



Cataract surgery

Reviewed: March 2026
Next review: March 2027
Version 10

Eye centre opening times: 7.30am-5pm

This leaflet must be read before your assessment. Bring this booklet to all appointments.

➤ About this leaflet

The purpose of this booklet is to provide you with information about your cataract surgery.

➤ Introduction

You have been referred to the NHS Golden Jubilee Eye Centre for potential cataract surgery.

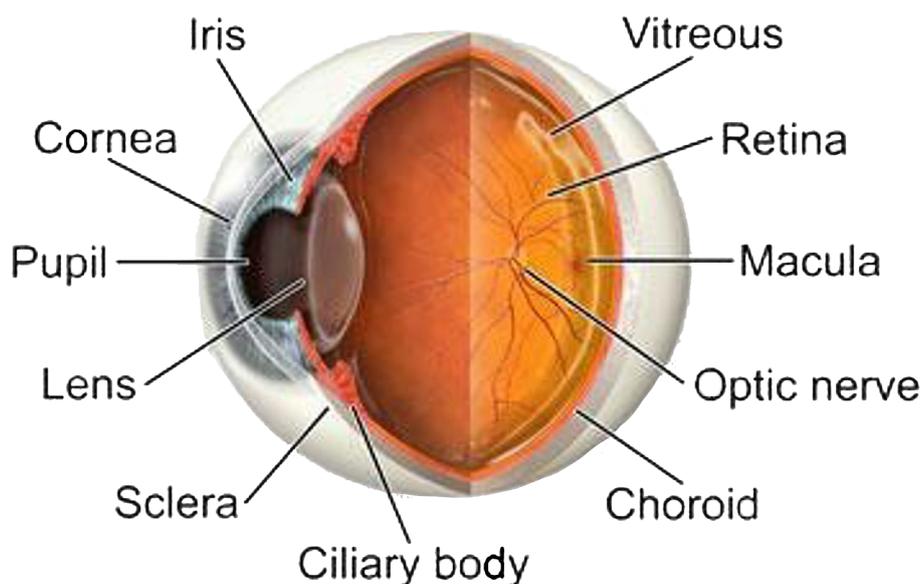
It is important that you read all of the information provided in this booklet to help prepare you for your surgery.

➤ What is a cataract?

The human eye is like a camera. One of the essential parts is the lens. The picture on the next page shows you where the lens sits inside the eye.

The lens helps focus light on the retina at the back of your eye. For the image to be sharp, the lens must be clear. The lens can become cloudy as people get older, or as a result of some medical conditions. This means that light is unable to pass through as well as before. This is called a Cataract.

Normal Eye Anatomy



In some people, cataracts can develop quickly, but is usually a slow process. It can develop in either or both eyes. As the cataract develops, your vision can become blurred. The cataract does not damage your eye, but your vision will slowly get worse. Developing a cataract can also cause glare and difficulty with night-time driving.

You do not need to have the cataract removed if you do not want to. If you decide not to have surgery, your vision may slowly get worse. However, whether you have surgery now or in a year or 2, the result will be the same. You should only have surgery if you feel you are having a lot of difficulty with important daily tasks, such as reading or driving.

Visiting the NHS Golden Jubilee Eye Centre

All of your appointments at NHS Golden Jubilee will take place in our Eye Centre.

You **must not** drive yourself to your appointment.

Please arrive **5 minutes** prior to your appointment.

On arrival to the eye centre please report to the desk in main foyer, here you will be asked your name and if you are for an outpatient appointment or for surgery. You will then be asked to take a seat, if you are waiting more than 15 minutes after your appointment time please report to the reception desk for the clinical area you require.

Wayfinding

The entrance to the Eye Centre is located to the left of the hospital main entrance.

The Eye Centre uses coloured and lettered floor lines to help you find your way around the building.

The wayfinding directory is located on the left wall of the foyer as you enter the building.

Red line B – Outpatients

Green line C – Surgery

Blue line D – Toilets

Outpatient appointments

Once Called follow **Red line B** to the Outpatients department and report to the Reception desk.

