PATIENT INFORMATION

Cataract Surgery
A Guide for Patients

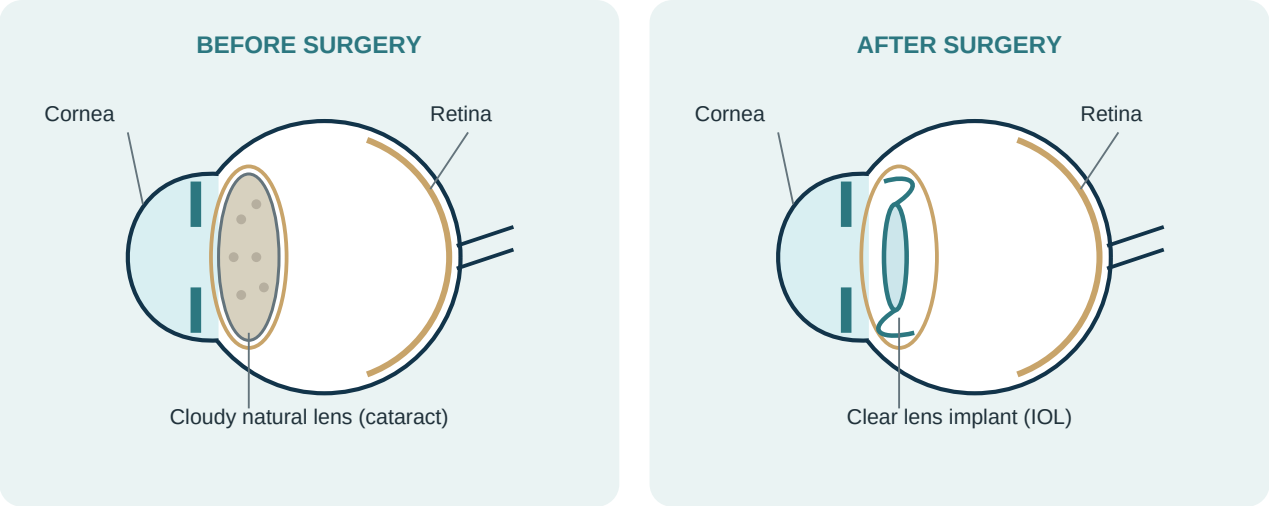
Understanding your operation, anaesthetic choices, sedation and recovery.

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01

What cataract surgery involves

A cataract is clouding of the natural lens inside the eye. It can cause blurred vision, glare, faded colours and difficulty with night driving. Surgery removes the cloudy lens and replaces it with a clear artificial lens, called an intraocular lens (IOL). The implant normally remains permanently in the eye.



Simplified cross-sections, not to scale. The thin lens capsule is retained to support the implant.

When surgery may help

The decision depends on how much the cataract affects your daily life and whether the likely benefit outweighs the risks. A change in glasses or lighting may help for a time. Surgery is usually elective: you can discuss waiting, the consequences of delay and alternatives with your surgeon.

The main stages

1	**Prepare and numb the eye** The pupil is widened, the correct eye is checked, and local anaesthetic is given.
2	**Remove the cloudy lens** Through a small incision, ultrasound breaks up the lens and gentle suction removes it.
3	**Insert the clear implant** A folded lens is placed inside the remaining lens capsule, the thin bag that supports it.
4	**Check and protect the eye** The wound is checked. It usually seals without stitches, although a stitch is sometimes needed.

What you may experience

You usually remain awake and lie back with your head supported. A sterile drape and a small eyelid clip are used. You may see bright lights, colours or movement and feel water, touch or pressure. You should not have sharp pain: tell the team immediately if you are uncomfortable so that more anaesthetic or another adjustment can be considered. Do not move your head suddenly.

How long it takes

Routine surgery often takes about 15-30 minutes, but complex surgery can take longer. Allow several hours for preparation, the operation and recovery. Most patients go home the same day.

02

Planning your operation

Assessment and lens measurements

Your eyes will be examined and measured to calculate the implant power. The assessment also looks for other conditions that might limit the benefit, such as macular degeneration, glaucoma, corneal disease or diabetic eye disease. Measurements and calculations are careful but cannot guarantee an exact final glasses prescription.

