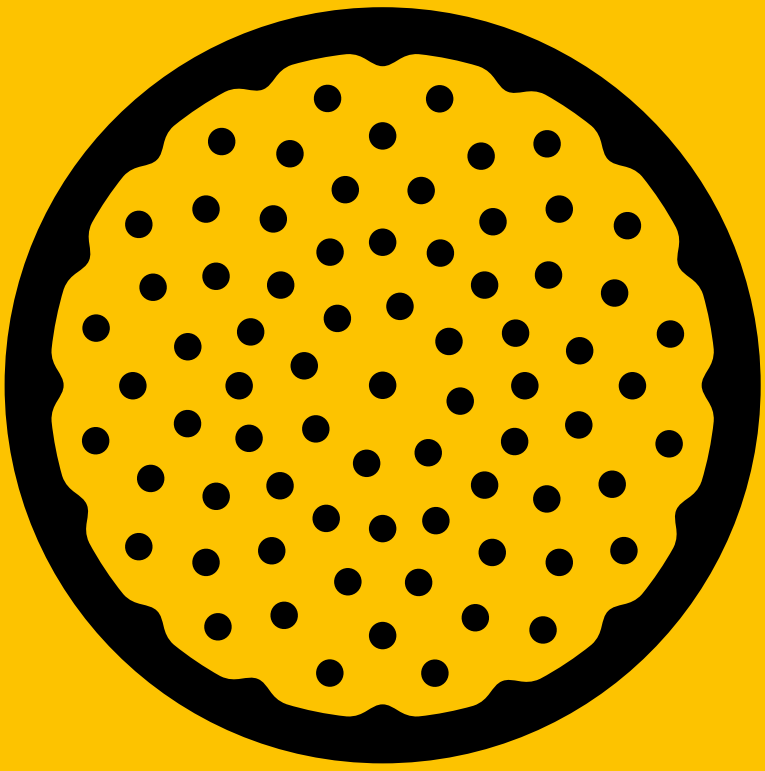
Understanding

Cataracts

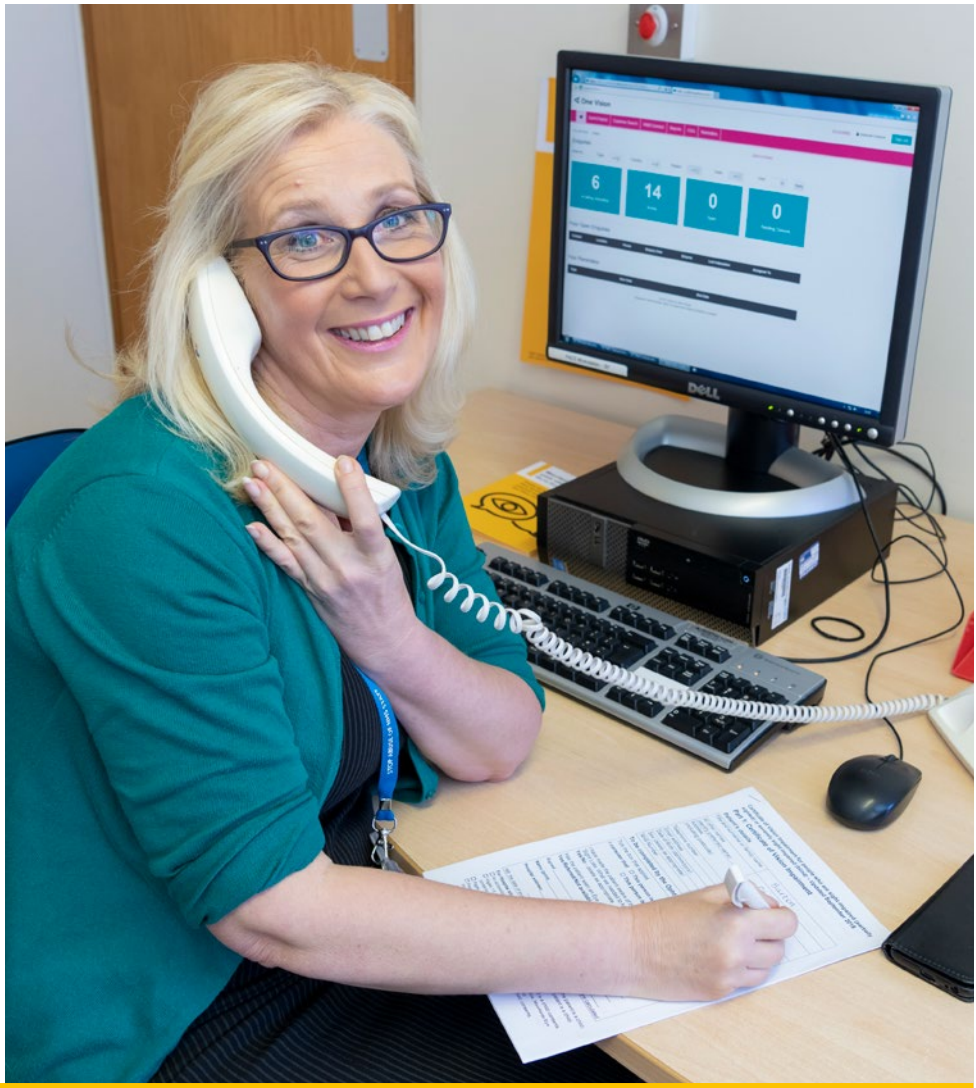
RNIB

See differently



Sight Advice FAQs

Ask the Sight Advice FAQ website your questions about sight loss, and get helpful answers: **sightadvicefaq.org.uk**



Contents

RNIB's Understanding series

The Understanding series is designed to help you, your friends and family understand a little bit more about your eye condition.

