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## CATARACT SURGERY

### INFORMATION FOR PATIENTS

#### Introduction

This leaflet gives you information that will help you decide whether to have cataract surgery. You may want to discuss it with a relative. Before you have the operation, you will be asked to sign a consent form and so it is important that you understand the leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask your doctor.

#### What is a Cataract?

A cataract is when the natural lens in your eye becomes cloudy.

It is caused by ageing, diabetes, medications such as steroids or from an eye injury.

Cataracts may cause blurred vision and difficulty focusing, sensitivity to light and glare and /or ghost images. If the cataract makes it difficult for you to see well enough to carry out your daily activities, the cataract may need to be removed. Surgery is the only way to remove a cataract. If the cataract is not removed, your vision will gradually get worse.

#### The Operation

During the operation the cloudy lens (cataract) is removed and replaced with an artificial lens implant. Cataract surgery is usually performed under light sedation and local anaesthesia that is injected around the eye to numb it. During the operation you will be asked to keep your head still, and lie as flat as possible. The operation normally takes 15-20 minutes, but may take up to 45 minutes. Most cataracts are removed by a technique called phacoemulsification, in which the surgeon makes a very small cut in the eye, softens the lens with sound waves and removes the cataract through a small tube. The back layer of the lens is left behind. An artificial lens (implant) is then inserted to replace the cataract. Sometimes a small stitch is put in the eye. At the end of the operation, a pad or shield may be put over your eye to protect it.

#### After the operation

It is normal to feel itching, sticky eyelids and mild discomfort for a while after cataract surgery. Your eye will be examined the day after surgery by your surgeon and you will be given eye drops to reduce inflammation. After a few days even mild discomfort should disappear. In most cases, healing will take about two to six weeks. Please don't rub your eyes. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 3 to 6 weeks, at which time glasses or contact lenses could be prescribed.

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**If you have any of the following please contact you doctor immediately:**

**Excessive pain**

**Loss of vision**

**Increasing redness of the eye**

### **Benefits of Surgery**

The most obvious benefits are greater clarity of vision and improved colour vision. Because lens implants are selected to compensate for existing focusing problems, most people find that their eyesight improves considerably after surgery but will need to replace their glasses. Reading glasses are usually needed after cataract surgery.

Please note that if you have another condition such as diabetes, glaucoma or age-related macular degeneration your quality of vision may still be limited even after successful surgery.

### **Possible Complications**

You should be aware that there is a small risk of complications, either during or after the operation.

#### **Some possible complications during the operation**

- Tear in the bag which holds the lens in place with disturbance of the gel 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 which may require a general anaesthetic.
- Bleeding inside the eye

#### **Some possible complications after the operation**

- Bruising of the eye or eyelids
- High pressure inside the eye
- Clouding of the cornea
- Clouding of the membrane behind the artificial lens (posterior capsular opacification):  
This is a common complication that may come on gradually after months or years. You may notice a gradual worsening in your vision or blurred vision. To treat this, the eye specialist uses a laser beam to make a small opening in the cloudy membrane in order to improve the eyesight. This is a painless outpatient procedure which normally takes only a few minutes.
- Incorrect strength or dislocation of the implant
- Swelling of the retina - macular oedema
- Detached retina which can lead to loss of sight
- Infection in the eye - endophthalmitis - which can lead to loss of sight or even loss of the eye
- Allergy to the medication used
- Glare or sensitivity to light
- Eyesight may become worse
- Ocular pain. The degree of pain may vary. This requires pain-killers, though severe pain is rare
- Double vision or blurred vision
- Blindness

However, complications are rare and in most cases can be treated effectively. In a small proportion of cases, further surgery may be needed. Very rarely some complications can result in blindness.

### **Types of Anaesthesia for Cataract Surgery**

Anaesthesia is essential for Cataract Surgery. The choice of anaesthesia used depends on the nature of surgery, your general health status and your own personal preference. Your anaesthesiologist will determine the best type of anaesthesia for your specific case. You are encouraged to ask your anaesthesiologist any questions you may have regarding the type of anaesthetic planned.

There are four main ways of providing anaesthesia:

**Topical anaesthesia** - only anaesthetic drops are used to numb the surface of the eye combined with anaesthetic solution inside the eye during the procedure. This type of anaesthesia is not suitable for everyone however and those that tend to squeeze their eyes a lot may not be the best candidates. Also if the operation is likely to be technically difficult then injection techniques are usually preferred

**Peribulbar anaesthesia** - this involves an injection of anaesthetic solution into the tissues surrounding the eye to freeze the nerves and also to stop any movement of the eye. This technique carries the potential risk of perforating the eye inadvertently as a rare complication.

**Sedation** – this involves giving you drugs into the drip to relax you and make you a bit sleepy. This is used with the topical and peribulbar anaesthesia to make you more comfortable for surgery.

**General anaesthesia** - not as common for cataract surgery as in days gone by but some patients prefer to be put to sleep for their surgery. Some people are not able to co operate with local techniques for one reason or another and therefore also need this type of anaesthetic.

**Do not drive or operate equipment for at least 24 hours** after surgery. If you leave the hospital on the day of the operation, see to it that someone else takes you home

Dr Jugadoe works in conjunction with an experienced consultant anaesthetist who will administer the anaesthetic where general or injection techniques are required and will also monitor the patients comfort during the procedure when topical anaesthetic is administered. Your preferred technique for anaesthesia will be discussed at your initial appointment and again when you come in for your operation. If you choose general anaesthesia, you may need a pre operative assessment with the anaesthetist before proceeding to make sure you are fit enough for this.

**We hope this information is sufficient to help you decide whether to go ahead with surgery.**

**Please use the space below to write down any further questions to ask the doctor when you come to the hospital for your appointment.**