

ST. THOMAS EYE HOSPITAL

Mobile: 0503975365, 0246866580

Email: info@stthomaseyehospital.com

Patient Information and Agreement to Undergo Cataract Extraction

Modified from the:

North Cheshire Hospitals 

NHS Trust

Warrington Hospital, United Kingdom

Introduction:

This leaflet gives you information that will help you decide whether to have cataract surgery. You might want to discuss it with a relative or carer. Like all surgeries, before the operation, you will be asked to sign a consent form.

Intended Procedure: 1. Phacoemulsification (), 2. SICS (), 3. ECCE ()

What is cataract Surgery: This is an operation performed by an eye surgeon to remove your natural lens which has become cloudy, making it difficult for you to see well enough to carry out your usual daily activities.

The Operation: The purpose of the operation is to replace the cloudy lens (cataract) with a plastic lens (implant) inside your eye. The cataract is removed by a technique called phacoemulsification or other available techniques. In phacoemulsification, the surgeon makes a very small cut in the eye, softens the lens utilizing sound waves and removes it through a small tube. The back layer of the lens (capsule) is left behind. An artificial lens (IOL implant) is then inserted to replace the cataract. Sometimes the surgeon may encounter difficulties during the procedure and may use other approved standard techniques used to removing the cloudy lens. These are to ensure safety and a good visual outcome and may include any of the other techniques (SICS, ECCE etc) stated above.

After The Operation

It is normal to feel itching, sticky eyelids, foreign body sensation and mild discomfort for a while after cataract surgery. Some fluid discharge is common. In most cases, healing will take about four to six weeks after which new glasses can be prescribed by your optician. You'd be given oral analgesics and antibiotics immediately after the surgery. These are to control your pains (as the local anesthetic wears off) and prevent infection.

On your first post-op visit, you will be given eye drops to reduce inflammation and prevent infection. The hospital staff will explain how and when to use them. Other instructions will be given during your first post-op visit. Please do NOT rub your eye.

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms:

- Increasing pain since your last examination.
- Vision being more blurred since your last examination.
- Severe pain at anytime.

- Increasing redness of the eye.

Likelihood Of Better Vision:

The Vast Majority Of Patients Have Improved Eyesight Following 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 cataract surgery.

You will normally have a sight test by the hospital optometrist or optician 6 weeks after your operation to bring your glasses up to date.

Complications: These 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.

Common Complications: In the United Kingdom, one person in every 1000 will go blind in the operated eye as a direct result of the surgical procedure. This may be the same or slightly higher in Ghana. Below are some complications

1. Ecchymosis: bruising of eye or eyelids (quite common).
2. Eyelid droop.
3. Posterior capsule rupture and / or vitreous loss: a split in the thin back wall of the cataract which can allow communication between front and back compartments of the eye.
4. Post operative glaucoma: raised pressure in the eye for the first day or so (common). This may require temporary treatment.
5. Posterior capsular opacification: Clouding of the membrane behind the implant causing blurred vision. This may occur early or several years after cataract surgery.
6. Cystoid macular oedema: inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment. It can be severe and require prolonged treatment.
7. Refractive surprise: unexpectedly large (or different from expected) need for glasses.
8. Allergy: to drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed.

Serious but Rare Complications:

1. Dropped nucleus: Part or all of the cataract falls through a posterior capsule rupture into the back part of the eye, needing another operation to remove it.
2. Suprachoroidal haemorrhage: bleeding inside the eye which may require the operation to be suspended and possibly completed on another day.
3. Corneal decompensation: clouding of the normally clear front window of the eye.
1. Detached retina: peeling off of the seeing layer of cells within the eye.
4. Endophthalmitis: severe (usually painful) infection inside the eye. It can lead to blindness.
2. Dislocation of the implant: movement out of position of the lens implant.
5. Retinal detachments that may require additional surgery or may be inoperable. In most cases these pre-exist and are missed during the initial assessments and investigations.
6. Corneal clouding and scarring

Further procedures: May involve laser treatments and/or further surgical procedures.

Doing laser treatment after cataract surgery is very common. This is especially so among diabetics.

Further surgery may involve going to remove sutures, reposition the implanted lens, removal of cortical or nuclear lens matter, placement of a secondary lens implant among others.

What type of anesthesia is used and what are the major risk factors?: Cataract surgery is commonly performed under local (injection) anesthesia, with or without sedation. General anesthesia may be used instead in some cases. It is typically performed as an outpatient procedure.

There are some risks associated with anesthesia, whether general or local. Complications of anesthesia injections around the eye may include: perforation of the eyeball, injury to the optic nerve resulting in loss of vision, hemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory depression. General anesthesia can result in heart and breathing problems, and in very unusual and rare instances, death or diminished brain function can occur.

Patient's Acceptance of Risks:

I have read the above information (or it was read to me) and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment or surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks and benefits of the surgical procedure. I have been offered a copy of this document.

Patient's Undertaking:

Iwish to have a Cataract Operation on my.....(state "right" or "left" eye).

Patient's Signature or Right Thumb Print:

Name and Signature/RTP of Patient's Witness:

Relationship:

Date:

Counter-signed by Surgeon: