

GLAUCOMA INSTITUTE OF AUSTIN
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**PLEASE READ AND SIGN ON THE LAST
PAGE AND BRING IT WITH YOU TO YOUR
PRE-OPAPPOINTMENT ON:**

CATARACTS AND WHAT TO EXPECT WITH CATARACT SURGERY

Introduction:

This information has been especially written for persons who have vision problems from cataracts. A cataract is not the dreaded problem it once was. For most people, the prospects of regaining good vision and resuming normal daily activities are excellent.

Over a million people undergo a cataract removal operation annually in the United States. Today, a cataract can be surgically removed with little to no discomfort. Using modern methods, poor vision from cataracts can be improved 95 percent of the time.

This information is provided to help you be as completely informed as possible in considering your decision. You have the right and are expected to ask questions about every aspect of the procedure before making up your mind.

Except for unusual problems, a cataract operation is entirely elective. Its purpose is to improve your vision. It is reasonable to consider cataract surgery only when interference with your sight causes an interference with your activities. Remember that your vision with the natural lens present within your eye, although not perfect when a light cataract is present, may have advantages over all of the man-made alternatives.

As a cataract patient, you must play a major part in the determination of when or if you should have surgery. That determination is based on your activities, comfort and personal visual needs. Only the presence of an unusual cataract may force judgment for immediate surgery.

Please read this information carefully. It is very important that you understand what a cataract is and what cataract surgery involves.

When the natural crystalline lens of the human eye becomes cloudy, it is known as a cataract. It is not a growth over the front of the eye. No one knows exactly what triggers cataract formation, although aging of the lens plays an important role; however, cataracts may form at any age. As the lens ages, it becomes less clear. Radiation, diabetes and certain medications may promote early development of cataract.

For most people, a mild cataract does not require immediate removal. Since cataracts usually occur in one eye first, and later in the other, vision is usually not completely obscured. For persons who have fine visual requirements, a mild cataract may cause enough visual difficulty to seek its early removal.

Many people with a cataract may not even realize they have one. Only when stronger glasses fail to improve vision do they begin to suspect a cataract. Others report the feeling of a film covering the eye. Still others report glare from bright sunlight, irritation, or poor vision when viewing oncoming automobile headlights at night. As cataracts develop in one eye, depth perceptions can be affected. There is no medical or nutritional method of clearing up the cataract without surgery.

When is cataract surgery necessary?

As long as you are satisfied with your vision, you should not consider cataract surgery. Cataract surgery is only indicated when the cataract becomes bad enough to limit your activities. What level of decreased vision is acceptable for you is an individual decision. It is important to realize that cataract surgery will not completely restore your vision to what it was prior to cataract formation; however, if your cataract has become significant, your vision should be significantly better after uncomplicated cataract surgery. In some regards, you can compare cataract surgery to having your automobile fixed after a wreck--if repaired correctly; it should be almost, but not quite,

like new. It is also important to keep in mind that a cataract is only one problem which may affect your vision. Obviously, if you have other problems with your eye in addition to a cataract, the other problems may limit the final vision if your cataract were removed. Finally, when considering cataract surgery, keep in mind that any type of surgery, including cataract surgery, may have complications. Every effort is made to reduce possible complications but they can never be completely eliminated (More will be discussed about complications later). Overall, the decision when to have cataract surgery should be yours.

Alternative Treatments:

I understand I may decide not to have a cataract operation after all. However, should I decide to have surgery, I understand that the following are the three available methods of restoring useful vision after cataract removal.

•Glasses:

Cataract glasses required to correct vision after conventional cataract surgery are much thicker and heavier than ordinary eyeglasses. Cataract spectacles increase the apparent size of objects by some 25 percent. Although clear vision may be obtained through the central part of the spectacles, the magnification and other distortion means that you must learn to turn your head to see clearly to either side. Because of this magnification, cataract spectacles cannot be worn if one eye has had cataract surgery and the other eye remains normal. This causes an unusual, disturbing type of double vision. Notwithstanding these inconveniences cataract glasses were, until the 1980's the most common method of correcting vision after cataract surgery.

• Contact Lenses:

Either hard or soft contact lenses cause magnification of only about 8 percent. However, handling contact lenses is difficult for some patients. Most contacts must be inserted and removed each day, and some patients find them difficult to tolerate. In addition to contact lenses, many patients find it necessary to wear glasses of normal strength to allow comfort with both near and distant vision.

