Patient Information for Consent

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OP01 Cataract Surgery (phacoemulsification) with Monofocal Intraocular Lens Implant

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This document provides you with the information you require for your operation. Please read it and get back to us if you have any questions. Thank you.

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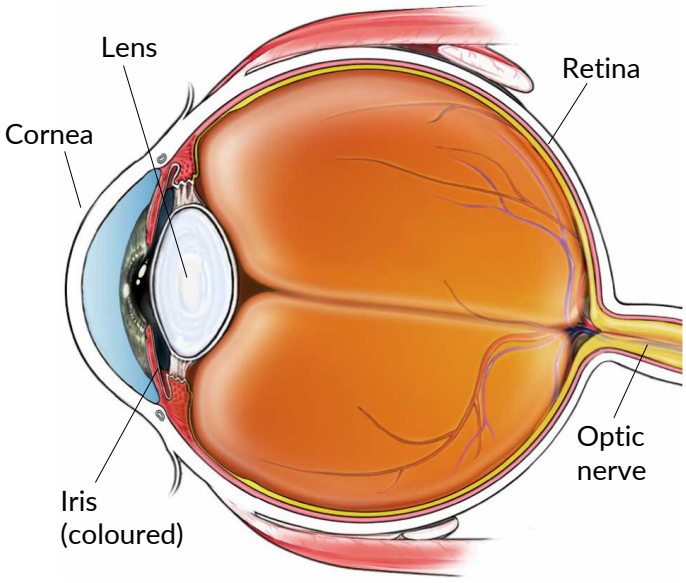
What is a cataract?

The natural lens in your eye helps you to see clearly by focusing the light rays entering your eye. A cataract is when the natural lens becomes cloudy. This is usually caused by ageing. A cataract causes blurred vision or changes the focus of your eye.



Cross-section of the eye

Let the healthcare team know if you have had previous laser eye surgery. This does not mean that you cannot have cataract surgery. Your surgeon will assess you and tell you if cataract surgery is suitable for you.

Shared decision making and informed consent

It is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask your healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

Your vision should improve.

Are there any alternatives?

New glasses may improve your vision to some extent but if the cataract is too advanced, glasses will not help. In this case, surgery is the only option to restore your vision.

What will happen if I decide not to have the procedure or the procedure is delayed?

Cataracts tend to get worse over time. Leaving a cataract untreated does not threaten your vision straight away but it can be disabling. If the cataract does get worse, your vision will also get gradually worse until you have little vision left.

If you experience any of the following symptoms, contact your healthcare team:

- Sudden loss of vision.
- Severe eye pain or redness.

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- New flashes or small spots in your vision.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming your name and the procedure you are having with the healthcare team.

The procedure is usually performed under a local anaesthetic given as eye drops or injected around the eye. Sometimes a general anaesthetic is used or your anaesthetist may offer you a sedative to help you to relax. If you have a sedative, they will give it to you through a small needle in your arm or the back of your hand. You will be able to ask and answer questions but you will feel relaxed. Your anaesthetist or surgeon will discuss the options with you.

The procedure usually takes about 20 minutes.

Cataract surgery involves removing the cataract and replacing it with an artificial lens implant.

Your surgeon will make a small cut at the edge of the cornea, which is the clear part at the front of your eye covering the iris and pupil. They will usually break the cataract into small pieces using ultrasound (sound waves) and then remove it from your eye through the cut.

Your surgeon will place the lens implant behind the iris in the same bag (or capsule) in your eye that held the natural lens in place.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the procedure?

Keeping in the same position

If the procedure is performed under a local anaesthetic, you will need to lie still and flat during the procedure. If you cannot lie still and flat, let your surgeon know.

Your face will be covered with a cloth to allow your surgeon to work on a clean surface. Air will be blown gently towards your nose. If you are claustrophobic (afraid of being in small spaces), let your surgeon know.

Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you may need to reduce your risk of serious illness while you recover.

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When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Possible complications of this procedure are shown below. Some may be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any procedure

- Bleeding during or after the procedure. Usually there is little bleeding and your eye may be slightly red. If it is very red and painful, let your surgeon know as this is unusual.
- Infection, which may cause blurred vision or even permanent loss of vision (risk: 1 in 1,000). Most infections happen after 2 to 7 days. If your eye becomes red and painful, and your vision becomes blurred, let your surgeon know straight away. You may need other procedures to control the infection.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that may happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Tear in the bag which holds the lens in place (risk: 1 in 50). A tear may result in some of the jelly part of the back of your eye coming forward. Your surgeon will need to remove the jelly at the front of your eye during the procedure, and you may need another procedure. A tear may also result in some fragments of the natural lens falling to the back of your eye, which could cause inflammation. You may need another procedure to remove the fragments.
- Heavy bleeding inside your eye during surgery, which may cause permanent loss of vision (risk: 2 in 10,000).
- Clouding of the bag which holds the artificial lens in place (risk: 1 in 10). You may notice a gradual worsening in your vision or blurred vision a few months or years later. A simple laser procedure called YAG capsulotomy can be performed to correct it.
- Retinal detachment, which is the lifting off of one of the layers at the back of your eye (risk: 1 in 300 after 7 years). The risk is higher if there has been a loss of some of the jelly part of your eye during surgery. If you notice that you suddenly get a lot of ‘floaters’ or flashing lights, or you think you have a

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shadow in your vision, let your surgeon know.

- Inflammation in your other eye (sympathetic ophthalmia) (risk: fewer than 1 in 1 million). This is a potentially serious complication which may be treatable. If you develop pain or blurred vision in your other eye, let your surgeon know.
- Cornea abrasion, where the surface of your eye gets scratched during the procedure (risk: 1 in 10). This is easily treated with antibiotic eye drops.
- Cystoid macular oedema, which is a swelling of the area of the retina responsible for visual sharpness (risk: fewer than 2 in 100). This causes blurred vision and can happen up to 6 weeks after the procedure. The swelling usually settles but you may need anti-inflammatory eye drops or a steroid injection into your eye. Rarely, blurred vision may be permanent.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain, let your surgeon know as this is unusual.

What happens after the procedure?

In hospital

After the procedure you will be transferred to the recovery area and then to the ward or day-case unit.

You should be able to go home after a few hours. However, your doctor may recommend that you stay overnight. Your vision should clear by the next day but in some cases it will take longer. Your surgeon will discuss this with you before the procedure.

If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation:

- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. Most people resume normal activities soon after the procedure. It is important to look after your eye as you are told, to reduce the risk of complications.

Your surgeon may give you an eye shield to wear for about a week.

Your surgeon will tell you if new glasses will improve your vision, as this will depend on the strength of the lens you have.

Once a cataract has been removed, colours may appear much brighter than they were before surgery. You may need to wear sunglasses for a few days while you get

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used to this change. If you have colour blindness, removing a cataract will not improve how you see colour.

Do not swim or lift anything heavy until you have checked with your surgeon.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a good recovery with improved vision.

Summary

A cataract is a common problem where the natural lens of your eye becomes cloudy. If your vision is getting worse and affecting your daily activities, cataract surgery should improve your vision.

Surgery is usually safe and effective but complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to identify and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

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Illustrator

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