Contact lenses before your measurements

Unless the team gives you different instructions, leave **soft contact lenses out for 1 week** and **hard or rigid gas-permeable lenses out for at least 2 weeks** before your lens measurements (biometry), not just before the operation. Wear glasses instead. Contact lenses can temporarily change the shape of the cornea and affect the implant calculation. Some rigid-lens wearers need a longer break or repeat measurements to confirm that the cornea is stable; check with the team when booking.

Choosing the lens and visual target

A monofocal lens usually targets one distance; glasses are needed for other distances and may sharpen the target distance too. Toric lenses reduce corneal astigmatism. Extended depth of focus and trifocal lenses offer a broader range with optical compromises. Discuss the separate lens-specific information if considering these options.

Tell the team before the day

PREVIOUS EYE SURGERY - ESPECIALLY LASER VISION CORRECTION

Please tell the team about any previous eye surgery, especially laser vision correction such as LASIK, PRK or SMILE - even if it was many years ago. Bring any records you have. Previous laser vision correction affects lens-power calculations and can make the final glasses prescription less predictable.

Allergies and intolerances: report all allergies, especially **anaphylaxis (a severe allergic reaction) to penicillin, cefuroxime allergy and latex allergy**. Mention **intolerance or sensitivity to preservatives in eye drops**. Describe the reaction and the medicine or product responsible, if known.

Also mention all medicines and supplements; blood-thinning medication; diabetes; and current or past prostate medicines such as tamsulosin. Tell us about anxiety, claustrophobia, hearing difficulties, tremor, a troublesome cough, breathing problems or difficulty lying back. Bring hearing aids and an interpreter or support person if arranged.

MEDICINES, FOOD AND DRINK

For this service's minimal sedation, a light meal is permitted without a set fasting interval. Avoid a heavy meal; follow individual advice about drinks. Deeper sedation or general anaesthesia needs a separate fasting plan. Do not stop regular medicines, including blood thinners or diabetes medication, unless instructed by the responsible clinician.

Practical arrangements

Arrange transport home; do not drive yourself. If sedation or general anaesthesia is planned, arrange a responsible adult to collect you and provide the support advised by the hospital. Plan help with drops if you may find them difficult.

03

Local anaesthetic: your options

Both topical anaesthesia, with or without intracameral anaesthetic, and a sub-Tenon's block are established options. The choice depends on your eye, the expected procedure, your ability to keep still and your preferences. Additional anaesthetic can be given if required.

Topical drops with intracameral anaesthetic

Anaesthetic drops numb the eye surface. Intracameral anaesthetic is a small amount of anaesthetic solution placed inside the front chamber of the eye through the surgical opening, to improve comfort during the operation. It is not an injection behind the eye.

This approach usually avoids a separate injection around the eye and wears off relatively quickly. The eye can still move, so you need to follow instructions about where to look and keep your head still. You may feel pressure or brief discomfort. Drops alone may be sufficient in some cases; intracameral anaesthetic can be added when appropriate.

Sub-Tenon's block

After numbing drops, a tiny opening is made in the surface covering of the eye. Local anaesthetic is introduced through a blunt tube beneath Tenon's capsule, a thin tissue layer around the eyeball. This numbs the eye more deeply and usually reduces its movement. The medicine goes around the eyeball, not into its centre.

There may be brief stinging or pressure while it is given. Numbness, reduced eye movement and temporary double or blurred vision may last for several hours. A patch or shield may be used while the block wears off. Redness from a small surface bleed and temporary swelling or bruising are more likely than with drops.

FEATURE	TOPICAL / INTRACAMERAL	SUB-TENON'S BLOCK
Eye movement	Usually retained; cooperation needed	Usually reduced, not always abolished
Numbing method	Surface drops, with solution inside the front of the eye if used	Anaesthetic around the eye through a blunt tube
Early effects	Usually fewer injection-related surface effects	More surface redness / swelling; longer numbness

Risks and choosing together

All anaesthetic methods have risks, including inadequate pain relief or an allergic reaction. Sub-Tenon's blocks also carry rare risks of damage to the eye, eye muscles or surrounding structures, serious bleeding, infection or sight-threatening injury. Serious systemic reactions are very rare. This is not an exhaustive list. Neither method is best for everyone: your team will explain the relevant benefits and risks.