Surgery appointments

Once Called follow **Green line C** to the Theatre department area where a member of staff will check you in.

Preparing for your pre-assessment

You must not drive to or from your pre-assessment appointment or surgery.

Please note that your outpatient appointment is for pre-operative assessment only. Your cataract surgery will be scheduled for a later date.

Dilation

During your assessment we will use eye drops (Tropicamide 1% and Phenylephrine 2.5%) which will dilate (enlarge) your pupils. This allows assessment inside of your eye.

The drops take about 15 to 30 minutes to work and the effect may last up to 6 hours. Occasionally the effect may last until next day.

You should not undertake hazardous activities, such as driving, cycling or operating heavy machinery, while your vision is affected.

Having large pupils will make you more sensitive to light, especially if it is sunny, and your vision might be slightly blurred.

In the unlikely event that you experience any unusual symptoms after you have been given dilating drops, you should contact the Eye Centre (see page 19).

Unusual symptoms include pain and redness in or around your eyes, or your vision seems misty (as though you are looking through a veil or a fogged up window).

Contact lenses

Do not wear Hard or Gas permeable contact lenses for 4 weeks before your assessment.

Do not wear Soft Contact lenses for 7 days before your assessment.

Please leave your lenses out in both eyes as these can affect the detailed measurements taken during your assessment. If you have any questions about this, please call our Eye Centre Helpline.

What to bring with you

- Completed registration form.
- All of your current spectacles (distance, reading, bifocal and varifocals).
- List of medication. If you are taking Warfarin, please bring your Yellow INR result book with you to all your appointments.
- This booklet.

Your assessment visit

Please prepare to be in the department for 2-4 hours.

At your pre-operative assessment in the Outpatient Department, you will be seen by a nurse and an optometrist. You may also see an ophthalmologist (eye surgeon) before making a final decision to proceed with surgery.

You will be asked to tell us of any dates that you cannot attend for surgery, for example, if you have a holiday booked.

Interpreters

If you require an interpreter to be present at your appointment(s), please contact the Patient Coordination Centre (see page 19).

Please note that family members and friends cannot act as an interpreter.

What happens during cataract surgery?

Your operation will normally be carried out as a day case using local anaesthetic eye drops to numb the eye during the operation. Sometimes a local anaesthetic injection is given once the eye drops have taken effect. Your surgeon will discuss this with you if it is required.

You will need to lie flat for about 15-30 minutes during the surgery. Your face will be partially covered by a sterile sheet during this time. If you have difficulty lying flat, or are claustrophobic, please tell the nurse at your pre-assessment appointment. The surgery itself usually takes 10-15 minutes.

During your surgery, the surgeon uses a microscope with a bright light, so you may see some coloured lights or shadows. A lot of fluid is used to keep the eye moist and help remove the cataract. This can sometimes run down your face.

A small incision (cut) is made at the edge of the cornea to allow removal of the cataract. Once your cataract has been removed, a clear artificial lens, known as an Intraocular Lens Implant or IOL, is placed inside the eye. The wound is very small and will normally close without stitches.

Lens types

The standard implant used in the NHS is a Monofocal Spherical IOL.

With this we can aim to correct distance or near vision, but not both. It will not correct any corneal astigmatism. You will therefore need glasses for either distance or near (and in many cases, for both) and will still need glasses to correct any significant pre-existing astigmatism you may have.

There are various types of special IOLs available:

- 1. Toric IOLs** can correct corneal astigmatism and may be appropriate for patients who have significant corneal astigmatism and are keen to increase their chances of being “glasses free for distance” after surgery. There is no guarantee that this will be the case. These are available in the NHS if criteria is met.
- 2. Multifocal IOLs** can help you to see clearly both at near and distance. These are not available in the NHS.

Risks of cataract surgery

Around 95% of patients have a straightforward operation.

1 in 50 patients (2%) will have some complication which may result in a disappointing outcome, which means not as good as we had hoped for.

