

Oxford University Hospitals **NHS**

NHS Foundation Trust

Oxford Eye Hospital

Cataract Surgery

Information for patients

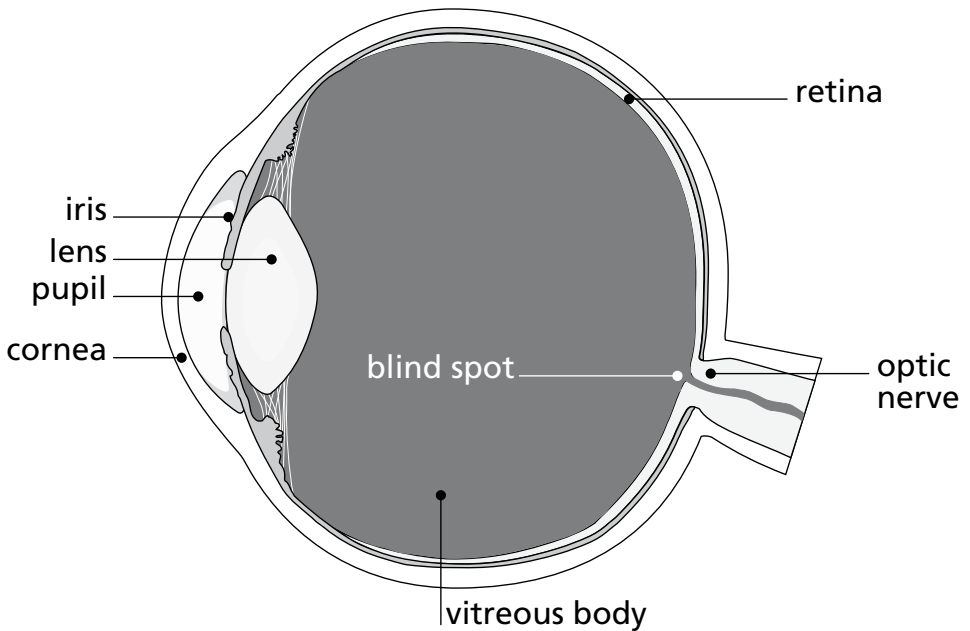


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What is a cataract?

A cataract is a condition affecting the lens of the eye, which causes the normally clear lens to become cloudy. This restricts the amount of light that is able to enter the eye, resulting in blurred vision, dazzle and glare, and sometimes also double vision. The lens is inside the eye, behind the pupil and iris, as shown in the diagram below.



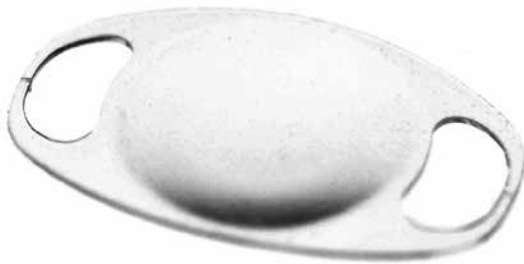
The cause of cataracts is most commonly related to old age, but they can occur at any age and for many reasons. This might be because of certain medications, such as steroids, or if you have a condition such as diabetes. Cataracts usually develop gradually and can often go unnoticed at first.

Treatment options

The only way a cataract can be successfully treated is with an operation to remove the cloudy lens. This is a “keyhole” operation, which uses a very small incision (cut) into the eye.

Currently we do not use a laser but an ultrasonic (phacoemulsification) probe. This breaks the lens into fragments before removing them from the eye. An intra-ocular lens implant is then inserted into the eye to replace the natural lens.

Intra-ocular lens implant



Photograph by Jon Brett, Research Photographer, Oxford Eye Hospital 2017

A stitch may be inserted to close the small incision, but is often not necessary. The operation takes 15 to 20 minutes to perform and is normally carried out as a day case procedure under a local anaesthetic (to make your eye numb). This means you shouldn't need to stay in hospital overnight.

Cataract surgery can be carried out at any stage of formation, but is usually done when the reduced vision starts to affect your lifestyle.

If you have cataracts in both eyes we will only operate on one eye at a time, to give the first eye time to heal.

