

CATARACT SURGERY

Frequently Asked Questions

WHAT IS A CATARACT?

A cataract is an opacification or clouding of the lens of the eye. The normal lens is clear and allows light to pass through to the back of the eye. With age the lens becomes cloudy and interferes with vision. A change in glass prescription can usually be done at the early stage of a cataract. As the cataract becomes more mature there is no new glass prescription that will make a significant difference.

WHEN IS CATARACT SURGERY RECOMMENDED?

Surgery is recommended when the diminished vision interferes with activities of daily living. These activities may include driving, especially at night, watching TV, using a computer, reading, playing sports, etc. At an advanced stage, cataracts can interfere with the ability to see steps, curbs, and other obstacles, which results in a greater chance of falls and fractures.

DOES THE CATARACT HAVE TO BE "RIPE" FOR SURGERY TO BE PERFORMED?

With advances in cataract surgery, it is no longer necessary for the cataract to be mature or "ripe". An early cataract that interferes with the quality of vision can be corrected with surgery.

HOW SAFE IS CATARACT SURGERY?

Cataract surgery is one of the most successful operations on the body. With a skilled surgeon using advanced technology patients usually have an excellent outcome.

IS THE SURGERY PAINFUL?

No, in fact most patients are very comfortable during the procedure. There are no needles or sutures. The eye can be frozen with the simple application of anesthetic eye drops. Patients will notice a bright light from the microscope and a slight irritation but usually no discomfort.

ARE THERE DIFFERENT TYPES OF CATARACT OPERATIONS?

Yes, there are two main types of operations: traditional cataract surgery and laser cataract surgery. Traditional cataract surgery is performed with hand-held blades and other manual instruments. Laser cataract surgery is the most advanced technique and utilizes a sophisticated laser to automate most of the critical parts of the operation. This can lead to enhanced precision, accuracy, and safety. Both procedures, however, can give excellent outcomes.

WHY DOES OHIP NOT COVER LASER CATARACT SURGERY?

Laser cataract surgery represents new advanced technology but is not considered medically necessary. It is difficult for our health-care system to continue to pay for all innovations even if they offer an advancement in clinical outcomes.

DO I REQUIRE AN IMPLANT AT THE TIME OF CATARACT SURGERY?

Yes, all patients have an implant of a specific power. After the cataract is removed it is essential to have an implant, otherwise "coke-bottle" or extremely thick glasses are required in almost all patients. The lens or cataract normally helps to focus light on to the back of the eye for vision. An implant will help to focus light and obviate the need for thick glasses.



HOW IS THE POWER OF THE IMPLANT DETERMINED?

The implant power can be determined by a variety of methods. The most accurate measurement is by the IOL Master, which uses no-touch optical methods to determine the length of the eye and the curvature of the front of the eye. Unlike with the older A scan method, no drops are required and nothing touches the eye. The information that is calculated is then inputted into a complex formula to determine the ideal power of the implant. In some situations, with a very advanced cataract, it is difficult to achieve an accurate calculation of the implant power.

ARE THERE DIFFERENT TYPES OF IMPLANTS?

Yes, there are a number of different types of implants. The main classifications of implants are standard, aspheric, toric, and bifocal. The standard implant is provided by the Ontario Health Insurance Program (OHIP). This is a monofocal implant that can provide satisfactory vision but usually requires the aid of glasses to fine tune sight. The other implants are not provided by OHIP but can be purchased by the patient. An aspheric implant can provide better quality of vision by reducing spherical aberration. This can reduce glare and usually provides better night vision. The aspheric implant is combined with an astigmatism reduction or control procedure to decrease the need for distance glasses by small incisions in the peripheral cornea. A toric implant, in addition to reducing spherical aberration and enhancing the quality of vision, can reduce astigmatism, and is the best choice in patients with higher degrees of astigmatism. The astigmatism correction of a toric implant is actually built directly into the implant and then rotated to a specific orientation in the eye. A bifocal implant is a multifocal implant that can provide both distance and near without glasses. There may be some glare and/or halos with this type of implant. These symptoms tend to diminish with time.

WHY DOES OHIP ONLY COVER THE COST OF A STANDARD IMPLANT?

OHIP covers all medically necessary implants and procedures. The premium lenses, such as the aspheric implant, toric implant, and bifocal implant are considered elective lenses to decrease the need for glasses. These implants are not considered medically necessary.

