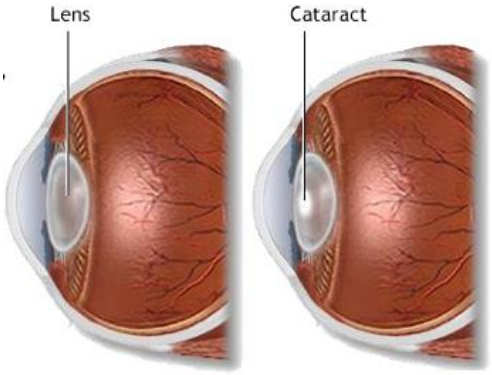
CONTACT DETAILS
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Cataract

This leaflet provides information about cataracts. It focuses mainly on the most common type of cataract: age-related cataract.

What is a cataract?

At the front of the eye, just behind the pupil, there is a clear and transparent natural lens. As we get older, this lens becomes less transparent. As a result, things may appear blurred and colours may look less vivid. This clouding of the natural lens is called a cataract. It is a common part of ageing.



Causes

There are several types of cataract:

- age-related cataract;
- congenital cataract;
- cataract caused by disease or damage to the eye.

What are the symptoms?

Age-related cataract is a 'normal' ageing process. Some people notice clouding of the lens from around the age of forty, but the first symptoms usually develop later.
Whether you notice symptoms depends on where the clouding develops in the lens and how extensive it is. If the cloudy area is in or near the centre of the lens, symptoms may develop quite quickly. For example, you may experience blurred or double vision, colours may appear duller, or you may become sensitive to bright lights or glare. If you suddenly need much stronger or weaker glasses within a short period of time, this may also be a sign of age-related cataract. Eventually, changing your glasses will no longer improve your vision. Cataracts generally progress over time, causing your vision to gradually deteriorate. You will then need to see an ophthalmologist.

If your vision is still good enough to carry out your daily activities, hobbies and tasks such as driving without difficulty, treatment is not yet necessary. Surgery does not need to be performed immediately. However, it is realistic to expect that cataract surgery may be needed in the future. Cataracts do not improve on their own and vision will gradually deteriorate. Once an early cataract has been diagnosed, a check-up is needed if your symptoms become worse. When the cataract begins to interfere too much with your daily life, your vision can be improved with cataract surgery. You can decide on the appropriate timing together with your ophthalmologist or optometrist.

How is a cataract diagnosed?

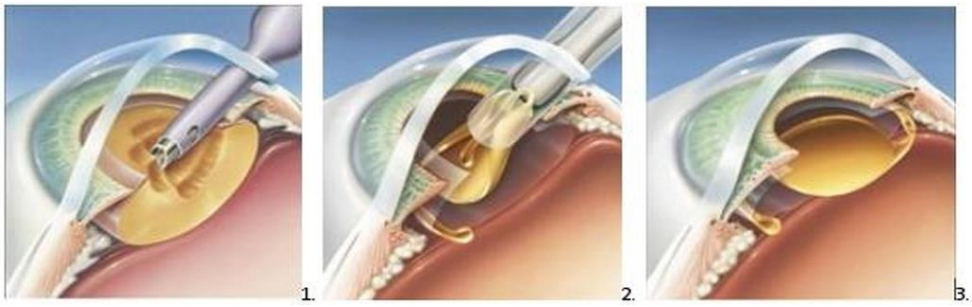
To determine whether you have an age-related cataract, the ophthalmologist or optometrist examines your eyes using a slit lamp. This lamp produces a narrow beam of light that allows the front part of the eye, where the natural lens is located, to be examined. The ophthalmologist can use the slit lamp to see whether the lens is cloudy and, if so, how far the cataract has developed. The ophthalmologist will also assess your vision and check whether the rest of your eyes are healthy.

How is a cataract treated?