You may not need to have the cataract removed from your other eye if you are not troubled by reduced vision, or if you do not meet treatment criteria. The criteria for treatment requires for levels of loss of vision to be recorded at standard driving vision or worse. Your consultant team will tell you if you are eligible for a second eye surgery.

Alternative treatment options

The only way to restore your vision is by having the cataract removed by surgery, but there is some evidence that a good diet can slow the development of age related cataracts. For further details please visit the Royal National Institute of Blind People (RNIB) website:

www.rnib.org.uk/eye-health/looking-after-your-eyes

Risks and benefits of treatment

The main aim of the cataract operation is to improve the quality of your vision. It may also help your doctor to see the back of your eye, if you have a condition affecting your retina which needs to be checked regularly.

We will try to reduce your need to use glasses as much as possible, but you may still require distance glasses for best vision and you will probably need reading glasses. In either case your glasses prescription will change after the operation.

Serious or frequently occurring risks during the operation

Complications are rare and in most cases can be treated effectively. Rarely, a further operation may be required.

1 person in every 2,000 may lose sight in their operated eye as a direct result of the operation. 1 in 10,000 will lose the eye itself. There is a minimal risk to the eye not being operated on. Details of the most common specific complications are given below:

- **Bruising of the eye or eyelids** (quite common)
- **Posterior capsular opacification (PCO)**
This is a clouding of the thin back wall of the cataract after surgery, causing blurred vision. It is treated with a laser during an outpatient appointment.

- **Endophthalmitis**

This is a severe and usually painful infection inside the eye. It would require a stay in hospital and treatment with eye drops.

- **Posterior capsule rupture and/or vitreous loss**

A split in the thin back wall of the cataract (lens) can allow the gel (vitreous) from the back chamber of the eye to come forward into the front chamber. Additional surgery would be required (at the time of the cataract operation) to remove the vitreous gel from the front chamber of the eye.

- **Post-operative glaucoma**

This is a rise in the eye pressure for the first day or so after surgery, which may require temporary treatment with extra eye drops.

- **Cystoid macular oedema**

This is the production of inflammatory fluid in the central part (macula) of the retina. It is often mild and requires no treatment, but we will watch it closely for any changes. More severe cases may require a long-term course of treatment and observation.

- **Refractive surprises**

A significantly different prescription need for glasses after surgery, than that which was expected.

- **Allergy to eye drops**

This can cause itching and irritation, which goes once the eye drops have stopped or changed to an alternative.

- **Dropped nucleus**

This is when part or all of the cataract falls into the back chamber (vitreous) of the eye. This would require further surgery.

- **Suprachoroidal haemorrhage**

This is bleeding inside the eye, which may require the surgery to be completed on another day.

- **Detached retina**

This is when the back inside layer of the eye (the retina) peels off. This condition will require further surgery.

- **Corneal decompensation**

This is clouding of the normally clear front window (cornea) of the eye. This condition is usually treated with eye drops. In the very worst case, a corneal transplant may be required.

- **Dislocation of the implant**

This is when the new intra-ocular lens implant moves out of position. This would require further surgery.

Your doctor or nurse will be happy to discuss these risks with you.

For further information please visit the Royal College of Ophthalmologists website:

www.rcophth.ac.uk/wp-content/uploads/2015/02/RCOphth-RNIB-Understanding-Cataracts-2013.pdf

Preparing for your operation

You will have a Pre-operative Assessment appointment before your surgery. This will normally take place at your first outpatient visit, unless you are already under the care of an Oxford Eye Hospital consultant. At this appointment we will give you instructions on how to prepare for your operation and will check that you are fit for the operation and anaesthetic.

Investigations

You will have some simple health screening at this appointment and we will note any health conditions you may have, medication you take (including over the counter, herbal or alternative remedies) and any allergies you may have.

Your observations (blood pressure, pulse, weight and height) will be measured and more in-depth tests, such a blood analysis and an electrocardiogram (ECG) to check your heart rhythm, will be carried out if you are having surgery with a general anaesthetic or sedation.