ARE THERE ANY ADVANTAGES TO HAVING CATARACT SURGERY AT THE BOCHNER EYE INSTITUTE VERSUS A HOSPITAL?

The Bochner Eye Institute is one of the only independent eye surgical facilities outside of a hospital approved by the Ontario government. The surgeons are privileged to work with highly trained staff and utilize advanced cataract equipment. Patients can have surgery without cost or can elect to pay for advanced features such as premium implants, astigmatism control or reduction procedures, or laser cataract surgery. There is no hospital in the Province that is able to offer the full range of elective choices. Only traditional cataract surgery is performed in hospitals. At the Bochner Eye Institute both traditional cataract surgery and laser cataract surgery are offered.

IF I AM ON A BLOOD THINNER SHOULD I STOP THIS MEDICATION PRIOR TO MY SURGERY?

You should continue this medication as it is safer for your general health and the medication does not interfere with the success of the cataract operation. There is a greater chance of bruising on the surface of the eye but this disappears with time.

IF I AM ON MEDICATION FOR PROSTATE PROBLEMS, SHOULD I STOP THIS MEDICATION PRIOR TO SURGERY?

No, it is not necessary to stop this medication. Certain medications (eg Flomax) for benign prostatic hypertrophy can cause a permanent change to the iris that tend to make the iris floppy and the pupil small during cataract surgery. It is important to let the surgeon know if you are on this medication, or whether you have taken it in the past. There is no point in discontinuing the medication, as the iris changes tend to be irreversible. The surgeon can use a medication at the time of cataract surgery to make the iris less floppy. The results using this technique are generally excellent.

IS IT ADVISED NOT TO WEAR MAKEUP ON THE DAY OF MY SURGERY?

Yes, it is best not to wear any makeup on the day of surgery. We do not want any granules to enter the ocular surface or into the eye.

WHAT CLOTHES SHOULD I WEAR FOR MY SURGERY?

Wear casual comfortable clothes. Do not have a tight collar shirt or sweater.

CAN I EAT PRIOR TO MY CATARACT OPERATION?

It is usually best not to eat after midnight on the day of your cataract operation. If your operation is in the afternoon you can have a light breakfast.

SHOULD I TAKE MY OWN MEDICATIONS ON THE DAY OF MY SURGERY?

Please take your medications with a sip of water. The only exception is for diabetics who should refrain from taking their diabetic medications until after their surgery.

WHAT IS USED TO CLEAN MY LIDS ON THE DAY OF SURGERY?

A disinfectant is used to clean and disinfect the lids and surface of the eye. The solution is called Betadine. It has a brown colour and is very effective in preventing infection.

WILL MY FACE BE COVERED WITH A DRAPE?

A paper drape is placed over your head and body. You will have lots of room for proper breathing. There is an opening over your treated eye that allows the surgeon good visibility for the procedure.

IF I AM CLAUSTROPHOBIC WHAT CAN BE DONE AT THE TIME OF SURGERY?

The paper drape can be lifted up to a greater degree over your face. The anesthetist can give you either oral or intravenous sedation. The cataract procedure is very quick. Even the most claustrophobic patients tend to do well.

CAN THE ANESTHETIST PUT ME TO SLEEP?

It is not necessary for you to be put to sleep. The procedure is relatively easy and quick for patients. Most patients find cataract surgery easier than having simple dental work. If you really feel you need some sedation this can be administered by the anesthetist.

WHAT WILL I FEEL, SEE, AND OR HEAR DURING MY OPERATION?

At the very beginning of the operation you will see a bright light, which is the microscope light. You will then feel a slight burning or irritation, which is the intraocular anesthetic. After approximately 30 to 60 seconds the microscope light will be less intense. You will feel some slight pulling during the operation but no pain. You will hear an automated voice from the ultrasound machine that will sometimes speak words and other times make some noises like a symphony. After 10 to 15 minutes the operation will be over. When you sit up everything will have a red hue and be somewhat dark. This is simply a reaction to the bright light. The vision will gradually improve over 30 minutes.

DO I NEED SOMEONE TO TAKE ME HOME AFTER MY SURGERY?

