

# Patient information and consent to cataract surgery – local anaesthesia

## Key messages for patients

- **Please read this information carefully**, you and your health professional will sign it to document your consent. You may eat and drink as normal and take your medications as usual. Your operation will be performed under local anaesthesia.
- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon when you are admitted. You may sign the consent form either before you come or when you are admitted.
- **Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies)** and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.
- Please call the cataract clinical specialist nurses on telephone number **01223 216711** if you have any questions or concerns about this procedure or your appointment. **If, after considering this information, you do not want to have cataract surgery or if you would like to discuss your situation with a nurse on the telephone, please contact the Cataract Clinic on 01223 216711.**

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

## Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

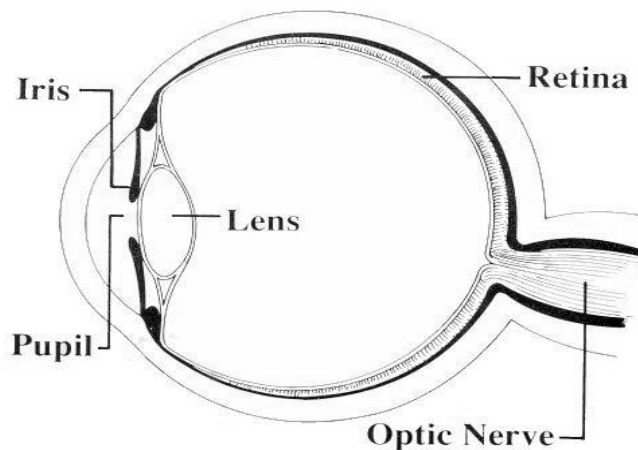
We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

## What is a cataract?

A cataract refers to the clouding of the normally clear lens that is situated behind the pupil (dark centre) of the eye. A cataract usually occurs as a natural consequence of ageing but can happen earlier in life if there is a family tendency for this or if there has been an injury or previous surgery to the eye.

### A cross section of the eye



## How do I know if I need cataract surgery?

When to have surgery is a decision that you should make, based on how well you are able to see and how much the cataract(s) interferes with your daily life. You might be able to drive, watch television and work at a computer for quite a few years after cataracts are first diagnosed. Eventually though you may start to notice “ghost” images and worsening visual clarity which cannot be corrected with glasses, and colours may also start to look faded. If you feel that your sight is impaired significantly and it becomes difficult for you to perform your normal daily activities, it may be time for cataract surgery.

## Intended benefits

Successful cataract surgery will improve the vision in the eye. Major advances have been made in the way cataract surgery is performed over the last 10 years. At Addenbrooke’s we use the most modern techniques: the cataract is broken up (using ultrasound energy) and removed from the eye through a very small incision (cut) and a new flexible lens is inserted. This results in rapid visual recovery with minimal discomfort following the procedure.

## Who will perform my procedure?

An experienced ophthalmic surgeon will perform your surgery. Although you might not meet the surgeon personally at the pre-assessment clinic, you will have the opportunity to meet him/her before the operation on the day of surgery. Please feel that you can discuss any questions or concerns that you might have at that time.

Addenbrooke’s is a teaching hospital, with an excellent reputation for training new surgeons. Some training may be taking place during your procedure with a consultant  
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surgeon in direct supervision. Since most ophthalmic procedures are carried out under local anaesthetic, this may mean that you hear the consultant discussing surgical techniques during your operation.

## Before your procedure

Most patients attend a pre-admission clinic, when you will meet a pre assessment nurse. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet.

Most people who have this type of procedure will need to stay in hospital for the whole morning or afternoon of your surgery. Your doctor will discuss the length of stay with you.

## On the day of operation

You may have a light meal before your appointment. Take any medications and eye drops as normal and wear comfortable clothing. Please do not wear any makeup or nail polish. You may keep your wedding ring on, but to prevent accidental loss, please leave any other jewellery and valuables at home. If you have a cough or cold on the day of operation, please phone the cataract clinic because it might be better for you to recover from this before having surgery.

## Can I keep my hearing aid and dentures in during the surgery?

It is necessary to take a hearing aid out if it is worn on the same side as the eye having the operation. We do this to avoid permanent damage to the hearing aid from the water used during the operation. A hearing aid which is on the other side can be kept in.

You will not have to remove dentures before surgery under local anaesthetic.

## During the procedure

Cataract surgery is usually performed as an out-patient basis under local anaesthetic. Since you will be unable to drive after your surgery and the hospital is unable to provide transport for you, it is important that you arrange your **own transport** on the day of the surgery and for the clinic appointment after the operation.

The surgery involves removing the cataract (cloudy lens) through a small incision (cut) and replacing it with a clear acrylic lens implant. The lens implant stays in place

throughout your life and does not require replacement. The operation takes 20-30 minutes. Usually the incision is so small that it does not even require stitches.