Our booklets are available in print, audio and braille. To request these formats, contact our Helpline 0303 123 9999 or visit shop.rnib.org.uk.

Contact us

We're here to answer any questions you have about your eye condition or treatment. If you need further information about cataracts or on coping with changes in your vision, then our Helpline is there for you.

RNIB Helpline

0303 123 9999

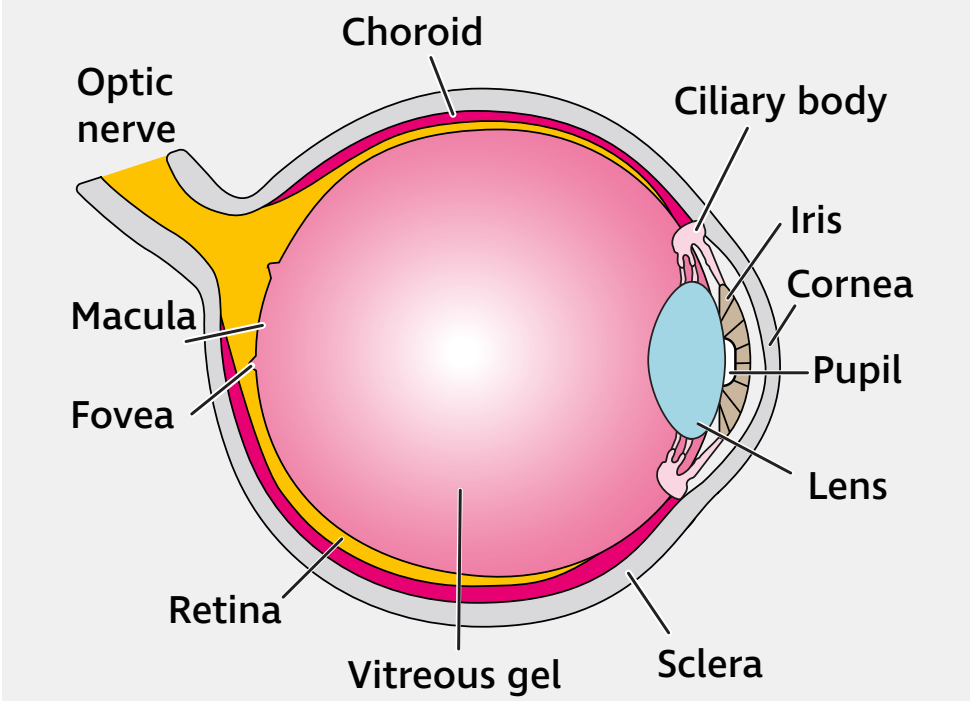
helpline@rnib.org.uk

Or say **"Alexa, call RNIB Helpline"** to an Alexa-enabled device.

What are cataracts?

A cataract is a clouding of the lens inside your eye. Your lens sits just behind your iris, the coloured part of your eye. Normally your lens is clear and helps to focus the light entering your eye. Cataracts cause your sight to become cloudy, misty and sometimes blurry.

Cataracts usually affect both eyes but can affect just one eye or affect one eye before the other. Cataracts are treated by surgery, which removes the cloudy lens and replaces it with a clear artificial lens.



How your eye works

When you look at something, light is focused by the cornea and then the lens onto the retina. The lens is normally clear to allow light to pass through. The lens is clear because of the way the cells in the lens are arranged. When the lens focuses light onto the retina, the light is converted to electrical signals. These signals travel through the optic nerve to the brain. The brain interprets these signals to "see" the world around us.

The lens can change shape, allowing us to focus on objects at different distances. This is called "accommodation of vision". As we get older, the lens is unable to change shape as well as it used to. It causes people to start to need reading glasses to see things up close.

Cataracts result from changes in the way the cells of the lens are arranged and their water content. This causes the lens to become cloudy instead of clear. When this happens, light cannot pass directly through the lens, and you may notice problems with your vision. A cataract is not a growth or a film growing over the eye. It is simply the lens becoming cloudy. Other people will not usually be able to see that you have a cataract because it is inside your eye.

Do I have cataracts?

Cataracts normally develop slowly. At first, the changes to your sight may be difficult to notice. Your optometrist (also known as an optician) may be able to detect cataracts when you have your regular eye test.

As cataracts get worse, you'll start to notice symptoms such as:

- You feel like your glasses are dirty and need cleaning, even when they don't.
- Your sight is misty and cloudy.
- You're more sensitive to light – bright sunlight or car headlamps may glare more.
- Colours look less vibrant.

Eventually, cataracts can cause your sight to become more and more misty or cloudy. You may find things have become difficult to see all of the time.

Why have I developed cataracts?

Cataracts normally develop as we get older. Most people start to develop cataracts after the age of 65. But some people in their forties and fifties can also develop cataracts.

Some children have cataracts, which are managed in a different way. RNIB has information on congenital cataracts (also known as childhood cataracts) on our website.

