



CATARACT SURGERY

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BEFORE SURGERY CHECKLIST

****If you must cancel your surgery, please call your ophthalmologist's (eye surgeon) office as soon as possible.**

- You need to call the hospital at 519-421-4220 the day before your surgery between 1:00 pm and 4:00 pm to find out the time you are supposed to arrive at the hospital (call the Friday before if your surgery is on a Monday or if your surgery is on a Tuesday after a long weekend)
- If you require an interpreter, accessible care or have any special needs please inform your surgeon's office
- Information on accessible care at Woodstock Hospital can be found on our website at: www.wgh.on.ca
- Take your eye drops as directed by your surgeon in the eye that will be operated on
- Remove contact lenses at least 5 days before surgery (3 days may be acceptable if instructed by your surgeon)
- Shower and wash your hair the day before surgery
- Avoid alcohol and smoking for at least 24 hours before and after your surgery

Consent

Before surgery you must provide your eye surgeon with a written consent to perform your cataract surgery. Your surgeon will provide you with the form.

Tests You Will Have to Prepare for Surgery

Eye measurements

When the natural lens in your eye focuses images on your retina, this is called the power of the lens. Your surgeon needs to take measurements of the length of the eye from front to back and the amount of curvature of the front surface of the eye, to calculate the power and size of the lens.

These measurements can be performed manually using sound waves to measure the length of the eye with an ultrasound. This is covered by your Ontario Health Insurance Plan (OHIP).

Alternatively, measurements using a laser can be performed with a device called the Intraocular Lens (IOL) Master which is not covered by OHIP.

One of these measurements is required for all patients undergoing cataract surgery. Your surgeon will inform you regarding the options of ultrasound versus laser and any costs involved.



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The Day of Your Surgery

What to bring with you the day of your surgery?

- Your Province of Ontario Health Card (OHIP card)
- A pair of sunglasses
- Your support person
- A case for your eye glasses
- Your eye drops

Medications

To ensure your care is as effective and safe as possible please bring all your pill bottles and medications in their original containers with you on the day of your surgery including:

- | | |
|----------------------|--------------------------------|
| • Prescription pills | • Injections including insulin |
| • Inhalers | • Vitamins |
| • Eye drops | • Herbal products |
| • Eye creams | • Over the counter pills |
| • Eye ointments | |

Please remember to:

- Remove all jewelry including: rings, watches and chains
- Wear loose fitting clothing to the hospital
- Remove makeup and avoid scented perfumes
- Wear your hearing aid if you have one
- Wear dentures and hair pieces if you have them
- Take all morning pills with a sip of water if instructed to do so
- Bring a contact name and number for an available friend or family member

Do not bring any valuables with you on the day of your surgery, including:

- Jewelry
- Credit cards
- Watches
- Cell phones
- Electronic items
- Large amounts of money
- Designer handbags or clothing

Your surgeon will provide you instructions as to whether you may eat or drink on the day of your surgery. You will be provided a locker for other belongings. Woodstock Hospital is not responsible for lost or stolen articles.

After Surgery

For approximately twenty minutes after your surgery you will be monitored in our post-operative Daycare. You will be provided a light snack. Your eye surgeon will examine you on the same day or the next day. It is very important that you keep this appointment.



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How to care for your eye after surgery

To protect your eye:

- Wear sunglasses or prescription glasses when you are awake
- Wear the shield provided when sleeping for three days after surgery or as advised by your eye surgeon
- Dampen a clean washcloth or tissue with warm water and gently wipe the secretions from your eyelid and eyelashes as needed. Do not put pressure on the eye

It can take up to one month after cataract surgery for your eye to fully heal and be ready for new prescription glasses. Continue to wear your old glasses as usual. If you feel that the old glasses are making things worse, you might want to consider calling your Optometrist's office to obtain a blank lens for temporary use in your glasses over the operated eye. When putting your glasses on, hold them by tip—ends of the arms to prevent injury to the eye.

Eye drops

You will need to apply the eye drops prescribed by your eye surgeon for a few weeks after surgery. You should apply the eye drops while lying down or sitting. Wait two to five minutes between different types of drops. Use the eye drops during the daytime, you do not have to wake up in the middle of the night to use the eye drops.

Steps for applying eye drops:

- Wash your hands
- Read the label ensuring you have the right medication
- Shake the bottle
- Tilt your head back
- Pull the lower eyelid down and look up to your eyebrow
- Squeeze the drops into your eye in the space between your lower eyelid and the eye ball (do not let the eyedropper touch your eye)
- Close your eye gently
- Wipe off any excess medication from your cheek (do not rub your eye)

What to expect after cataract surgery

You may have slight discomfort including itching for the first 24 hours after surgery. This is normal. Severe pain is extremely unusual and should be reported immediately to your eye surgeon. You may have bruising on your eye or eyelid. This will heal. It is also common to feel increased pressure in your eye on the day after surgery. As only one eye is operated on at a time, some patients will experience a feeling of being off-balance or dizzy. This may cause symptoms that require correction with glasses or cataract surgery in the other eye. Before your surgery, you may receive a sedating medication and it is common to have temporary lapses of memory, slow reaction time and impaired judgment after sedation.



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For four to six weeks after surgery you may have:

- Blurred vision
- Secretions from the eye
- Itching
- Tearing
- Feeling that something is in your eye ie an eyelash or grain of sand
- Sensitivity to light and wind

What not to do after surgery:

- Do not bump your eye
- Do not rub your eye – rubbing can cause problems with your incision and prevent proper healing
- Do not drive or operate any type of motorized vehicle for at least 24 hours after surgery or until cleared by your surgeon
- Do not play sports or swim until surgeon has said that it is okay to do so
- Do not expose yourself to dusty or dirty environments for two weeks
- Avoid making important decisions or signing legal documents for at least for 24 hours after your cataract surgery

After surgery, you may:

- Read, watch TV and use a computer as long as it is comfortable for you
- Bend down to tie your shoes with your head above your waist
- Bath or shower during the first week, but avoid getting water directly in the operated eye, let water run from the back of head and not the face and do not rub the eye to dry it
- Go for a walk
- Go to hair stylist but wear your eye shield to protect the eye
- Perform light house work ie cooking and doing dishes
- Return to work as recommended by your eye surgeon
- MUST ask your eye surgeon as to when you can start driving
- Resume sexual relations cautiously
- Not lift more than 10 pounds of weight for about one week

Warning signs to watch for:

Please call your eye surgeon's office immediately if you experience any of the following in the first week after surgery:

- Pain in the eye – a gravelly sensation is normal
- Sudden or progressive decrease of vision that is unexpected
- Increase in eye redness or secretions from the eye
- Severe nausea and vomiting
- Flashing lights, the look of cob webs and multiple floaters in front of the eyes

If it is after office hours, a weekend or holiday, please call 519-421-4211 and ask to have your surgeon paged. Alternatively you can go to an Emergency Department.



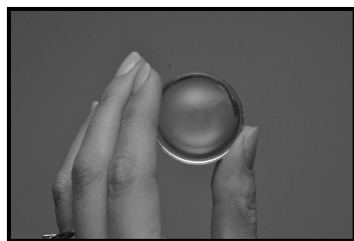
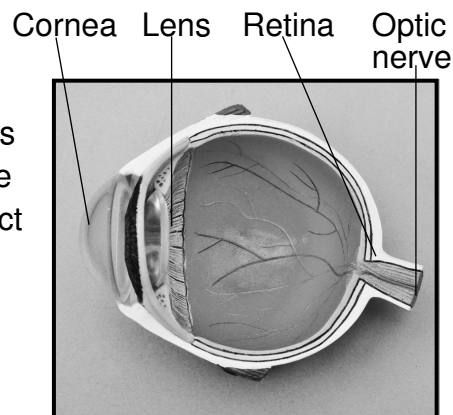
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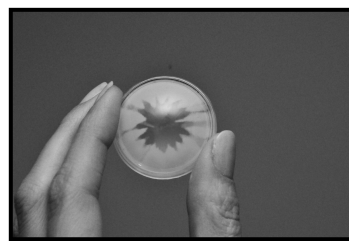
What is a Cataract?

The eye is like a camera. In a camera there is a lens that focuses images onto film. Inside your eye there is a lens that focuses images onto a structure called the retina. As people age the lens in their eye can become cloudy and hard. This is known as a cataract. A cataract is not a film over the eye and is not a growth. In addition to ageing, cataracts are more likely to happen if you have:

- Had an eye injury or eye surgery
- Diabetes
- Used certain medications over a long period of time especially steroids by mouth or as eye drops, or steroid creams used around the eyes
- Swelling in the eye (known as iritis)
- Had radiation on your head or neck
- Smoked over a long period of time
- Been exposed to ultraviolet rays from the sun
- Have poor nutrition



Normal lens



Lens with cataract

Children can be born with cataracts or develop them at an early age because of:

- No known reason, which is the most common
- Genetic disorders like Down's syndrome
- Exposure to German measles (rubella) while in the womb
- Inheritance

Cataracts do not spread from one eye to other. Normally people have cataracts in both eyes. Cataracts can be worse in one eye than the other.