If you have complex health issues, you may be referred to a Consultant Anaesthetist before we confirm the type of anaesthetic you will have and the date of your surgery.

If you have had corrective laser eye surgery in the past, please bring any documentation about your eye measurements before the laser treatment with you to your Pre-operative Assessment appointment.

Choosing the lens and glasses

During cataract surgery, the lens that has become cloudy is replaced with an artificial intra-ocular lens. By choosing a specific strength of lens suited to you, there is the opportunity to change your need for glasses after the operation.

The Assessment Specialist Nurse will carry out “Biometry” measurements. These calculate the power of lens implant that is best suited to your eye. Each person’s eye will need a slightly different implant power and we take considerable effort to make sure the measurements are correct. Sometimes this involves a more in-depth measurement process.

If you normally wear contact lenses, you will need to remove them before having the Biometry measurement at the Pre-operative Assessment Clinic. This is to allow your cornea (front layer of your eye) to return to its normal shape, as contact lenses can cause it to become flattened. You will need to remove them:

- **2 weeks** before the appointment if you wear soft lenses
- **4 weeks** before the appointment if you wear gas permeable or hard lenses.

We will discuss the various options of intra-ocular lenses with you. The surgeon will choose the best lens for you; taking your wishes into account. The choice will depend on what glasses you usually use, the vision and any cataract in your other eye, and your needs in terms of work, daily activities, etc.

The final choice of lens can be altered at any point up to your operation, including on the day itself. However, some types of lens need to be ordered in advance, so the decision about these will need to be made at the Pre-operative Assessment stage. If this applies to your lenses we will let you know.

Factors affecting the choice of lens

Most intra-ocular lenses have a fixed focusing power and can give you either clear distance vision or clear near vision. You would then need glasses to correct your near or distance vision – depending on the lens chosen. Some change to your current glasses prescription is usually needed after the surgery, whichever lens is chosen. If you have never needed to use prescription glasses in the past, you will need to start using them after your cataract operation.

Presbyopia

Presbyopia is a reduced ability to focus for near vision, which develops from the age of 40 onwards. Most people with presbyopia choose a lens that gives them clear distance vision and use glasses for near vision (reading, computer screens, etc.).

Short-sight (myopia)

If you are used to being short-sighted (myopic), you may prefer to stay this way, so you can continue being able to read without glasses. You will still need to rely on glasses for far distance (driving, seeing signposts, recognising faces across the street, etc.).

Complicated prescriptions

If you currently need glasses to correct significant astigmatism (uneven shape of the cornea/front of the eye) or double vision, you may still need them for all distances after your surgery.

Vision imbalance after the operation (anisometropia)

If you are normally strongly short-sighted or long-sighted, by choosing the right intra-ocular lens we can dramatically reduce the strength of prescription glasses you will need after your operation. However, as we usually do the operation on one eye at a time, this means your eyes will be out of balance with each other until after the operation on your second eye. This vision imbalance is called **anisometropia**.

Coping with symptoms of vision imbalance

It may be a couple of months before you have the operation on your second eye, depending on how much difficulty with vision imbalance you experience during this time. If you usually wear contact lenses, the symptoms can be avoided by continuing to use one in your non-operated eye.

Symptoms can include:

- difficulty with 3D vision and judging distances
- difficulty pouring liquids
- difficulty picking up objects
- double vision or different sized images from each eye
- problems with balance.

Suggestions for coping with anisometropia

Most people cope well and continue as normal. The following suggestions may be helpful:

- Plan to have a quiet few days following your operation, to give you time to get used to your vision.
- Take care and time with daily activities and be aware that things may look different compared to before your operation.
- Use whatever glasses you feel most comfortable with, or none at all. You may want to ask your optician to remove the lens temporarily on the side that has had the surgery, but this may make the symptoms more noticeable.
- It is not usually worth updating glasses until after the second operation. Cheap reading glasses from supermarkets, bookshops or chemists may be helpful and are worth trying – though they won't match both eyes.
- It may be more comfortable to only use one eye during this time, by allowing your vision to be blurred or blocked out on one side.
- Driving is usually not advisable during this time, but this depends on the vision in your other eye. We can advise you about driving on the day of your operation and at your post-operative check-up.
- At your Pre-operative Assessment we will discuss with you any specific work or activities you should avoid.

