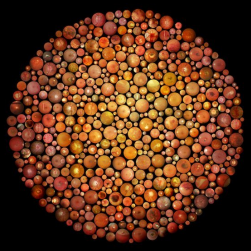
Cataract

Patient Information Leaflet

CATARACT



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KEY POINTS

- A cataract is a clouding of the natural lens inside your eye, causing blurred vision that cannot be corrected with glasses.
- Cataract surgery is one of the most commonly performed and successful operations in medicine.
- The decision to operate is based on how much the cataract is affecting your daily life.
- During surgery your cloudy lens is replaced with a clear artificial implant - the lens choice will be discussed with you beforehand.
- Most patients go home the same day and notice an improvement in vision within days.

What Is a Cataract?

Behind the coloured part of your eye (the iris) sits the natural lens - normally clear and flexible, it helps to focus light onto the retina at the back of the eye, which in turn sends signals to the brain allowing you to see. A cataract develops when this lens gradually becomes cloudy, scattering light rather than focusing it cleanly. The result is blurred or hazy vision that spectacles alone cannot correct.

Most cataracts develop slowly over years, though in some people the change in vision can be more rapid. Cataracts do not spread from one eye to the other, but it is very common for both eyes to be affected, either together or one after the other.

Symptoms

The most common symptoms include:

- Gradual blurring or haziness of vision
- Glare from headlights, sunlight, or bright lights - particularly troublesome when driving at night
- Fading or yellowing of colours
- Double vision or multiple images in one eye
- Needing more frequent changes of glasses prescription
- Difficulty reading despite an up-to-date glasses prescription

In the early stages you may be entirely unaware of a cataract - it is often first detected by your optician at a routine sight test. As the cataract advances, the pupil may take on a cloudy or white appearance rather than its normal black.

Types of Cataract

The majority are age-related, developing gradually after the age of 40 as part of the normal ageing process. Other types include cataracts present from birth (congenital), those caused by injury (traumatic), and those triggered by medications - particularly long-term steroid use. Cataracts are also more common in people with diabetes. Not everyone who develops a cataract requires treatment.

Assessment

At your assessment appointment I will ask about your symptoms, any other eye conditions, and your general health and lifestyle. Your vision will be measured and a detailed examination of the eye carried out. Specialist measurements of the eye are needed to calculate the correct power of the lens implant.

You will be given dilating drops to widen the pupil so that the lens and the back of the eye can be examined fully. These drops temporarily blur your vision and take a few hours to wear off - please arrange not to drive to or from your assessment appointment.

If you wear contact lenses, please leave them out before your measurements: one week for soft lenses, and two weeks for rigid or gas-permeable lenses. If you have previously had laser refractive surgery (such as LASIK or PRK), it is important to tell me, as this affects the lens power calculation and increases the difficulty of achieving the exact focus planned.

When Should a Cataract Be Treated?

There is no urgency to operate on a cataract that is not causing problems. Surgery is generally recommended when the cataract is affecting daily activities - such as driving, reading, or recognising faces - even with up-to-date glasses. The decision is yours: if you feel your vision is manageable, it is safe to wait.

There is no known way to prevent a cataract from developing or progressing, and no eye drops or medications have been shown to reverse one.

> Please remember: cataract surgery is performed to remove the cataract and improve vision - not to guarantee that you will no longer need glasses. Individual outcomes vary, and some patients require glasses even after uncomplicated surgery and accurate measurements.

Operating on Both Eyes

When cataracts affect both eyes, surgery is usually performed on each eye separately, with a gap of a few days to a few weeks in between. This allows the first eye to settle and gives us the chance to refine the lens choice for the second eye if needed.

In some circumstances, both eyes can be operated on during the same surgical session - a procedure called immediate sequential bilateral cataract surgery (ISBCS). This means a single admission and recovery period, which some patients find more convenient. Each eye is treated as a completely independent procedure, with separate instrument sets and drapes. The risks are equivalent to operating on separate days, though ISBCS may not be suitable for everyone. I will advise you on whether this is an option in your case.

The Operation

I will perform your surgery personally. Cataract surgery is carried out as a day case - you will be admitted, have your operation, and go home all on the same day, usually within a few hours of arrival.

The most widely used technique is phacoemulsification (phaco). Through a tiny incision at the edge of the cornea, an ultrasound probe breaks up and removes the cloudy lens. A clear artificial lens implant (intraocular lens, or IOL) is then folded and inserted through the same small opening, where it unfurls and sits in the position previously occupied by your natural lens. The back membrane of the original lens (the capsule) is left in place to support the implant.

The wound is so small that stitches are usually not required, though fine sutures are occasionally used and can be removed in clinic if needed. The whole procedure typically takes around 15 - 20 minutes.

Anaesthetic

Most cataract operations are performed under local anaesthetic: your eye is numbed with drops or a small injection, and you remain awake throughout. You will be aware of bright lights and moving shapes but will not see the detail of the surgery. You may feel the surgeon's hands resting gently near your eye. It is important to remain as still as possible throughout.

A small number of patients require sedation or general anaesthetic - this will be discussed in advance if relevant. If you have difficulty lying flat or are claustrophobic, please mention this at your pre-operative appointment so that appropriate arrangements can be made.