Certain things make it more likely that you will develop cataracts:

- People who have diabetes often develop cataracts earlier.
- Having an eye injury can cause the injured eye to develop a cataract.
- Some prescription medications can cause cataracts, for example steroids.
- Eye surgery for a retinal problem will likely lead to cataracts in the affected eye at some point in the future.
- Other eye conditions, such as retinitis pigmentosa, glaucoma or uveitis, may also cause cataracts.
- Having high myopia (being very short sighted) may cause cataracts.
- People who have learning disabilities are more likely to develop cataracts.

Despite the different causes, most cataracts are treated using the same type of surgery.

What can be done about cataracts?

There are several options for managing your cataracts:

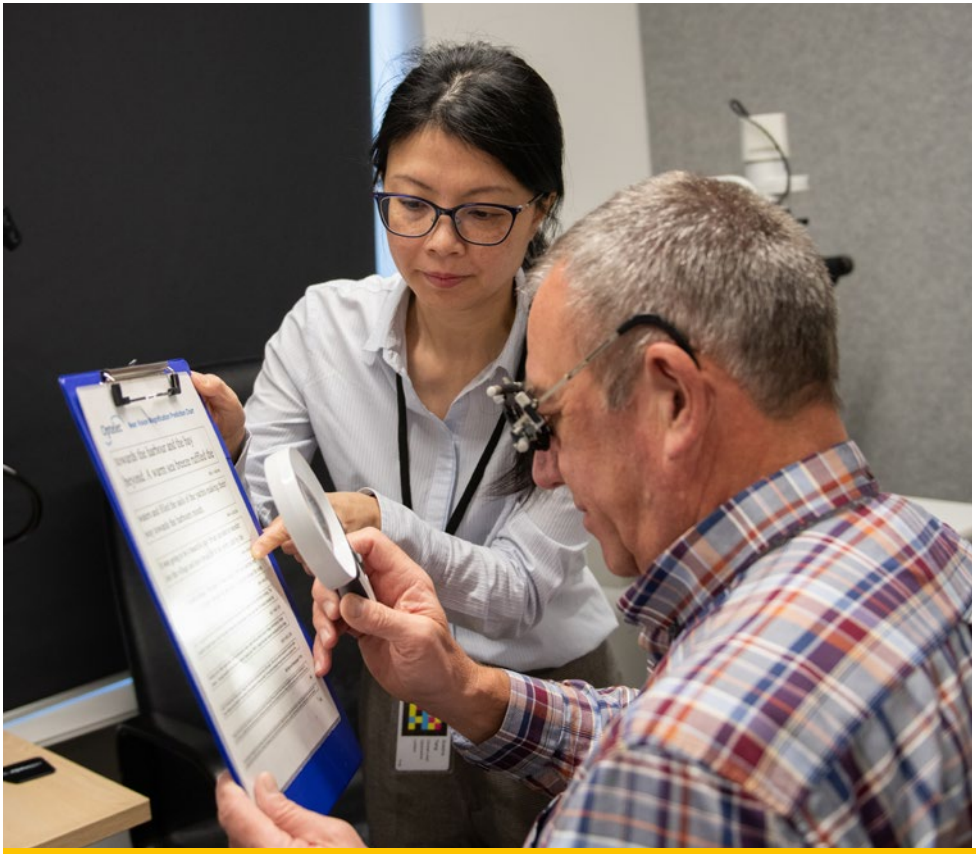
Do nothing. If the cataract is not affecting your vision too much at the moment, then doing nothing is an option. Cataracts will make your sight more and more cloudy as they develop, but they won't cause permanent damage to your eye. Sometimes, a change in glasses prescription may help to make your vision clearer. You may have a change in glasses prescription more often. Eventually as the cataract develops, a change in glasses prescription will be unable to make your vision clearer.

Use aids and adaptations. This option is suitable if you choose not to have surgery, or if you're told surgery is not yet the right option for you due to other eye or health conditions. This option can also be used for making the most of your sight while you wait for surgery. Adaptations such as making text larger, using better lighting, and using colour to make things stand out can help.

Have surgery to remove cataracts. Surgery is the only way to treat cataracts. The cloudy lens is removed and replaced with a clear artificial lens. Once treated, your vision can return to how

it was before the cataract started developing (as long as there are no other eye conditions affecting your sight).

There isn't any medicine or drops that can remove cataracts – surgery is the only way to treat them. There's nothing you can do to stop cataracts from developing or getting worse. However, it's a good idea to wear sunglasses to protect your eyes from ultraviolet (UV) light.



When should I have my cataract surgery?

Cataracts can be removed at any stage if they are impacting your day to day activities. You don't have to wait for them to "ripen" before having surgery. Your optometrist can monitor your cataracts at regular eye tests and can help you decide when you want to be referred for cataract surgery. Cataract surgery is performed by an ophthalmologist (eye doctor), but you will usually see different members of their clinical team before and after the surgery.

Making the decision to have your cataracts removed depends on a few things:

How badly your sight is affected. The decision depends on whether the benefit outweighs the small risk of having surgery. The benefit is the improvement in vision you are likely to get from the surgery. If you have no other eye conditions or health concerns, then the benefit usually outweighs the risks. For example, if you're finding it difficult to read, use a computer or drive, then removing your cataracts may be necessary. The benefit would not outweigh risk if it's a mild cataract that isn't affecting your sight.