Consent

Consent for surgery will be taken by the surgical team, either at the Pre-operative Assessment appointment or on the day of surgery. Please make sure you read the section in this leaflet about the risks of surgery. Speak to your surgeon if you have any questions, before you sign the consent form.

Medications

If you normally take medication to thin your blood (such as warfarin) you may be asked to have a blood test the day before your operation, to check your blood clotting level. This will be discussed with you at your Pre-operative Assessment.

Eyelid cleaning before your operation

To help reduce the risk of infection, we would like you to clean your eyelids for two weeks before your operation.

You will need to use a solution made up of a pinch of bicarbonate of soda in a tea cup (about 200mls) of cooled boiled water. Prepare a fresh solution each time you clean your eyelids.

1. Wash your hands.
2. Dip a clean cotton bud or cotton wool ball in the solution.
3. Rub firmly along the edge of both eyelids, along the outer edge of the eyelashes.
4. Repeat this twice a day for two weeks before your surgery.

If you develop a red or sticky eye before your operation, please let the Pre-operative Assessment nurses know.

Tel: **01865 234 567** – select option 1 for patients and then option 2 for Eye Surgery.

(Monday to Friday, 8.00am to 6.00pm)

Types of anaesthetic

Local anaesthetic

A local anaesthetic is a drug that stops you feeling pain in a certain area. For eye surgery, it can be given as eye drops and/or an injection. With a local anaesthetic, you will be awake and aware of what is happening to you, but should feel no pain during the operation.

What are the advantages of local anaesthesia?

A local anaesthetic usually works very well at preventing the feeling of pain during an operation on the eye. It also provides pain relief for several hours after the operation.

It has fewer risks and side effects than a general anaesthetic, especially if you have other medical conditions. This is because it doesn't affect other parts of your body, such as your breathing or your heart.

You are likely to recover more quickly following surgery under local anaesthetic and can usually go home on the same day. You can also continue to take most of your usual medicines and can eat and drink as normal.

How is the local anaesthetic given?

There are two types of local anaesthetic:

- local anaesthetic eye drops that numb the eye
- local anaesthetic injections. Drops are given first, to numb the surface of the eye, then an injection is given near to the eye but not into the eyeball itself.

The surgeon will decide on the type of local anaesthetic that is best for you, based on your eye assessment.

Is the local anaesthetic injection painful?

This varies from person to person. Eye drops that numb the surface of the eye are used first, to make it as comfortable as possible. A very fine needle is then used to give you an anaesthetic injection into the tissues surrounding the eye. This may cause a feeling of stinging or pressure, but usually lasts less than a minute.

Reasons why a local anaesthetic might not be suitable

To have this operation under a local anaesthetic you will need to be able to:

- lie reasonably flat and still for 15-20 minutes
- feel confident following instructions during the procedure.

Who will give the local anaesthetic?

Both anaesthetists and eye surgeons are trained to give local anaesthetic.

What are the risks of having local anaesthesia?

Local anaesthesia for eye surgery is the safest anaesthetic for many people.

You may develop bruising or a black eye, as the injection may damage a small blood vessel around your eye. This is not usually serious, but can look unsightly for a week or so. It is more common if you take aspirin or other drugs that thin the blood.

Rarely, bleeding after the injection can cause problems around the eye.

Serious complications, such as significant damage to the eye, blood vessels or eye muscles, and serious effects on your heart, blood pressure and breathing can happen, but these are either rare or very rare.

Frequently asked questions

What happens after the local anaesthetic is given?

Your eyelid will be kept closed, to prevent anything touching and damaging the surface of your eye. Staff may massage your eye, apply pressure or place a small weight on your closed eye, to help the anaesthetic spread evenly.

How do I know that the anaesthetic is working?

Your anaesthetist or eye surgeon will check your eye to make sure it is numb. You may be asked to look in different directions, to assess the effects of the anaesthetic. When they are happy that the anaesthetic has worked, you will be taken into the operating theatre.

