

# CATARACT

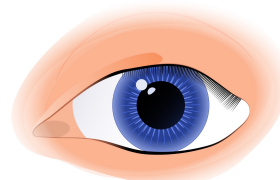
## Patient Information

### The surgery

Modern cataract surgery, or 'phaco-emulsification' is usually done under local anaesthesia, although sometimes with the patient asleep. The eye held open by a soft clip. The cataract is removed through a small incision about 2 mm long under the upper lid using a fine ultrasound probe to break up the hard lens tissue. It is rare for sutures to be required.

The cataract is within a clear bag, or capsule, in the eye. Apart from a small window that is made in the front to remove the cataract, every effort is made to leave the bag intact. The artificial lens can then be placed inside it. In a small percentage of cases the bag becomes hazy some months or years after the operation, but this is easily treated with laser.

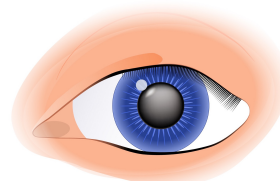
The procedure last between 5 and 20 minutes and is pain free. It is not possible to see instruments approaching, or inside, the eye.



Healthy eye



Clear lens



Eye with cataract



Lens clouded by cataract

## Introduction

A cataract is when the lens inside the eye becomes hazy, reducing vision, or causing glare. It then needs to be removed and replaced with a clear artificial lens, a so called IOL (intra-ocular lens). Sometimes surgery is done before the cataract has developed because it gives an opportunity to reduce dependency on glasses using Premium IOLs. This can be particularly useful in long sighted individuals, or if there are problems reading.

There are a few medical conditions that make it important to remove a cataract, but in the vast majority of cases, it is up to the patient to decide if the reduction in vision, glare, or refractive improvement, is sufficient to warrant the operation.



Distance



Intermediate



Near



## After surgery

The eye may be uncomfortable, but should not be painful. It usually takes a couple of days for the vision to settle, although sometimes it will be a few weeks.

## Complications

Cataract surgery is one of the safest operations, but there are possible complications. National audits show that serious problems such as infection occur in 3 cases per 1000, and retinal detachment in 0.7 per 100. Less serious complications, such as swelling at the back of the eye, are more common. Damage to the lens capsular bag may require removal of some jelly from the eye. This does not necessarily affect vision, but does increase the risk of other complications. Very rarely, further surgery is needed. You will be told about symptoms to watch out for after surgery.

Overall, the vast majority of patients do extremely well and the small risk of problems has to be balanced against almost inevitable loss of vision if the cataract is not removed.

## Premium and standard IOLs

There are various types of intra-ocular lenses, including monofocal, multifocal and extended-focus, as well as toric lenses to correct astigmatism. Monofocal are the only type available on the NHS and give a fixed focus, usually selected to be in the distance. This means that reading glasses are needed for viewing closer objects, including computers and mobile phones. Premium multifocal and extended-focus lenses substantially reduce dependency on spectacles for near vision. If this is of interest, the advantages of different types will be discussed at your appointment. These premium lenses reduce dependency on glasses, but do not necessarily mean that a patient will be completely free of glasses.

The aim is to achieve good vision without glasses; at a particular distance with monofocal lenses, and at distance, intermediate and near, with premium IOLs. However, it is important to note that national audit figures show that approximately 15% of patients will not achieve the predicted result and may need to wear glasses for some, or all, tasks. Also, vision may vary with lighting conditions, so for example reading may be possible without glasses in good lighting, but not in dim conditions. Residual refractive errors may be correctable by laser, but this is not a procedure provided (or included in the cost).

Glare and halos may be visible with all types of IOL and may be more frequent with some premium ones. They usually, but not always, settle over time.

**If you would like to discuss any aspects of surgery with Mr Prydal, please contact his PA, Anne Bailey, on 0116 274 3718 or 0116 276 9401.**