Whether you have any other eye conditions. If you have another eye condition, you may still be able to have cataract surgery, but there may be more concerns about complications. Your ophthalmologist may want to delay the operation for as long as possible to put off the risk of surgery. But this needs to be balanced with how much of your sight is being affected by cataracts. You should speak to your ophthalmologist about cataract surgery and the impact or risks it may have on other eye conditions.

Whether you only have sight in one eye. If you have sight in only one eye, your ophthalmologist may recommend putting off surgery for as long as possible. This is to reduce any risk to your good eye until the operation is more necessary.

How you use your sight from day to day. The timing of surgery is different for everyone. If you make your living by driving, for example, you may need your cataracts removed earlier than someone who doesn't drive. If you drive and have cataract in both eyes, check with your optometrist to ensure you still meet the DVLA's vision standards.

If cataracts are impacting your day to day activities, you can generally decide when to have surgery. Cataracts only affect the lens of your

eye. If you delay surgery, your vision will become cloudier, but the surgery results will be the same as if you had it earlier. You won't permanently damage your vision by waiting. Sometimes, very dense cataracts are harder to remove, and surgery may have more risks, but they can still be treated to improve your vision.

Some people have cataracts removed even when their vision isn't badly affected, to help with other eye conditions. This might be, for example, to help control high eye pressures in people with closed angle glaucoma, or to help doctors see the back of the eyes better in people with diabetes. The eye specialist looking after these conditions will tell you if for any reason, they think you should have earlier treatment.

Being referred for cataract surgery

Your optometrist can help you decide when you need and want to be referred for cataract surgery. They can then refer you to a cataract clinic. This may be at an NHS hospital or an independent hospital or treatment centre in the community providing NHS care. Your optometrist will discuss the available options for where you can be referred. Some people may consider having cataract surgery privately.

The clinic you have been referred to will provide you with further information about what will happen next. If you have any questions about your referral, contact your optometrist.

How long will I have to wait for surgery?

The wait time for cataract surgery depends on local waiting lists, with NHS guidelines setting a maximum wait time. If you live in England, you can check myplannedcare.nhs.uk for average waiting times in your area.

If your cataracts are affecting your ability to do daily activities more and more while you are waiting for surgery, contact your optometrist. Your optometrist may be able to refer you to a cataract clinic with a shorter wait time or support a more urgent referral. You can also let the cataract clinic know that you'd like to be put on the cancellations list so that you can be advised of any short notice cancellations.

Managing your vision while waiting

Living with reduced vision while waiting for cataract surgery can be challenging, especially if both eyes have cataracts. This may not impact you too much before you receive your treatment, but there are a lot of things you can do to make the most of your vision while you wait for treatment. This may mean making things bigger, using brighter lighting, or using colour contrast to make things easier to see. These adaptations are only needed temporarily

while you wait for surgery. After surgery, your vision should return to how it was before the cataract developed (as long as there are no other eye conditions affecting your sight).

Cataracts can also cause glare and make you light sensitive. More information about coping with light sensitivity can be found on our website **rnib.org.uk/eyehealth**.

Speak to your optometrist about whether it is ok for you to drive while you are waiting for cataract surgery. This will depend on whether your sight meets the DVLA's vision standards. You may have to stop driving if your sight worsens while you are waiting.

For more information and support about managing with reduced vision, contact our Helpline.

What will happen before surgery?

Your clinical team will discuss with you exactly what to expect before, during, and after surgery. This will include the potential risks and benefits involved. If you're unsure about anything, don't be afraid to ask. If you decide to go ahead with the operation, you'll need to sign a consent form, so it's important to make sure you feel fully informed.

It's natural to feel anxious at the prospect of having surgery. If you feel worried or anxious about the surgery, speak to the clinical team. They can help address any concerns you might have about cataract surgery.

Before your surgery, you'll have a pre-op assessment appointment. Part of this assessment will be in person at the cataract clinic and part may be done as a video or telephone call.

Part of the pre-op assessment will check that your general health is good enough for surgery. You should let your clinical team know of any medication you are taking and any general health problems you have, so that they can advise you of any preparation you need to make before surgery.

At the face to face pre-op appointment, measurements of the shape of the front of your eye

and the length of your eye will be taken. This is used to calculate which artificial lens will be implanted into your eye. The artificial lens is made of plastic or silicone and will not need to be changed for the rest of your life.

If you've had any previous surgery to your eye, including laser surgery to reduce your need for glasses, you should tell your clinical team. This is because previous laser eye surgery can affect the calculations used to measure the strength of the lens implant.

If you wear contact lenses, you may be required to leave them out for a few days in preparation for the pre-op assessment appointment or the surgery.

The pre-op assessment will also make sure your eyes are healthy for surgery. Some people may be advised to manage dry eye or blepharitis prior to the surgery. Blepharitis is an inflammation of the eyelid margins and can sometimes be caused by a bacterial infection. It's important to manage blepharitis as well as possible before surgery to reduce the risk of infection during or after surgery. Blepharitis and dry eye can usually be managed by lid hygiene (cleansing of eyelid margin) and artificial (lubricating) tear eye drops. Your medical team will be able to advise on how to manage

any blepharitis or dry eye before and immediately after surgery.

