

# **Cataract Surgery**

## **What is a cataract and how is it treated?**

The lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal ageing, from an eye injury, or if you have taken medications such as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract would continue to get worse but would not cause permanent impairment.

## **How would removing the cataract affect my vision?**

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery,

I would remove the cataract and put in a new artificial lens called an intraocular lens or IOL.

Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration.

Most people still need to wear glasses or contact lenses after cataract surgery for either near and/or distance vision and/or astigmatism.

## **What types of IOLs are available?**

There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs claim to provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

Because I see lots of problems in people with multifocal

lenses I do not use them myself. If you want a multifocal lens you will need to see a refractive surgeon.

In your case I would plan on using a monofocal lens that is focussed for distance vision. I would expect that you would have good distance vision without glasses, but you may need a small glasses prescription for the very best driving vision. I would expect that you would need glasses for reading and computer work.

## **What is astigmatism? Are there other treatments for it?**

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a football, the cornea is shaped like a rugby ball. This can make your vision blurry.

In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the

cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision we make in your cornea to make its shape rounder.

Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

In your case I would not plan any astigmatism correction.

## **What are the major risks of cataract surgery?**

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes.

The major risks of cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anaesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid.

Depending upon your eye and the type of IOL, you may

have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. The IOL we are planning is of the type that has fewer of these issues.

Depending on the surgery I might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced.

Depending upon the type of anaesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death. For local anaesthesia this is an extremely rare complication.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anaesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications.

## **YAG capsulotomy**

Frosting of the capsule behind the lens implant is extremely common – some say universal – and this can be treated with a simple laser procedure in outpatients.

Fees: please see Billing

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**Emergency contacts:** <https://www.vitygas.com/information/emergency-contacts/>

NHS patients call Limpsfield Ward or the East Surrey Hospital switchboard. Private patients use the mobile number provided.