1 in 100 (1%) will have a more serious complication resulting in a poor outcome (poor vision in the operated eye, meaning you will rely on your other eye).

1 in 1,000 (0.1%) will have a very serious complication (blind eye).

1 in 10,000 (0.01%) will have a devastating complication (loss of the eye).

A small number of patients will have significant pain and discomfort for a few days after surgery. Some people will be at increased risk of particular complications. This will be discussed with you during your consultation.

Details of specific complications can be found on page 17.

Written consent

After reading this booklet and having discussed your operation with the Optometrist at your assessment, if you decide you wish to proceed, you will be asked to sign a consent form.

The text of what you will be signing is as follows:

To be completed by the patient.

You should read this form and the explanatory notes provided carefully. If there is anything you do not understand, ask the doctor or Optometrist for an explanation.

If the information is correct and you understand the procedure, you should sign the form.

I understand:

- The nature of the procedure, intended benefits, important risks and appropriate alternatives which has been explained to me by the Health Care Professional named above on this form.
- The procedure will not be carried out by a particular surgeon.

- The Golden Jubilee University National Hospital (GJUNH) is a training hospital, so part or all of your surgery may be performed by an ophthalmic surgeon in training, under appropriate supervision.
- That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
- That on rare occasions it may not be possible to either fully remove the cataract and / or insert an intraocular lens implant and so further surgery at a later time may be necessary.
- That I can decide at any time that I do not wish to go ahead with surgery.

I agree:

- To undergo the procedure described on this form.
- To the administration of an anaesthetic.
- To medical photography/video/diagnostic tests while in clinic and theatre for education and research and understand that my identity will not be revealed (**delete this paragraph if you do not agree**).

Preparing for cataract surgery **Cleaning your eyes**

Please clean your eye lids 2 times a day for at least 2 weeks before your surgery, including on the morning of surgery.

Instructions can be found on page 10.

Blepharitis

Blepharitis is an inflammation of the eyelid margins. This can lead to a build-up and crusting around the base of the eyelashes. It is a common cause of itchy, watery, red eyes. It is important to clean any crusts from the eyelids before and after surgery.

Eyelid hygiene

To clean your eyelids:

- Soak a clean cloth in some warm water and ring it out.
- Hold the cloth against both eyes, keeping your eyes closed, for 5-10 minutes. This softens the crusting and encourages the glands in your eyelids to open.
- You may need to re-soak the cloth in warm water to keep it hot.
- Next you can either dip a cotton wool ball into a solution of cooled, boiled water, after the hot compresses, to clean the eyes or use products designed for lid cleaning from the optometrist/pharmacy. Keep your eyelids closed and use this cotton wool ball to gently scrub the edge of your eyelids, at the base of the lashes, do not use eye make-up remover.
- Cleaning your eye lids works best straight after the hot compress.

Warfarin

If you take Warfarin, you will need to get your blood tested 2-3 days before your surgery.

If your International Normalised Ratio (INR) is 3.5 or higher, please contact your GP or warfarin clinic to try and get the INR down before your surgery. Please bring your yellow INR result booklet with you to your appointment(s).

You must only stop taking your Warfarin if your Consultant or GP has told you to do so.

Contact Lenses

Remove your contact lenses the day before surgery.

Changes in Health or Medication Treatment between clinic visit and operation

You must call the Eye Centre Helpline and ask to speak to an eye nurse if any of the following apply between your pre-assessment appointment and your surgery date:

- You have to see your GP for any new or worsening condition.
- You begin taking any new medication.
- You are admitted to hospital at any time.

Depending on the reason for admission, you may need to have a further assessment. Failure to contact us could result in your surgery being cancelled on the day.

Why might my cataract surgery be cancelled?

Your operation might be cancelled if you are not fit for surgery.

Please contact our Patient Coordination Centre if you receive your admission letter for surgery and you:

- are unwell;
- have a sticky eye;
- have an infection anywhere in your body;
- are taking antibiotics;
- are on warfarin and your INR is not within a therapeutic range;
- have to see your GP for any new or worsening condition;
- begin taking any new medication;
- are admitted to hospital at any time;
- think you may need to have a further assessment (depending on the reason for admission);
- having failed to contact us which could result in your surgery being cancelled on the day.