More information about dry eye can be found on our website rnib.org.uk/eyehealth.

Cataract surgery can be done one eye at a time, starting with the eye that has worse vision. Surgery for your second eye may also be considered and planned for at this appointment. If appropriate, it can be scheduled in for some time after the first procedure. However, if the vision in your second eye isn't impacted too much at this time, your optometrist can refer you back to the cataract clinic when surgery becomes necessary.

If there are no complicating factors, then you may be offered cataract surgery on both eyes at the same time. Particularly if you require general anaesthesia, it is usually safer to remove both cataracts at the same time. This is known as immediate sequential bilateral cataract surgery (ISBCS).

After cataract surgery, you will need to put in eye drops for a few weeks to help your eye to recover. These drops are really important. If you think that

you'll have difficulty putting drops into your eyes after the surgery, then you should discuss this with your clinical team before your operation. Your clinical team may be able to suggest a suitable eye drop dispenser for you to use to help you put in the drops.

Your clinical team will also let you know what you need to do to get ready for the surgery. This may include:

- How much time you might need to take off work after your surgery
- Managing your general health and medications before and after surgery.
- Making plans for getting to and from the clinic on the day of your surgery as you will not be able to drive yourself home.
- Helping you feel comfortable and prepared, especially if you have dementia or other specific needs
- Any arrangements you may need to put in place for the day of surgery or while you recover, for example if you have caring responsibilities or you live alone.

Choice of vision correction

During cataract surgery, the clouded natural lens is replaced with an artificial lens implant called an intraocular lens (IOL) implant. The IOL can be chosen to help correct any long or short sightedness where required.

On the NHS, you will be offered a monofocal IOL implant. Monofocal IOLs are lenses with a single point of focus. This means the IOL can give you clearer vision at distance or near without the need for glasses, but not both.

Most commonly, the IOL that is chosen gives you clear distance vision without needing glasses. This means you will be able to see things that are far away relatively clearly after surgery (such as watching TV or driving). Because the IOL is unable to change focus from distance to near vision, you will need to wear reading glasses to see things that are close up (such as for reading and looking at your phone). This pair of glasses will usually be a different prescription to the one you had before the operation.

Some people may prefer to have an IOL which gives them clear vision close up without needing glasses for reading. But they will need glasses to see things further away. This can be an option for people who

are short-sighted and are used to wearing glasses for distance vision and taking them off to read.

Although the chosen IOL aims to give you clear vision at distance or near without the need for glasses, sometimes, this is not achieved. You may still need glasses to fine-tune the focus and to get the best possible vision at both distances.

Talk to your clinical team before surgery about how your eyes will be corrected following your operation. Your optometrist should also be able to discuss options with you, when referring you for surgery.

There are some IOLs which aim to correct both your distance and near vision so that you no longer need to wear any glasses. They are known as multifocal IOLs or extended depth of focus IOLs. These are only available privately. However, some people who choose these lens implants may still require glasses, either for reading, for distance or sometimes for both. Because of this, they aren't available on the NHS at present. Your clinical team may be able to discuss the advantages and disadvantages of these types of lens implants with you. If you have astigmatism, you can also ask about toric lenses which can correct for this. However, in most areas, they are not available on the NHS, and they may

only be offered to people who have a certain amount of astigmatism.

Anaesthetic for surgery

Most people have the operation under a local anaesthetic. This means that you'll be awake during the operation, but you won't feel any pain. Your local anaesthetic will usually just be eye drops, but occasionally an injection may be used or a combination of both.

If you think that having the operation with a local anaesthetic may be difficult, speak to your clinical team as soon as you can.

It's possible to have the cataract surgery under general anaesthetic in certain situations. However, because a general anaesthetic has more risks, it's usually only offered to people who would have real difficulty with a local anaesthetic. For example, someone with uncontrolled movement problems, or someone who has difficulties lying flat or someone who may struggle to follow instructions because of dementia or learning difficulties.

Most cataract operations are performed as day-case procedures, meaning you can go home the same day as the surgery. It's quite rare for you to have to stay overnight in hospital even if you have a general anaesthetic.

What happens during cataract surgery?

You should probably plan to be at the clinic for half of the day of your surgery. Your clinic will tell you when to arrive and when you can expect to leave.

On the day of surgery, a member of the clinical team will tell you what will happen. You will normally be seen by the nursing team first, then by the ophthalmologist who will do the operation.

Cataract surgery is carried out in an operating theatre. Before the surgery, you'll be given local anaesthetic drops and/or an anaesthetic injection to numb your eye. You'll also be given drops to dilate (widen) your pupil. The drops take a while to work and you will have to wait until your pupils are fully dilated.

Usually, you will have your eye and the area around it cleaned to help prevent infection. Your face will then be covered with a sterile sheet so that only the eye being operated on is exposed. This also protects you from infection. Once your eye is numb and your pupil is dilated, your ophthalmologist will start the operation. During the operation you will be asked to keep your head still while you lie as flat as possible.

During the surgery you may be able to see

movement and a change in lights or shadows, but it's unlikely that you will be able to see any detail of what's happening. You may hear the clinical team talking during the operation. It's important that you remain still. The clinical team will let you know how you can communicate with them during the surgery, if you need to.