Lens Choice

Choosing the right lens implant is an important part of the process. Your natural lens allows you to focus at different distances; an artificial implant has a fixed focus, so the choice of lens determines where your vision will be clearest after surgery.

Standard Monofocal Lens

Set to one focal distance - usually distance. Most patients achieve good unaided distance vision and use reading glasses for close work. Alternatively, the lens can be set for near, which suits patients who prioritise reading without glasses and are content to wear glasses for distance.

Monovision

One eye is set for distance and the other for intermediate or near. This can reduce overall glasses dependence for many everyday tasks. It suits patients with no strong preference and requires some adaptation. We can discuss whether this is a good fit for your lifestyle.

Toric Lens

For patients with significant astigmatism, a toric lens corrects this at the same time as the cataract is removed, reducing the need for distance glasses. The lens is precisely aligned during surgery. There is a small risk of rotation after surgery requiring repositioning, and toric lenses may not fully eliminate the need for distance glasses in all cases.

Multifocal / EDOF Lens

Premium lenses designed to provide a range of focus - near, intermediate, and distance - reducing or eliminating the need for glasses altogether. They are not suitable for everyone and can occasionally cause glare or halo effects. We will discuss whether you are a good candidate at your assessment.

Cataract Surgery and Retinal Conditions

If you have a co-existing retinal condition - such as macular degeneration, diabetic eye disease, or a previous retinal vein occlusion - lens choice, surgical planning, and post-operative follow-up all need additional thought. As a consultant with subspecialty training in medical retina, I can plan your cataract surgery with full understanding of both conditions, coordinate it with any ongoing retinal treatment, and manage any findings at the back of the eye within the same clinical relationship.

Colour Vision After Surgery

The cloudy cataract absorbs and scatters blue light. Once it is removed and replaced with a clear implant, colours often appear noticeably brighter and bluer, particularly in the days after surgery. This is normal and expected. Most implants include built-in ultraviolet (UV) filtering; sunglasses outdoors are a sensible precaution in bright conditions.

Risks and Complications

Cataract surgery is highly successful, but as with any operation there are risks. Serious complications are uncommon; the most clinically relevant figures are:

- **1 in 100** chance of requiring a further procedure to deal with a complication.
- **1 in 20** operations have a less serious complication that may need treatment at the time or in the days following surgery.
- **1 in 1,000** risk of severe permanent visual loss in the operated eye.
- **1 in 10** patients develop clouding of the membrane behind the implant (posterior capsular opacification) in the months or years after surgery, requiring a simple outpatient laser procedure to restore clarity.

These risks will be discussed with you in full at your pre-operative consultation and you will be asked to sign a consent form before proceeding.

What to Watch For After Surgery

CONTACT US PROMPTLY IF YOU NOTICE:

- Increasing redness, pain, or blurring of vision - this can indicate infection or inflammation inside the eye
- Yellow or green discharge from the eye
- Blurring of central vision - this may indicate macular oedema
- Distorted vision, or a sensation that the implant has moved
- A new shadow, curtain, or significant increase in floaters or flashing lights - this could indicate retinal detachment and requires urgent assessment

For urgent concerns, please call my secretary on **01273 782500**. If you cannot reach us and are worried, attend the eye casualty department at Sussex Eye Hospital (Eastern Road, Brighton, BN2 5BF) or your nearest eye emergency service.

Aftercare and Recovery

On the day

Your eye will be covered with a protective plastic shield after the operation. You will be given time to recover before being discharged, usually within 30 - 60 minutes of the procedure. You will need someone to take you home - you should not drive. Please bring a list of your current medications, as these occasionally need to be reviewed around the time of surgery.

Eye drops

You will be prescribed antibiotic and anti-inflammatory eye drops to use for around four weeks after surgery. These are important for reducing the risk of infection and inflammation. Please instil them as directed:

1. Tilt your head back
2. Gently pull down your lower eyelid
3. Look up and allow the drop to fall inside the lower lid
4. Do not let the tip of the bottle touch your eye or eyelashes

In the days and weeks after surgery

Avoid rubbing or touching the eye, particularly in the first week or two. Do not splash water directly into the face in the shower or submerge your head in the bath for one week. Remove eye makeup before surgery and avoid wearing it for at least one week afterwards.

Most patients can return to light activities the day after surgery. If your work involves physical exertion, machinery, or sustained close visual tasks, we will advise on a suitable return-to-work timescale. Vision typically continues to improve and settle over two to four weeks.

New glasses

Wait until the eye has fully settled before having a new glasses prescription - usually around four to six weeks after surgery. If there is a significant difference in prescription between the two eyes in the period between operations, your optician can remove one lens from your existing glasses, or you may find it easier to simply not wear them for a period. In the meantime, inexpensive over-the-counter reading glasses from a pharmacy are often perfectly adequate for close work.

Posterior Capsular Opacification and YAG Laser

The capsule membrane that was left behind to support the implant can become cloudy in roughly one in ten patients, sometimes months or years after surgery. This is called posterior capsular opacification (PCO) and causes vision to blur in a way that feels similar to the original cataract returning - though the cataract itself cannot come back.

PCO is treated with a quick, painless outpatient laser procedure called YAG laser capsulotomy, which creates a small opening in the cloudy membrane and restores clear vision almost immediately. The risks of YAG laser are small and will be discussed with you at the time.