- **Lens Implant:**

The artificial lens implant is a small plastic lens permanently placed inside the eye during surgery. With the implant, there is no apparent magnification of vision. In addition to a lens implant, most patients find it necessary to wear eyeglasses of normal strength to allow comfort with both near and distant vision. The United States FDA and American ophthalmologists including the doctors at the Glaucoma Institute of Austin, have concluded that lens implantation is both safe and effective for the correction of vision with cataract surgery. Available scientific data supports lens implantation as a satisfactory method of correcting the visual results of cataract surgery for all adult patients where medical contraindications are not present. At the present time, more than 95 percent of patients having surgery receive lens implants. Recently, multi-focal or pseudo accommodating implants have been approved by the FDA. These are designed to free the patient from wearing glasses for most, if not all, tasks. These implants are not for everyone. They are not fully covered by insurance and may not work well in patients with glaucoma, macular degeneration, or diabetes.

What happens when cataract surgery is desired?

Generally, when you are ready to have cataract surgery--and it is clinically indicated, arrangements are made with our surgical scheduler. My surgery is primarily performed at Seton Northwest Hospital. Cataract surgery is usually done on an outpatient basis, meaning that you arrive at the hospital the day of the procedure and then return home the same day. If you have other serious medical problems, you may or may not be able to have a cataract operation as an outpatient depending on the advice of your Internist, Family Practitioner, General Practitioner, or other medical doctor. If for any reason you have a medical complication during an outpatient procedure, you will be promptly admitted to the hospital.

The Day of the Operation:

Removing a cataract is done as an outpatient procedure in most cases. Your doctor and surgical counselor will arrange a time and place for the operation with the desire to make the procedure as convenient and comfortable as possible. The operation takes approximately 15 minutes to perform. With the modern method of removing a cataract, suction gently removes the hard center and its soft remnants thereby leaving the thin capsule or shell in place. This maintains the natural anatomy of the

eye and reduces the chances of complication associated with the older methods. The day of the operation, you will need to report directly to the Day Surgery/Outpatient department of the hospital or surgery center. Most hospitals require you to arrive approximately 1-1 ½ hours prior to your surgery. The time of your discharge depends on how you respond after surgery and your doctor's evaluation. Be sure to make arrangements prior to your admission for a responsible adult to escort you home. You may not drive yourself home from the hospital. It is recommended that you also have a driver with you the morning after surgery for your next day post-operative visit at your doctor's office. The hospital staff will give you instructions on how to take care of yourself at home. Use your eye drops as instructed. If you are experiencing pain, call your doctor. Do not drink alcohol or drive a car while you are taking pain medication.

After the Operation:

After the operation, you will use eye drops and follow your doctor's instructions and recommendations. Your vision will begin to improve shortly after the operation. Most people can resume normal activities promptly avoiding any strenuous activity that the doctor has indicated.

You will see your doctor in the office within 24 hours of your surgery. Please bring all the medications that you were given at the hospital and instructions will be given to you on how to use them. The eye medications are to be used as directed. Please check with your doctor before resuming any other medications. Plan on taking it easy for the first couple of days following cataract surgery. Your doctor will discuss exactly what activities to avoid. A few general guidelines to follow the first week following surgery are to avoid bending over at the waist, lifting anything over 10-15 pounds, straining or pushing heavy objects, rubbing your operated eye or getting any contaminated water in your operated eye. Your physician will let you know when you can discontinue these restrictions and resume normal activity.

Your eye doctor and the surgical counselor are available to assist you with questions you may have regarding any aspect of your surgery. Please do not hesitate to call.

Consent for the Operation:

You need to understand these things about cataract surgery before you consent to the operation:

- Cataract surgery itself means removal of the natural lens from the eye. Implantation of an intraocular lens is a separate step during the original cataract surgery or as a secondary operation at a later time.
- When an intraocular lens is implanted surgically, it is intended that the implant will remain permanently.
- The result of surgery can never be guaranteed.
- It is possible during surgery that circumstances may result in the decision not to implant an intraocular lens, although you have given prior permission to do so.

Every surgical procedure carries the possibility of certain risks and surgical complications--cataract surgery is no exception. The procedure I use for cataract surgery is one of the most successful and risk free techniques which has been developed; however, some individuals will invariably develop problems. Some of the more significant problems will be briefly listed. These problems are not all that may occur. These potential complications are not intended to discourage you from having surgery but to better inform you of some of the risk inherent with the procedure.

Some risks and/ or complications:

- **Anesthetic risks:** Any anesthetic, be it local or general, carries a small risk. An adverse reaction to anesthetic can range from a minor allergic reaction to persistent double vision and even an occasionally reported death.
- **Hemorrhage:** Uncontrolled bleeding from within the eye occurs very rarely. Despite aggressive treatment, if this problem does develop, most, if not all, vision or the eye may be lost permanently.

