Recovery Time

This is variable but with small incision surgery corneal astigmatism from the wound is now minimal and fluid inside the eye has some inflammatory cells following the surgery. Both these factors can cause blurring and delay visual recovery.

Stable vision is not usually achieved for approximately three weeks post operatively. Until this time people may not be able to read with the operated eye, despite having good distance vision. However attempting to read will do no harm.

Once the vision is sufficiently stable to order spectacles, this will be done. This is usually about three weeks after surgery.

While cataract surgery is the most performed and successful surgery worldwide, it is still surgery and you will need some time to recover. Since clear vision depends on both the eye and the brain working together, the best thing you can do to ensure a speedy recovery is to resume your normal activities as soon as your doctor recommends that you do so. Do the things you do everyday—read, watch television, work on crafts, or use the computer. Drive and engage in physical activities. Perform a range of activities that require a full range of vision. And be patient—your new IOL is a tool that your body has to learn how to use.

QUESTIONS?
Please contact us if you have any questions about cataract surgery you would like answered.

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About Dr John Males

Dr Males is a consultant ophthalmologist at Sydney Eye Hospital, St Vincent's Public and Private Hospitals, Concord Hospital and Macquarie University Hospital. Dr Males is a clinical Senior Lecturer at the University of Sydney, and a clinical Senior Lecturer at Macquarie University. He has consulting rooms in Sydney and Liverpool and is the Chair of the Corneal Unit at Sydney Eye Hospital, as well as the acting Head of Department of Ophthalmology for St Vincent’s Public Hospital. He is also the Production Manager of the NSW Lions Eye Bank. Dr Males is a Principal Coordinator for the Masters of Refractive Surgery at the University of Sydney, the first post graduate degree in refractive surgery in the world.

Dr Males performs all forms of laser vision correction surgery for the treatment of short sightedness (myopia), far sightedness (hypermetropia) and astigmatism. Dr Males offers all the latest technologies in the treatment of eye disease, including blade free LASIK using the Intralase laser; advanced laser surface ablation. Dr Males customises the treatment options to each individual circumstance, as no two individuals are alike. He offers those which are appropriate for each individual, and will discuss the advantages and disadvantages of each technique.

Dr Males has expertise in areas of Cataract surgery, Laser Vision Correction and Corneal Surgery. He underwent his ophthalmology training at Sydney Eye Hospital, followed by fellowship training in corneal surgery at Bristol Eye Hospital in the UK. Dr Males performed the first Descemets’ Stripping Automated Endothelial Keratoplasty (DSAEK) in Australia in April 2006. DSAEK is an exciting new form of corneal transplantation where only the back part of the cornea is transplanted, resulting in a stronger eye and more rapid recovery in vision.

- wear your prescription glasses as advised (new glasses may be prescribed approximately 4-6 weeks later)
- use your eye drops as instructed and the eye shield at night
- confirm with your doctor when to re start your medications that were stopped prior to your operation

DIET
There are no food restrictions, however should you feel nauseated, begin with fluids then progress to light foods.

PAIN
Once the local anaesthetic wears off, you may experience some pain. Panadol or Panadeine may be taken.

BRUISING
may occur around the eye at the anaesthetic site. This should settle without the need for treatment.

FEVER
you are not expected to develop a fever, but if you feel warm after the operation, please inform the nursing staff at the hospital. Your temperature will be taken and if your temperature exceeds 38 degrees celcius, your eye specialist will be informed.

BLURRED VISION
It is normal for your vision to be blurred after your operation.

SYMPTOMS
Please contact our rooms if you develop the following symptoms:
- SEVERE PAIN
- SEVERE DISCHARGE
- SEVERE REDUCTION OR LOSS OF VISION

IT IS RECOMMENDED THAT A RESPONSIBLE ADULT STAY WITH YOU FOR THE REMAINDER OF THE DAY AND IF POSSIBLE THROUGHOUT THE NIGHT ON YOUR OPERATION DAY.
Post-Operative Instructions

PLEASE FOLLOW THESE INSTRUCTIONS UNTIL YOU ARE OTHERWISE ADVISED BY YOUR EYE SPECIALIST.