It is important to have someone take you home after the procedure. You are not permitted to drive home yourself. We certainly want to make sure that you get home safely. If you have had some sedation you may be slightly drowsy.

WHAT WILL MY VISION BE LIKE AFTER SURGERY?

When you go home the vision will be slightly blurred. Although the vision is typically better within 24 hours it sometimes takes a few days for any transient corneal swelling to resolve. The vision tends to gradually improve over a few weeks.

WHAT MEDICATIONS SHOULD I USE AFTER MY SURGERY?

You will be given a prescription for a single medication, a combination of an antibiotic and steroid drop, to be used for 3 weeks. If you are at higher risk of developing macular edema, such as being a diabetic, you will also be given a nonsteroidal drop.

WHEN CAN I DRIVE AFTER MY SURGERY?

You must get the green light from either your surgeon or your referring eye-care professional. Typically by the next day after you see the surgeon you may be able to drive. However, it may take a while to get used to your new vision. Usually objects are brighter and clearer. You need to exercise caution when driving until you are used to your new vision.

WHAT ARE THE MOST COMMON COMPLICATIONS?

The most common complication is transient corneal edema. The cornea can respond to the ultrasound (ie phacoemulsification) with some swelling that typically resolves in a few days. Patients may have some irritation or foreign body sensation during the first few weeks from the micro incisions. Artificial tears or lubricating drops are usually helpful.

WHAT IS THE CHANCE OF INFECTION?

Infection is an extremely rare complication and occurs in less than 1 in 10,000 cases. The scientific name is endophthalmitis, which means infection in the eye. All precautions are taken to reduce the incidence of infection at the time of surgery including the use of an antibiotic placed inside the eye at the conclusion of the operation. If an infection occurs intensive antibiotic drops are used. Occasionally additional surgery is required to place additional antibiotics in the eye.

WHAT IS CYSTOID MACULAR EDEMA?

Cystoid macular edema is swelling of the back of the eye on the retina. This occurs with an incidence of 1 in 500 cases. The macular edema can affect vision but is treatable with nonsteroidal and steroid drops. Treatment is almost always successful in restoring vision.

DO I NEED TO WEAR A PROTECTIVE SHIELD AT BEDTIME AFTER SURGERY?

A protective shield is usually worn for 5 nights after surgery. The shield will protect the eye by preventing pressure on the eye when you are sleeping or from inadvertent rubbing.

WHEN CAN I EAT AND DRINK AFTER MY SURGERY?

You can eat and drink as you normally would immediately after the surgery.

SHOULD I RESTRICT MY ACTIVITIES AFTER SURGERY?

The next day you can take a shower and shampoo your hair but try not to get water in your eye. Do not lift over 20 pounds during the first week after your operation. You may go for a walk and lift light weights at any time. Do not go swimming for 2 weeks after your surgery because of the risk of infection. If you are active with Yoga you can return within a week but do not stand on your head for 3 weeks.

WHAT CAN I DO IF I AM HAVING DIFFICULTY READING IMMEDIATELY AFTER SURGERY?

If you are having difficulty reading you can purchase a simple pair of reading glasses from the drug store or dollar store. Although they may not be ideal they will help you out until a proper pair can be prescribed. The eye is usually fully healed at 3 to 4 weeks from the surgery and this is the time that a new prescription can be prescribed.

WILL I REQUIRE GLASSES AFTER SURGERY?

Patients that choose a standard implant will typically require glasses for both distance and near vision. Patients that choose an aspheric or toric implant will usually only need glasses for reading. Patients that select a bifocal implant typically do not need glasses unless the print is very small or the lighting is poor.

WHAT CAN BE DONE IF I AM HAVING PROBLEMS WITH MY NEW GLASSES?

If you have had surgery on only one eye you may experience difficulty with new glasses. This may be due to the difference in the prescription between your two eyes, which results in different levels of magnification. Surgery for your other eye may be indicated, even in the presence of an early cataract, to help alleviate the difficulty with glasses.

WHAT CAN I DO IF I AM EXPERIENCING IRRITATION IN MY EYE AFTER SURGERY?

You can purchase an artificial tear at the drug store from the over-the counter section. There are a variety of excellent brands such as Systane Ultra, Systane Balance, Refresh, Genteal, and Blink. You can use the tear drop when needed anywhere from once to 4-5 times per day. These drops are extremely safe.