



# Irish College of Ophthalmologists

**PATIENT INFORMATION LEAFLET**

## Cataract Surgery



Irish College of  
Ophthalmologists  
*Eye Doctors of Ireland*  
Protecting your Vision

**Irish College of Ophthalmologists**

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**1. Surgical procedure**

Right  Left  Both

**2. Anaesthetic**

Topical  Local  General

**Name of Consultant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Emergency contact details:** \_\_\_\_\_

## Introduction

This information booklet is given to you so that you can make an informed decision about undergoing cataract surgery. The contents explain what cataract surgery is and what aftercare is necessary. You should read the booklet, or have a family member or friend read it with you. It covers the risks and benefits of surgery that you should know about and understand before you give your consent to have the operation. If you have any questions please make a note of them and ask your surgeon before you sign the consent form.

### What is a Cataract and how is it treated?

The lens in the eye can become cloudy and hard, a condition called cataract. This interferes with the focusing power of the eye. Cataract can happen through ageing, as a result of eye injury, or if you have taken certain drugs such as steroids. Cataract causes blurred vision, dull vision, and sensitivity to light, glare and ghosting of images. If the cataract changes vision so much that it interferes with your daily life it may need to be removed. The only available treatment for removal of cataract is surgery to replace the affected lens. The purpose of the surgery is to remove the cloudy natural lens and replace it with a plastic lens (implant) inside your eye. You can decide not to have the cataract removed, however your quality of vision will continue to disimprove.

### Benefits of Surgery

In the majority of cases cataract surgery is successful with restoration of good vision. It is however essential that you are aware of and discuss the risks as well as the benefits with your doctor before your operation.

### Alternative to Cataract Surgery

You should ensure that your distance and reading glasses are up to date. Sometimes a change of glasses can give a temporary improvement of sight particularly if your cataract is at an early stage of development. Tinted lenses, magnifying lenses and appropriate lighting may also help.

### What will happen on day of surgery?

Cataract surgery is usually done as a day case procedure. However, in some cases your surgeon may prefer you to stay overnight in hospital after the surgery. Before surgery your eye will be measured to help choose the correct strength of lens to replace your natural lens. In the operating theatre the pupil of the eye will be enlarged with drops and your eye will be anaesthetised with drops, and sometimes with an infusion of anaesthetic into the space between the eyeball and the lids to reduce movement of the eye. Alternatively your surgeon may decide that the procedure should be done under intravenous sedation or general anaesthetic if you are very anxious. You will be made comfortable in a lying position. The surgery is done using an operating microscope and very fine instruments, some of which make noise. You will not be able to see what is happening but you will be aware of bright light and warm water around your eye. Local anaesthetic lasts around 20/30 minutes, the length of time it takes to complete the operation. If you are very anxious some sedation

may be given by mouth or by an intravenous line. You will be asked to keep your head still, lie as flat as possible, and avoid all sudden body movement.

The eye is opened and a small hole is made in the capsule (bag) that contains the cataract. The cataract is broken into small pieces and "hoovered" out of the eye, a process that is called Phacoemulsification. The lens implant is then injected into the capsule. Antibiotics are administered and the tiny wound is made secure. You will be asked lie still until a protective pad and/or shield is placed over the eye.

The operation may be recorded for teaching purposes.

The operation will be done by an experienced eye surgeon or by a trainee eye surgeon under supervision.

### **After the operation what happens?**

The protective cover will remain in place for a number of hours. Your doctor or nurse will advise you when to remove it. You will also receive advice about how to care for your eye to protect against infection and inflammation. You will be given a prescription for antibiotic and anti-inflammatory drops and instructions for use. You will be given a contact telephone number in case you have an emergency concern in the days immediately after surgery and you will be given an appointment to return to see your doctor or one of his/her team.

### **Complications:**

All operations carry risks and can give unsuccessful results, complications, injury or even death from known and even unknown causes. Following cataract surgery your vision may not improve, and may even deteriorate.

The major risks of cataract surgery are included under the following headings.