Almost all cataract surgery in the UK is performed by phacoemulsification. This is a way of removing your cataracts with an instrument that uses ultrasonic vibrations to break up the lens in your eye.

Your ophthalmologist will make some very small cuts through the cornea, which is the clear front of your eye. This allows them to introduce instruments through your dilated pupil to reach your lens.

The lens in your eye is made up of different layers, and the outside layer is a flexible clear membrane called the lens capsule. During the operation, the ophthalmologist cuts through the front of the lens capsule so they can reach the lens inside. The ophthalmologist uses a probe to break up your lens and remove it using suction. Your lens capsule is kept in place so that the artificial lens implant can be placed inside it. The

lens implant is small and flexible and is folded so that it can be put into your eye through the same incision. The lens implant unfolds within the eye and is held in place by the lens capsule.

The standard surgical method is carried out manually by the surgeon. Part of the procedure can be automated using a computer-controlled laser. This is called femtosecond laser-assisted cataract surgery (FLACS).

Cataract surgery usually takes around 20 minutes. In some cases, it can be even quicker than this and some cases may take longer depending on your circumstances. Your clinical team will be able to let you know if your surgery might take a little longer.

If you are having cataract surgery on both eyes on the same day, the ophthalmologist will first operate on one eye. Once the first eye surgery is completed successfully, they will operate on the second eye. You'll stay in the operating theatre throughout, but the two procedures are completely independent. Separate surgical equipment will be used for each operation. This reduces the risks of having surgery to both eyes at the same time.

At the end of the operation your eye may be covered with a dressing or more commonly with a clear eye shield to keep it clean. You will be checked shortly after the surgery. When your clinical team is happy with your eye, you'll be able to go home. You will be given instructions on how to care for your eye while it recovers.

After surgery your vision will be blurry because of the drops that were used to dilate your pupils, and this may take several hours to wear off. You should not drive yourself home after the surgery and you should also take care on stairs and steps.

Your post-operative care

After your operation your clinical team will advise you when and how you will be reviewed. This may be a follow up appointment with the cataract clinic or with an optometrist (optician) in the community. The follow up appointment will be around 4-6 weeks after surgery. If you have any concerns about your eye before then, it's important to contact your cataract clinic straight away. You will be given a number to contact if you have any concerns after your surgery.

Recovering from cataract surgery

Your eye may feel sore once the local anaesthetic begins to wear off. The clinical team will tell you how to deal with this pain, but usually, it can be helped by taking over-the-counter painkillers such as paracetamol.

Often your eye does not need to be covered after cataract surgery, but if you do have a dressing or eye shield on your eye, you should keep it in place overnight. Normally, you can remove this the next day and leave your eye uncovered during the day. At night, you may be advised to wear the eye shield, which will prevent you from accidentally rubbing your eye while you're sleeping. You'll be given instructions from the clinical team about how long to use this.

Your eye may look red when you remove the dressing or eye shield, and you may notice some bruising around your eye. This is normal and should improve after a couple of days.

Most people recover very quickly following cataract surgery and you may feel back to normal the day after your operation. Some people might feel more tired than usual after the surgery, but after a few days you'll start to feel back to normal.

Side effects usually resolve in a few days, but full eye recovery can take 4 – 6 weeks.

After surgery, you'll have a course of eye drops to help control any swelling and to help your eye to heal. It is important to finish this course of treatment. For most people, this means taking the drops for a few weeks. Your clinical team will advise when you should start using your eye drops, but this will usually be the morning after the operation. Your clinical team will give you instructions on how to use your drops including how many times a day and for how long.

What will my sight be like after the operation?

You may notice your vision is brighter and it may be clearer than it was before the operation. You might notice this change straight away, but it may also take a couple of days for your sight to improve. Within two to five days, your eye should be feeling normal, and the cloudiness caused by your cataract should be improved.

You will find that your glasses prescription is no longer suitable for the eye that has been operated on. If you need cataract surgery in both eyes, you may be advised to wait about six weeks after your second operation before getting new glasses.

Although all the calculations and measurements done before the surgery may have been correct, you may still find that you need both distance and near glasses afterwards, to give you the best possible vision. This is because the aim of cataract surgery is to give you clear vision, rather than to remove your need for glasses.

If you are very short-sighted or very long-sighted, you may have some difficulty with unbalanced vision or double vision after your first eye is treated and while you are waiting for the second eye surgery. This is because you will have a

reduced spectacle prescription in the treated eye only. It's important that you discuss this with your optometrist before the surgery so that you know how you can manage between the two operations. You may find it better to wear no glasses at all. Or your optician may suggest removing the lens from your glasses on the side that has been operated on. Some people find ready-made reading glasses helpful as a short-term solution, although these will not match the vision in both eyes. You can speak to your optician about ways to manage the imbalance in vision.

Do I need to avoid any activities after my surgery?

You'll probably feel back to normal within two to three days. If you're working, you may feel fit enough to go back soon after the operation, depending on the nature of your job. Your ophthalmologist will advise you how long you may need to take off work. It is usually ok to continue with light everyday activities following your operation such as shopping, reading, watching tv.

While your eye is recovering:

- don't rub your eye.
- don't do any strenuous activity and heavy lifting – lifting up light shopping is fine, but avoid activities such as moving heavy furniture.
- don't wear eye make-up
- don't go swimming even with goggles – as it may cause an infection.
- don't take part in contact sports, such as boxing, martial arts, rugby or other sports which risk a blow to the eye.

