

Day of procedure

Wear loose, comfortable clothing. Please do not wear any make-up or nail polish.

Before your procedure begins

Before your procedure begins you will have the opportunity to discuss any questions you have regarding your surgery or aftercare. A member of the team will take some routine observations on you prior to surgery. This will include administering eye drops and/or a small pellet in preparation for surgery.

During the procedure

You will be escorted by a member of the team to the operating theatre for your procedure. Topical anaesthetic eye drops will be administered which will numb the surface of the eye. You will be assisted to lie flat on the operating table, and made comfortable. In addition to the topical anaesthetic eye drops, Mr Nguyen may administer an additional local anaesthetic numbing injection around the eye.

A drape will be placed over your eye. It is important that you try and keep as still as possible during surgery, and focus on the spot of light from the microscope. During the procedure water is used to keep your eye moist, and occasionally your hair may get wet.

Mr. Nguyen will be able to communicate with you at all times. You may be aware of a bright light and sounds in the theatre. At the end of the procedure, a clear plastic shield will be placed over your eye to protect it.

After the procedure

The team will go through post-operative instructions with you on your return to the ward and answer any questions you may have.

Please start your post-operative eye drops when you arrive home.

You will not be able to drive so a responsible adult will need to accompany you home. If you have had sedation someone should stay with you for the first 24 hours after the procedure.

After surgery, your vision may be blurry at first but should begin improving within a few days. The eye may feel "itchy" and have mild discomfort for a few days. It is possible for the white of the eye (sclera) to be red or bloodshot. Please avoid rubbing or pushing on your eye.

Important

If the discomfort or headache is severe, and becomes worse, or you suffer any of the following symptoms, you must contact the hospital.

- Increasing stickiness or discharge from the eye
- Deteriorating vision
- Increasing pain and redness
- Flashing lights and an increase in floaters
- A curtain coming down across your vision



Dan Nguyen
OPHTHALMOLOGIST

CATARACT/LENS REPLACEMENT SURGERY

Consent

After reading this information, please sign the consent form to confirm:

- You understand and are informed of the potential benefits, limitations, risks and complications that may occur as a result of surgery.
- You have had your questions answered in a way that you understand.
- You understand that you should comply with the advice provided, and use of eye drops prescribed.
- You understand and accept that surgery does not prevent the development of other eye problems such as glaucoma, macular degeneration, or retinal detachment.



Dan Nguyen
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Cataract surgery is a procedure to remove the lens of your eye and replace it with an artificial lens implant. Normally, the lens of your eye is clear. A cataract causes the lens to become cloudy, which can cause your vision to be blurred, and increase the glare from lights.

When considering cataract surgery, keep these questions in mind:

- Do you have problems reading, using a computer/laptop or watching tv?
- Do vision problems affect your everyday tasks or level of independence?
- Can you see to safely do your job and to drive?
- Do bright lights make it more difficult to see?

Surgery is usually done as a day procedure under a local anaesthetic. This means you will be awake during the procedure but your eye will be “numbed”.

Types of lens implants that are available

A variety of lenses with different features are available. The most common lens implant is a **fixed focus single vision lens**.

Extended depth of focus lenses are designed to bring intermediate (computer/car dashboard) visual range into focus.

Multi-focal lenses are designed to provide points of focus for distance, intermediate and reading to reduce an individual's reliance on spectacles after surgery.

Patients with multi-focal lens implants will notice glare, haloes or starburst effects around lights. This effect tends to lessen over time.

With any lens implant, glasses may be required for “fine-tuning” and “sharpening” of the vision after surgery. They may also be required for near tasks such as reading, particularly if there is less available natural light.

Some lenses will cost more, and insurance companies may not cover certain types of lenses.

What are the risks and complications of surgery?

Cataract surgery is generally safe and successful in improving vision; all surgery however carries an element of risk.

It is not possible to detail all the risks and complications that may occur during or after the procedure. Some patients who have a particular expectation, occupation or lifestyle may feel greatly inconvenienced by something which would have

little or no impact on someone else. It is important for you to consider how going ahead with surgery may affect you should you experience a complication.

Possible complications of surgery include:

Infection

Infections may occur despite the use of antibiotic drops and other preventative measures. Endophthalmitis is a severe infection that can occur after surgery in around 1 in 1000 (0.1%) procedures and can lead to irreversible loss of vision, and very rarely, complete loss of vision and/or the eye. It is therefore important to report immediately any sudden loss of vision or pain to the Hospital.

Bleed inside the eye

A severe bleed inside the eye could occur in around 1 in 1000 (0.1%) procedures, and can lead to irreversible vision loss.

Posterior capsule rupture

This is tearing of the supporting capsule behind the lens which occurs in less than 1 in 100 (1%) procedures. Should this occur, an alternative lens may be implanted at the time of surgery, or with a second operation.

Posterior capsular opacification

This occurs in around 1 in 10 (10%) patients one to two years after surgery. When this happens, the back of the lens capsule which supports the implant thickens and becomes cloudy resulting in blurred vision. A painless laser treatment which normally takes only a few minutes and performed in the clinic room can be used to treat this.

Retinal detachment

Retinal detachment occurs in less than 1 in 100 (1%) patients after surgery. This is a sight threatening condition where the retina becomes separated from the inner wall of the eye. A detached retina can often be corrected surgically or with a laser, however, the vision of the eye may not be the same as before the detachment. Patients who are myopic (short-sighted) have an increased risk of retinal detachment. If you notice floaters, flashing lights or shadows blocking out part of your field of vision, you should contact the hospital.

Corneal or Retinal Oedema

Swelling or clouding of the cornea or retina can occur in around 1 in 50 (2%) people after surgery. This will cause the vision to be blurred and usually improves over time. Eye drops might need to be used for a few more months.

Increased pressure in the eye

Raised intraocular pressure (IOP) is seen in around 1 in 50 (2%) of procedures. One potential cause is the effect of the steroid eye drops that are given to control eye inflammation. If this is the cause, the eye will normally settle down once the steroid eye drops are stopped. Other eye drops (or sometimes tablets) to lower the pressure may be required.

Dry eyes and increased sensitivity of the eye

Even without surgery, “dry” eye is a common symptom with increasing age for which many patients use lubricating eye drops. Dry eye symptoms tend to improve over time but can be persistent in a small number of people after surgery. Using eye lubricants and other eye surface management methods may help to reduce dry eye symptoms.

Glare and Haloes

These symptoms can occur with any intraocular lens but are more common with multi-focal lens implants. This complication is most noticeable in night driving conditions, but can also be experienced under dim light conditions. This side effect tends to improve over 3 to 6 months.

Patients who have had previous refractive laser surgery may experience this more frequently.

Another possible cause, which is uncommon, is decentration (displacement) of the intraocular lens which may provide unwanted images and increased glare especially at night. This can occur years after surgery and should it arise may require surgical intervention.

Shadowing or Ghosting

This is common during the early stages of the post-operative recovery period, in particular with multi-focal lenses as they produce more than one focal point. It is possible to be aware of other focal points when viewing objects at near or far distances. This side effect tends to improve or fade over three to six months although it may persist.

If a patient continues to experience excessive glare/ghosting then further surgery could be performed to exchange the lens implant.

Residual prescription

In patients there may be a degree of short-sightedness, long-sightedness or astigmatism remaining after surgery which would benefit from spectacles to improve the vision for certain tasks.