Can I speak during the operation?

No, it is best not to speak whilst the surgeon is operating on your eye, as this will make your face move and could affect the surgery. If you want to say something, you will be asked to move your hand gently and the eye surgeon will stop operating so that you can speak.

What will I hear?

You will hear the surgeon speaking to the theatre team during the operation. The equipment in the theatre will make gentle continuous sounds and the heart monitor may 'bleep'.

Will I see anything through the eye being operated on?

You will be able to see bright lights and you may see some movement during the operation. This varies from person to person. You will not be able to see any detail.

What else will happen?

The surgeon operates with fine instruments that reach inside your eye. Your eye is not removed from its normal position.

While the surgeon is working, you may feel touch and pressure. You should not experience any pain. If you are uncomfortable you must let theatre staff know, so they can give you more local anaesthetic, if needed.

What if I blink?

A small clip is used to keep the eyelid of the eye being operated on open, so you do not need to worry about blinking. We will frequently moisten your eye during the operation, so your eye doesn't become dry.

Can I wear my hearing aid during the operation?

You are likely to need to remove your hearing aid if it is on the same side as the eye being operated on. This is because, even with care, water can enter the ear, causing the hearing aid to malfunction and start to make noises.

You should continue to take all of your prescribed medications as normal.

Local anaesthetic with intravenous (IV) sedation

This is a combination of a local anaesthetic drug (as eye drops or an injection), to stop you feeling pain, and a sedative drug to relieve anxiety and help you to relax without needing to be asleep during the procedure. If you have sedation, you are likely to remember very little about the treatment.

Many eye operations are performed with this combination of anaesthetic and sedative, as it is considered a safer and less invasive method than a general anaesthetic.

Frequently asked questions

How is sedation given?

It is injected into a vein in the back of the hand or arm (intravenously), through a fine plastic tube called a cannula.

Who will give the sedation?

An anaesthetist will always be the clinician responsible for giving sedation during an operation involving combined local anaesthetic and sedation.

Sedatives can sometimes affect your breathing, so while you are sedated the anaesthetist will constantly monitor the amount of oxygen in your blood with a small device on your finger. You may be given extra oxygen through a facemask or small plastic tubes under your nose.

What to expect afterwards

After a local anaesthetic with sedation you will usually be able to go home when you feel ready, often within a couple of hours after surgery.

Recovering from sedation

Sedation temporarily affects your coordination and reasoning skills, so you must not drive, drink alcohol, operate machinery, make important decisions or sign legal documents for 24 hours afterwards.

After 24 hours, if you are in any doubt about your ability to drive, please contact your motor insurer so you are aware of their recommendations, and always follow your surgeon's advice.

What are the risks of sedation?

Sedation is frequently used and generally safe. However, for you to make an informed decision and give your consent, you need to be aware of the possible side effects and the risk of complications.

Side effects of sedation vary, depending on which sedative is used. After sedation you may get a headache, feel sick or vomit. You may experience a drop in blood pressure or temporary loss of muscle control, causing limb weakness. You may also feel confused, may not remember the operation and may be tired or light-headed the following day. All of these symptoms are usually short lived and go within 24 to 48 hours.

Complications of sedation include:

- **Toxic reactions**

Signs of a toxic reaction include tingling lips, ringing in the ears, drowsiness and slurred speech. Rarely this can lead to an arrhythmia (a disturbance of the normal heartbeat) and heart attack.

- **Low oxygen levels in the blood**

This can cause breathlessness and confusion.

General anaesthetic

Please note: General anaesthesia is rarely used for cataract surgery and is only offered for cataract operations taking place at the John Radcliffe Hospital.

If you feel you would prefer to have a general anaesthetic, you should discuss this at your Pre-operative Assessment. Please be aware that there may be medical reasons why you should not have a general anaesthetic. In addition, you may need to wait longer for your operation, as waiting lists for surgery under general anaesthetic tend to be longer.

A general anaesthetic is usually offered to people who:

- cannot lie flat
- find it difficult or impossible to keep still (e.g. if they have Parkinson's disease)
- will have difficulty understanding what is being said
- have severe claustrophobia
- have a known allergy to local anaesthetic.