### **RISKS OF SURGERY**

1. **Loss of the eye;**  
Due to overwhelming infection, inflammation or raised pressure in the eye causing severe pain (<1 in 1,000)
2. **Loss of vision due to;**
  - a. **Infection in the eye** (Infective Endophthalmitis 2-16 in 10,000), eight times increased risk if rupture of posterior capsule (PCR)
  - b. **Chronic inflammation in the eye** Non-Infective Endophthalmitis (1-20 in 10,000), Cystoid Macular Oedema (1-3 in 100), Toxic Anterior Segment Syndrome-TASS (2 in 1,000)
  - c. **Haemorrhage** into the eye during or after surgery (6-50 in 10,000)
  - d. **Loss of circulation** to the eye (5 in 100,000) but 50% increased risk if fellow eye has already had loss of circulation at any time (Ischaemic Anterior Optic Neuropathy)
  - e. **Detachment** of the retina (7 in 1000)
  - f. **Loss of clarity** of the cornea (3 in 1000)
  - g. **Raised pressure** – intra-ocular pressure (2-10 in 1,000)
  - h. **Progression** of pre-existing condition such as Macular Degeneration or Diabetic Retinopathy (<1 in 1,000)
  - i. **Posterior Capsule Opacification** (3 in 10) which can be corrected by a short laser procedure with return to good vision in the majority of cases
3. **Loss of vision in the eye that did not undergo surgery** – Sympathetic Ophthalmia (1 in 10,000)
4. **The need for further surgery**
  - a. to reposition/replace/remove/insert lens implant
  - b. to remove haemorrhage or repair retinal detachment
  - c. to repair wound/add or remove stitches
  - d. to inject antibiotics and/or anti-inflammatory medication into or around the eye

5. **Refractive surprise and/or astigmatism** resulting in the need to replace intra-ocular lens or have laser to the cornea for residual refractive error
6. **Anaesthetic related problems** including sudden death, anaphylactic shock and haemorrhage around the eye

### **Patient responsibilities**

**Contact your ophthalmologist immediately on the emergency number provided or attend the eye accident and emergency department if you notice any major problems after an injection.**

Problems suggestive of an infection can include:

- Eye pain (as against the normal discomfort after the procedure)
- Blurring or new decreased vision (as against after the procedure)
- Extreme light sensitivity
- Pus or other discharge coming from the eye

### **Care of your eye following discharge from hospital**

**Do:**

1. Leave the protective dressing / shield in place for the length of time advised by your doctor particularly the first night after surgery
2. Use your prescribed eye medicines as directed for the duration advised.
3. Read, watch TV and carry out light daily activities
4. Avoid touching or rubbing your eye
5. Avoid strenuous activity and lifting heavy objects
6. Avoid getting soap or shampoo into your eye
7. Avoid eye make-up for one week or as advised
8. Contact the emergency number you have been given or attend the Eye Accident and emergency department if you experience
  - a. severe eye pain or headache
  - b. sudden change of vision
  - c. increasing redness or discharge
  - d. sudden appearance of floaters, black spots or streaks or flashes of light
9. Keep all follow up appointments

**Do not:**

1. Sleep on the side of your operation for one week
2. Rub, touch or knock your eye
3. Swim for 4 weeks or until you are advised that it is safe to do so
4. Take part in sport where your eye might be knocked for 2-4 weeks
5. Return to work until advised by your doctor if your job is physically strenuous or you are at risk of being exposed to dust or liquid in your work place
6. Drive until you are prescribed new glasses for driving if you do not have good driving sight in your other eye

## **Irish College of Ophthalmologists**

**The Irish College of Ophthalmologists (ICO) is the training and professional body for eye doctors in Ireland.**

The ICO is dedicated to promoting and setting the highest standards of excellence and patient care in the practice of ophthalmology in Ireland. We do this by educating eye doctors in training, providing on-going education for eye doctors in practice, giving accurate medical advice to the public and policy guidance to the government.

**For further information, visit [www.eyedoctors.ie](http://www.eyedoctors.ie)**