Cataract surgery under local anaesthetic is not painful although you may feel a sensation of pressure in the eye at some stages during the operation. A sterile cover will be placed over your face and the other eye to keep the area clean, but it will be kept clear from your nose and mouth by a pipe that circulates fresh air. Your eye will be kept open using a special instrument, so you don't have to worry about keeping the eye open yourself. It is important that you don't move suddenly during the operation. The bright microscope light prevents you from seeing what is going on and many patients see whorls of blue or purple light during the operation. The surgeon will discuss the way to communicate with him/her: you may choose to hold a nurse's hand which you can squeeze if you need to communicate with the surgeon. If you feel you need to cough or sneeze you can tell us this, but take care not to move your head until the surgeon says it is safe to do so.

## After the procedure

After your operation, the nurse will take you back to the waiting area, where you may have some light refreshment. You will be able to go home approximately 30 minutes after the end of the procedure. The surgeon may wish to examine your eye before you leave the hospital. Once home, you should rest and the shield covering the eye should remain in place until the following morning. If it does come off, please tape it back using surgical tape or ordinary clear sticky tape (for example, cellotape).



**Eating and drinking.** After this procedure, you can eat and drink as normal.



**Getting about after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.



**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital the same day. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.



**Resuming normal activities including work.**

You can carry out your normal daily tasks immediately after cataract surgery. You can bend over, but please be careful not to bump your eye. You can wash your hair, but avoid getting water or soap in the eye. You should avoid swimming and sport for three to four weeks after your surgery.



We usually recommend one week off work but discuss this with your surgeon.

Discoloured, blurred or double vision is usual for the first few hours after

cataract surgery and this will gradually clear. You may notice some blood stained tears. If you need to dab your eyes, do this gently using a clean disposable tissue. Do not use a cotton handkerchief and do not rub your eye. You may experience a mild grittiness, eye ache or headache for the first 24 hours after surgery. Please take your normal painkillers, for example paracetamol, if necessary. You will be given a telephone number to call if the discomfort or headache should become severe.

### **When is it safe for me to drive after my cataract surgery?**

This depends on a number of factors including the vision in your other eye. It is best to ask the surgeon when you see them before the operation since he/she will be able to answer the question based on your personal circumstances.



### **Special measures after the procedure:**

#### **What medications do I need after my cataract surgery?**

You will be given special eye drops to use after your operation. Usually these are started four times a day and gradually tailed off over four weeks.

#### **Will I have to wear glasses after my operation?**

In most cases the artificial lens implant is chosen to give good distance vision but it is fairly common for thin glasses to be required to fine-tune this. Glasses will definitely be required for reading following the procedure. You should visit your optometrist to get new glasses about four to six weeks after cataract surgery.



**Check-ups and results:** A post operative visit will be arranged with your community optometrist or the hospital based on the nature of surgery. A nurse will go through the post operative arrangements before discharged on the day of surgery. In some cases, however, your surgeon may decide that you should be seen the following day in the cataract clinic instead.

**It is important, therefore, to have prepared transport arrangements to get to the hospital the day after your surgery should this be necessary.**

## **Significant, unavoidable or frequently occurring risks of this procedure**

All operations carry some risks and this is why it is important that your cataract is causing you significant visual problems before you choose to have cataract surgery. Modern cataract surgery is very successful with 86% of patients achieving driving standard vision (6/12 or better) and being very pleased with the result following the operation (data from the Royal College of Ophthalmologists).

However, it is important to be aware of the possible complications of surgery before consenting to have your operation.

### Possible complications during surgery

- Occasionally (in fewer than 5% of patients), problems occur during the operation which may prolong the procedure. This may delay the improvement or even worsen the vision during the weeks after the operation but seldom affects the long-term visual result.
- Rarely (less than 1% of patients), a second operation may be necessary in the days following the procedure.
- Very rarely (less than 0.1% of patients), bleeding may occur within the eye during the operation. This serious complication occurs more frequently in patients with uncontrolled high blood pressure and can lead to permanent loss of vision in the eye.

### Possible complications after surgery

- Minor complications: problems, including an increase of pressure or inflammation within the eye, occur infrequently in the first week or so following surgery. These are usually temporary, easily treatable and do not affect the long-term visual outcome after surgery.
- Major complications: the most serious complication that can occur is an infection within the eye (endophthalmitis). This usually occurs within the first week after surgery and affects approximately 1 in 1000 patients. It can lead to an irreversible loss of sight in the operated eye. The risk of infection is reduced by the use of antibiotics during and after the operation, by treating any lid inflammation prior to surgery and keeping the eye clean following the operation.
- You will be advised regarding any measures you can take to reduce your risk of infection after surgery at the pre-assessment appointment.

### Alternative procedures that are available

At present cataracts can only be treated by surgery. There is no laser treatment or medication available to treat cataracts.



#### Information and support

We hope you have found this information helpful. If you have any questions or anxieties, please feel free to speak to a member of our staff or contact the **Cataract Clinic on Tel: 01223 216 711.**

If you have any concerns regarding to sight or are getting pain or discharge from your eye following the operation you should contact:

**Monday to Friday 8am-4pm – Cataract Clinic on 01223 216711**

**After 4pm and at weekends: Ward M5 Emergency Eye service: 01223 256336**

Further information can also be obtained from the following organisations and websites:

- Royal National Institute for the Blind  
224 Great Portland Street, London W1W 5AA  
Tel: 0845 766 99 99 [www.rnib.org.uk/info/cataract.htm](http://www.rnib.org.uk/info/cataract.htm).