Preparing for a general anaesthetic

You will have various tests at the Pre-operative Assessment clinic, to make sure it is safe to give you a general anaesthetic. You will also need to:

- not eat or drink (to be 'nil by mouth') in the hours before the operation. We will give you specific and clear instructions about when to stop eating and drinking before your operation. This is usually 6 hours before your admission time for food and 2 hours before for clear fluids. These instructions are important. If there is food or

liquid in your stomach during your general anaesthetic, it could come up into your throat and damage your lungs.

- stop smoking (if you smoke) a few days before the operation or stop altogether if you can. If this is not possible, try to cut down the number of cigarettes you smoke each day. You should not smoke on the day of your operation. By stopping smoking you will help your recovery and, most importantly, your breathing after surgery.
- follow the specific instructions about your medications from the Pre-Operative Assessment Team. Most medicines should be continued before an operation, but there are some which will definitely need to be stopped.

If you feel unwell when you are due to come into hospital, please contact us.

Tel: **01865 234 567** – select option 1 for patients and then option 2 for Eye Surgery.
(Monday to Friday, 8.00am to 6.00pm)

How is the general anaesthetic given?

There are two ways of giving a general anaesthetic:

- anaesthetic drugs may be injected into a vein in the back of the hand or arm (intravenously), through a fine plastic tube (cannula)
- you can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

When you become unconscious, the anaesthetist will stay with you at all times. They will continue to give you drugs to keep you anaesthetised throughout the operation.

Side effects and complications of general anaesthetic

In modern anaesthesia serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. More information on the side effects and complications of anaesthetic is given in the following booklets:

www.rcoa.ac.uk/documentstore/anaesthesia-explained

www.ouh.nhs.uk/patient-guide/leaflets/files/13762Panaesthesia.pdf

Common side effects:

- feeling sick and vomiting after surgery
- dry throat
- dizziness, blurred vision, headache
- bladder problems
- damage to the lips or tongue from the breathing tube (if used) – this is usually minor
- itching, aches, pains and backache
- pain during injection of drugs
- bruising and soreness at the site of the intravenous cannula insertion
- confusion or memory loss.

Uncommon side effects and complications:

- chest infection
- damage to teeth from the breathing tube (if used)

- an existing medical condition getting worse
- nerve damage to peripheral nerves (hands and feet)
- awareness (becoming conscious during your operation).

Very rare complications:

- heart attack or stroke
- serious allergy to the anaesthetic drugs
- damage to nerves in the spine.

Death caused by general anaesthesia is very rare. There are probably about five deaths for every million general anaesthetics in the UK.

Instructions for the day of your surgery

Please expect to be in the hospital for 4-6 hours on the day of your operation.

You will be admitted either early on the morning of your operation, or later in the morning if your surgery is due in the afternoon. The details of your admission date and time will be confirmed in your appointment letter.

When you arrive, your details will be checked against your medical records and we will check your blood pressure and pulse rate. You will be asked to sign or reconfirm your consent for surgery.

You will have some dilating eye drops put in to the eye being operated on. These will enlarge the pupil, to allow the surgeon to get a good view of the inside of your eye. You may have been given these eye drops to put in at home, before you come in.

The surgeon carrying out your operation will briefly examine your eye before your operation.

- If you are having your surgery with a local anaesthetic, there is no need to undress, but it is best to wear comfortable clothing that is not tight around your neck. You will be asked to put on a hospital gown over your clothes, before we take you into the operating room. This will help to keep your clothes clean and also reduce the risk of infection.

- If you are having a general anaesthetic, you will be asked to remove your clothing (apart from your underwear) and put on a hospital gown. You will also be fitted with some elastic or 'anti-embolic' stockings, to help prevent blood clots from forming.

Frequently asked questions

What do I need to bring into hospital on the day of my operation?

Please bring any medication you may need to take during the day, especially your inhaler, if you use one. If you are booked to stay in hospital overnight, please bring an overnight bag with all your medications, your night clothes and wash bag. Please avoid bringing in or wearing any valuables, including jewellery and watches, as we don't have anywhere to securely store them whilst you're having your operation.