Day of surgery

Please take all your usual medications at the prescribed time. This includes any eye drops that you have been prescribed for other eye conditions. Clean your eyelids, following the instructions provided on page 10.

Before you come into hospital, eat a light breakfast (for a morning appointment) or a light lunch (for an afternoon appointment).

Note: please remove all make-up, facial moisturiser and nail polish before you arrive.

You must not drive yourself home.

If hospital transport has not been arranged for you, please arrange for a responsible adult to escort you home.

You will not need to undress to go to theatre. Please wear loose clean clothes (preferably something with front fastening). Often some water and cleaning fluid can soak into your collar, so avoid wearing anything that could be ruined if this happens.

What to bring with you

- Your appointment letter.
- This information booklet.
- A note of all your medication.
- An emergency contact number.
- Someone to escort you home if required.
- As you will be in for a few hours, you may want to bring something to eat.

What not to bring

- Toiletries, dressing gown or slippers.
- Valuables or jewellery (except wedding rings).
- Your medication, unless you are due to take any medication during the time you will be in the department.

Other information

Your escort will be given an approximate time to come back and collect you.

You will be admitted by a nurse and briefly see the surgeon. This may not be the same surgeon whom you saw in the clinic. The nurse will put eye drops in and place a small pellet under your lower eyelid. This will make your pupil enlarge and allow the surgeon to perform surgery.

You should be prepared to spend half a day in the hospital, the full morning or afternoon, depending on when your appointment is.

Immediately after your operation

The nurse will give you eye drops which the surgeon has prescribed and show you how to use them.

When the nurse is satisfied that you are fit, you will be allowed to go home.

You should rest on the evening of the surgery. Take your usual medications and any that you have been given by the nurse.

Recovering from surgery

How will my eye feel after the operation?

As the anaesthetic wears off, there can be a dull ache or a sharp pain in and around your eye. Your eye may also be a bit red and watery, and your vision may be very blurred. You may want to use pain relieving tablets when you get home.

It is normal to have itchy, sticky eyelids and mild discomfort for a few days. You may have a slight feeling of grittiness for several weeks, occasionally even months.

You may have an eye shield when you leave hospital. If you are required to wear an eye shield, you can remove it any time after getting home to insert your drops, after this you can leave it off until bedtime. You should wear the shield overnight for the first 4 nights.

Your eye usually settles over 2-4 weeks after the operation, although this may take slightly longer for some patients.

Ongoing care

Will my vision be normal?

The vast majority of patients have improved vision following surgery. Remember each person will recover at a different rate. It is usually several weeks before optimal vision is achieved.

You will do no harm to your eye by using your old glasses, or no glasses if you find that easier. A pair of “off the shelf” reading glasses can be helpful while you are waiting to see your optometrist.

Will I be able to read straight away?

You will need to be tested for new glasses after surgery. You should visit your Optometrist (Optician) 4-6 weeks after your surgery.

It is very important that you attend your Optometrist even if you feel you are seeing well and do not feel the need to change your glasses.

The optometrist will carry out a very important post- operative examination, without which serious problems might go undetected.

When can I drive?

You should be able to drive if you can meet the legal standards set by the Driver and Vehicle Licensing Agency (DVLA).

When can I fly?

There is nothing to prevent you flying following cataract surgery but if you are unsure, please ask our consultant for advice. However, we do advise against travelling abroad, particularly to anywhere it might be difficult to get access to high quality eye care, for a month or so after surgery.

When can I go back to work?

We normally recommend 2 weeks off work for most jobs. The nurse who discharges you will give you a Med 3 certificate (“fit note”) for your employer if required.

I need surgery on my other eye – when will this take place?

If a provisional plan for cataract surgery on your second eye was made at your initial assessment, this will be discussed again at your post-operative check, which will take place either at your own optometrist or at the Eye Clinic.