- The Royal College of Ophthalmologists  
17 Cornwall Terrace, London NW1 4QW;  
Tel: 020 7935 0702 [www.rcophth.ac.uk/genpublic.html](http://www.rcophth.ac.uk/genpublic.html)

## Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your surgeon depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.

## Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. The local anaesthetic used may be anaesthetic drops alone or anaesthetic drops combined with a small injection of anaesthetic around the eye (sub-conjunctival or sub-tenon anaesthetic). The anaesthetic is instilled in the early stages of the operation (intra-cameral anaesthesia). The anaesthetic will numb the eye but not the skin around the eye. The numbness usually fades after a few hours. Usually a local anaesthetic will be given by the doctor performing the operation.

## Risks of local anaesthetic

- Redness of the eye
- Temporal blurred vision
- Damage to the eyes
- Serious allergy to drugs
- Nerve damage
- Equipment failure.

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

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## Information about important questions on the consent form

### 1 Creutzfeldt Jakob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

### 2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

### 3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

### 4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet '*Donating tissue or cells for research*' gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on **01223 216756**.





## Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.



We are now a smoke free site; smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

### Other formats:



If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:

[patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk).



Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

### Document history

Authors	Cataract specialist nurses
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
Contact number	01223 245151
Publish/Review date	June 2014 / June 2017 (minor change made October 2014)
File name	CF483_cataract_surgery_local_anaesthesia_v2.doc
Version number/Ref	2 / CF483

# Consent Form

## Cataract surgery – local anaesthesia

### For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

**A** Patient's side left / right or N/A

### Consultant or other responsible health professional

Name and job title: .....

Any special needs of the patient (e.g. help with communication)? .....

Please use 'Procedure completed' stamp here on completion:

### **B** Statement of health professional (details of treatment, risks and benefits)

**1** I confirm I am a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

**a)** the intended benefits of the procedure (please state)

To improve the vision in the eye

**b)** the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

#### **Possible complications during surgery**

- Procedure prolonged; a second operation may be necessary following the procedure; bleeding may occur within the eye during the operation.

#### **Possible complications after surgery**

- increase of pressure or inflammation within the eye
- infection within the eye (endophthalmitis). It can lead to an irreversible loss of sight in the operated eye.

**c)** what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

# Consent Form

## Cataract surgery – local anaesthesia

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Use hospital identification label

**d)** any extra procedures that might become necessary during the procedure such as:

Blood transfusion

Other procedure (please state)

.....  
.....

The following information leaflet has been provided:

Cataract surgery – local anaesthesia

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or  I have offered the patient information about the procedure but this has been declined.

**3** This procedure will involve:

General and/or regional anaesthesia

Local anaesthesia

Sedation

None

**Signed** (Health professional): ..... Date:   /  /  

**Name** (PRINT): ..... Time (24hr):   :  :  

**Designation:** ..... Contact/bleep no: .....

### **C** Consent of patient / person with parental responsibility

**I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.**

**Important:** please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

**1** **Creutzfeldt Jakob disease (CJD)**

Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

Yes  No

**2** **Photography, Audio or Visual Recording**

**a) I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

Yes  No

**b) I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

Yes  No

**3** **Students in training**

**I agree** to the involvement of medical and other students as part of their formal training.

Yes  No

# Consent Form

## Cataract surgery – local anaesthesia

**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

### 4 Use of Tissue

a) **I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.  Yes  No

b) *Where additional clinical information is needed for the purposes of ethically approved research, I agree* that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.  Yes  No

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

**I have read and understood** the Patient Information about this procedure and the above additional information. **I agree** to the procedure or treatment.

**Signed** (Patient): ..... Date: *D.D./M.M./Y.Y.Y.Y.*

**Name of patient** (PRINT): .....

*If signing for a child or young person; delete if not applicable.*

**I confirm** I am a person with **parental responsibility** for the patient named on this form.

**Signed:** ..... Date: *D.D./M.M./Y.Y.Y.Y.*

**Relationship to patient:** .....

*If the patient is unable to sign but has indicated his/her consent, a witness should sign below.*

**Signed** (Witness): ..... Date: *D.D./M.M./Y.Y.Y.Y.*

**Name of witness** (PRINT): .....

**Address:** .....

# Consent Form

## Cataract surgery – local anaesthesia

### For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

### D Confirmation of consent

**Confirmation of consent** (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

**Signed** (Health professional): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): ..... Job title: .....

**Please initial to confirm all sections have been completed:** .....

### E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

**Signed** (Interpreter): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): .....

Or, please note the language line reference ID number: .....

### F Withdrawal of patient consent

The patient has withdrawn consent (ask patient to sign and date here)

**Signed** (Patient): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Signed** (Health professional): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): ..... Job title: .....