Age-related cataracts can be treated effectively. If the rest of the eye is healthy, cataract surgery can restore vision almost completely. The operation is performed as a day procedure under local anaesthesia, usually with eye drops and sometimes with an injection around the eye. During the operation, the ophthalmologist removes your cloudy natural lens and replaces it with a clear artificial intraocular lens (IOL). This artificial lens will normally remain in your eye for the rest of your life. Cataract surgery is one of the most commonly performed operations worldwide. It can also be safely performed in people of a very advanced age. Surgery is the only effective treatment for age-related cataract. There are no medicines that can cure cataracts**.**

During the operation

The cloudy natural lens is removed using ultrasound. This is done through an opening of a few millimetres in the cornea (Figure 1). The artificial lens is then placed inside the remaining lens capsule (Figures 2 and 3).



After the operation

During the first few days, the cornea may still be slightly cloudy, which means your vision may not yet be clear. This is a normal consequence of the operation. After surgery, you will need to use eye drops. Please follow the instructions given by your ophthalmologist. Your ophthalmologist will also explain any other precautions you should take after surgery. Patients who were already using eye drops to lower their eye pressure before surgery should continue using them after surgery, unless their ophthalmologist specifically advises otherwise.

Remaining spectacle prescription after cataract surgery

In general, we aim to make patients as independent of glasses as possible after cataract surgery. Before the operation, measurements are therefore taken to calculate the appropriate strength of the artificial lens. The aim is to minimise the need for distance glasses after surgery.

However, the ophthalmologist can never guarantee 100% that you will be able to see clearly without glasses, even after a perfectly performed operation. Reading glasses are usually still required. In some situations, you and your ophthalmologist may decide to aim for good near vision without glasses after

surgery. In that case, however, you will need glasses for distance vision. This choice depends, among other things, on your prescription before surgery and your reading habits.

After surgery on the first eye, your spectacle prescription may have changed considerably. During your first follow-up appointment, discuss with the optometrist whether your existing glasses need to be adjusted. If there is a large difference between your two eyes, discuss the available options with the optometrist.

Special intraocular lenses

In recent years, special intraocular lenses have been developed to make patients even less dependent on glasses after cataract surgery. These include toric intraocular lenses, which are designed to reduce or even eliminate the cylindrical correction required for astigmatism. There are also multifocal intraocular lenses. Like multifocal glasses, these lenses are designed to improve both distance and near vision. Their aim is to reduce dependence on glasses for both distance and near vision. These special lenses are not suitable for everyone. They can have specific side effects, such as coloured rings around light sources or glare. In some situations, reading glasses may still be required. These lenses are not used everywhere. Because special lenses are not covered by standard insured healthcare, an additional payment is often required. You should expect to pay several hundred euros or more per eye. If you are interested in special intraocular lenses and do not object to a possible additional charge, please ask your ophthalmologist about the options available in your situation.

Risks of cataract surgery

In general, the risk of complications from cataract surgery is low. Bleeding or infection can cause permanent deterioration of vision. The risk is very small: approximately 1–2 cases per 1,000 operations. If you notice that your vision becomes significantly worse after cataract surgery and your eye becomes increasingly red and painful, you should contact your ophthalmologist or the ophthalmologist on call immediately. In approximately 1–2 out of every 100 operations, the procedure is technically more difficult than expected.

In some cases, you will not notice this and the eye will recover just as well as after an uncomplicated procedure. In other cases, recovery may take longer, although the final vision may still be very good.

In rare cases, it may not be possible to remove all of the lens material or to insert the artificial lens during the initial operation. Very occasionally, a second operation on the same eye may then be necessary.

Temporary problems after surgery, which usually respond well to eye drops and/or tablets, include:

- increased eye pressure, which may sometimes cause pain;
- swelling of the macula, which may cause a reduction in visual acuity.

After cataract surgery, there is also an increased risk of retinal detachment. If you see flashes of light and/or moving spots, or experience an increasing loss of part of your visual field, please contact your ophthalmologist.

What is posterior capsule opacification?