04

Sedation and general anaesthesia

Sedation: relaxation alongside local anaesthetic

Sedation uses medicine, usually through a small cannula in a hand or arm vein, to reduce anxiety and make you feel relaxed or drowsy. It supplements local anaesthetic; it does not replace the numbing of the eye. An experienced anaesthetist assesses you, gives the medicine and monitors you.

Light sedation is commonly used when helpful. You may remain awake, hear conversation and remember some or all of the operation. It is not a promise of sleep or no memory. You should still be able to respond to instructions and keep still. The dose is adjusted to your needs; deeper sedation is not automatically safer or more comfortable for eye surgery.

Who may benefit

Sedation may help with marked anxiety, difficulty tolerating the position or a longer procedure. Some people are comfortable with local anaesthetic alone. Your general health, breathing, sleep apnoea, medicines and previous anaesthetic experiences help determine the safest plan.

Monitoring and possible side effects

Monitoring includes breathing, oxygen level, pulse and blood pressure, with oxygen given if needed. Sedation can slow breathing, lower blood pressure and cause nausea, bruising at the cannula site, drowsiness, unsteadiness or temporary confusion. Rare complications include serious allergy or stomach contents entering the lungs. The team can treat problems or support breathing if needed.

AFTER SEDATION: PLAN FOR AT LEAST 24 HOURS

Have a responsible adult take you home and stay with you as advised. Do not drive or cycle, drink alcohol, operate machinery, cook, sign legal documents, make important decisions or care for dependants alone. Do not take extra sleeping tablets or sedating medicines without advice. Follow the hospital's written instructions, including any longer restrictions.

General anaesthesia

Occasionally a general anaesthetic, in which you are unconscious, is the better option: for example, if you cannot cooperate safely with local anaesthetic or the positioning cannot be tolerated. It needs its own assessment, fasting plan and consent discussion. Recovery may be longer and there are additional breathing, circulation and other anaesthetic risks.

FOOD AND DRINK BEFORE YOUR ANAESTHETIC

For the minimal sedation used in this service, a light meal is permitted beforehand with no set fasting interval. Avoid a heavy meal. Follow any personal instructions about drinks or medicines. If deeper sedation or general anaesthesia is planned, the anaesthetic team will give you a separate fasting plan. Tell the team if you feel unwell, develop a cough or breathing problem, or have not followed their instructions.

05

After surgery: care and recovery

The first few days

Vision may initially be blurred and the eye may feel gritty, mildly sore, watery or sensitive to light. These symptoms should gradually improve. A sub-Tenon's block may initially cause double vision or a drooping eyelid while it wears off. Take care on steps, particularly if one eye is covered. Significant or increasing pain is not part of routine recovery.

Your eye drops

Use the drops exactly as prescribed, even if the eye feels well. Anti-inflammatory drops are commonly needed for several weeks; other drops may be prescribed. Wash your hands, avoid touching the bottle tip to the eye or lashes, and follow the supplied schedule. If you cannot manage the drops, ask the team for help. Do not use a generic schedule in place of your prescription.

Protecting the eye

Do not rub or press on the eye. Use the shield at night for the period advised, and keep it clean. Shower carefully, avoiding soap or a direct jet of water into the eye. Avoid dusty or dirty environments while the eye heals. Sunglasses may improve comfort in bright light.

Reading, screens, exercise and work

Reading, television and computer use do not damage the healing eye; use them as comfortable. Gentle walking and light daily activities can usually resume early. Avoid heavy lifting, strenuous exercise, swimming and eye make-up until the team says it is safe. The timing depends on your operation and job; follow your individual discharge advice.

Driving and new glasses

Do not drive on the day of surgery or for at least 24 hours after sedation. Resume only when vision meets the legal driving standard, you are free of troublesome double vision and you feel safe; ask the team if unsure. New glasses are usually considered once vision has stabilised, often around 4-6 weeks, and sometimes after the second eye is treated.

Follow-up

Attend the arranged review or telephone follow-up and continue routine eye checks in the longer term. Vision often improves over days, but healing and the final prescription can take several weeks. Recovery is slower in some eyes. Glasses may still be required, and other eye disease can limit improvement.

SEEK URGENT EYE ADVICE

Contact the surgical team or an emergency eye service immediately for increasing pain, worsening vision, increasing redness, or sticky discharge. New flashes, a sudden increase in floaters, or a curtain or shadow in the vision also need urgent assessment. Do not wait for a routine appointment. Use the emergency contact details in your discharge paperwork.

06

Benefits, risks and realistic expectations

Most people have improved vision after cataract surgery, but the result depends on the health of the whole eye as well as surgery. No procedure can guarantee a particular prescription, complete freedom from glasses or satisfaction.

The risks below are not exhaustive

These are examples of recognised complications, not every possible outcome. Complications may occur during surgery or later, despite appropriate care. They may need medication, laser treatment, another operation or referral to another specialist. Some can leave vision permanently worse than before surgery.

- Infection inside the eye, bleeding or inflammation
- Raised or reduced eye pressure
- Corneal swelling or loss of corneal clarity
- Swelling at the centre of the retina, or a retinal tear or detachment
- Tear in the lens capsule, weak lens supports, loss of vitreous gel or retained lens material
- Movement, incorrect position or dislocation of the implant
- Unexpected glasses prescription or residual astigmatism
- Glare, halos, light streaks, ghosting or a shadow at the edge of vision
- Drooping eyelid, double vision or pupil changes
- Permanent reduction or, rarely, severe loss of sight

Your personal risk

Risk varies with factors such as high short-sightedness, diabetes, previous inflammation, previous surgery, weak lens supports or a dense cataract. Mr Voyatzis will discuss the risks particularly relevant to your eye and priorities, including risks associated with your chosen lens and anaesthetic.

Clouding behind the implant

Months or years later, the remaining lens capsule may become cloudy. This is called posterior capsule opacification; it is not the cataract growing back. If it affects vision, Nd:YAG laser capsulotomy may be advised. This is a separate procedure with its own benefits, risks and possible charges.

REALISTIC EXPECTATIONS

Most people are very happy with their vision following surgery. Although every effort is made to achieve the best possible visual outcome, I cannot guarantee that you will be satisfied with your vision following surgery.

07

Your decision and further information

One eye or both eyes

The eyes may be treated on separate dates. Some suitable patients can have both eyes treated on the same day as separate operations, with specific precautions. This needs a separate discussion about benefits, alternatives and the small possibility of complications affecting both eyes.

Please take time to ask questions about the expected benefit, risks, alternatives and what happens if you choose to wait. Tell the team which activities matter most to you. You can reconsider your decision before surgery and should contact the team if your health or wishes change.

YOUR RIGHTS

This leaflet supports an individual consent discussion. Reading, retaining or signing an acknowledgement of receipt does not waive or restrict your legal rights and does not replace the consent discussion with your surgeon.

Useful questions to bring to your appointment

- How much of my blurred vision is caused by cataract rather than another eye condition?
- Which lens and glasses target best suit my activities?
- Which local anaesthetic suits me, and would sedation help?
- What are my individual risks and what support will I need at home?
- Who should I contact urgently after surgery?

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Selected sources and further reading

NHS: Cataract surgery - the procedure and recovery.

Moorfields: Cataract diagnosis and treatment; Aftercare - expectations and individual instructions.

Moorfields: Cataract service patient booklet - contact-lens removal before biometry: 1 week for soft lenses and 2 weeks for rigid lenses, unless advised otherwise.

NICE NG77: Cataracts in adults, section 1.7; anaesthesia evidence chapter - anaesthetic choices and sedation.

Moorfields: Anaesthesia explained; Royal College of Anaesthetists: Cataract surgery.

Royal College of Anaesthetists: Sedation explained (2025) - preparation, monitoring, risks and discharge precautions.

Cochrane review: Sub-Tenon's versus topical anaesthesia for cataract surgery (2015) - comparative evidence; anaesthetic choice remains individual.

Royal Free London: Cataract surgery - general surgical risks.

Sources accessed 23 October 2026. Your own pre-assessment and discharge instructions take precedence over general recovery timings in this leaflet.