Cataracts can develop slowly over several years or rapidly over a few months and symptoms of cataract can include:

- Foggy vision
- A decrease in ability to see far distances
- Seeing a glare from lights, particularly at night and especially from oncoming cars
- Difficulty in seeing street signs and traffic lights
- Double vision or multiple vision in one eye
- White pupils (in advanced stages of cataracts)



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How are cataracts diagnosed?

Cataracts are diagnosed during an eye examination with your optometrist, family doctor or ophthalmologist (eye surgeon). If you have cataracts you will be referred to an eye surgeon. Eye surgeons are doctors who specialize in eye care and eye surgery.

At your first appointment your eye surgeon will enlarge (dilate) your pupils using special eye drops. Your surgeon will examine your eyes with and without glasses and take measurements.

How are cataracts treated?

Surgery is the only way to remove a cataract. The surgery is performed as an outpatient procedure.

Generally a cataract should be removed when it interferes with your daily activities, or when vision decreases below the driving standards of 20/50 with both eyes open and wearing the best corrective lenses (glasses).

Vision is measured using an eye chart that shows letters from large to small. "Normal" vision is 20/20.

If your vision is 20/50, you see the same line of letters at a distance of 20 feet that a person with 20/20 vision would see at a distance of 50 feet.

What if you choose not to have cataract surgery?

It is your choice whether or not to have cataract surgery. Your eye surgeon will discuss all of your options with you before your surgery. If you choose not to have cataract surgery, your vision may get worse as the cataracts progress.

Your eyeglasses may not be able to help the vision loss caused by your cataracts.

What happens during a cataract surgery?

During your cataract surgery your eye surgeon will make a small opening in your eye. Through this opening they will remove your cataract (cloudy lens) with a machine designed to break the lens into small pieces. The lens will be taken out by gentle suction. The back wall of the cataract is left intact. The lens will be replaced with an artificial lens called an intraocular lens implant (IOL). The opening made for surgery usually heals without stitches, but in some cases, very fine stitches may be needed.

Will you be awake during your cataract surgery and will you feel pain?

To make you more comfortable during your surgery your eye surgeon will numb your eye with either drops or a freezing gel. You will be awake during your surgery. You may feel some pressure during surgery but should not feel any pain.



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Will your vision improve after cataract surgery?

Your eye surgeon will advise if and how much your vision will likely improve after surgery. This will be based on your eye exam before surgery and your chosen lens implant. Sometimes vision does not improve as much as planned. Cataract surgery will only restore the vision loss caused by the cataract. You may still need glasses and or contact lenses to see far distances clearly after your surgery. Most people still require reading glasses.

Can cataracts cause you to go blind?

Cataracts can cause legal blindness, but usually do not cause complete blindness. Vision lost because of your cataracts can be recovered after a successful cataract surgery. If there are other eye diseases present, only the vision lost from the cataract will return, as other pre-existing conditions will limit the maximum vision obtained. If you have questions on how you can further improve your vision after cataract surgery discuss them with your eye surgeon.

How much do you have to pay for cataract surgery?

Ministry of Health and Long-Term Care (MOHLTC) insure cataract surgery and intraocular lens (IOL) insertion. If you have a valid OHIP card, the eye surgeon, anesthetist, and hospital are not allowed to charge additional fees for cataract surgery. MOHLTC mandates that no amount can be charged to the patient for the medically necessary IOL or eye tests associated with cataract surgery. The eye surgeon must give the patient the option of receiving the medically necessary tests and IOL without charge. There are, however, specialty tests and lenses that have additional costs associated with them. Your eye surgeon will give you the available options and costs if applicable.

How long do you have to wait to have cataract surgery?

The provincial wait time target for cataract surgery is 182 days. The 182 days begins from the date your eye surgeon confirms you need cataract surgery. Your cataract surgeon will do their best to complete your surgery within this time frame. If your surgery cannot be completed within 182 days your surgeon will explain this to you and offer you the opportunity to be referred to another surgeon with a shorter wait time. However, you can elect to stay with your surgeon, if you are willing to wait longer.

For more information visit <http://www.health.gov.on.ca/en/public/programs/waittimes/default.aspx>.

What is an Intraocular Lens Implant?

Intraocular lens (IOL) implants are artificial lenses used to replace the cloudy lens (cataract) removed from your eye during surgery. This intraocular lens is necessary to focus the light on the retina (the film on the back of eye). This lens implant is permanent and you will not feel it.



Intraocular lens



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What are the differences between the standard and the specialty lenses?