- **Infection:** Any operation carries a risk of infection developing. For this reason, antibiotic drops are used in the operated eye after surgery. However, very rarely an infection will develop within the operated eye. If a serious infection does occur, you will need to be treated aggressively-- perhaps even requiring an additional surgical procedure. Despite aggressive treatment, occasionally an eye will be lost to a serious infection.

- **Ruptured posterior capsule:** Current cataract surgical technique (phacoemulsification) requires an intact posterior capsule to be present. This posterior capsule is a normal envelope around the human lens. If this posterior capsule ruptures during cataract surgery additional surgery may need to be performed- sometimes on a different day by a posterior segment surgeon.

- **Retinal problems:** The retina is the back part of the eye, which sends the image to your brain. Some retinal problems may be present prior to cataract surgery but will go undetected until after surgery because the cataract obscures the view of the retina. Unfortunately, if a retinal problem does exist, your vision will be limited by it despite removal of the cataract. On the other hand, you are probably better off having had the cataract removed so the retina can be adequately visualized and treated if possible. Some retinal problems may develop after surgery. Of particular significance are two problems: Cystoid Macular Edema (CME), and retinal detachment. Both of these problems also occur without any preceding surgery; their association with cataract surgery is currently an area of great interest and research. CME is a condition in which the retina swells in a very small but important part of the retina, the macula. What triggers CME or who will develop it is not known. If you develop CME, your vision will be impaired to a certain degree. There is a treatment for CME which is effective in most individuals. Retinal detachment represents a separation of the retina from the rest of the eye. Should a retinal detachment occur, you would need to be treated immediately (usually surgically) to try to preserve your vision.

- **Corneal problems:** The cornea is the clear front portion, or “window,” of the eye through which you can see the iris (or colored portion of the eye). The cornea must remain crystal clear for you to see crisply. Rarely, the cornea will become very hazy, or opaque, after cataract surgery in a condition called “bullous keratopathy.” Some individuals will have preexisting corneal problems, which make this condition more likely, but some cases of bullous keratopathy occur following cataract surgery for no apparent reason. If bullous keratopathy occurs, you would need an additional surgical procedure-- a corneal transplant to obtain satisfactory vision.
- **Eyelid problems:** Occasionally an eyelid will droop after cataract surgery. Normally the drooping (ptosis) will resolve with time; however, rarely the drooping may persist and require additional surgery for correction.
- There is a small risk that a future need might arise for repositioning or removal of the implant.
- With today’s method of cataract removal in about 5-10 percent of patients there is a later clouding of a membrane behind the pupil causing reduction of vision similar to that caused originally by the cataract. In most people this is easily corrected by laser treatment.

In considering surgery in general, there are risks that must be accepted. There is the possibility of complications due to anesthesia and medication being utilized. These may affect other parts of the body in addition to the eye. It is impossible to state every complication that may occur during the course of surgical treatment. Fortunately, most problems can be corrected with further treatment.

*****PLEASE DO NOT USE ANY ASPRIN, PRESCRIPTION BLOOD THINNER, MORTRIN, ADVIL, ALEVE, NAPROSYN OR ANY FORM OF IBUPROFEN 1 WEEK PRIOR TO SURGERY. IF YOU ARE NOT SURE OF YOUR MEDICATIONS PLEASE CALL OUR OFFICE OR THE PRESCRIBING PHYSICIAN.**

Informed consent for Cataract Surgery:

The basic procedure of the proposed cataract operation, the management of possible complications, the advantages and disadvantages of the operation, and the various alternative means of treatment have been explained to me by my doctor and the surgical counselor at the Glaucoma Institute Of Austin. Although it is impossible for me to be informed of every possible complication that could occur, all of my questions have been answered to my satisfaction. I understand the disease, the surgical procedure and its possible risks, complications and benefits.

I understand that periodic visits for several months, as instructed by my doctor are required for post-operative examination of my eye.

I have decided to proceed with the surgical treatment discussed for removal of the cataract with the placement of an intraocular lens implant and consent to have Russell Hayhurst M.D. / Blythe Monheit M.D. to perform this procedure on **right eye** \ **left eye** and had an opportunity to have my questions answered.

x _____ **DATE:** _____
Patient Signature (or person authorized to sign)

_____ **DATE:** _____
Please print (Patient Name or person authorized to sign)

x _____ **DATE:** _____
Physician Signature: