



Queen Victoria Hospital
NHS Foundation Trust

Combined Cataract and Glaucoma Surgery



This booklet has been designed to help you and your family or carers understand the operation and to help answer any questions you may have. Having a combined cataract and glaucoma surgery should not disrupt your life greatly, but some extra care is required for approximately six weeks after your discharge from hospital.

We suggest if possible, that you arrange for someone to help you at home during the first week after discharge.

What is a cataract?

The human eye is like a camera and one of the essential parts is the lens. The lens is a clear tissue found behind the coloured part of the eye (the iris). The lens helps to focus light on the back of the eye (the retina) forming an image. Usually the lens of the eye is clear so that light passes through it easily.

If any cloudiness develops in the lens then it starts to block the light passing through and this causes blurring of your vision. This clouding of the lens is called a cataract.

Cataracts can develop as you get older and can occur because of diabetes or an eye injury. They can also occur in younger people for a number of reasons. Your sight will gradually become misty

and you may be bothered by glare in bright light. If symptoms of the cataract affect your day-to-day activities, it is better to have the cloudy lens removed.

What is glaucoma?

Glaucoma is the leading cause of irreversible blindness in the world. It is caused by high pressure inside the eye, which leads to damage of the optic nerve that connects your eye to the visual centre in the brain.

Glaucoma affects your field of vision, normally in the periphery but central vision can also be affected. If untreated more and more vision is lost which can lead to irreversible blindness. Glaucoma can run in families so it is important to get checked if someone in your family has glaucoma.

How will the cataract be removed?

You will need to have an operation to remove the cataract and, usually, a replacement lens (implant) is put in its place. This will take up to 30 minutes.

An experienced eye surgeon will carry out your cataract operation but it is not possible to guarantee that this will be a Consultant.

What is an implant?

When the cataract lens has been removed, it is replaced with a man-made focusing lens. This is implanted into the space that has been occupied by your own natural lens. The replacement lens is permanently fixed inside your eye. Implants, like glasses, come in different strengths.

Each patient needs to have their eye measured by an ultra sound scan (A-scan) or a laser (IOL Master) machine to find the strength of the implant most suitable to them.

We will usually try to implant a lens which is intended to give you good distance vision (for driving, cinema, TV, sport etc.). This may not always be perfect and you may still need to wear distance glasses.

Reading glasses will always be needed even if you did not need them beforehand.

If you prefer, we can aim to implant a lens that will enable you to do close work without reading glasses but you will then need glasses for distance.

Note: If this is your preference you should inform the doctor who books you for the operation or the surgeon who will perform your operation.

If you have age-related macular degeneration or conditions, such as diabetes or glaucoma, the improvement in vision may be limited, depending on the extent of the condition.

There are newer lenses available that are approved by NICE (National Institute for Health and Clinical Excellence), but are not commonly used in the NHS. These are called multifocal or accommodating lenses. These allow your vision to be corrected in the distance, and depending on the type of lens used, also your intermediate and near vision.

If you wish to have an accommodating or multifocal lens implanted, you will need to arrange this with a private provider outside the NHS. It is not possible to 'top up' or pay extra to have these lenses provided by the NHS.

More information about multifocal and accommodating lenses may be found on the National Institute for Health and Clinical Excellence (NICE) website.

www.nice.org.uk/IPG209

www.nice.org.uk/IPG264

Before the operation

You will be seen by a nurse when you attend your eye clinic appointment. If you are booked for surgery, the nurse will carry out a pre-assessment and any tests you are required to have. Any problems or concerns can be discussed at this time.

Contact lenses – If you wear contact lenses, you will need to stop wearing your lenses before any tests are carried out, as follows:

- soft lenses - two weeks
- hard lenses – four weeks

Consent

You will be asked to sign a consent form for the operation. It is important that you understand the procedure, what the risks and benefits are to you and what the treatment involves. Please feel free to ask your doctor any questions that you may have before signing the consent form.

What are the benefits?

The benefits of surgery include:

- greater clarity of vision
- improved colour vision

What are the risks?

All operations and anesthetics carry some risk. The potential risks associated with cataract surgery are as follows:

- blindness
- haemorrhage
- infection
- worsening of glaucoma
- retinal detachment
- capsular tear and vitreous loss
- wound dehiscence and iris prolapse
- cystoid macular oedema
- deterioration in diabetic retinopathy
- intraocular lens power miscalculation
- further surgery (some patients may require an additional operation following cataract surgery)

You may wish to ask the doctor if you do not understand these medical terms.

