

Patient information from BMJ

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Cataracts: should I have surgery?

Cataracts affect your eyes and can make your vision cloudy. However, they develop slowly and may not bother you much at first. But once cataracts start affecting your eyesight and how you live your life, you may want to have surgery to remove them.

This information tells you what you can expect from cataract surgery, and aims to help you decide whether surgery is right for you.

What are cataracts?

Cataracts are common, especially in older people.

If you have a cataract, the lens in your eye has become cloudy. This makes your vision blurry. Cataracts usually affect both eyes, although you can get them in just one eye.

Many people think that a cataract grows on the surface of the eye. But cataracts actually affect the lens, which is inside your eye, just behind the coloured part (the iris).

Cataracts usually develop because of changes to the eye that happen as we get older. But cataracts can also be caused by:

- an injury to the eye
- certain health problems (such as diabetes), and
- certain medicines (such as long-term use of corticosteroid eye drops).

What treatments work?

Surgery is the only way to get rid of a cataract. During cataract surgery, a surgeon removes the cloudy lens in the eye and usually replaces it with an artificial one. It's a simple operation that often takes only 5 minutes to 15 minutes. You'll usually be able to go home the same day as the surgery.

For the operation, you will lie on a bed that has a pillow to hold your head still. A doctor or nurse will numb your eye with anaesthetic drops or an injection near your eye. This means you'll be awake during your operation, but you won't feel any pain.

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You may also have a medicine to help you relax. Very occasionally, people have a general anaesthetic so that they are asleep during the operation.

You'll have to lie still and not speak during the operation. A nurse will tell you how to signal if you feel uncomfortable. During surgery, you may see flashes or catch a glimpse of the surgical instruments. People don't usually find these things unpleasant.

There are two ways to do the operation. Your eye surgeon can take out your lens in one piece through a cut in your eye. Or he or she can use sound waves to break up the lens through a smaller cut.

The pieces are then sucked out through the cut in your eye, using a hollow needle. Research suggests that surgery that breaks up the lens works better, and it's the type that's most often used.

Once your old lens has been removed, your eye surgeon will probably put a clear, plastic lens into your eye. It shouldn't feel any different from your natural lens.

Sometimes people don't have a new lens put in, although this tends to happen in countries with limited medical resources. To make up for this missing lens, the person then has to wear special glasses or contact lenses.

After your operation you'll need to keep your eye protected from water and debris for at least the first week, and put drops in your eye every day for several days or weeks.

Your surgeon may also recommend wearing a bandage or shield over your eye at night during the first week. If you have cataracts in both eyes, it's normal to treat them in separate operations, one or two months apart.

How can cataract surgery help me?

After your operation you should be able to see better. Most people who have a cataract operation can see well enough to drive.

Seeing better may help you to enjoy life more. And there's research that shows you're less likely to hurt yourself in an accident or fall after having cataract surgery.

It may be a few days before you get the full benefit of cataract surgery. Even then, you're unlikely to have perfect eyesight. Many people still need to wear glasses or contacts.

Most artificial lenses used in cataract surgery can't change focus. That means you'll need to have different glasses for either reading or for seeing long distances. However, newer artificial lenses that can change focus are becoming more widely available. They're called multi-focal and accommodating lenses.

Some research has found that they can change focus and give you clearer vision than the older types of artificial lens. But they may sometimes have drawbacks, such as halos around objects and glare. If your doctor suggests one of these newer lenses, he or she should explain all the risks and benefits.

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If you have another eye problem as well as cataracts, it may affect how well your operation works. Your doctor can advise you about what the benefits are likely to be for you.

What are the risks?

Like any operation, cataract surgery carries risks, including the chance of bleeding and eye damage. However, serious problems are rare.

Some people have mild problems a couple of days after their operation. These include bruising, pain, inflammation (swelling), or an infection. These are usually easy to treat.

Some problems can happen months or even years after your operation. Cataracts can't grow back, but sometimes the tissue around the new lens turns cloudy. This happens to about 10 in every 100 people. It can be treated with laser surgery.

It's possible to get a detached retina after cataract surgery, although this isn't common. A detached retina can damage your eyesight badly, and needs emergency surgery. If you start to get problems with your vision, get help urgently.

What will happen if I choose not to have surgery?

If you don't have an operation your sight will gradually get poorer. But cataracts usually get worse very slowly, so there's no need to rush into a decision about treatment.

You may find your symptoms don't bother you. If your cataract isn't interfering with your life, you may choose not to have an operation straight away.

How do I decide?

An eye test can give you an idea of how good your vision is. But doctors don't tend to recommend surgery just based on your eye test. They usually suggest you think about the way you live your life.

For example, if you enjoy playing golf or reading, or you need to drive a car, you may want to have cataract surgery sooner. If your main hobby is listening to music, you may prefer to put off having treatment.

If you choose not to have treatment now, you can always change your mind in the future if your cataracts start to bother you. There's no need to wait until cataracts get very bad before you have surgery. It's up to you to decide when they're bad enough for you to want treatment.

Although your sight is likely to be better after you've had a cataract removed, you'll probably still need to wear glasses or contact lenses. So if you can still see well enough with glasses to do the things you want to do, you may want to put off having surgery.

Some people have another eye problem that needs treating. For example, blood vessels in the eye can be damaged by diabetes or by a condition called macular degeneration. If you need surgery for one of these conditions, it may make sense to have your cataract treated too.

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Sometimes having another eye condition can mean you won't get much benefit out of cataract surgery. And if your health is generally poor, surgery may have more risks. If this is the case, you may think it's better to avoid having the operation.

If you decide to put off having surgery there are things you can try to make your life easier.

Get new glasses if you need them, as this can make the most of the sight you have:

- Brighter lighting in your home may help.
- Anti-glare sunglasses or a hat with a brim can stop glare from lights or the sun bothering you so much.
- Magnifying glasses can make reading easier.

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