



# Cataract

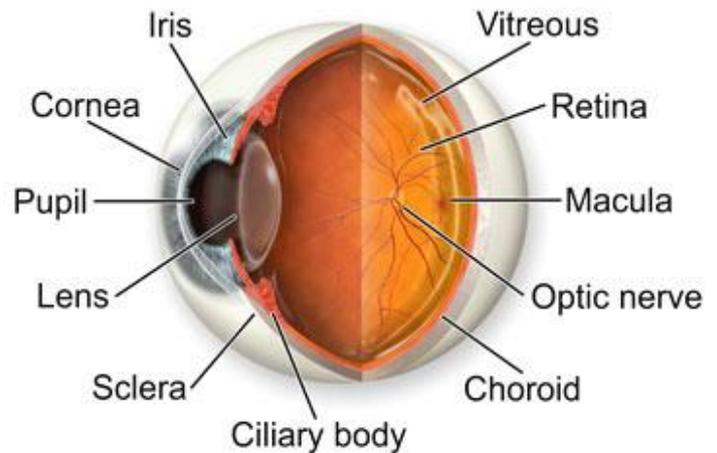
A cataract is clouding or opacity of the lens inside the eye. It is useful to learn about how the eye works in order to understand what a cataract is.

Inside the eye, behind the coloured part (the iris) with a black hole in the middle (the pupil), is the lens. In a normal eye, this lens is clear. It helps focus light rays on to the back of the eye (the retina), which sends messages to the brain allowing us to see. When cataract develops, the lens becomes cloudy and prevents the light rays from passing through.

## What symptoms do cataracts cause?

Cataracts usually form slowly over years causing a gradual blurring of vision, which eventually is not correctable by glasses. In some people the vision can deteriorate relatively quickly. Developing cataract can also cause glare, difficulty with night-time driving and multiple images in one eye which can affect the quality of the vision.

Normal Eye Anatomy



## Do cataracts spread from eye to eye?

No. But often they develop in both eyes either at the same time or one after the other with a gap between.

## Are there different kinds of cataract?

Yes. Most cataracts are age-related, but other examples include congenital (present at birth), drug induced (steroids), and traumatic (injury to the eye).





but, as with all surgery, there are risks. Cataract surgery is performed when you have a problem with your vision and you want to do something about it.

### **Can anything be done to stop my cataract worsening?**

There is no known method of preventing cataract.

### **I have cataract developing in both eyes – are both operated at the same time?**

It is common for cataract to develop more quickly in one eye than in the other. The timing of an operation is agreed after discussion between you and the cataract team.

Usually, your more seriously affected eye is operated on first. Sometimes it is advisable to have your second eye operated on even if it causes you few vision symptoms, to balance the spectacle prescription so that your eyes can be used comfortably together.

Whilst it is possible to operate on both eyes at the same time this is not routinely done. Simultaneous bilateral (both eyes at the same time) cataract surgery is only performed on a specific needs basis and the team in charge of your treatment will be able to advise on the suitability, as well as the risks and benefits of having surgery on both eyes at the same time.

### **Do I need any special tests before the operation?**

Yes. Special tests are required to determine the strength of lens implant

which is inserted into the eye. These tests are undertaken prior to the operation day, either at your first clinic attendance or during your booked pre-assessment appointment.

Prior to your special tests, if you wear contact lenses, you must leave them out for the following time unless told otherwise:

- 1 week for soft lenses
- 2 weeks for any types of rigid lenses including gas permeable lenses

You may also have tests for your general health, such as blood tests and an electrocardiogram (ECG).

### **I have had previous laser treatment to my eyes. Does it matter?**

Excimer lasers (e.g. LASIK and PRK) are used to reduce the need for glasses, most commonly in short-sighted younger people.

**If you have had laser treatment, it is very important that you tell the doctors and nurses during your assessment.**

Excimer laser treatment affects the calculations that are used to determine the strength of lens implant that is inserted. Even though allowance is made for the laser treatment, it is more difficult to select the power of the lens implant and patients are at higher risk of being more or less long/short-sighted than planned following the cataract surgery. This may require spectacles or contact lenses to be worn or may be





operation or for teaching or about other subjects. Please do not join in as it is important that you remain still during the procedure.

**What kind of anaesthetic is necessary?**

Most operations for cataract are performed under local anaesthetic, in which you are awake but your eye is numb. This is usually given by eye drops or an injection around your eye. A small number of patients require sedation or even a general anaesthetic, where you are asleep.