Using modern methods, cataract surgery is very safe; in the majority of cases the vision is improved. This does not occur immediately after the operation and the time it takes can vary widely between patients.

Possible risks during the operation

- tearing of the back part of the lens capsule with disturbance inside the eye that may sometimes result in reduced vision
- loss of all or part of the cataract, into the back of the eye, requiring a further operation
- bleeding inside the eye

Possible risks after the operation

- bruising of the eye or eyelids
- high pressure inside the eye
- infection in the eye
- allergy to the medication used
- clouding of the cornea
- swelling of the retina
- detached retina, which can lead to loss of sight (this is very rare)

Patients rarely develop problems during eye surgery or shortly afterwards that can impair the results. The medical and nursing staff will do everything possible to reduce any risks. You may discuss any concerns with the nurse at your pre-assessment appointment or with the doctor before surgery.

Minor complications occur more commonly but do not always affect the final results; your surgeon will discuss these with you. In order to reduce the risks we only operate on one eye initially, and if you need or want the second eye done, when you have recovered this will be arranged on request.

Glaucoma Surgery

Your cataract surgery is going to be combined with a minimally invasive glaucoma surgery (MIGS) to help reduce your eye pressure to try and prevent your glaucoma from getting worse. You may also need less glaucoma drops than before your surgery but this is not the aim of the surgery and will be evaluated after your surgery.

Your visual recovery may be slightly slower with combined surgery although this will vary from person to person as well as the severity of your glaucoma.

Will I feel any pain during the procedure?

Most combined cataract and glaucoma operations are carried out under a local anesthetic. With this method only the eye is made numb and you will be awake. You will not see what is going on and you will not feel anything. The anesthetic is given either

by anesthetic eye drops and / or an injection around your eye before the operation. Like any injection, this may be uncomfortable for a few seconds. If a general anesthetic or sedation is required, you will be given further relevant information.

Day case surgery

Combined cataract and glaucoma surgery is usually a day case procedure, which means that you will go home on the day of your operation after your eye pressure is checked.

Remember to arrange transport for:

- admission to hospital
- discharge from hospital
- follow-up appointment the next day, if appropriate

Arrange for someone to:

- stay overnight with you on the day of operation
- put in your glaucoma and post-operative eye drops after the operation, if you are unable to do this yourself. You should start the same day as your surgery.

On the day of operation

- please arrive on time (check your letter which will tell you where to attend)
- follow advice given on not eating and drinking
- bring all your medications with you
- remove all make-up and nail varnish
- do not wear any jewelry other than a wedding ring
- wear loose comfortable clothing, as you will be asked to put on an operating gown
- continue your glaucoma treatment as per usual

The procedure

A nurse will help you to prepare for your operation and drops will be put in your eye to enlarge the pupil.

You will be taken into the anesthetic room where you will lie down for up to half an hour. After which you will be taken to the operating room, transferred onto the theatre bed and you will be asked to lie down flat, keep still and not talk during the operation. Your other eye will be covered and all you will see is bright light. During the procedure you may hear some noise from the machine that powers the ultra-sound probe. You may also see

lots of different colours. You may feel water on your skin; it is normal and linked to the procedure. The surgeon may explain to you what is happening as the operation goes along.

A small incision (cut) is made in the eye. A hole is made in the lens capsule covering the front surface of the cataract. The cataract is broken into very small pieces, which are then sucked out of the eye.

Once the cloudy lens is removed, a small plastic lens is inserted into the eye through the small incision, to replace the cloudy lens. The plastic lens is folded and inserted inside the lens capsule through the cut in the front of the eye.

The glaucoma surgery is normally a stent and/or laser and will be performed just before or after your cataract surgery. The aim is to lower the eye pressure by opening the drainage channels and/or reducing fluid production in the eye. This part of the surgery normally lasts less than 15 minutes.

After your surgery, your eye will be covered with an eye pad or shield, which may be removed once you get home. Further instructions will be given to you concerning your eye drops and aftercare.

The day after surgery

You may receive a telephone call the following morning from a member of staff who will carry out a post-operative assessment if required but usually an appointment will be arranged one week post operatively.