After cataract surgery, new clouding can sometimes develop. It may seem as though the cataract has returned. This is called posterior capsule opacification (PCO), sometimes referred to as a secondary cataract. It usually develops several months or years after cataract surgery. PCO can be treated using a YAG laser. During this treatment, an opening is made in the cloudy capsule. The treatment is painless. Usually, you will only hear clicking sounds and see flashes of light.

How is cataract surgery performed at Maashorst Oogkliniek?

Once you and your ophthalmologist have decided to proceed with cataract surgery, you will have a pre-operative assessment with an ophthalmologist or, if you prefer, with the surgeon who will perform the operation.

When you are registered for cataract surgery, you will sign a consent form for the pharmacy. On the day of surgery, you will receive a bag containing the medicines you will need. The contents of this bag are listed below. If you think you will not be able to administer your own eye drops after surgery, please arrange for someone to help you. For example, you could arrange assistance from a home care organisation in your area.

The pharmacy will check whether the medicines required for your cataract surgery can be safely used alongside any other medicines you are taking. If necessary, the pharmacist will provide additional information about how to use the medicines. In most cases, you will receive an information letter.

Contents of the bag

- 1 bottle of Predforte eye drops (prednisolone)
- 1 bottle of Yellox eye drops (bromfenac)
- 1 tablet of Diamox 250 mg (acetazolamide)
- Cataract leaflet
- Eye drop schedule

Important

- You are not allowed to drive yourself home after the operation. Please arrange for someone to collect you after surgery.
- After surgery, you must use your eye drops as prescribed by the ophthalmologist. If you already know before the operation that you will not be able to administer the drops yourself, please arrange assistance in advance.
- Leave your jewellery at home. For hygiene reasons in the operating theatre, all rings (including your wedding ring), piercings and earrings must be removed before surgery. There is no safe available on the ward.
- Do not wear make-up. During the operation, the colour of your face needs to be monitored. Make-up can interfere with this.

Do I need to fast?

You do not need to fast for this operation. This means that you may eat and drink as usual before coming to the clinic. You may also take your regular medication as usual.

Day of surgery

Arriving at the Schijndel location

At the agreed time, please report to reception or take a seat in the waiting room at Medisch Centrum Schijndel.

Address:
Medisch Centrum Schijndel
Steeg 6
5482 WN Schijndel
The Netherlands

Preparation

A number of preparations for the operation will take place in the preparation room. You will be given eye drops to dilate your pupil. You may keep your clothes on during the operation. You will be given a surgical cap. A member of the surgical team will collect you when it is your turn. Please allow for a total stay of approximately 1.5 to 2 hours at our clinic.

Anaesthesia

Before the procedure, you will be given a local anaesthetic. In most cases, anaesthetic eye drops are used. Sometimes an injection around the eye may be necessary. If this applies to you, the treating doctor will discuss this with you beforehand.

Anaesthetic eye drops

Cataract surgery is almost always performed under local anaesthesia. It is important that you are able to lie still and flat on your back for approximately 30 minutes. Just before surgery, you will receive the first anaesthetic drop in the eye to be operated on. You will then be taken to the operating theatre, where the surgical assistant will administer several more anaesthetic eye drops. The operation is generally painless. If you do experience discomfort or pain, additional pain relief can be given if necessary.

Anaesthetic injection (if applicable)

The ophthalmologist administers the anaesthetic through an injection beside and slightly below your eye. The injection can be painful, but this only lasts for a very short time. Afterwards, your eye will become numb and immobile. You will no longer feel pain and you will not be able to move your eye. You may also temporarily lose vision in the eye while the anaesthetic is working. A pressure pad will be placed over your eye to help the anaesthetic take effect. It is held in place with a strap around your head and remains in place for approximately 10 minutes. The injection is given in the preparation room. Once the eye is properly anaesthetised, a member of the surgical team will take you to the operating theatre.