What to do and not do after your cataract surgery

You can carry on with most daily activities after your surgery, in discharge you will be given an instruction leaflet on activities to avoid.

Possible problems

Cataract surgery is generally very successful. There are a few things that you should look out for after the surgery.

If you develop any of these symptoms you should contact the Eye Centre Helpline:

- Pain or headache in and around the eye which gets worse over time or is not relieved by simple painkillers like Paracetamol.
- Increasing blurriness, flashing lights, or loss of vision in the operated eye.
- Thick green or yellow discharge coming from the eye.
- Nausea and/or vomiting.

Specific complications

1 in 50 patients

Cystoid Macular Oedema – This is a swelling of the retina at the back of the eye. In the majority of cases, the effect on vision is mild and completely resolves in a few months.

1 in 100 patients

Posterior Capsule Rupture – A tear in the capsule of the lens which can make complete removal of the lens and insertion of an intraocular lens (IOL) difficult and on very rare occasions impossible. In that event, a second operation may be required.

Most patients make an excellent recovery, although vision may take a bit longer to recover. Some pain in the first 24 to 48 hours should be expected after surgery. This complication increases the risk of cystoid macular oedema, retinal detachment and infection.

1 in 100 patients

Retinal Detachment – is when the thin layer at the back of your eye (retina) becomes loose. It needs to be treated quickly to stop it permanently affecting your sight.

Corneal Abrasion – caused by fluids or instruments touching the surface of the eye during surgery. Can cause considerable pain immediately after the operation but usually settles within 24 hours or so without treatment other than painkillers.

Refractive surprise – we take measurements of your eye from which we calculate the strength of intraocular lens to insert. This is not an exact science and there can be a significant difference between your actual final refraction and what we planned for. This means we can't guarantee you will be glasses free after surgery.

1 in 300 patients

Persistent Corneal Oedema – the front of your eye can become cloudy. More common in very elderly patients, if there is an underlying corneal disease or if the cataract is very hard. A mild degree of corneal oedema is common but usually clears quickly. If permanent, corneal transplantation may be necessary.

1 in 1,000 patients

Endophthalmitis (infection within the eye) – more likely in patients with poorly controlled diabetes. Usually develops within a few days of surgery, with worsening vision and pain. Most cases can be treated successfully and with prompt treatment, vision is retained.

1 in 10,000 patients

Loss of eye – if any of the above serious complications lead to a completely blind eye with chronic pain, removal of the eye may be recommended to control the pain. The final cosmetic result is usually very good.

Royal College of Ophthalmology. Figures suggest an incidence of 0.1 % on when patients may require further surgery, either here or back at your local hospital.

How to put eye drops in

1. Wash your hands.
2. Open the bottle and discard the seal if using it for the first time.
3. Tilt your head backwards.
4. Rest the neck of the bottle on the bridge of your nose at a downward angle.
5. With your other hand, pull down the bottom eyelid.
6. Squeeze the bottle until the drop enters the eye.
7. Put the cap back on the bottle.
8. Wash your hands.

Useful contacts

Golden Jubilee University National Hospital switchboard
0141 951 5000

NHS Golden Jubilee Patient Coordination Centre
0141 951 5266 – option 2 for Ophthalmology

NHS Golden Jubilee Eye Centre Helpline
(Monday to Friday, 8.30am-5pm)
07966 140 784

If you have an emergency outside of office hours that cannot wait until the next working day, you can call your local NHS Board using the relevant number provided below.

Greater Glasgow & Clyde
0141 211 3238 (Eye ward 1C)

Forth Valley
01324 566 000 ask to be put through to the on-call Ophthalmologist

Ayrshire & Arran
01292 610 555 ask to be put through to the on-call Ophthalmologist

Lothian
0131 536 1172 (Ward E2)

Grampian
01224 552 011 ask to be put through to the on-call Ophthalmologist

Lanarkshire
01355 584 700 Nurse in charge – Emergency department

Tayside
01382 633 824 – 7 days 8am-8pm
01382 633 825 – 7 days 8pm-8am