If there are any problems then arrangements may be made for you to visit the outpatient clinic to see a doctor.

Some frequently asked questions

When is my first clinic appointment after surgery?

You will be seen in the glaucoma clinic about one week after your surgery. Please bring all your eye drops and medications to the clinic with you.

Please do not drive yourself for this visit as you will have drops put in your eyes which will blur your vision.

It is important that you keep your appointments, please inform the clinic as soon as possible if you are unable to attend and need to rearrange the date.

Will I need new glasses?

Possibly, however, the eye is a delicate structure and it takes time to settle down. You must wait at least four weeks before attending your opticians for new glasses.

Looking after your eye at home

Eye drops

You will be given eye drops to take home along with information about how and when to use them. If you are unable to manage them yourself please discuss this with the nurse at the Pre-assessment appointment.

It is important that the drops are used correctly as instructed on the day. This includes continuing your glaucoma drops.

Hair care - for one week after the operation

Backwash only, this will avoid getting any shampoo in the eye. Do not use hairspray, perms or tints as this could cause irritation and inflammation. Avoid hood dryers.

Housework or gardening

No heavy lifting/digging, for the first six weeks after your operation, as this could cause a rise or drop of

pressure within the eye and could limit the success of your operation. Sprays and dusty environments could inflame the eye and increase the risk of infection.

When can I go back to work and when can I drive?

The surgeon will advise you at your first out-patient appointment.

How soon can I fly after surgery?

It is best to be in the country for 2 weeks following your procedure, for us to assist with any post-operative problems when needed. After that period you are able to fly short or long haul. **Please confirm this also with your surgeon on the day of your surgery.**

Could a cataract return?

No, a cataract cannot return because all or part of the lens has been removed. However in less than 10% of eyes, the capsule can become cloudy a few months or years later and causes the same problems as a cataract. This is easily treated by a Yag laser, which makes a small opening through which you will be able to see. It is a very short procedure and is performed sitting at a machine.

Important points to remember after you are discharged

- use your eye drops as instructed
- use your eye shield at night
- avoid constipation
- ask the doctor's advice if you want to fly
- wear sunglasses in sunny weather
- keep out of the wind
- wear watertight goggles when swimming, keeping your face well above the surface of the water

Things you must avoid:

- rubbing your eye
- a smoky or dusty environment
- heavy lifting
- contact sports (ask the surgeon's advice before recommencing sport)
- swimming without advice from the surgeon
- sexual relations (may be resumed gently after two weeks)

Storage of eye drops and ointments

- never share your eye drops with anyone else
- store drops and ointments in a cool place out of reach of children (only store drops in the fridge if requested to do so)
- dispose of all opened eye drops and ointments after one month

How to apply your eye-drops or ointment

1. Wash your hands to prevent infection, tilt your head back and support it on the back of a chair, or a pillow for comfort and safety. Look up at the ceiling.
2. Gently pull down the lower lid to create a pocket for ease of access.
3. Squeeze a drop or a half-inch ribbon of ointment into the pocket of the lower lid.
4. Close your eyes for a timed five minutes.
5. Remove any excess ointment gently with a clean tissue and wash your hands again.

Further questions

We hope this information is sufficient to help you decide whether to go ahead with the surgery. Please write down any questions not covered in this booklet and ask the doctor when you come to the hospital for your appointment. All our staff will always be ready and happy to give you the information you need.

This brochure is not intended as a substitute for professional medical care. Only your eye specialist can diagnose and treat eye problems.

If you have any further questions or concerns please contact:

Corneo-Plastic Unit (eye clinic)

Tel: 01342 414470 or ext 4166 for appointment queries;

01342 416782 for emergency eye problems 9.00-5.00pm

For enquiries out of hours, weekends and bank holidays, please contact Ross Tilley Ward.

Tel: 01342 414451

Further information

More information about cataracts may be found on the Royal College of Ophthalmologists:

Tel: 020 7935 0702

<https://www.rcophth.ac.uk/patients/cataract/>

For further hospital information, please visit our website:

www.qvh.nhs.uk

Please ask if you
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in larger print or an
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Corneo Plastic Unit

Issue 7 – Ref: no. 0033

Approved by the Patient Information Group

Print December 2020 - Review December 2023

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