Cataract Surgery

The lens of the eye is normally transparent. If a cloudy area develops in the lens, it is called a cataract. This reduces the amount of light that passes through the lens resulting in vision that becomes increasingly poor.

Removal of a cataract is one of the most common surgical procedures performed in Australia. It has a high rate of success due to the modern methods used.

If the eye is otherwise healthy, the likelihood is that cataract surgery will restore good vision. If there is macular degeneration, glaucoma or diabetes, final vision may be limited by these conditions.

Of every 100 operations to remove a cataract, 99 will result in improved vision. Despite the benefits of modern cataract surgery, there are risks. These will be discussed later.

Causes and Symptoms
Cataracts develop as a normal part of the ageing process. By the age of 60, about half of all adults will have some cataract formation.

The earliest symptoms can begin with glare and sensitivity to bright light. Later, as the cataract continues to worsen, haloes may appear around lights. Haloes are especially noticeable when driving at night: at the same time, night vision typically decreases. Vision typically becomes more blurred, hazy and foggy. Near vision (without glasses) can improve. Colours often become duller and darker.

Treatment
Removal of a cataract is warranted when vision has worsened or if daily activities, reading, driving and hobbies are affected, or if personal safety is at risk. If vision is unaffected or only slightly affected by a cataract, treatment may be delayed.
Cataracts cannot be cured by any type of medication, eye exercise, alternative therapy, diet or glasses. Surgery is the only way to remove a cataract.

**Possible Complications of Cataract Surgery**

Any surgical procedure is associated with risks to the patient. While your doctor will make every attempt to minimise risks, complications can occur that may have permanent effects.

If one eye is blind (or has extremely poor vision), you must carefully weigh the benefits against the risk of surgery on your only “working” eye.

Serious complications following cataract extraction are not common because of the significant surgical advances in recent years.

The following possible complications are listed to inform you and not to alarm you. There may be other complications that are not listed.

- Infection inside the eye
- Bleeding and blood collection within the eye
- Excessive inflammation
- High pressure within the eye
- Retained piece of cataract in the eye
- Damage to, or dislocation of, the artificial lens
- Detachment of the retina
- Drooping eyelid
- Swelling and clouding of the cornea
- Complications can be treated, but further surgery may be required (for example, removal of the lens implant).
- Extremely rarely, blindness and loss of operated eye. Rarer still, the unoperated eye may become inflamed, with partial or total loss of vision (“sympathetic ophthalmia”).

Although most complications resolve over time, they can affect vision, sometimes permanently.

**Preparation for Surgery**

After you have decided to have cataract surgery, our clinical staff will need to measure your eye (using a low powered laser) to determine the optical power of the artificial lens.

Usually, the focus of the lens implant is fixed and cannot change. The lens implant is usually chosen for distance vision. In these cases glasses are required for reading. Rarely, the lens power may be intended for reading. Your doctor will discuss these options, and your preferences, prior to surgery.
Anaesthesia
Cataract removal is usually performed under local anaesthetic and light sedation. A specialist anaesthetist gives the anaesthetic and sedative. Cataract surgery is performed as a day-only procedure.

Modern anaesthetic drugs are safe with a few risks. However, a few people may have a serious reaction to an anaesthetic drug. Tell your anaesthetist and your doctor if you have experienced complications from anaesthetics in the past.

Surgical Techniques for the Removal of Cataracts
There are two techniques for cataract surgery which are discussed below. Your doctor will provide more detail and help you decide which one suits you.

1. **Small Incision Manual Phacoemulsification**: The most common surgical technique is phacoemulsification. This involves removing the natural lens and replacing it with an artificial lens.

Viewing the eye through a high-powered microscope placed above the patient, your doctor will make a tiny incision at the junction where the cornea meets the sclera. A small probe is inserted to divide the cloudy lens into small pieces. The pieces are gently suctioned away.

The artificial lens is usually inserted and held in place by the lens capsule. The artificial lens is also called an “intraocular lens implant”. It is a transparent, artificial disc with a shape similar to the natural lens.

The incision is normally so small that it most often requires no stitches. After surgery, the eye is covered with a pad and shield for protection.

The operation usually takes from 20 minutes.

This is done under a no gap arrangement if you have private health insurance. This means the surgeon, the anesthetist and the hospital admission costs are all covered by your private health insurance. The first two post-operative visits are also included without charge.
2. Laser-assisted cataract surgery: Recently, advancements in laser technology have allowed some parts of cataract surgery to be performed with a laser. The LensX Femtosecond Laser has been used in Sydney since approximately 2012. The laser is used to create the corneal wounds, the opening to the lens capsule, and to divide the lens. This laser ends up conducting about half of the surgery. The other half still needs to be done manually. The manual parts include sucking out the old lens and inserting the new lens. Generally final visual outcomes and safety are about the same between laser and normal cataract surgery techniques. The potential advantages of the laser are that the surgery may be gentler on the eye. The actual benefits of the laser are yet to be scientifically proven, and may be only small. There is an added expense of about $1,300 per eye for the use of the laser, and this cannot be claimed back from Medicare or private health insurance. Tell your doctor if you would like this option.

Cataract Surgery on the Second Eye
If both lenses are affected by cataracts, your doctor will usually wait until the first eye has settled before operating on your second eye.

Recovery from Cataract Surgery
After surgery, you will be moved to a quiet area to recover from the effects of the sedation and local anaesthesia, which are slight. You will be offered a drink and small snack.

Most patients are ready to leave within a few hours. Arrange for someone to drive you home. For the 24 hours after surgery, do not:
- Drive or operate heavy machinery
- Make important decisions or sign legal documents
- Drink alcohol

It is best to have someone help you for a day or so as you recover from the surgery. Your ophthalmologist or nurse may give you additions after-care instructions.

Most patients do get significant relief from pain and discomfort by using over-the-counter medicines such as paracetamol. Call your doctor if you need stronger pain relief.

The day following surgery, your doctor will want to examine your