You may also need to be careful in these situations:

- when it's windy outdoors, in case something blows into your eye, though it's OK to get out and about.
- in dusty environments – very dusty places may irritate your eye.
- when washing your hair and face – it's ok to shower and bathe but be careful not to get soapy, dirty water into your eye when you're washing.

You may also find that lights seem brighter than normal immediately after your operation, but this should get better with time. Sunglasses may help with these symptoms in the meantime.

You'll be advised at your follow up appointment if your eye is healed and whether you can go back to your normal activities, including the ones listed here. If you are concerned about doing a specific activity, discuss this with your cataract clinic or optometrist. It may be worth avoiding any activities you are worried about until you've had your follow up appointment.

Most people are able to drive soon after their cataract operation. You need to ensure that you can meet the DVLA's vision standards. This may depend on how well you can see after the cataract surgery. It may also depend on what the sight is like in your other eye, and whether you have any imbalance in vision between the two eyes following surgery. You should ask your cataract clinic or optometrist for advice about driving. They will be able to check your vision and let you know when you can start driving again. You should only drive when you're comfortable and confident that your vision meets the legal standard for driving.

What are the complications of cataract surgery?

Cataract surgery is a safe and successful operation. It is the most common operation performed in the UK. The chances of having a serious complication are very low. The risk of having complications that could affect your sight in the long term is even lower.

Posterior capsule opacification

The most likely complication following the surgery is called posterior capsule opacification (PCO). This is where your lens capsule, which holds the lens implant in place, becomes cloudy. This can occur weeks, months or years after surgery. This cloudiness will affect your vision. If this happens, you will usually be offered a simple laser procedure to make your sight clear again. Approximately 1 in 3 patients will develop PCO within five years of their cataract surgery.

More information about PCO can be found on our website **rnib.org.uk** or by calling our Helpline **0303 123 9999**.

Macular oedema

Macular oedema is where fluid collects in the central part of your retina, called the macula. It usually occurs within a few weeks of surgery and will often resolve on its own. It can make your central vision blurry or distorted until the fluid resolves. Sometimes you might be prescribed additional eye drops to help this clear up. If you notice any persistent worsening of your vision in the weeks after surgery, you should contact the cataract clinic that operated on you.

Negative and positive dysphotopsia

Following cataract surgery some people see unwanted images known as dysphotopsia. Dysphotopsia can be 'negative' or 'positive'.

Negative dysphotopsia can cause you to see dark shadow in the far edges of your vision. This is often described as a 'half-moon' or 'crescent'. The image tends to be variable. Shining light to the side can reduce the image in most people. Also correcting even the smallest amount of longsightedness or shortsightedness can help. The negative dysphotopsia can also reduce if one eye is covered in turn.

There is evidence that negative dysphotopsia may be caused by a slight difference in magnification

caused by the new IOL compared to the old natural lens. Most people get used to it within a few weeks as their eye adapts to the new IOL.

Positive dysphotopsia is when you can see unwanted light, such as a streak, starburst, flicker, fog, or haze. Positive dysphotopsia happens due to light entering the eye at an angle. It typically doesn't resolve with time. In some cases, making the pupil smaller (miosis) may help symptoms. This is usually with long-term use of an eye drop known as a miotic drug. In more extreme cases the IOL may be removed and replaced with an IOL made from a material that bends the light differently.

Rarer serious complications

There are some very rare but serious complications that may occur which can put your vision at risk. The chance of this happening is approximately one in 1,000. These include:

- retinal detachment
- problems with the position of the lens implant
- a break in the lens capsule
- infection.

If you have any unexpected symptoms after your operation, contact your cataract clinic straight away.

Unexpected symptoms include:

- severe pain
- blurriness or distortion in your vision
- flashing lights or floaters
- persistent redness, pain or light sensitivity

If you have a complication, the sooner that treatment is given, the better the outcome for your sight. If you're in doubt about whether your symptoms are normal or not, it's always best to contact your cataract clinic or optometrist for medical advice.

If you're concerned about the risks of your cataract operation, you should discuss this with your ophthalmologist before the surgery.

