

Introduction

Cataract is the clouding and hardening of the transparent lens of an eye which is responsible for focusing. Cataract surgery replaces the cloudy lens with lens implant. Alternatives are the use of contact lenses or thick aphakic glasses.

The Operation / Procedure

1. General or local anaesthesia depending on patient's condition and type of procedure.
2. A small wound is made at the margin of the cornea.
3. The lens is removed in one piece or in a number of tiny fragments.
4. Artificial intraocular lens is then inserted.
5. The wound is closed with sutures if necessary.

Preoperative Preparation

1. Admit 1 day before or on same day of this elective operation.
Avoid cosmetics and makeup on day operation. Observe eyelid hygiene to prevent post-op infection.
2. Keep fast for 6 to 8 hours before operation (Except local anaesthesia case).
3. Empty bladder and change to operation clothes before transfer to operating room.
4. Measure the axial length of the eye and curvature of the cornea for calculation of intraocular lens power.
5. Apply eye drops according to prescription, if any.
6. **Inform doctor** if you have refractive laser surgery before; systemic conditions such as hypertension, stroke, heart disease, and diabetes; taking regular medication (especially blood thinners like Aspirin or Warfarin), traditional Chinese medicine or health supplements.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation (Except local anaesthesia case), usually go home on day 2 after the operation (according to doctor's prescription).

B. Wound care

1. Eye pad or eye shield should remain in position as instructed by the doctor. Remain bed rest.
2. Avoid Eye rubbing, swimming, unnecessary straining and vigorous exercise for few week.
3. Wear clothes with buttons and not pullovers to avoid the clothes touching the operated eye and wound.
4. Avoid shampoo in the first week to prevent wound infection by dirty water.
5. Putting on dark sunglasses is desirable when you go outdoors.
6. Leave night lighting on to avoid falls when you go to toilet, as the eye pad will affect visual perception.
7. Stitches applied during the procedure may not need to be removed unless they are loosened, broken, too tight to cause excessive astigmatism, infection or irritation.

C. Diet

1. Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.
2. Take liberal amounts of vegetables, fruits and water to avoid constipation.

Possible Risks and Complications (not all possible complications are listed)

A. Anesthesia related complications

1. Cardiovascular : myocardial infarction, ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
 2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
 3. Allergic reaction and shock.
- ** Toxicity of local anaesthetic may result in serious complication although rare.

B. Procedure related complications

The operation is safe and complications uncommon apart from possible anesthetic complications.

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| 1. Poor wound healing / wound gaping | 8. Swelling and clouding of cornea |
| 2. Severe bleeding or infection inside the eye | 9. Drooping of eyelid |
| 3. Intraocular lens non-implantation, damage or dislocation, fogging that may need repositioning, removal or re-implantation | 10. High pressure in the eye |
| 4. Posterior capsule tear and loss of vitreous | 11. Retained cataract fragments |
| 5. Sympathetic endophthalmitis affecting the opposite eye | 12. Retinal detachment |
| 6. Clouding of the posterior capsule of the lens | 13. Pupil distortion |
| 7. Unexpected refractive change | 14. Macular oedema |
| | 15. Blindness |

Things to take note on discharge

1. Please follow up as instructed and comply with the medication regime such as antibiotics eye drops.
2. Time required of recovery varies from person to person. Your vision usually takes a few months to stabilize. If you have prior corneal or retinal diseases, glaucoma, uveitis or optic nerve damage, the resulting visual acuity may not be as good as expected.
3. After the procedure, refractive error is common. Also, loss of accommodation may lead to reading difficulties. Besides, wound problem may cause astigmatism. Further action like stitches removal or glasses may be required for further vision adjustment. Occasionally phenomenon of 'floaters' may be more obvious.
4. The lens capsule supporting the artificial intraocular lens implant may get fibrotic and become partially opaque, laser treatment may be required when it affects vision.
5. You should seek immediate medical attention from Eye Specialist or attend any nearby Accident and Emergency Department if you experience acute ocular symptoms like sudden eye pain or blurring of vision.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Cataract Operation and Intra-Ocular Lens Implantation" (2023)

Smart Patient: http://www.ekg.org.hk/pilic/public/Ophthal_PILIC/Ophthal_CataractOperationandIntraOcularLensImplantation_0065_eng.pdf (06-07-2023)