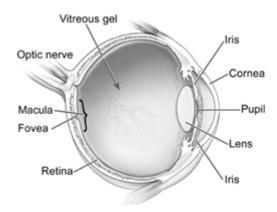
PATIENT INFORMATION

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Cataracts and Cataract Surgery

What is a cataract?

A cataract is a clouding of the lens in the eye that affects vision. The lens is a clear part of the eye that helps to focus light, or an image, on the retina at the back of the eye. The lens must be clear for the retina to receive a sharp image. If the lens is cloudy from a cataract, the image you see will be blurred.



Most cataracts are related to aging. Cataracts are very common in older people. By age 80, more than half of all Americans either have a cataract or have had cataract surgery. Cataracts also can develop in people who have other health problems, such as diabetes or alcoholism. Cataracts are sometimes linked to steroid use and to long-term exposure to sunlight. Cataracts can develop after an eye injury, sometimes years later. Some babies are born with cataracts or develop them in childhood.

A cataract can occur in either or both eyes. It cannot spread from one eye to the other.



Normal vision



The same scene as viewed by a person with cataracts

How are cataracts diagnosed?

Cataracts are detected by a thorough eye exam that includes:

- Visual acuity test: This eye chart test measures how well you see at various distances.
- Dilated eye exam: Drops are placed in your eyes to widen, or dilate, the pupils. Your eye
 care professional uses a special magnifying lens to examine your retina and optic nerve
 for signs of damage and other eye problems. After the exam, your close-up vision may
 remain blurred for several hours.
- Tonometry: An instrument measures the pressure inside the eye. Numbing drops may be applied to your eye for this test.

Your eye care professional also may do other tests to learn more about the structure and health of your eye.

How are cataracts treated?

The symptoms of early cataracts may be improved with new eyeglasses, brighter lighting, anti-glare sunglasses, or magnifying lenses. If these measures do not help, then surgery may be the only effective treatment. Surgery involves removing the cloudy lens and replacing it with an artificial lens.

A cataract needs to be removed only when vision loss interferes with your everyday activities, such as driving, reading, or watching TV. You and your eye care professional can make this decision together. Once you understand the benefits and risks of surgery, you can make an informed decision about whether cataract surgery is right for you. In most cases, delaying cataract surgery will not cause long-term damage to your eye or make the surgery more difficult. You do not have to rush into surgery.

Sometimes a cataract should be removed even if it does not cause problems with your vision. For example, a cataract should be removed if it prevents examination or treatment of another eye problem, such as age-related macular degeneration or diabetic retinopathy. If your eye care professional finds a cataract, you may not need cataract surgery for several years. In fact, you might never need cataract surgery. By having your vision tested regularly, you and your eye care professional can discuss if and when you might need treatment.

If you have cataracts in both eyes that require surgery, the surgery will be performed on each eye at separate times, usually four to eight weeks apart.

Many people who need cataract surgery also have other eye conditions, such as age-related macular degeneration or glaucoma. If you have other eye conditions in addition to cataract, talk with your doctor. Learn about the risks, benefits, alternatives, and expected results of cataract surgery.

What is cataract surgery?

In cataract surgery a small incision is made in the eye and the cloudy lens is removed. After the natural lens has been removed, it often is replaced by an artificial lens, called an intraocular lens (IOL). An IOL is a clear, plastic lens that requires no care and becomes a permanent part of your eye. Light is focused clearly by the IOL onto the retina, improving your

vision. You will not feel or see the new lens.

Some people cannot have an IOL. They may have another eye disease or have problems during surgery. For these patients, a soft contact lens, or glasses that provide high magnification, may be suggested.

Cataract removal is one of the most common operations performed in the United States. It also is one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward.

Where is it done? How long does it take?

The surgery can be done at the West Tennessee Surgery Center or at the hospital. This surgery is usually done as an outpatient. The surgery itself may last about thirty minutes. This time does not include the waiting time before surgery or the time in the recovery area afterwards.

What should I do before surgery?