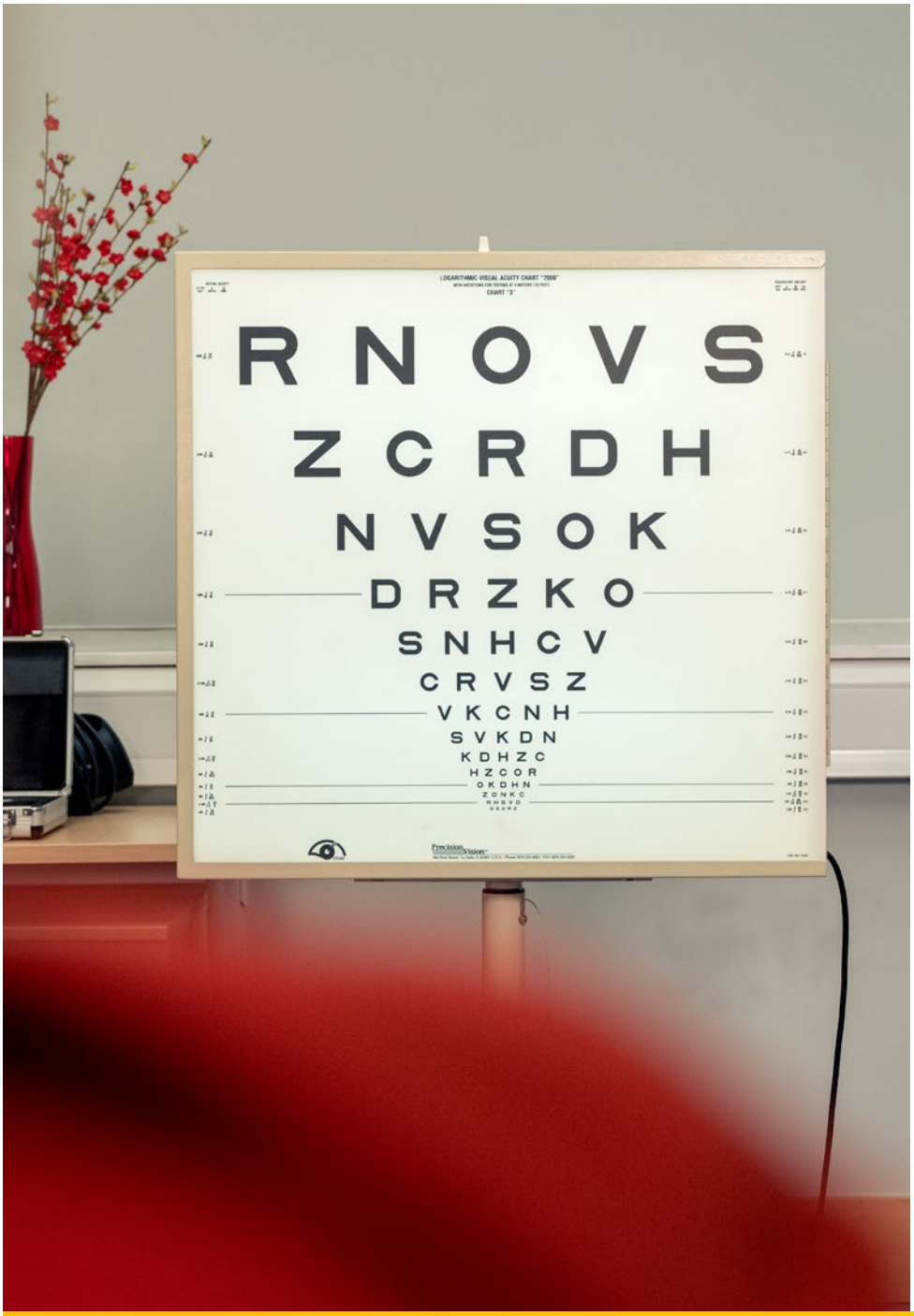
It is important to remember that most people who have cataract surgery have no problems at all.

It is not possible for cataracts to grow back after surgery. This is because the lens has been removed and the new plastic lens cannot develop a cataract.

The National Ophthalmology Database (NOD) cataract audit aims to improve the care that patients receive during cataract surgery.
It collects data on how well hospitals and clinics

perform these surgeries, helping to identify areas for improvement. The audit looks at outcomes such as the rate of complications and the success of the surgery in improving vision. Patients can compare their hospital's performance with national standards. You can find this data on the NOD audit website at **nodaudit.org.uk**.

If your hospital is one of the few that don't participate in the national cataract audit, you can still contact them directly for information on their cataract surgery outcomes.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H Z C O R
O K D H N
Z O N K C
R H S V O

Further help and support

If you need further information about cataracts or on coping with changes in your vision, then our Helpline is there for you.

RNIB Helpline
0303 123 9999
helpline@rnib.org.uk

Or say **“Alexa, call RNIB Helpline”** to an Alexa-enabled device.

Our opening hours are Monday to Friday, 9am – 6pm

Other useful contacts

Driver and Vehicle Licensing Authority (DVLA)
Drivers’ Medical Enquiries
Swansea SA99 1TU

0300 790 6806
dvla.gov.uk

About The Royal College of Ophthalmologists

The Royal College of Ophthalmologists champions excellence in the practice of ophthalmology and is the only professional membership body for medically qualified ophthalmologists.

The College is unable to offer direct advice to patients. If you're concerned about the health of your eyes, you should seek medical advice from your GP or ophthalmologist. **rcophth.ac.uk**

Information sources

RNIB and The Royal College of Ophthalmologists do all we can to ensure that the information we supply is accurate, up to date and in line with the latest research and expertise.

This publication uses information from:

- The Royal College of Ophthalmologists' guidelines for treatment
- clinical research and studies obtained through literature reviews
- specific support groups for individual conditions
- medical text books
- RNIB publications and research.

For a full list of references and information sources used in the compilation of this publication, email eyehealth@rnib.org.uk

We value your feedback

You can help us improve our information by letting us know what you think.

- Is this booklet useful, easy to read and understand?
- Is there anything missing?
- How clear, relevant and helpful did you find the images and diagrams?
- How could we improve it?

Send your comments to us by emailing us at **eyehealth@rnib.org.uk** or by writing to:

Eye Health Information Service, RNIB, The Grimaldi Building 154A Pentonville Road London, N1 1JE.

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rnib.org.uk

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