

Patient information

## **Cataract Surgery**

St Paul's Eye Department

Your Consultant / Doctor has advised you to have cataract surgery.

### **What is cataract surgery?**

The purpose of this operation is to replace the cloudy lens – the cataract – with a plastic lens (the implant) inside your eye. An experienced eye surgeon will carry out the operation. Supervised doctors in training will also carry out some operations.

Your consultant has recommended cataract surgery because the lens in your eye has become cloudy and may have made it difficult for you to see well enough to carry out daily activities.

### **What are the benefits of having cataract surgery?**

The main reason for cataract surgery is to improve your eyesight and improve your quality of life. If you are quite happy with your eyesight with glasses, you should discuss the need for surgery with the surgeon or nurse. If the cataract is not removed, your vision may stay the same, or it may get worse.

Waiting for a longer period of time is unlikely to make the operation more difficult, unless your eyesight is so poor that all you can see with the eye is light and dark.

More than 95% of patients have improved eyesight following cataract surgery. However, your chances of an improvement in your vision are reduced if you have another condition such as diabetes, glaucoma or age-related macular degeneration.

## **What are the risks of having a cataract surgery?**

- Tearing of the back part of the lens capsule with disturbance of the gel inside the eye that may sometimes result in reduced vision.
- Loss of all or part of the cataract into the back of the eye, needing a further operation under general anaesthetic.
- Blood collection inside the eye.

## **Possible complications after your surgery**

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

When these complications occur, they can in most cases be treated effectively. In a smaller proportion of cases, further surgery may be needed. Very rarely, some complications result in blindness.

## **Are there any alternative treatments available?**

There are no current alternative treatments for cataract extraction (removal).

## **What will happen if I don't have any treatments?**

If you do not have your cataract removed your vision will gradually deteriorate.

## **What sort of anaesthetic will be given to me?**

You will be given a local anaesthetic. Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed.

You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

## **Local anaesthetic in eye surgery**

Anaesthetic drops: These are the same as those used in the outpatient department to measure the eye pressure. Such drops cause stinging but are very safe. Many eye operations can be done with drops only, even cataract surgery.

**Eyelid injection:** if you are having an operation on your eyelid, such as a cyst removal, anaesthetic is injected into the skin. The sensation is like having a blood sample taken. A bruise is the most common complication.

**Injection around the eye:** For operations such as cataract, glaucoma and retinal surgery, it is usual to inject anaesthetic into the eye socket around the eyeball. This anaesthetic is known by a number of terms, including retrobulbar and peribulbar anaesthesia.

The main problems are bleeding, the needle sticking into the eyeball, and injection into a vein.

These very rare complications can cause problems with your heart rate and breathing, and may lead to your operation being cancelled. An anaesthetist will be available if you are having an injection into the eye socket.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

**If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.**

## **Getting ready for your operation**

You will be seen in a pre-operative assessment clinic before your operation. Measurements are taken before your operation to choose the correct strength of implant for your eye.

## **The day of your operation**

- This operation is usually performed as a day case, requiring no overnight stay.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- You will be asked to remove jewellery. Plain band rings can be worn and will be taped over.
- If you are on regular medication, you will be told to take this if necessary.
- If you are having a local anaesthetic, you may have a light meal before your operation, for example toast and cereal.
- Please wear a loose top i.e. shirt or blouse – but no woollens. You will go into the operation theatre in your own clothes.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- You will be given eye drops to enlarge your pupil.
- Your dentures, glasses or hearing aid can stay with you when you go into the anaesthetic room.
- A theatre nurse will check your details with you. You will then be asked to put on a disposable hat before being taken into the anaesthetic room.

## **Your operation**

You will be given an anaesthetic to numb the eye before you go into theatre.

During the operation you should keep your head still, and lie as flat as possible. The operation normally takes 20-30 minutes, but can take up to 45 minutes. A nurse will hold your hand the whole time to make sure that you are all right.

Occasionally the operation is performed under general anaesthetic in which case an anaesthetist will discuss the procedure with you.

The most common way to remove the cataract is by a technique called phaco-emulsification. The surgeon makes a tiny hole in the eye, softens the lens with sound waves and removes it through a small tube. The back half of the lens capsule is left behind. An artificial lens or implant is inserted to replace the cataract.

Sometimes a very small stitch is put in the eye. This is also known as small incision or keyhole surgery. A laser is not used.

At the end of the operation, a pad or shield may be put over your eye to protect it.

### **What should I expect after my operation?**

- After your operation you will be taken back to the theatre admissions unit, or if you have had a general anaesthetic you will be kept in the theatre recovery room until you have recovered.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- The first time you get out of bed, please make sure you ask a nurse for assistance. This is in case you feel dizzy.
- If you have discomfort, we suggest that you take a pain reliever such as Paracetamol every four to six hours (but not Aspirin - this can cause bleeding). After one to two days even mild discomfort should disappear.
- It is normal to feel itching, sticky eyelids and mild discomfort for a while after cataract surgery. Some fluid discharge is common.
- In most cases, healing will take about six weeks after which your optician can prescribe new glasses.
- 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.

## **Glasses**

Measurement of your eye is taken before your operation to estimate the strength and type of implant you need. This is called biometry. It is usual to make the eye focus in the distance so that even if you are used to needing distance glasses (short or long sight), after the operation you may be less dependent on distance glasses.

However, it is usual to need driving and reading glasses. These can be prescribed four to six weeks after the operation.

## **Going Home**

You will be discharged on the same day of your operation. If you have had a general anaesthetic and/or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

### **For next 24 hours you must not**

- Travel alone.
- Drive any vehicle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

## **You should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

## **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital.

## **Your eye**

**Serious complications are very rare but they do occur. We recommend you call the Eye Emergency Department on Tel: 0151 706 3949**

**Textphone Number: 18001 0151 706 3949 if:**

- Your eye becomes red, painful or sticky.
- You have headaches, which don't get better even after painkillers.
- You have sudden worsening of your eyesight.
- You have flashes of light or dark shadows in your vision.

Once a cataract is successfully removed it cannot grow back again. What can happen quite often is that the membrane behind the implant can go frosted and this will seem to you as if the cataract has come back.

Because the membrane is paper-thin it can be treated by laser and vision restored again. This laser treatment is done as an outpatient using local anaesthetic drops.



## **Getting back to normal**

The nursing staff will give you information on discharge. However, you can resume normal daily activities the following day.

## **Returning to work**

You can self-certify for the first seven days of sickness. Before you are discharged, ask for a fit note if you need one.

Please check with the medical staff at your outpatient appointment when you can return to work.

## **Further Appointments**

An outpatient appointment will be given to you before you are discharged from the hospital.

## **Further Information**

**St Paul's Eye Unit**

**Tel: 0151 706 3928**

**Text phone number: 18001 0151 706 3928**

**The Royal College of Ophthalmologists**

**[www.rcophth.ac.uk](http://www.rcophth.ac.uk)**

**Author: St Paul's Eye Department**

**Review Date: May 2026**

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