The operation

During the operation, the ophthalmologist removes the cloudy natural lens from your eye and replaces it with an artificial lens (intraocular lens). You will be covered with a surgical drape, leaving only the eye being operated on exposed. You will remain in the same chair throughout the procedure, lying completely flat on your back.

After the operation

Your eye should not be painful, although you may experience some irritation. After cataract surgery, we no longer apply or provide an eye shield. You therefore do not need to cover the operated eye after treatment. You will, of course, receive instructions about aftercare and the use of your eye drops.

Four hours after the operation, take one Diamox (acetazolamide) 250 mg tablet with a little water. This tablet lowers the pressure inside the eye. The following morning, start using the eye drops according to your eye drop schedule. You will receive a separate form containing this schedule to take home.

Approximately 4 weeks after cataract surgery, you will have a final follow-up appointment with an optometrist. Your spectacle prescription will also be measured during this appointment. During the first week after surgery, your eye may feel slightly irritated and may water more than usual. It may feel as though there is sand in your eye. This will gradually improve. If your eye remains uncomfortable, you may take a painkiller such as paracetamol. Some patients see very well immediately after surgery, while others experience blurred or hazy vision for some time. This usually resolves on its own and is part of the normal healing process.

Advice for at home

- Do not allow water to get into the eye for the first 3 weeks. Be careful when washing your hair.
- Do not swim during this period.
- Do not rub your eye during the first 2 weeks after surgery.
- Be careful when bending over and/or lifting. Do not overdo it.
- You may cycle or drive again once your vision with both eyes is sufficient, after consulting your optometrist or ophthalmologist.
- Do not wear make-up on the operated eye for 2 weeks.
- You may travel by air if there were no complications during the operation.
- Use your eye drops for 4 weeks.
- Never touch your eye with the tip of the eye drop bottle and do not press on the eye.
- When administering the drops, gently pull down the lower eyelid (see eye drop instructions). Accidentally using an extra drop is not harmful.
- The drops do not have to be administered at exact times. It is only important to spread them as evenly as possible throughout the day.
- If you use two different eye drops, leave at least 5 minutes between them.
- If you use glaucoma medication, restart it the day after surgery in the usual way.
- You may resume your normal daily activities the day after surgery, after consulting your optometrist or ophthalmologist.

When should you contact us?

Please contact us if any of the following occurs during the first week after surgery:

- severe or increasing eye pain that does not respond to paracetamol;
- increasing redness of the operated eye;
- a sudden significant reduction in vision in the operated eye;
- nausea and vomiting;
- flashes of light with moving spots or a loss of part of your visual field.

Eye drop schedule after cataract surgery at Maashorst Oogkliniek

The dosage and duration of the eye drop schedule may vary from person to person.

You may choose the order in which you use the drops, as long as there is an interval of at least 5 minutes between the two different eye drops.

Diamox: Take 1 tablet 4 hours after surgery
Predforte eye drops: Use twice a day for 4 weeks Yellox eye drops: Use twice a day for 4 weeks

How to administer your eye drops

- Wash your hands thoroughly.
- Tilt your head backwards and look up.
- Gently pull down your lower eyelid.
- Hold the eye drop bottle vertically above your eye.
- Let one drop fall onto the eye or into the inside of the lower eyelid. If two drops accidentally enter the eye, this is not harmful; the excess fluid will simply run out.
- Close your eye and gently press the tear duct at the inner corner of your lower eyelid with your finger.
- Do not touch your eye with the bottle.

If necessary, you can purchase an eye drop aid.
These are available from your pharmacy.



Do you have any questions?

Not all information in this leaflet will necessarily apply to your individual situation. If you have any questions after reading this leaflet, please contact Maashorst Oogkliniek.

Maashorst Oogkliniek can be reached on working days from 8:15 am to 12:15 pm and from 1:00 pm to 5:00 pm on: **0413 – 39 33 33.**

For urgent matters outside office hours, please call: **0413 – 39 33 00.**

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