

**MR SIMON HORGAN FRCS FRCOphth**  
**Consultant Ophthalmic Surgeon**

**Information for Patients**

**CATARACTS / REFRACTIVE LENS EXCHANGE (RLE)**

A cataract is the clouding of the lens inside the eye. The normal process of ageing causes the lens to harden and become cloudy. Most cases of cataract can be treated successfully and modern surgery does not require an overnight stay in hospital.

Refractive lens exchange is carried out to achieve spectacle freedom. There may or may not be any cataract present but the procedure is the same.

**SYMPTOMS OF CATARACT**

- Disturbance of vision
- Glare in sunlight or at night from car headlights
- Dulled colours
- Changing spectacle prescription

**TREATMENT**

- Early on, a change in glasses prescription can allow good vision to be maintained for a while
- When vision cannot be improved, surgery is required.

**ABOUT THE SURGERY**

Most cataract surgery / RLE is performed under local anaesthetic. You will be awake during the procedure and aware of a bright light, but you will not see what is happening. You will be offered some light sedation if you are anxious. An artificial lens is used to replace the cataract/human lens. This will not need to be exchanged again. One eye is operated at a time. If you need a second operation it will be carried out in about four weeks, or when the first eye has healed completely.

At home, before the day of operation, you will be asked to sign the consent form which you have been given. It is very important that you understand the procedure and are happy to go ahead, and that you feel any queries have been answered prior to surgery. Should you have any questions about your treatment, Mr Horgan would prefer to deal with these in advance or you can speak to the Practice Nurse (Anne Rumbelow) who should be able to answer them for you. We kindly request that you sign the slips at the end of this information sheet to confirm that you have read and understood what surgery entails and what complications can occur.

## **PRIOR TO SURGERY**

Various scans are required before your surgery can go ahead. All patients need biometry measurements and those having premium lenses will also require a pentacam scan. These will be arranged for you via Lorraine at one of the following facilities:

Nuffield Health Woking Hospital, Grange Road, Woking GU21 4BY  
REAL at the Battersea Clinic, 25 Patcham Terrace, London SW8 4EX  
Moorfields Private Clinic, 60 Wimple Street, London W1G 8AG

If you wear contact lenses, it is essential that these are removed for the periods given below for your measurements to be truly accurate:

- Soft/gas permeable: One week
- Hard lenses: Two weeks

The procedure code for cataract surgery is **C7122**, which you may need to provide to your insurance company.

## **THE DAY OF OPERATION**

If you are on a morning list for surgery, please fast from midnight. If you are on an afternoon list, you may have breakfast by 8.00 am and then fast. This is so you are able to have sedation should it be required.

Take all regular medication as usual. Diabetic patients must try to ensure their blood sugar is stable (ideally below 10 mmol).

You will be shown to a private cubicle or room and a tiny pellet is placed under the eyelid to dilate the pupil. The anaesthetist will administer the anaesthetic and sedation, if required, through a plastic needle in the back of your hand. Mr Horgan will then remove the human lens and insert the artificial lens. Patients occasionally need a tiny stitch. If so, this will be removed at your outpatient appointment.

At completion of the operation, a pad or shield is placed over the eye. This will be left in place until the following morning or a minimum of five hours. You will be returned to your cubicle/room and given refreshments. You will not be able to drive yourself home. Someone will need to drive you, or a taxi can be arranged. Expect to be at the hospital for half a day.

Before you go home, you will be given some eyedrops to use. Please read the instructions on the labels carefully and follow them meticulously. A drop chart has been devised to assist you and this can be found in your cataract/RLE folder. These drops should last for 25 days. However, if you find you are running out, please contact the pharmacy at the hospital at which you were operated and they will dispense more, which you will need to collect.

## **THE DAYS FOLLOWING SURGERY**

You will be called by phone two to three days after your operation to check that all is well. You may have some temporary after effects such as light sensitivity, redness and bruising (some patients find some benefit from wearing a pair of sunglasses for a day or two). The eye might be watery and sticky, especially first thing in the morning. It can be gently cleaned with cool boiled water and a cotton wool ball, or with lid care sterile wipes (available from chemists). You will be able to resume all normal activities. The new lens is very firmly positioned and will not move or fall out.

The only rule is no swimming until Mr Horgan has checked the eye. Your vision may be blurry immediately after surgery. However, this should improve quickly, and you will notice how much clearer and brighter everything seems. Serious complications are rare, but if your vision dramatically worsens or you have "lightning" type flashing lights and floaters, or a deep pain in the eye then you should contact us immediately for advice.

## **THE WEEKS FOLLOWING SURGERY**

Mr Horgan will want to see you for a follow-up appointment about three weeks after surgery. If all is well you will be able to discontinue the eye drops. Arrangements can then be made to operate on your second eye if necessary. You will usually need new glasses after the surgery. You may have your eyes tested at your regular optician once Mr Horgan is happy with your eyes. We suggest you buy a pair of "off the shelf" reading glasses to tide you over in the period between the first and second operations. If you only need one eye operated, you may be tested after your three week follow up appointment. We hope you find this information helpful. If you have any further questions about your procedure please call the Practice Nurse on 07900 993359 or the Secretary on 020 7060 9911.

