

Stephen Lash Post operative instructions- Cataract surgery

Immediately post op

You will leave theatre with a clear shield over your eye. You will get a cup of tea and some instructions. The shield will stay on until the next morning. Go home and relax and do not expect much from your vision, your pupil will still be very dilated and vision will be foggy.

I will give you a 'magic drop'. This will not grow a beanstalk if you throw it out of the window however it will take away any pain from the surface of your eye. Keep it by your bed first night and any discomfort or gritty sensation use one drop and get back to sleep.

First Morning

The eye should be comfortable. The vision may well be blurred with haloes around lights and the world may also be very bright, this is normal. If you need to clean the eye then use some boiled and cooled water to clean the lids but most of the time your eye will be just fine.

Start your drops leaving about 5 minutes between each so that one drop does not wash another drop out.

Drops

You will be given antibiotics and anti inflammatory drops either separately or in combination. I use different hospitals and the regimes vary but in essence you get the same class of drugs. The separate drops would be Chloramphenicol (Antibiotic) and Maxidex (Steroid) and a non steroidal drop (Acular, Yellox or Nevanac). The most commonly prescribed

combined drop would be Tobradex (Antibiotic and steroid together).

Make sure you have washed your hands. One drop is more than enough for the eye and avoid touching the top of the bottle with your hands or lids or lashes. There are many techniques but I find looking high up, pulling the lower lid down with your head lifted and dropping into the lower lid the best way but as long as one drop hits the eye you have delivered enough! Some people find it easier laying flat.

First day

Either myself or a nurse will call you to make sure you are ok. Vision should improve over the day with a reduction in brightness, haloes and glare. Detail vision will begin to improve for distance vision (unless you have been set for near vision). If you have a multifocal you will have haloes that persist but your brain will learn to ignore them in time. Your eye may be red and a little gritty but there should be no severe pain or deep ache in the eye or brow. Your pupil may well be dilated and larger than the other eye. Sunglasses may help with the brightness. If you wear spectacles then your prescription is now wrong so if you can take the lens out of you spectacles on the operated side. You may get some edge effect where you think you can see the edge of the lens. Do not worry about this it will settle.

Keep taking the drops at regular intervals. Keep the eye clean and avoid getting water from a tap into it over the first week. Infections are very rare and we usually never find out the cause but if you have done something you may blame yourself and I do not want that, so squeaky clean for the first week please.

First week

Vision will continue to improve. Discomfort (if any) will improve. It should be getting better every day. I have never fully understood the heavy lifting thing, I am very happy for you to live a normal life, just keep the eye clean and avoid any situation where you may suffer a blow to the eye. Just be sensible. If you need to read to work then read. If you need to drive make sure you can read the number plate with both eyes and you are sure you are using both eyes together. If in doubt do not drive.

WARNINGS FOR WEEK ONE

Severe pain with redness and significant **loss of vision** should warrant an immediate **phone call**. Infection is rare but usually presents over the first week and it needs to be dealt with as soon as possible with an injection of antibiotics into the eye.

A severe toothache like pain or **dull ache** over the eye and brow may indicate **raised pressure**. Seek urgent attention as this is easy to deal with and you need not be in pain. Let us know.

Second week

Vision will be getting even better. Get back to normal now although avoid swimming, saunas and hot tubs until next week. The eye will be comfortable although dry eye is common as we age and surgery can upset dry eye for a short time. Continue the drops and if you need artificial tears then use them between your post operative drops. Do not dilute the post op drops with tears! Swelling of the macula may occur at two weeks and so if the vision deteriorates let us know. Floaters (If you have them) may change in the eye and this is normal but if you get a sudden shower of floaters and flashing lights let us know.

You have now entered a weird world where you are paying immense attention to your eye and your sight (I have had eye surgery myself!). Every number plate becomes a challenge and a source of comparison. You will notice your vision fluctuates during the day and this is all normal. Odd sensations come and go and this is also normal. Try to relax and begin to ignore your eye!

Follow up

I will usually see people anytime from 1-6 weeks following surgery depending on plans for second eye and type of lens in case we need a special order. You can see your optometrist at 6 weeks after surgery to ensure it has all settled before you get new spectacles. If you are really impatient try to wait until your drops have finished at one month as a minimum, the prescription should be settled by now. If we have aimed for distance vision then it is fine to get some off the shelf reading spectacles to help with near vision. The stronger the reading power the closer you will need to hold the reading material, just experiment and see what suits you the best.

I am really hoping that during our meeting in clinics, your time in surgery with me chatting away and from my website that you will feel prepared and informed and I hope this leaflet gives further reassurance and peace but if in doubt phone.

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