

Patient information

Cataract Surgery

Phacoemulsification and Intraocular Lens Implant Surgery

Ophthalmology Department

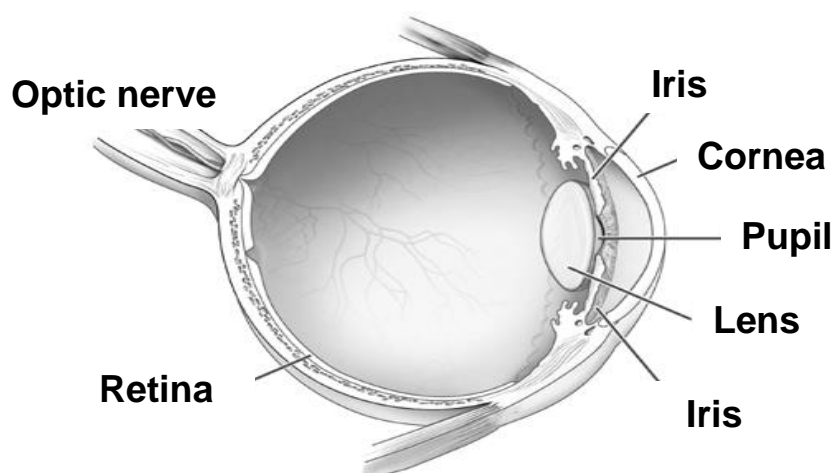
Who is this leaflet for?

This leaflet is for patients who are undergoing cataract surgery.

What is a cataract?

It is when the lens in the eye goes cloudy, causing worse sight.

This can affect your distance vision or your near vision. Sometimes it may also cause 'glare' around lights.



How do cataracts form?

Most cataracts develop with age. The exact cause of a cataract is unknown though exposures to ultraviolet radiation, poor diet and smoking have all been linked.

Cataracts can form after injury, inflammation in the eye, in diabetic patients or from certain medications.

What does cataract surgery consist of?

Cataract surgery consists of the removal of the eye's natural lens.

The eye is cleaned with disinfectant. Then a sticky sterile drape is placed onto your face. A pipe holds the drape off your face and gently blows air over you to keep you comfortable.

You lie reasonably still and as flat as possible for about thirty minutes.

Tiny cuts are made in the cornea. The lens is liquefied using ultrasound and sucked out. This lens is replaced by a permanent plastic lens.

What type of anaesthesia will I have?

There are three types of anaesthesia that are used: local anaesthetic with/without sedation; or general anaesthesia. The majority of patients decide to have local anaesthetic.

First, eye drops numb the skin of the eye, then a tiny cut is made in the skin of the eye and an injection given under the skin of the eye. This feels like pressure on the eye for a few seconds, then the eye goes numb.

If you also have sedation, then you remain awake, but you are very relaxed. Often patients don't remember the operation or the local anaesthetic. Sedation can be given as a tablet before the surgery, or as an injection/ drip during surgery.

General anaesthetic means you are completely asleep.

You will have the chance to discuss anaesthetic options with your surgeon/ anaesthetist before surgery.

What are the benefits of surgery?

Your distance and reading vision should be clearer, although you may still need glasses or contact lenses to achieve the best results. In regard to reading, you will almost certainly need glasses.

Colours should also be brighter. You should see a reduction in glare if this is something you suffered with before surgery.

Are there alternatives to surgery?

Alternatives to surgery include glasses and magnifiers, if required.

What if I do not want surgery?

If you choose not to have cataract surgery, you can expect a worsening of sight- usually over several years. This may stop you from driving.

Leaving the cataract in place does not normally damage the eye. The cataract does not have to ripen surgery can be done at any time.

What will happen before surgery?

A nurse checks your medical history. A technician measures your eyes to work out the strength of the plastic replacement lens that you need.

What about my medication?

If you take warfarin, your levels (called International Normalized Ratio or INR) need to be checked one week before surgery then checked again on the day of surgery.

If the levels are too high, we may not be able to proceed with surgery.

Other medication should be taken as usual unless you are told differently by the nurse.

What are the risks and complications of this surgery?

Cataract surgery is a delicate procedure. As with any surgery, there come potential risks.

Occasionally, the structure holding the lens (the capsule) may tear. If so, an extra procedure called a vitrectomy may be required. This occurs in around 1 in 100 cases.

If the capsule tears some of the lens may fall back into the vitreous jelly. If this happens you would need further vitrectomy surgery by a specialist retinal surgeon at a different hospital on a different day. This occurs in around 1 in 500 cases.

You can also get severe bleeding in the eye during surgery. This may cause permanent blindness. This occurs in around 1 in 1000 cases.

A small amount of bleeding may occur due to the local anaesthetic injection. This is seen after surgery as redness over the white of the eye. It is harmless and settles.

What are the risks and possible complications after surgery?

Infection

This can occur in the eye, causing pain, redness of the eye and loss of vision. It can blind you. It is very rare around 1 in 1000 cataract operations become infected.

If you are worried about this you should ring the numbers on this sheet urgently.

Retinal detachment

This can also blind you. It can occur in around 1 in 10,000 people. This risk does increase significantly if there are other complications, such as needing a vitrectomy (as mentioned above).

Your surgeon will tell you if you are at higher risk of this than other patients. If you get this, it will require fixing by a specialist retinal surgeon in another hospital.

Retinal oedema

Some people develop fluid swelling in the retina, which can reduce vision. In most cases it is temporary and resolves with either eye drops or injections.

Corneal clouding

The cornea is the clear dome at the front of the eye. Mild corneal clouding is not uncommon; it just settles.

In rare cases the cornea remains cloudy. In this case, further surgery may be needed to improve the vision.

