

Consent for Cataract Surgery

Information for patients



CATARACT SURGERY

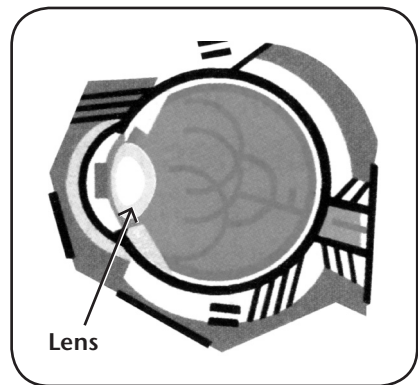
Your optometrist has recommended an operation to remove your cataract. The following information will help you understand the operation, benefits and risks involved, to help you make an informed decision as to whether to go ahead with the operation.

WHAT IS A CATARACT?

Despite what you may have heard, a cataract is not a skin that grows over your eye. It is a clouding of part of your eye called the lens. Your vision

becomes blurred or dim because light cannot pass through properly. It may be worse in bright light and you may experience double vision.

If not removed, your vision may stay the same or will become worse until you can only see shadows of light and dark.



THE OPERATION

The purpose of the operation is to remove the cloudy lens (*cataract*) and replace it with an artificial lens (*implant*).

Most operations are done under a local anaesthetic, where you will be awake during the operation. Although unable to see anything you will be aware of a bright light. Eye drops will be given before the operation to enlarge the pupil. The anaesthetic to numb the eye will be either eye drops or an injection into the tissue surrounding the eye. You will be asked to lie flat and still for the time the operation takes, usually 20 minutes but may be as long as 45 minutes.

The operation is done using a technique called **Phakoemulsification**. The surgeon makes a very small cut in the eye, softens the lens with sound waves and removes it through a narrow tube. The lens implant is then inserted, and sometimes a small stitch is put in the eye.

After the operation you will have a pad and/or a plastic shield over your eye until the next day to protect it.

AFTER THE OPERATION

It is normal to feel itching, sticky eyelids, some mild discomfort and fluid discharge for a day or two after the operation. It is important that you don't rub your eye.

Before you leave the hospital, nursing staff will give you written information such as when to take the pad/shield off, using your eye drops, a date for a review appointment and contact telephone numbers. You will also be asked to contact your optometrist 6 weeks after your operation for review and to be measured for new glasses if needed.

Some people notice an improvement in their vision immediately. Others will notice a gradual improvement. You may watch TV or read almost straight away, but your vision may be blurred. The healing eye needs time to adjust to focus properly with the other eye.

Some people with other eye conditions (*which they may or may not know about*) such as glaucoma, diabetes or age changes at the back of the eye, may not see as well as they hoped.

BENEFITS AND RISKS OF OPERATION

This operation is extremely successful with a very high rate of patient satisfaction. In general 95% of patients notice an improvement. 5% will not notice an improvement, of which 1% may have poorer vision than before the operation. Around 1 in 2000 people will have a serious complication which may lead to blindness. Fortunately these devastating complications are very rare.

During the operation

The gel at the back of the eye may be disturbed resulting in reduced vision. Some of the cataract may fall into the back of the eye. If this happens you may require a further operation. Bleeding inside the eye may force the doctor to stop the operation before the cataract is removed.

After the operation

There may be bruising of the eye lids, high pressure inside the eye, or clouding of the cornea. These are usually treated with drops and tablets. Different drops may be prescribed if you have an allergy to any drops used.

Incorrect implant strength or dislocation of the implant may require you to have a further operation. Swelling or detachment of the retina rarely occurs.

Endophthalmitis, an infection in the eye, can lead to permanent loss of vision in the eye.

Sometimes the membrane left following the lens removal becomes cloudy. A simple procedure done at the outpatient clinic using a laser punches a hole in the membrane to restore vision.

We hope this information is sufficient
to help you decide to go ahead
with your operation.

If you have any questions, our staff
will be happy to answer them.



ARE YOU ELIGIBLE FOR AMBULANCE TRANSPORT?

The Scottish Ambulance Service provides ambulances to patients who need support to reach their healthcare appointments due to their medical or mobility needs.

It is available for patients who:

- ❖ require assistance from skilled ambulance staff
- ❖ have a medical condition that would prevent them from traveling to hospital by any other means
- ❖ have a medical condition that might put them at risk from harm if they were to travel independently
- ❖ have mobility difficulties that require the assistance of ambulance care staff
- ❖ are attending hospital for treatment that might have side effects and require ambulance care on the return journey

To request an ambulance, call the Scottish Ambulance Service Booking Line on **0300 123 1236**.

For patients who may be deaf, hard of hearing or speech impaired, TEXT RELAY: **18001-0300 123 1236**.

Calls will be charged at local rates for mobiles and landlines.

Please call as soon as you are notified about your appointment at a hospital or clinic.

If you need to cancel a journey which has been booked, please call **0800 389 1333** (Freephone from landlines).

WHAT ARE MY OPTIONS IF I DON'T QUALIFY FOR AMBULANCE TRANSPORT?

You can travel by car:

There is free car parking at all acute hospitals.

You can travel by public transport:

For transport information - including timetables, journey planners and routes, visit www.travelinescotland.com or call

0871 200 22 33

You can claim travel costs:

For more information contact the Hospital general office.

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 08453 130 130 or e-mail info2@lanarkshire.scot.nhs.uk

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