Patient information and consent to cataract surgery – general anaesthesia

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- 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 or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- 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.

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. In certain cases, femtosecond laser could be used to perform stages of the cataract procedure. 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 senior surgeon available for supervision.
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. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

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. You will see an anaesthetist before your procedure.

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.

Investigations such as blood tests and heart trace may be arranged.

Fasting: It is very important that you follow the instructions you are given regarding eating and drinking. You must not eat for six hours before your operation; you may drink water only for up to three hours before surgery. This allows your stomach to empty by the time you are ready for surgery. Fasting reduces your risk of vomiting during or after your anaesthetic. You may take some sips of water to swallow any medication tablets.

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 need to remove dentures before surgery under general anaesthetic.

During the procedure

Cataract surgery is usually performed as an out-patient basis. 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.
After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist.

The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

You will be discharged home the same day. It is necessary to have someone to look after you for the first 24 hours after general anaesthesia.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after surgery.

**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. Multifocal intraocular lenses are not available in the NHS.

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 08:00 – 16:00 – Cataract Clinic on 01223 216711
After 16:00 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

• The Royal College of Ophthalmologists
  17 Cornwall Terrace, London NW1 4QW;
  Tel: 020 7935 0702  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 anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation
Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

• your general health, including previous and current health problems
• whether you or anyone in your family has had problems with anaesthetics
• any medicines or drugs you use
• whether you smoke
• whether you have had any abnormal reactions to any drugs or have any other allergies
• your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication
You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

General anaesthesia
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Sedation
Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.
What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health. Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)

Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

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

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For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk

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.info@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
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To improve the vision in the eye

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.

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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:
Patient Information

Cataract surgery – general anaesthesia

**d)** any extra procedures that might become necessary during the procedure such as:
- Blood transfusion
- Other procedure (please state)

2 The following information leaflet has been provided:

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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: D.D/M.M/Y.Y.Y.Y

Name (PRINT): ___________________________ Time (24hr): H.H.: M.M.

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

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

CF398 Cataract surgery v2 October 2017
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.

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.

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: __/__/___/___

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: __/__/___/___

Relationship to patient:

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

Signed (Witness): _______________________________ Date: __/__/___/___

Name of witness (PRINT): _______________________________

Address: _______________________________
Consent Form

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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: .................................................................