How long does the operation take?

The cataract operation itself takes about 15-20 minutes to perform. You are likely to be off the ward for about 30-40 minutes if you are just having a local anaesthetic, and up to an hour and a half for a local anaesthetic with sedation or a general anaesthetic (this includes wake-up or recovery time).

What happens immediately after the operation?

Your operated eye will be covered with an eye pad and a plastic shield immediately after your surgery.

- If you have had a **local anaesthetic only**, you will be helped into a wheelchair and taken back to the ward, where you will be offered refreshments and rest. After an hour you should be ready to be discharged.
- If you have had **sedation or a general anaesthetic**, you will be taken to the recovery area in the operating suite, where you will be carefully monitored until you are considered safe to transfer back to your bed on the ward. This time can vary from person to person, but is generally less than one hour.

Pain relief after the operation

There is usually very little eye pain associated with this operation, but if you do have any discomfort, mild painkillers such as paracetamol should help to reduce this.

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, can be given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well, so you should always tell your nurses if you start to feel pain. Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**

These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.

- **Injections**

These are rarely needed, but may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle) which takes about 20 minutes to work.

How will my vision be after the operation?

You are likely to notice an improvement in vision within the first few days of the operation. However, the time this takes can vary widely from person to person and greatly depends on whether you have any other eye disease or problems.

Your eye may be more sensitive to changes in light for a few days or weeks after surgery. This is normal and you can wear ordinary sunglasses, which should help.

Your best vision may not be achieved until 4 to 6 weeks after surgery. You will then need to see your local Optician or Optometrist, to be assessed for new glasses.

Going home after surgery

If you have had surgery with a local anaesthetic, you are likely to be able to go home after an hour of your return to the ward, as long as you are feeling well and are pain free.

If you have had sedation or a general anaesthetic, you will need to be fully recovered from the anaesthetic or sedation before you can be discharged. This means you will need to be awake, pain free and feeling well, and will have had something to eat and drink and passed urine.

After the surgery, you will not be allowed to drive for a minimum of 48 hours. You will need a family member or friend to collect you from the ward.

If you are having your surgery with intravenous sedation or general anaesthetic, you will need to have a responsible adult with you overnight on the night after your surgery, as you may feel drowsy. If you do not have someone to support you at home overnight there is a risk that your operation may be cancelled.

You should not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

Hospital transport can be booked if you meet eligibility criteria, and the ward staff will speak with the transport services about your collection after surgery. If you are scheduled to have late afternoon surgery, you may be transferred to the hospitals discharge lounge if your

collection time is after the opening hours of the Day Surgery Ward.

You will be given eye drops and written discharge instructions about your aftercare, before you leave the hospital.

Post-operative eye drops

You will be prescribed eye drops to prevent infection and reduce inflammation after the operation. There are instructions shown below, but we will also teach you how to put these in, so you are comfortable doing this when you leave hospital.

How to use eye drops

- Wash your hands thoroughly before using the eye drops.
- Unscrew the cap of the bottle and place it on a clean tissue.
- Sit where you are able to tilt your head backwards or lie flat. Alternatively you can stand in front of a mirror.
- Gently hold your lower eyelid between your thumb and first finger and pull down to form a pocket.
- Squeeze one drop into the pocket formed between your lower lid and eye ball, making sure that the bottle doesn't touch your eye (to prevent injury to your eye and bacteria getting into the eye drop bottle). If the bottle does touch your eye you can keep using it, but try not to keep doing this.
- Close your eye for about 30 seconds, then gently dab it dry with a clean tissue.
- Replace the cap on to the bottle.

Useful tips

You may find it easier to balance the body of the eye drop bottle horizontally over the bridge of your nose. This can help with getting it in the correct position over your eye.

If you find the bottle difficult to squeeze, particularly for drops stored in the refrigerator, gently rub it in the palm of your hands for a minute before use.

Some eye drops may sting when you put them in. If this stinging continues, your eyes become red or you develop unusual visual symptoms, please contact the Post-operative Helpline for advice.