NO
- strenuous activities such as jogging, swimming, gardening etc. for 2 weeks
- bending down or stooping – if you must bend, bend from your knees (you may incline your head forwards to eat, brush teeth etc) for 1 week
- heavy lifting (limit: a light kitchen chair) for 2 weeks
- make up near the eyes for 2 weeks

DO NOT
- drive your car for at least 1 week to 10 days, ensuring you meet RTA standards
- drink alcohol nor travel alone if you have received sedation pre-operatively. Your body can take up to 24 hours for the sedation to wear off

AVOID
- violent sneezing, nose blowing or coughing if possible
- straining if you are constipated – use a safe laxative
- getting your face wet when showering or washing your hair (this can be done at the hairdressers) for 1 week

DO
- bathe or use a hand shower, taking care to avoid any direct water pressure on your eyes and face
- gently clean your eyes using cottonwool/gauze and cooled down boiled water
- protect your eyes from glare with sunglasses
- take care not to poke your operated eye with your fingers, comb etc
- take care when playing with small children

Along with DSAEK Dr Males performs all types of corneal transplantation including penetrating and deep anterior lamellar keratoplasty.

Dr Males is performing a clinical trial for the treatment of keratoconus with a new treatment known as Collagen Cross Linking. He is also performing in corneal intra stromal rings (both INTACS and Kerarings) for the treatment of keratoconus, as well as corneal transplantation.

Dr Males performs cataract surgery using the latest surgical techniques. He customises the results of cataract surgery to the individual needs of each person by using the different lens types including multifocal, toric and accommodating intraocular lenses. He prefers the latest form of cataract surgery ‘Laser Assited Cataract Surgery’, which offers excellent precision and accuracy without the use of a blade.
WHAT IS A CATARACT?

The lens of the eye is normally transparent. If a cloudy area develops in the lens, it is called a cataract. When the amount of light that passes through the lens is reduced and scattered by the cataract, images are not focused properly on the retina at the back of the eye. The result is that vision becomes increasingly poor.

Cataract formation affects only the lens of the eye and not any of the other structures. A cataract will often worsen so that surgery is needed to remove the cloudy lens and replace it with a permanently implanted artificial lens, or intraocular lens (IOL).

Removal of a cataract is the most common eye operation performed in Australia and New Zealand. It has a high success rate, due to the methods used. The lens is contained within a clear membrane called the lens capsule. With modern methods the capsule is preserved. This is a significant advance in surgical technique because:
- The capsule is used to position the artificial lens
- Risks of surgery are fewer
- Vision following surgery is usually better

ONE DAY PRIOR TO YOUR OPERATION

HOSPITAL
Contact the HOSPITAL to confirm what time you should arrive for your operation.

If you are going to St Vincent’s Private please note the Patient Liaison Nurse will contact you on the last working day prior to your surgery. They may call anytime between midday and 6pm.

OTHER EYEDROPS AND MEDICATIONS
As above

ON THE DAY OF YOUR OPERATION

FASTING
You will need to fast for 6 hours prior to your cataract surgery.

OTHER EYEDROPS AND MEDICATIONS
If you are using eye drops or medications, continue as usual. Take any tablets with a small amount of water 6 hours prior to the admission time.

IMPORTANT
Please remember to fast i.e. nothing to eat or drink 6 hours before your admission time.

X-RAYS
Bring these and any other test results with you to the hospital.
Pre-Operative Instructions

WITH YOUR GENERAL PRACTITIONER
If you have a GP LETTER in your pack (not all patients will receive one) please notify your GP of operation arrangements. Your GP will help determine if pre-operative tests are required, as well as confirming if your medication needs to be stopped prior to the operation date.

The tests results should be sent to our rooms except for the X-Rays. The X-Rays are to be taken to the hospital on the day of your operation.

GENERAL MEDICATION AND EYE DROPS
If you are taking medication or eye drops, continue to take them. Only stop medication that has been discussed and discontinued by your GP or your specialist that prescribed the medication.

COSTS
Please ensure you are advised of all the fees associated with your operation. These may include Surgeons fees, Anaesthetist fees, Assisting Doctors fees, prosthetics items or implants and hospital fees.

Please note, in some cases the Assisting Doctors fees may not be covered by Medicare or your private health fund.

Please refer to your Financial Informed Consent for the costs of your surgery.

CAUSES OF A CATARACT
Cataracts develop as a normal part of aging. Cataracts usually develop slowly and at a different rate within each eye. Some years may pass before the cataract interferes with vision enough for a person to seek expert advice from an ophthalmologist.