The specialty lenses offered at Woodstock Hospital may correct certain optical conditions in addition to your distance vision, such as astigmatism and near vision, normally corrected with glasses after the placement of the standard lens implant. Because glasses can correct these conditions, these specialty lens implants are not considered medically necessary and as stated earlier are not covered by OHIP. Not everyone should use a specialty lens. Some lenses can affect your vision including increasing glare at night making objects difficult to see in the dark. It is important to discuss which lens is best for your vision needs with your eye surgeon. These specialty lenses are completely optional and your care will not be affected by your lens choice.

Your eye surgeon is required to:

- Explain to you all of the lens options available
- Provide you with an itemized invoice that shows additional fees you will be charged if you choose lens other than the standard IOL

What lenses are available at the Woodstock Hospital?

1) Standard IOL with aspheric optics:

Corrects most nearsightedness, farsightedness, but not astigmatism and will not allow reading without glasses. Distance vision usually requires a light prescription. Aspheric design may improve contrast sensitivity. Glasses usually required for distance and near. Often an additional charge for aspheric design at other centres, but at Woodstock Hospital, this lens is covered under OHIP.

2) Toric IOL:

Astigmatism is a football shaped cornea, which is the clear membrane covering the colored part of the eye. It causes blurred vision. Glasses, contacts or laser vision correction can treat this. The Toric lens also corrects astigmatism, usually giving good distance vision with reduced need for glasses for distance. Glasses still needed for reading. Not covered by OHIP. Your surgeon can advise you if you are a candidate for this lens and what the associated costs would be.

3) Multifocal IOL:

Allows reduced need for glasses for both distance and near. Glasses may be needed for intermediate, such as computer, or very small print. These lenses work best if both eyes are implanted. This lens is not covered by OHIP. Your surgeon can advise you if you are a candidate for this lens, and the associated costs.

4) Multifocal-Toric:

This lens combines the Toric and Multifocal design to correct astigmatism and allow for increased ability for reading. These lenses work best if both eyes are implanted. This lens is not covered by OHIP. Your surgeon can advise you if you are a candidate for this lens, and the associated costs.

NOTE: Not everyone is a candidate for specialty lenses. Multifocal lenses are associated with haloes at night, which could be permanent. THERE IS NO GUARANTEE OF FREEDOM FROM GLASSES WITH ANY LENS IMPLANT. Rarely, a secondary procedure may be required if residual glasses prescription remains after surgery.



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What are the risks of having cataract surgery?

Cataract surgery, although very successful, is not without risk. Complications from cataract surgery are very rare. However the complications can cause poor or total loss of vision and in severe cases the loss of the eye. The more serious or frequent complications include:

- **Posterior capsule rupture and or vitreous loss:** During surgery a hole can be torn in the back wall of the cataract. This is known as a posterior capsule rupture. If this happens you will need additional surgery to remove the cataract remnants. This surgery can be done during your cataract surgery but in some cases may require referral to a vitreo–retinal specialist. Your eye surgeon will decide if this is necessary. This complication is rare
- **Cystoid macular edema (CME):** After cataract surgery fluid can collect on your retina. CME can usually be treated with medication to reduce inflammation in the form of eye drops, or steroid injections around or into the eye. Patients with diabetes or who have posterior capsule rupture at the time of their cataract surgery are more prone to develop CME
- **Refractive surprise:** You may need stronger prescription in your glasses then was planned
- **Allergic reaction:** Patients can have an allergic reaction to the drops given after surgery. This reaction can cause an itchy swollen eye until the drops are changed
- **Dropped nucleus:** Sometimes during surgery, parts of the cataract, and rarely the entire cataract, can fall into the back compartment of the eye. This is a major complication and requires referral to a vitreo–retinal specialist and more surgery being done
- **Supra–choroidal hemorrhage:** In rare instances bleeding can start inside the eye during or after cataract surgery and is generally unpredictable. This can sometimes be treated with surgery
- **Corneal decompensation:** The clear surface of the eye is called the cornea and it fits the eye just like the crystal of a watch. The cornea can become cloudy after cataract surgery and may require further treatment or surgery. In very rare cases it requires its replacement
- **Detached retina:** A detached retina is a rare complication where the retina lifts from the inside back wall of your eye, just as the liner of a swimming pool lifts off if there is a hole in the liner. Detached retinas can be treated with surgery. The risk of having a detached retina increases if you are nearsighted (nearsighted means you can see images close to you clearly). In some cases detached retinas can occur weeks, months or even years after cataract surgery
- **Endophthalmitis:** One in 5000 cataract surgery patients will develop a painful infection inside the eye. This is a very serious complication and might lead to loss of vision in the eye and in some cases loss of the eye itself. When you are discharged home after your surgery, your surgeon will discuss the symptoms that might suggest the onset of the infection. If they develop you should call your surgeon immediately or go the Emergency department as soon as possible

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