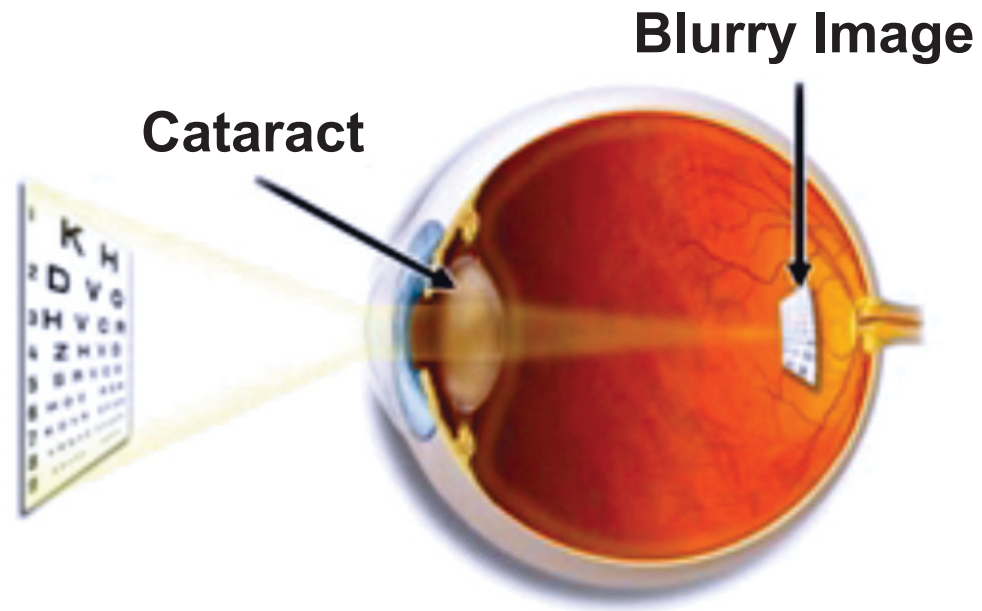


CATARACT

Information for Patients/Guardians



What is a cataract?

A cataract is the clouding of the normally clear and transparent lens of the eye. This clouding usually occurs with age, but it can also be caused by hereditary conditions, diabetes, long-standing inflammation, trauma, or certain medications.

The lens

The lens is a transparent, flexible structure near the front of the eyeball that focuses light rays onto the retina at the back of the eye. Light passes through the lens to produce a sharp image on the retina.

Symptoms of cataracts

- Dim or blurred vision
- Halos or glare around lights
- Poor vision in bright light
- Double vision
- Colours appearing dull or faded
- Frequent need for changing glasses or cleaning them
- Difficulty in driving or reading

How is a cataract diagnosed?

An ophthalmologist examines the eye using various instruments that illuminate and magnify its structures. This helps determine the size, type, and location of the cataract.

Can cataracts be prevented?

Currently, there are no medications or eye drops proven to prevent cataracts.

How are cataracts treated?

Cataracts cannot be treated with medication, eye drops, or dietary changes. Surgery is the only effective treatment. The most common surgical technique is phacoemulsification, where the cloudy lens is removed and replaced with an intraocular lens (IOL).

Do I need an intraocular lens?

Yes. An IOL is more convenient than other methods of lens replacement, such as contact lenses or thick glasses.

Can I just change my glasses to improve my vision?

No. Glasses help focus light but cannot clear the clouded lens. It's like trying to see through a dirty window-no matter how good your glasses are, they won't remove the obstruction.

When should I have cataract surgery?

The timing of surgery depends on the ophthalmologist's examination and how much the cataract affects your daily life.

Phacoemulsification Surgery

What is phacoemulsification?

Phacoemulsification (or "phaco") is a modern cataract surgery technique in which the cloudy lens is broken into tiny particles and removed through suction via a small incision (about 2.7 mm or less). No stitches are needed because the natural pressure in the eye seals the small opening. In contrast, traditional surgical techniques involve removing the lens in one piece through a relatively larger incision, which requires stitches to close.

Advantages of phacoemulsification

- Faster recovery of vision
- Clearer vision within days instead of weeks or months
- Same-day discharge (daycare surgery)

Are there any risks?

Like any surgical procedure, cataract surgery has risks. However, phacoemulsification is one of the safest surgeries worldwide, with a 99% success rate.

Is laser used in this procedure?

No, lasers are not used in standard phacoemulsification.

Is the procedure painful?

The procedure is nearly painless. Some discomfort may be felt due to the instrument used to keep the eye open, but this is temporary. Minor irritation after surgery is also possible but usually short-lived.

Is general anaesthesia required?

No. Since the surgery is quick, local or topical anaesthesia is used:

- Local anaesthesia: An injection is given to numb the eye and prevent movement.
- Topical anaesthesia: Numbing eye drops are used, and the patient must keep the eye steady during surgery.

