sheet
4. Doctor’s letter and your copy of that letter
**Cleaning the eye**
The morning after your operation, wash your hands thoroughly.

- Remove the eye dressing slowly starting from the top. Keep the clear plastic eye shield to use at night for the next 2 weeks, but throw away the padding underneath.

- Open the dressing pack.

- Open the sterile water and empty it into the pot provided.

- Moisten the small rolls of cotton wool using the sterile water and gently clean the eyelids. Starting at the nose working outwards along the eyelids. Throw away each piece after use and get a fresh one.

- Repeat until you feel the eye is clean.

You can now start instilling the eye drops as instructed.

**Drops**
In order to keep the eye drops clean, do not allow the dropper tip to touch the eye or anything else.

**Application**

**ALWAYS WASH YOUR HANDS FIRST**, then sit or lie comfortably with your head tilted backwards, looking at the ceiling.

- Remove the cap and hold the bottle upside down between your thumb and fingers, with the label facing away from the fingers.

- Rest the bottle flat on your forehead so the neck of the bottle is in line with your eyebrow. The tip of the nozzle should then be hovering just above the eye.

- Look at the tip of the nozzle. If you can see it above your eye, you know it is in the right place.

- Pull your lower eyelid down slightly with the other hand.

- Tip the bottle forward slightly and squeeze the sides of the bottle.

- A drop should form on the tip of the nozzle and fall into the lower lid of the eye. It will not harm the eye if more than one drop goes in.

Don’t worry if you cannot manage, there are devices known as autodroppers™ which can be purchased from your chemist or from Eye Day Case.
Do’s and don’ts following eye surgery

- Do use the drops as directed (for up to 4 weeks)
- Do keep mobile once you return home
- Do read, write and watch television as normal
- Do avoid smoky or dusty environments for up to 4 weeks
- Don’t rub or poke your eye for up to 4 weeks
- Don’t sleep without your eye shield for 2 weeks
- Don’t perform any strenuous activity such as gardening, sport or swimming for 2 weeks
- Don’t wear make-up around your eye for up to 4 weeks

Bathing and showering
You may bath and shower as normal but make sure you do not get any soap or shampoo in the operative eye for at least 2 weeks.

Driving
The law requires you to inform the licensing authority (DVLA) and your insurance company of any change in health or sight likely to affect the safety of your driving.

Work
You can return to work, depending on your type of employment, after about 2 weeks.

You can also resume normal daily activities almost immediately.

When will I be seen again?
You will be seen approximately 4 - 6 weeks after your operation by the hospital optician.

Please remember:

- Always put your drops in as advised
- Always attend your clinic appointments
- Avoid poking or rubbing your eye
- Wear the plastic shield at night and glasses during the day
Telephone your GP or the Eye Outpatients Department if you have any of the following symptoms after discharge:

- A sudden reduction in vision
- Excessive redness
- Pain
- Stickiness

It is important to remember that it is normal to experience a gritty, foreign body sensation in the eye.

Useful contacts

**Eye Day Case**
Level 3, Kings Treatment Centre, Royal Derby Hospital
Telephone: 01332 789081, between 7.00am - 4.30pm
Out of hours telephone Ward 307

**Eye Outpatients Department**
Level 2, Kings Treatment Centre, Royal Derby Hospital
Telephone: 01332 783370

**Ward 307**
Royal Derby Hospital
Telephone: 01332 788307 out of hours, at weekends and bank holidays

**Eye Primary Care**
Eye Outpatients
Telephone: 01332 787003

**Derbyshire Association for the Blind (Headquarters)**
Telephone: 01332 292262

**Derbyshire Association for the Blind (Support and Information Service)**
Eye Outpatients Department
Telephone: 01332 783365

**Sightline**
65 Nottingham Road, Derby
Telephone: 07071 881 399
Questions for the doctor/nurse
In the space below please feel free to write down any questions that you would like answering by the doctor or nurses. We will try our best to help you.

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Appointment dates

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<thead>
<tr>
<th>Clinic appointment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of operation</td>
<td></td>
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<td>Clinic/Optician appointment</td>
<td></td>
</tr>
</tbody>
</table>

We hope that this information has been useful.

If you have any other queries, please feel free to ask any of the nurses or doctors.

If you require advice do not hesitate to telephone the Eye Outpatients Department or Eye Day Case.
References