**Will I have to stay in hospital?**

Cataract surgery is performed on a day-care basis. This means you are admitted to hospital, have your operation and are discharged home all in the same day. You could spend several hours in hospital from arrival to discharge.

**Who will do my operation?**

Moorfields Eye Hospital is a teaching hospital and has a responsibility to train the next generation of doctors.

Moorfields Eye Hospital has an excellent track record of training and complication rates are below the national average.

It may not always be the consultant who carries out your operation. It could be a member of their team.

**What are my choices for vision and glasses after the operation?**

**Standard monofocal lenses**

Your lens, which helps you focus, is removed during the operation and is replaced with an artificial lens, the intraocular lens implant. There is a choice of different strengths (powers) of lenses which, just like different strengths of glasses lenses, affect how clearly you see when looking into the distance or when looking at near things such as reading a book.

During your initial assessment, the cataract team will discuss with you whether you want to have better focus for close vision or for distance vision. Most people choose to aim for good distance vision after the operation. If you choose this option, you will usually need reading glasses and you may still need glasses for fine focusing in the distance.

Some people choose to aim for good close vision, especially if they like to read without glasses or do a lot of detailed close work such as embroidery. If you choose this option, you will need glasses for distance.

**Monovision**

Combining a clearer distance focus in one eye with a clearer focus at arms' length is a good option if you have no strong preferences and had good vision in both eyes, with or without glasses before the cataracts developed.

Spreading the focus between the eyes in this way does not normally stop them working together or make you feel unbalanced, and it helps you to do



more activities comfortably without glasses. You will probably still prefer to wear glasses for at least some activities after surgery and it may take you a few weeks to get used to your new vision.

This option requires careful consideration and may not be suitable for all patients.

### **Multifocal lenses**

Multifocal lenses are lenses that aim to correct vision for both near and distance, but they are not available on the NHS, and cannot be purchased separately and implanted during your NHS operation. However, the quality and biocompatibility of standard monofocal and multifocal is the same. Multifocal lenses do not work for all patients and may cause some visual quality problems. If you wish to explore them further, at present you will have to consult a consultant ophthalmic surgeon with expertise of multifocal lens surgery privately.

### **Toric lenses (astigmatism correcting lenses)**

Toric lenses are available for some patients at Moorfields with moderate to high astigmatism undergoing cataract surgery. A toric lens is made of the same material as a standard non-toric lens, but also incorporates astigmatism correction as well. The aim is to improve your vision so that the need for distance glasses is minimised but, as with standard lenses, you will still need to wear glasses for close up work.

Toric lenses are not required if you are happy wearing glasses for distance, and are not suitable if you have other eye problems apart from cataract and high astigmatism. The surgery is the same as standard cataract surgery except, once the toric lens has been inserted, it is carefully rotated to the correct position for each patient. A standard lens does not need to be placed so precisely.

There are some potential issues with toric lenses:

- A toric lens may not fully correct the astigmatism and you may still need glasses for distance.
- If complications occur during cataract surgery, it may not be possible to insert a toric lens.
- The lens can rotate and a second operation may be needed to rotate the toric lens back into position for best vision, with the additional risk of further surgery.
- Some patients may require further surgery to remove the toric lens and replace it with a standard lens.
- The alternative options to using toric lenses for those with high astigmatism are glasses or contact lenses. Laser refractive procedures can correct astigmatism, but are not available on the NHS.

### **How accurate are the results of cataract surgery?**

The pre-operative measurements usually allow your surgeon to choose a





The most common cause of a shadow or lights in the peripheral vision is due to the different way that the light is focused on the retina through the new lens implant. Following the operation, you may become aware of a shadow to the side of your vision, often described as a 'half-moon' or 'crescent'. The effect is usually temporary as your eye rapidly adapts to the new lens. Shadows can also be caused by the retina becoming separated from the inner wall of the eye. This is known as a retinal detachment. If you notice an enlarging shadow in your field of vision, especially with increasing floaters or flashing lights, please contact the hospital as soon as possible.

**If you experience any of the above, or you are worried about your eye, you must contact/attend the clinic where you had your surgery or Accident & Emergency at Moorfields City Road or, if that is not possible, see your GP.**

Our A&E is based at Moorfields Eye Hospital, City Road, London EC1V 2PD.  
Tel: 020 7253 3411

## **AFTERCARE**

### **Will my eye be covered after the operation?**

Your operated eye will be covered with a protective clear plastic eye shield. Some patients may additionally have an eye pad. If you leave hospital with a pad you will be told when to remove it yourself and when to start to put in your eye drops. The majority of patients are

advised to wear the protective plastic eye shield when sleeping for approximately one week. Specific advice will be given.