Preoperative Preparations

Once your doctor recommends cataract surgery, the following steps will be taken:

- The eye clinic staff will explain the procedure in detail.
- You can choose a surgery date that suits you.
- The surgeon will calculate your lens power to determine the appropriate type of intraocular lens (monofocal, multifocal, etc.).
- You will need a biometry test at the eye clinic.
- Paperwork will be completed, including consent forms.
- You will receive a prescription for preoperative eye drops (to be applied four times a day starting one day before surgery).
- If you take blood thinners, you may need to stop them 5-7 days before surgery. Consult your physician before discontinuing any medication.
- If you have glaucoma, stop using glaucoma medication for four weeks post-surgery (consult your doctor for guidance).
- Since local anaesthesia is used, you can eat a light meal before surgery. Continue taking any prescribed medication for conditions such as hypertension, diabetes, or asthma.
- Do not apply makeup or lotions around the eyes before surgery.
- The theatre team will confirm your surgery time one day before the procedure. Ensure your contact details are updated in the system.
- If you experience redness, pain, excessive watering, or swelling before surgery, contact your ophthalmologist immediately.

On the Day of Surgery

- Bring the forms and prescribed medications provided by the eye clinic.
- Arrive at the Surgical Day Care Suite (SDC) at the scheduled time.
- After registration and changing clothes, a nurse will conduct an initial assessment.
- Eye drops will be instilled every 10-15 minutes to dilate the pupils.
- Once the pupil is dilated, you will be taken to the operating room.
- The surgeon will administer local anaesthesia beneath the eyeball or use topical anaesthesia with numbing drops.

After the Surgery

- You will be observed for a short period to ensure your safety.
- Your eye will be padded for 2-4 hours or longer, depending on your condition.
- You will receive post-operative instructions before discharge.
- You should arrange for someone to accompany you home.

Will I need glasses after surgery?

Most patients do not need glasses for distance vision, but reading glasses may still be necessary. Patients with cylindrical vision issues may require prescription glasses, as intraocular lenses do not correct astigmatism.

Can I wear my old glasses after surgery?

You may wear your old glasses temporarily until a new prescription is given about four weeks post-surgery. However, the previous glasses will no longer be suitable for the operated eye.

Are both eyes operated on at the same time?

No. It is preferable to operate on one eye at a time, with a gap of a few days between procedures.

How long will it take for my vision to improve?

Most patients see improvement within days, but if the cataract was very advanced before surgery, recovery may take a week or more.

How long will I stay at the hospital?

Approximately 4-6 hours from admission to discharge.

First 24 Hours After the Operation

- Protect your eye from dust and pollution.
- Avoid rubbing or squeezing your eye.
- Wear sunglasses if sunlight makes you uncomfortable.
- You may wash your face from the next day, ensuring that water does not enter the operated eye.
- You can take a bath and wash your hair from the next day but avoid water splashing into the eye.
- You can read and watch TV immediately after the operation.
- You can travel the same day using any means of transportation.
- You may return to work from the next day with your doctor's approval.
- You can bend down and perform prayers.
- There are no dietary restrictions; you may continue your routine diet.
- Wear the protective eye shield at night for the first week to prevent accidental rubbing during sleep.
- Once the eye pad is removed, instil eye drops as prescribed.

Medication:

- Use the prescribed eye medication as directed by your doctor.
- Wash your hands before instilling eye drops.
- Ensure you have a fresh supply of eye drops before they run out.
- Maintain a five-minute gap between different eye drops.
- Do not share your eye drops with others.
- For mild pain, you may take a mild analgesic (painkiller).

First Post-Op Day Instructions (To Be Followed for Four Weeks):

- Follow your prescribed eye drops routine.
- Resume your normal daily activities.
- Restart aspirin or other blood-thinning medication if the other eye does not need surgery soon.
- You may cook, travel, pray, read, return to work, and watch TV.
- You may colour your hair.
- Avoid using eye makeup for four weeks.

- You can drive once you feel visually comfortable. However, be mindful that distance judgment may change post-surgery and takes time to adjust.
- If you experience a pricking sensation or feel as if there is a foreign body in your eye, you may safely use artificial tears.

It is very important to start washing your face, including your eyelids (with your eyes shut), from the day after surgery.

- Close your eyes, use mild soap, and gently clean your lashes.
- Rinse thoroughly with plenty of water. This helps prevent the accumulation of eye drop residue on the eyelids, which can cause excessive oily discharge in the eye.

Do not be disappointed if there is no immediate improvement in your vision after the operation. It may take a few weeks for your vision to stabilise. Recovery time varies depending on the stage of the cataract. The more advanced or harder the cataract, the slower the recovery.

Please note: Cataract surgery will not correct poor vision caused by other eye conditions such as macular degeneration, glaucoma, or diabetic eye disease.

Follow-Up Visits

Typically, we schedule follow-up appointments one day and one week after the surgery. These visits are extremely important, as the ophthalmologist will assess your progress and adjust your medications accordingly to ensure the best possible outcome.

Temporary glasses may be prescribed around two weeks after the surgery.

It is essential that you attend all follow-up appointments so your doctor can monitor your recovery and make necessary changes to your treatment plan, including your eye drops.

Normal Symptoms

These symptoms are common and usually not a cause for concern:

- Slight redness
- Bruising around the eye
- Watering of the eye
- Mild pricking or foreign body sensation in the operated eye

- Seeing red or pink halos
- Double vision
- Bright colours with a blue tinge
- Tingling or twitching sensation


Your vision may be blurred for the first 8–10 hours after surgery due to the effects of local anaesthesia and pupil dilation.


Alarming Symptoms

Contact your doctor immediately if you experience:

- Excessive pain not relieved by painkillers
- Increasing redness or discharge from the eye
- High fever
- Nausea or vomiting
- Progressive or sudden decrease in vision
- Flashes of light in darkness from the operated eye

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