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## **CATARACT SURGERY INFORMATION LEAFLET**

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 and so it is important that you understand the leaflet before you decide to have surgery. If you have any questions, do not hesitate to ask me.

### **The Cataract**

I have recommended 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, or it may get worse. Waiting for a longer period of time until you decide to have surgery does not normally make the operation more difficult.

### **Cataract surgery**

The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye.

Cataract surgery is usually carried out under a local anaesthetic. 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 insert/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 may involve the injection of 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 nurse can hold your hand the whole time to make sure that you are all right. Most cataracts are removed by a technique called phacoemulsification. A small cut is made in the eye, the lens is softened with sound waves and removed through a small tube. The back layer of the lens is left behind. An artificial lens (implant) is then inserted to replace the cataract. Sometimes a small stitch is put in the eye.

## **After the operation**

If you have discomfort, a pain reliever such as Paracetamol every 4-6 hours is recommended (but not aspirin - this can cause bleeding). It is normal to feel itching, sticky eyelids and mild discomfort for a while after cataract surgery. Some fluid discharge is common. After 1-2 days even mild discomfort should disappear. In most cases, healing will take about two to six weeks after which new glasses can be prescribed.

You will be given eye drops to reduce inflammation. The hospital staff will explain how and when to use them. Please don't rub your eye. Certain symptoms could mean that you need prompt treatment. Please contact me immediately if you have any of the following symptoms:

- Excessive pain
- Loss of vision
- Increasing redness of the eye

## **Likelihood of better vision**

After the operation you may read or watch TV almost straight away, but 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 has a cataract.

The vast majority of patients have improved eyesight following cataract surgery.

Please note that 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.

What is the likelihood of your vision improving?

With cataract surgery there is approximately:

- 95% chance of better vision (better if you have no other problems like retinal macular degeneration)
- 90% chance of good (6/12) vision
- 85% chance of excellent (6/7.5) vision
- 1 % chance of no improvement or deterioration in vision due to complications of surgery

## Benefits and risks of cataract surgery

The most obvious benefits are greater clarity of vision and improved colour vision. Because lens implants are selected to compensate for existing focusing problems, most people find that their eyesight improves considerably after surgery. However, most patients need to wear glasses for distance vision or close work following the operation.

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

### Some possible complications during the operation

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye, which may sometimes result in reduced vision.
- Loss of all or part of the cataract into the back of the eye requiring a further operation, which may require a general anaesthetic.
- Bleeding inside the eye.

### Some possible complications after the operation.

- Allergy to the medication used.
- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Clouding of the cornea.
- Incorrect strength or dislocation of the implant.
- Swelling of the retina (macular oedema).
- Detached retina, which can lead to loss of sight.
- Infection in the eye (endophthalmitis), which can lead to loss of sight, or even the eye.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases, further surgery may be needed. The risk of this happening is approximately 1 in 300. Very rarely some complications can result in blindness. Overall the risk of severe loss of vision in the affected eye is about 1 in 1000.

The most common complication is called '**posterior capsule opacification**'. It may come on gradually after months or years. When this happens, the back part of the lens capsule, which was left in the eye to support the implant, becomes cloudy. This prevents light from reaching the retina. To treat this, I use a laser beam to make a small opening in the cloudy membrane in order to improve the eyesight. This is a painless outpatient procedure, which normally takes only a few minutes. The risk can be as high as 10% per year but is generally much less with modern implants, at least in the first 1-2 years after surgery.

## **Some common changes in vision (as opposed to complications) after cataract surgery**

Your spectacles will need to be changed. You will still need spectacles for “best vision” either for distance or reading although 80% of patients will be able to manage without glasses for either distance or reading providing this is what was agreed before surgery - the spectacles in use for the other eye may prohibit this as the eyes must be “in balance” after surgery. Also 20% of patients will have an end result that will not permit good vision without glasses due to pre-existing astigmatism or imprecision in the measurements taken to determine implant power (currently only 90% of estimates are within 1 dioptre (unit of spectacle power) of the target). After phacoemulsification surgery temporary glasses can be obtained 2-3 days after surgery but these will only be of value until your permanent spectacle prescription is given at 3-4 weeks after surgery; change in the spectacles is rarely needed after 4 weeks although late changes sometimes occur during the late healing phase of the operation.

### **Other changes in vision**

Floaters are much easier to see or may develop after cataract surgery. Although these may irritate they do not affect the sharpness of vision and most patients soon learn to ignore them. Colours may seem very bright, most but not all patients prefer this.

### **Anaesthetic procedures**

Local anaesthesia, where the patient is awake during the operation, is the method of choice for most patients as it allows rapid recovery with minimal risk to your general health whilst providing good operating conditions. This may consist simply of eye-drops or may involve the injection of local anaesthetic solution into the tissue surrounding the eye.

General anaesthesia, where the patient is put to sleep for the operation, is a safe procedure. It is normally only now used for nervous or patients likely to be unable to cooperate with a local anaesthetic and for some patients with angina. Complications are very uncommon but can occur and are related to the general health of the patient and any concerns should be discussed with my anaesthetist.

I hope this information is sufficient to help you decide whether to go ahead with surgery.

Contact Mr Anandan via his private secretary, Sue Da Silva on Tel. 07900210191