Loss of vision

Causes of this are bleeding, infection, retinal detachment, fluid swelling in the retina, and corneal failure as discussed.

Blurring

This can affect around one in ten patients and is due to scar tissue behind the plastic lens, causing blur. This can happen weeks or months after surgery.

This is easily treated with a simple, painless laser treatment done in the clinic. If you think you have this problem, see your optician who will refer you as needed.

Inaccurate result

Sometimes, the plastic lens does not give you as good of sight as you were expecting. Your sight can be improved with glasses or contact lenses.

Rarely, further surgery may be needed to give you the best sight.

Further surgery

If your surgery was not routine, your surgeon will tell you after surgery. If you need another operation, you will be told roughly when and where you would have this in rare cases it is not possible to insert a lens implant on the day of your cataract surgery. If so, another operation is required to do this.

Bruising

This occurs on the eye or around the eyelids due to the surgery or the local anaesthetic. It tends to go within two weeks.

Allergic reaction

Allergic reaction to any of the medications used during or after the operation is a rare complication.

It gets better with allergy treatment and stopping the problem medication.

Raised eye pressure

The eye pressure can increase in the first few hours after surgery. This can be painful but usually goes on its own. If pain persists, you should ring the emergency number below.

Benign visual symptoms

Seeing better after surgery may allow you to see jelly bits in your eye that were there before, but hidden from view - often called 'floaters'. They do not require treatment and tend to settle.

Some people experience glare or reflections from the edge of the lens implant. This is not common and not treatable but usually settles with time.

Lid droop

The top lid can droop a bit. It tends to settle but occasionally lid surgery to lift the lid is required.

What can I expect after surgery?

You will need to put drops in your eye four times a day for four weeks. If you are unable to do this and cannot get anybody to help, a district nurse will be arranged by the hospital.

After surgery, you might feel some mild discomfort within the first 12 hours. This usually starts to improve once your eye drops are started. Paracetamol is usually enough to control any discomfort.

Your sight will be blurry to start with, improving with a couple of days. If your sight drops after a couple of days you should contact the hospital using the numbers on this sheet.

Post-operative Instructions

On the day of surgery

After your operation, you will be given an eye shield to wear this will need to be kept on throughout the whole day/night to prevent you from touching or rubbing the eye while you are asleep.

Stay at home and rest. Do not lift heavy objects. Avoid rubbing or pressing the eye.

You may experience some double vision until the local anaesthetic has worn off (this can take several hours).

You will be instructed on when to start using your eye drops. Some drops may need to be stored in the fridge. Check the label for instruction.

The day after surgery

Take the eye shield off and clean around the eye using the gauze and sterile water provided. Cooled boiled water can also be used.

Your eye drops usually last four weeks. If you run out, please obtain more from your GP or the eye clinic.

A discharge letter is sent to your GP on the day of your surgery, giving details of the eye drops you will need.

You will need to wear your clear plastic eye shield every night for seven days.

General advice

It is best to wait until both eyes have been operated on before getting new glasses. If only one eye has been operated on, you should look at getting new glasses four weeks later.

If proceeding to surgery to both eyes, you will be seen in clinic after the first operation. If all has gone well you will then be placed on the waiting list for the second eye.

You can return to normal activities after 48 hours.

Avoid heavy straining or direct trauma for ten days.

If you experience eye pain or any deterioration in your sight you must ring the emergency contact numbers shown in the 'contact numbers' section.

I use eye drops for glaucoma. Do I continue to use these drops?

Yes. Use a separate new bottle in the operated eye for the first four weeks.

I use eye drops for dry eyes. Do I continue to use these drops?

Yes. Use a separate new bottle for the eye that's been operated on, for the first four weeks.

Is it normal to find bright lights uncomfortable?

It is normal to be sensitive to bright light for a few days after surgery. If it helps, you can wear sunglasses.

When can I drive?

The legal standard for driving is that you can read a number plate in daylight at 20.5 metres.

You also need to be able to read the 6/12 line on a Snellen chart (the sight chart in the hospital or your optician's).

As long as you meet these requirements you may return to driving.

Do not drive if you see double.

What about hair washing?

You can wash your hair and shower the day after surgery. Avoid getting soap or shampoo in the eyes.

When can I wear make-up?

Do not wear eye make-up, mascara or eyeliner for two weeks.

When can I return to work?

You can return to work after one to six weeks, depending on the type of work you do. You will be 'signed off' as needed by the hospital.

Can I watch TV and read?

Yes, as normal.

Can I wear my old glasses?

Yes. This will not damage your eyes, but they may no longer be the right strength.

Some people ask their optician to remove the spectacle lens from the side that has had surgery until they get new glasses.

Once all treatment is complete, you will be given a letter to hand to your usual high street optician to have an eye test and new glasses, if required.

How long before gardening?

One week following surgery.

How long before swimming?

Two weeks following surgery.

How long before flying?

If your surgery was routine, you can fly the next day. However, we prefer you to remain local for a week in case of complications.

Will I have a follow up appointment?

You will have a clinic appointment four to six weeks after your surgery.

Will I need glasses after surgery?

Around 1/2 of patients do not need distance glasses after cataract surgery.

Almost all patients on the NHS need reading glasses after surgery.

There are implants available that may mean that you do not need any glasses after surgery. These are called multifocal lens implants. They are not available on the NHS.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**Aintree Hospital
Ophthalmology Department
Elective Care Centre
Lower Lane
Liverpool
L9 7AL
Tel:0151 525 5980**

**Author Ophthalmology Department
Review date: April 2026**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانباریی پیوه‌ندیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سه‌ند کراون، نه‌گمر داوا بکریت له فوړماته‌کانی تردا بریتی له زمانه‌کانی تر، نیز ی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی دهنګ، هیلی موون و نه‌لیکترونیکی همیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.