Tel: **01865 234 567** – select option 1 for patients and then option 2 for Eye Surgery. (Monday to Friday, 8.00am to 6.00pm)

Most drops will expire after one month after opening.

Aftercare

- Please do **not** rub your eye, as this may make it sore.
- Avoid situations where your eye could be knocked, or very dusty/smoky atmospheres.
- It is safe to look down and bend down.
- You should avoid contact sports and swimming for 4 weeks, to reduce the risk of infection.
- You can watch TV, read and generally use your eye, but the vision may not be very clear until you have new glasses.
- Please protect your eye at night or when bathing, showering or washing your hair for the first 2 weeks. Place the clear plastic shield (with surgical tape) over your eye at these times.

- For light sensitivity, try wearing ordinary sunglasses.
- Keeping putting in the eye drops as prescribed.

Signs which require urgent advice or attention

- severe pain
- loss of sight
- swollen and red eye and eyelids.

If you develop any of these symptoms, please call the Eye Surgery Team for advice.

Tel: **01865 234 567** – select option 1 for patients and then option 2 for Eye Surgery.
(Monday to Friday, 8.00am to 6.00pm)

This is an answerphone service which is checked three times throughout the day and calls will be returned within 2 to 4 hours. Alternatively, please come to the Eye Emergency Clinic on Level LG1 of the West Wing, at the John Radcliffe Hospital, Oxford. Opening hours are:

- **Monday to Friday:** 8.30am to 4.30pm
- **Saturday, Sunday and Bank Holidays:** 8.30am to 3.30pm
- Closed on Christmas Day, Boxing Day and New Year's Day.

If you have an urgent eye problem **outside** these hours, please contact your out-of-hours GP, dial **111** or go to your nearest main **Emergency Department** (A&E).

For further information about what to do if you have concerns about your eye, please visit our website:

www.ouh.nhs.uk/eye-hospital/departments/emergencies/default.aspx

Follow-up appointment

The arrangement for a follow-up appointment will vary, depending on whether you have other eye problems. If you do not have other eye problems you will not need to return to the hospital for an eye check after your operation.

We usually recommend waiting until your eye has settled, at around 6 weeks after surgery, before getting an eye test for your new glasses from your Optician or Optometrist. Usually one lens in your glasses can be updated for the treated eye, depending on your current frames.

You may not be safe to drive until your glasses are updated. Please discuss this with us before you are discharged from hospital.

If the surgeon wishes to check your eye after surgery or you need continuing care for another eye complaint, this appointment will be arranged for you before you are discharged home.

You will need further treatment if you develop posterior capsular opacification (PCO) after surgery, which causes blurred vision. This occurs in about 30% of people (30 in 100) and can develop a few months or years after surgery. It causes clouding of the thin back wall of the outer casing of the lens or cataract capsule, which is left in your eye as part of the operation.

Your optician will be able to identify this and will arrange for you to be referred back to the hospital for treatment with a simple outpatient laser procedure. For further information please ask for our **Yag laser treatment** information leaflet.

Checklist for admission

This list is to help you prepare for your admission for cataract surgery.

Start eyelid cleaning from:
Do not wear contact lenses from:
My admission date and time is:
Fasting (starving) instructions:
Medications to stop:
Medications to keep taking:
INR check arranged (<i>if required</i>):

Checklist for admission (continued)

Transport to and from hospital is arranged:

The person to support me overnight when I return home is:

Who is going to put in my eye drops?

Questions for the doctors and nurses when you come for the operation:

How to contact the Eye Hospital

The Oxford Eye Hospital is based at the John Radcliffe Hospital in Headington, Oxford, with a centre at the Horton General Hospital.

Please contact us if you have any questions either before or after your operation.

Tel: **01865 234 567** – select option 1 for patients and then option 2 for Eye Surgery.
(Monday to Friday, 8.00am to 6.00pm)

Email for appointment enquiries: **eye.hospital@ouh.nhs.uk**

If you have a specific requirement,
need an interpreter, a document in Easy Read,
another language, large print, Braille or
audio version, please call **01865 221 473**
or email **PALS@ouh.nhs.uk**

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