For any out of hours emergency, please telephone the Hospital where your surgery took place, who will then contact Mr Horgan and arrange a ring back.

## **POST OPERATIVE COMPLICATIONS**

Complications may occur following cataract surgery; these vary from more common milder symptoms to rarely more serious events and can happen in the days, weeks or months after surgery.

### **More common, mild symptoms which are not serious and are easily treated with rapid recovery:**

- Persisting inflammation
- Corneal clouding (mistiness of vision)
- Raised intraocular pressure (eye pressure)
- Significant increase in number of floaters or flashing light
- Dysphotopsia (including symptoms of flashing lights in peripheral vision)
- Photosensitivity
- Persisting watery eye due to narrowing of lacrimal duct
- Capsular fibrosis (when the membrane containing the lens implant becomes cloudy).  
This can be treated at a later stage with YAG laser
- Droopy, puffy or bruised eyelid
- Allergy to drops

### **Less frequent occurring symptoms which may persist for a longer period:**

- Misshapen or fixed pupil size
- Refractive surprise (when the post operative focussing power is different to what we were expecting)
- Glare and halos
- Retinal edema (swelling on the back lining of the eye)
- Increase or change in astigmatism (this can be corrected with spectacles)
- Corneal decompensation (the front part of the eye becoming cloudy)

### **Serious, very rare complications (1:1000) which will require prolonged treatment and a longer recovery period:**

- Movement or displacement of lens or capsular rupture
- Retinal tear or detachment
- Bacterial infective endophthalmitis

In the unlikely event of any of these complications occurring, further treatment will be required. This may include medicines, laser or additional surgery, all of which usually incur additional charges.

## **SOME FREQUENTLY ASKED QUESTIONS:**

**Q: When will I be able to drive again?**

A: You should be able to drive again within a few days of surgery. The vision should be clearer and brighter and less light sensitive after this time. If your vision was not legal for driving prior to surgery, it is advisable to check you can read a number plate at 20 metres before driving again. You may drive while on drops.

**Q: When can I use make up?**

A: You may use make up again the day after surgery. Remember to use a gentle eye make up remover at the end of the day and do not rub too hard.

**Q: When can I shower and wash my hair?**

A: You may shower and wash your hair the day after surgery. If soap or shampoo gets in your eye just rinse it with clear water.

**Q: When can I swim again?**

A: Mr Horgan is very strict about no swimming after eye surgery. A bacteria present in all swimming pools can be blinding if it gets into the eye. This rule applies for three weeks after surgery without exception. You may, however, swim in the sea, a lake or a river.

**Q: Should I stop my medications before surgery?**

A: No. Continue to use all prescribed drugs including Warfarin, Aspirin, Tamsulosin or any blood thinning or diabetic medications. Continue to use any glaucoma drops as normal.

**Q: Can I wear my contact lenses before surgery?**

A: Yes. You may continue normal contact lens use until the day before surgery. Do not wear them on the day.

**Q: Will my eyes be dilated at my follow up appointment?**

A: Your eye will not normally be dilated at your follow up appointment. However, patients with diabetes or those who were previously myopic are usually dilated at their final follow up appointment to check all is well on the retina.

In the event of you complaining of an increase or change in floaters, flashing lights or a reduction in vision, then your eye will need to be dilated for Mr Horgan to investigate these symptoms.

**Q: Can I do housework and my usual keep fit activities?**

A: Yes. You may vacuum, garden and resume sport and fitness as normal.

**Q: When can I fly after surgery?**

A: You are safe to fly the next day but Mr Horgan will want to see you for your follow up appointments.

**Q: How long will my new lenses last?**

A: They are made of an acrylic material which lasts a lifetime and will not need replacing.

**Q: What is the procedure code for cataract surgery (to provide to insurers)?**

A: C7122

**Q: What do I do where the eyedrop regime is shaded out?**

A: Do not use drops where the chart is shaded.

**Q: Do I put the drops in both eyes?**

A: No, just the eye to be operated.

**Q: I am struggling with the Nevanac drop bottle.**

A: Nevanac is somewhat thick; we suggest you store the bottle upside down in the box and a drop will then be ready to instil when required.

**Q. What should I do if I feel I am running out of eyedrops?**

A: The eyedrops dispensed should last the full 25 days if used carefully. If you think you are running out, please contact the hospital where you were operated and ask the pharmacy to dispense more. You will need to collect them from the hospital

**Q: When will I receive confirmation of my surgery date?**

A: You will at first be given a date by Lorraine, the Practice Manager possibly weeks ahead. This will be confirmed, along with the time to arrive, by the hospital in the week or so prior to surgery.

It is of the utmost importance to Mr Horgan that patients understand that eye surgery is not without risk of complications, however small, and that informed consent is given before surgery can take place.

**Please sign and date this slip for you to keep in your personal records.**

This is to certify that I have received and understood the Cataract Information for Patients and Complications leaflet supplied; I have also seen and understood the breakdown of costs and accept that charges are made for follow up appointments as detailed overleaf and that I am happy to proceed with surgery.

Signed ..... Date .....

PRINT NAME .....

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