Diabetes, various eye diseases, eye injury or excessive ultraviolet light may also cause cataracts.

SYMPTOMS OF A CATARACT
Early symptoms include glare and sensitivity to bright light. Later, as the cataract continues to worsen, haloes may appear around the lights. Night vision typically decreases; vision becomes blurred, hazy and foggy. Though near vision without glasses can improve. Colours often become duller and darker.
Laser cataract surgery is a new bladeless surgery technique, first used in 2011 in Australia. The new technology uses a computer guided Femtosecond laser to perform the early stages of the cataract operation, cutting the tissues with a degree of precision that manual techniques struggle to match.

Femtosecond laser technology has already been well proven in Refractive Laser Eye Surgery for nearly 10 years with well over 1 million procedures performed to date. Results from early clinical studies in the USA and Europe indicate the benefits of the technology in a number of areas. Experimental studies show the strength of a laser capsulotomy versus a manual one. This will hopefully reduce complications from inadvertent tears of the capsule. It is felt the precision of the capsulotomy will lead to more accurate IOL positioning, giving better unaided visual acuity.

The Femtosecond laser assists the surgeon in completing the incisions, the opening into the lens and the softening of the lens. It is felt this will create more reproducible results with regard to astigmatism allowing better visual results. The surgeon then removes the cataract with ultrasound energy by phacoemulsification as previously described in this booklet. This technique offers the advantages of precise bladeless incisions into the eye and opening into the lens. The reduction in time, energy and fluid used during Laser Assisted Cataract Surgery, will deliver less invasive surgery and less damage to the endothelium leading to quicker visual recovery due to a reduction in post-operative corneal oedema. The surgery is however more expensive than traditional cataract surgery.

Dr Males is pleased to be amongst the first surgeons in Australia to offer laser cataract surgery.
Are there different types of cataracts?
Yes, there are several types of cataracts. The different types are defined by which part of the lens they affect. Nuclear cataracts are the most common and usually form as a natural part of the aging process as cells from the lens deposit in the nucleus of the lens. Cortical cataracts are also fairly common and form when the shell, or cortex, of the lens becomes hard.

Can cataracts come back?
Once a cataract has been removed it cannot return. However, over time, patients may complain that their vision has once again become cloudy. This may be due to cloudiness of the back surface of the new lens and can be treated easily with a small, once only, laser procedure.

How long after surgery can I drive?
A minimum of 10 days after surgery, provided you fulfill the RTA requirements.

How long after surgery can I get new glasses?
You will be able to get new glasses 4 weeks after your surgery.

Possible Complications

As with any operation there is always some risk of complication. Approximately 99% of cataract cases are very successful. There is an overall incidence of complications of about 1% of which only 1 in 500 are severe.

Complications such as intraocular hemorrhage, acute infection or sympathetic ophthalmia can have devastating effects, even loss of vision in extremely rare cases. Other complications can include glaucoma, corneal clouding and retinal detachment; but these are extremely uncommon.

Complications can occur during surgery with the dislocation of the cataract, or part of it, into the posterior segment of the eye.

It is not the purpose of this pamphlet to discuss all these conditions in detail. Please ask Dr Males about the risk of these and other complications.
WHAT IS AN INTRAOCULAR LENS (IOL)?

The artificial lens implant is called an intraocular lens (IOL). It is a transparent plastic disc with a shape similar to the natural lens. Two plastic extensions press against the capsule and lock the IOL in place in the back portion of the lens capsule.

Many different types of IOLs are available to suit different cases. The IOL is prepared according to your surgeon’s prescription. Multifocal IOLs are available and suitable for some patients. IOLs may help in the correction of astigmatism.

Some people fitted with IOLs may not need glasses for distance vision after surgery.

Surgical Techniques

The most common surgical technique is phacoemulsification. The surgeon makes a very small incision (about 2.2mm) near the border of the cornea and sclera or in the cornea. A small probe that vibrates at high frequencies is inserted into the capsular bag to divide the cloudy lens into small pieces. The pieces are gently suctioned away from the lens capsule through the probe.

The IOL is then usually inserted into the capsular bag in the posterior chamber. In some cases the artificial lens may have to be placed in front of the iris in the anterior chamber. The incision is so small that no stitches are required.

After surgery the eye is covered with a shield for protection. The operation takes approximately 30 minutes.