

Cataract Surgery

This material will help you understand what to expect with your cataract surgery.

What should I expect before I have cataract surgery?

If you and your eye doctor decide that it is time for cataract surgery, your doctor will take special measurements of your eye to determine the strength of the lens implant that is best for you.

You will also discuss the types of lens implant options that are available. Most people prefer an implant that gives them the best possible distance vision with the least need for glasses. They often wear "cheaters" or over the counter reading glasses for near vision. Some people choose better near vision but continue wearing glasses for distance vision. Other people choose a premium lens that can decrease the need for glasses, but has an out-of-pocket cost above your regular deductible. Your eye doctor will discuss all of these different options with you.

Before surgery you may have a physical to prepare for anesthesia. They may need to check an electrocardiogram (EKG) for your heart and do some blood work as well. The operating room will call you 24 hours prior to surgery to give you your surgical time. The operating room nurse will go over any questions you may have and tell you what time you will need to stop eating and drinking to prepare for surgery. The nurse will also let you know if you should not take any of your regular morning medications. If s/he does not say *not* to take one of your morning medications, you can assume that you should take all of your regular morning medications with small sips of water but without anything to eat.

What should I expect on the day of my cataract surgery?

On the day of surgery, be sure to arrange a responsible adult to come with you, stay during surgery, and go back home with you. You will arrive at the Kellogg Eye Center and go up to the 4^{th} floor to check in. You will change into a patient gown, have an IV placed, and meet the nurses, anesthesiologists, and operating room team. We will take you back to the operating room and lie you down flat. We will numb the eye with special drops and the anesthesiologist will give you relaxing medicines through your IV. The surgery takes about an hour.

You will be awake for your surgery and we will ask that you focus on the light in the microscope. Even though you are awake, you will not be able to see the surgery itself. Most patients tell us they see lights and colors. We will hold your eyelid open with a special instrument so that you will not need to worry about keeping it open. You will be able to talk to us and let us know if you are uncomfortable. We can give you additional medicines to keep you comfortable. We ask that you not talk during the procedure unless you are uncomfortable because your eye moves when you talk.

During the surgery, we make a small incision in the clear part of the eye, called the cornea. We use a special procedure called "phacoemulsification" to break up the natural lens using ultrasound energy and remove the lens fragments from the eye. The natural lens is like an onion; it has many layers. The thinnest outside layer is the lens capsule. During the surgery, we remove the lens from the capsule so that we can place your new implant inside the lens capsule. At the end of the surgery, we give you antibiotics and put a shield over your eye to help it heal. Then you will be brought to the recovery area where the nurses will check your vital signs and get you something to eat and drink.

What will I need to do after my cataract surgery?

Your eye doctor will give you eye drops. Use them as prescribed. Wash your hands before instilling your drops. If you have two different kinds of eye drops, make sure to wait five minutes between using each drop so you do not wash one drop out with the other. Avoid rubbing or pressing your eye. Wear your eyeglasses or sunglasses during the day to protect your eye and wear your eye shield at night.

Most people do not need any medicine for pain, but if you are having discomfort, take over-the-counter Tylenol (acetaminophen). If you have more pain than cannot be relieved with Tylenol, call your doctor right away. Do not drive for the first 24 hours after surgery. This is because you have received anesthesia, and it is not safe. During your appointment on the first day after surgery, your doctor will let you know whether you are safe to drive the next day.

At least for the first week after cataract surgery, you should not bend over so that your head is below your knees. If you need to bend down to pick something up, bend at the knees and keep your head upright. This keeps the pressure controlled inside your eye so that you do not put too much pressure on your healing wounds. For the same reason, you should not lift anything over five pounds. Your eye doctor will let you know when it is safe to do your normal activities again.

Are there complications after cataract surgery?

With any surgery, there is a chance of a complication. With cataract surgery, these complications are rare. Some of the more serious complications include infection, bleeding, and detachment of the retina. These complications can be

treated if they are caught early. Contact your eye doctor right away if you have any of these symptoms (or any others that worry you):

- Pain not helped with Tylenol (acetaminophen)
- Vision loss
- New flashes or floaters
- Nausea or vomiting

If you call the clinic after clinic hours, you will be told how to get in touch with the eye doctor on call. There is an eye doctor on call every day of the year.

For more information, scan this code with your smartphone or visit the website listed.



http://www.kellogg.umich.edu/patientcare/conditions/video-cataract.html

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Shayla Wilson, MPH candidate Reviewers: Gale Oren, MILS and Paula Anne Newman-Casey, MD, MS

Patient Education by <u>University of Michigan Health System</u> is licensed under a <u>Creative Commons</u> Attribution-NonCommercial-ShareAlike 3.0 Unported License. Last Revised 11/2014