### **How soon after the operation do I go home?**

After the operation, you will have a chance to have a drink and a snack before the nurse or doctor check with you that you are ready to leave. The nurses will check that you have the postoperative instructions and eye drops and then discharge you from the hospital. This usually takes 30-60 minutes.

### **How will my eye feel after the operation?**

As the anaesthetic wears off, there can be a dull ache or a sharp pain like something in the eye, felt in and around your eye. Your eye will also be red, watery and your vision may be very blurred. You can ask the nurse for tablets for pain relief. You may want to use your normal pain relieving tablets when you get home and during the first 24 hours.

Your eye usually settles over two to four weeks after the operation although some patients take slightly longer. A slight feeling of grittiness or as if there is a foreign body in your eye can last several months after the operation, as the small wound gradually flattens.

**You should contact us if the pain, redness or blurred vision is getting worse rather than better.**



## How do I put in the eye drops?

A nurse will teach you how to look after your eye. You will be shown how to clean your eye and put in the eye drops correctly. In some circumstances, family and friends will be taught how to do this so they can help you.

### How to put in the drops

1. Tilt your head back
2. Gently pull down your lower lid with one hand
3. Look up and allow drops to fall inside lower lid
4. Do not let the tip of the bottle come in contact with your eye

The eye drops help reduce the risk of infection and inflammation after surgery and may be necessary for one to two months.

## Is there anything else I have to do to care for my eye?

You should avoid rubbing or touching your eye. This is extremely important in the first one to two weeks after the operation. You might find you are sensitive to light, so it is useful to have a pair of plain dark glasses in case you need them. You can buy these at any chemist or supermarket. The medical and nursing staff will advise you if there are any activities you should avoid. **The majority of patients can resume normal physical activity within a day or two.** You should be able to return to work the day after your operation, depending on your occupation. If you perform manual work, or a job which requires a lot of use of the eyes, you might require longer. The doctors and

nurses in clinic will advise you. Your eye takes a few weeks to settle and for best vision to be achieved.

## When can I wash my face and hair after the operation?

You are advised to be careful when washing: do not directly splash water into your face in the shower or immerse your head in the bath for one week after surgery, but a clean face cloth can safely be used.

## When can I see my optician for an update to my spectacles?

You will be advised about tests for spectacles to improve vision (refraction) at your clinic appointment after the operation, but you can usually have your eyes checked for new glasses by your own optician about four to six weeks after the operation.

During the time until you have your new glasses, or between having the first and the second eye operation, you may experience some vision difficulties especially if there is a big difference in the glasses prescription between the two eyes.

During this time, you may choose to use or not use your old glasses, or for your optician to remove the lens in one side of the glasses, until your final pair of glasses is ready or you have had the operation in both eyes.

## Does the cataract recur?

No, but you can develop a thickening or clouding of the posterior capsule membrane behind your new lens





implant in the months or years following your surgery, which occurs in approximately one in 10 cataract surgery patients. This is called posterior capsular opacification and causes blurring of vision.

This can be treated as an outpatient with a laser procedure, known as YAG laser capsulotomy. This involves one outpatient visit. It is usually very effective, painless and quick, but can very occasionally cause complications such as retinal detachment or waterlogging of the central part of the retina. The risks of YAG laser treatment are smaller than the risks of the original cataract procedure and will be detailed at your consultation.

Author: Cataract service  
Revision number: 4  
Approval date: August 2017  
Review date: August 2019

**Moorfields Eye Hospital NHS Foundation Trust**  
**City Road, London EC1V 2PD**  
**Phone: 020 7253 3411**  
**[www.moorfields.nhs.uk](http://www.moorfields.nhs.uk)**

**Moorfields Direct telephone helpline**  
Phone: 020 7566 2345  
Monday-Friday, 8.30am-9pm  
Saturday, 9am-5pm  
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

**Patient advice and liaison service (PALS)**  
Phone: 020 7566 2324/ 020 7566 2325

Email: [moorfields.pals@nhs.net](mailto:moorfields.pals@nhs.net)  
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

**Your right to treatment within 18 weeks**

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit [www.nhs.uk/choiceinthenhs](http://www.nhs.uk/choiceinthenhs)