- Do not eat or drink anything after midnight the night before surgery.
- If you take medicine for your heart, blood pressure, or asthma, you may take your medicine with a sip of water the morning of your surgery. If you have diabetes, please check with your doctor about whether to take your medicine before surgery.
- Bring your medicine that you are taking with you the morning of surgery.
- Your doctor may have you use some prescribed eye drops for several days before the surgery. Follow his or her instructions on how to use them.
- Lab tests may be done before your surgery. Your doctor will order these tests if needed.
- Wash your hair and face the morning of the surgery.
- You can brush your teeth that morning, but do not swallow any water.
- Do not wear makeup, jewelry, nail polish, lotions, or perfumes.
- Wear comfortable clothes.
- You must have a responsible adult to drive you home after your surgery.

What should I expect the day of surgery?

After you check in, you may be taken to a room or the pre-anesthesia unit. This area is where the nurse gets you ready for surgery. You will change into a hospital gown for your surgery. A nurse may write down your medical history. Your nurse will start an IV in your arm (a needle in your vein). You may be given some medicine through your IV to help you relax. You will be taken to surgery. Your family will be asked to go to the waiting room. Most people are not put to sleep for this surgery; however, your doctor will decide what medicine is needed.

If you are awake for your surgery, your doctor will numb your eye. Surgery staff will clean the eye with a surgical cleansing agent. You will be asked to close both eyes during this process. A plastic drape will be placed over your face. Air will be blowing under this drape. The doctor will place a lid speculum under the lids of the eye. You will not be able to close the eye until this speculum is removed after surgery.

You will see a bright light come over your eye. This is the microscope light. At this point you will need to remain as still as possible. Tell your doctor if you need to cough or sneeze. Your doctor will tell you when your surgery is beginning. You will feel touch around your face and eye. You may feel eye pressure. You should not feel pain. If you do start to feel pain, let the doctor know. Numbing drops are available immediately.

Your doctor will use a microscope and some small instruments to remove the cloudy lens and, if needed, insert the artificial lens. If an artificial lens is inserted, the natural muscles of the eye hold it in place. After surgery, you will go to the Recovery Room or straight to your own room.

What should I expect after surgery?

After surgery, you will usually stay at the facility for a least one hour. You may have to stay longer if you were put to sleep for your surgery. Your nurse will watch your blood pressure, heart rate, breathing, and oxygen level. Your family can stay with you in your room while you recover. You will be given something to drink. You may be able to eat a regular meal if your doctor allows. Let your nurse know if you have any nausea or pain. The numbness in your eye will diminish over the next few hours.

How do I care for myself at home after cataract surgery?

- Your eye may feel like it has grit or sand in it after the operation. Your eye may itch and be more sensitive to light. These feelings are normal and should gradually get better in the days after surgery. **Do not rub, scratch, or press on your eye.**
- Redness is normal for the first few days. This should get better in three to four days after surgery.
- If you are ordered to wear an eye shield, use it as directed by your doctor. Do not remove it until he or she tells you to.
- You may want to wear glasses during the daytime hours to prevent anything from touching your eye and to remind you not to touch it.
- You may want to wear sunglasses when outside. The operative eye may be more sensitive to sunlight which can cause pain.
- Avoid smoke, dust, and aerosol spray.
- It will not harm your eyes to read or watch TV.
- You may return to normal activities when your doctor allows.
- Your doctor may ask you to use eye drops to help healing and decrease the risk of infection. Ask your doctor about how to use your eye drops and use them as ordered.
- Always wash your hands before using eye drops or having your hands near your eyes for any reason.
- Try not to bend from the waist to pick up objects on the floor. Do not lift any heavy objects. You can walk, climb stairs, and do light household chores.
- · Ask your doctor when you can resume driving.
- Keep your follow-up appointment with your doctor as scheduled.

Cataract surgery slightly increases your risk of retinal detachment. One sign of a retinal detachment is a sudden increase in flashes or floaters. Floaters are little "cobwebs" or specks

that seem to float about in your field of vision. If you notice a sudden increase in floaters or flashes, see an eye care professional immediately or go to an emergency service or hospital. You may not have pain, however your eye must be examined by an eye surgeon as soon as possible. Early treatment can often prevent permanent loss of vision.

Call your doctor if:

- Over the counter medication does not relieve eye pain.
- You notice that your vision is getting worse in your affected eye.
- You see floating particles in front of the eye or flashes of light.
- You notice any increase in redness or drainage of your eye.
- You experience severe coughing, nausea or vomiting.
- You sustain injury to the eye.
- You have any other questions or concerns.