

Preoperative Information about Cataract Surgery

This sheet reviews the discussion that I have with all patients prior to cataract surgery. A cataract is a clouding of the lens of the eye that blocks the light from reaching the inside of the eye. In order to improve the vision, an operation to remove the cataract is necessary. The operation uses an ultrasound or it is complemented with a laser based on the options we elected to remove the cataract. The cloudy lens is replaced with a clear plastic lens call an "intraocular lens" (IOL) implant. Several different types are made; I recommend the one I think is best suited to your situation. Most patients obtain an improvement in vision after cataract surgery; however, it is not always possible to determine exactly how much it will improve; about 5% of the time there is little improvement, due to any or a variety of pre-existing factors, including glaucoma nerve damage, macular degeneration, etc.

Modern eye surgery is very safe. Any surgery has the risk of complication. This could include infection, a retinal detachment, bleeding within or behind the eye, worsening glaucoma or other problems which can permanently damage the sight. These are extremely rare - a problem that results in permanent decrease in vision occurs in less than 1% of surgeries, and total loss of vision occurs in less than about one in every thousand operations. However, you must be aware of the possibility in order to make an informed decision about whether to proceed with the surgery. I do not recommend cataract surgery unless your current vision is not satisfactory to you or you are facing another sight threatening situation.

You will be given instruction about seeing your family doctor, or an anesthesiologist doctor and having preoperative test performed. Only people with medical requirements are admitted to the hospital, as most operations are now done as an outpatient. You must eat and drink nothing from midnight the night before, unless instructed to take pills by a doctor. If you use any eye drops or pills for glaucoma, please take them the morning of the surgery as usual. Also, take your heart and blood pressure medications with only a sip of water. You will come in and have the surgery and go home a few hours later. You must have someone to accompany you home.

The operation itself takes less than one half hour. The eye will be numbed by drops and gel applied by the anesthetist. You will be given some sedating medication throughout the operation as necessary. During the actual operation your head will be wrapped in sterile sheets, with only your eye exposed. It is critical that you remain quiet and still throughout the surgery. If you experience pain please tell us, otherwise we ask you not to talk, as this makes the eye move under the microscope. At the end of the operation the eye will be covered with a clear shield. All patients are seen the next morning. The eye shield is removed at this time.

You will be given the prescriptions for the post-operative eye drops and asked to start taking them 2 days prior to surgery. You will see me three times following surgery - usually the first day after surgery, then one week and 4-6 weeks later. Most people find that the eye is comfortable and the vision improves rapidly following surgery. Severe pain or vision loss is uncommon and should always be checked immediately.

If you have any questions, ask me.

Instructions for Eye Care after Cataract Surgery

PROTECTION

You will have a clear shield covering the operated eye overnight. This will be removed and then the eye examined by a doctor in the morning. Protect your eye from injury - if your eye is struck, serious damage could result. Therefore, wear your regular glasses during the day and the protective shield at night. Please wear the shield at night for one week. People who do not wear glasses may want to buy sunglasses or use the one provided in your surgery kit. Your prescription lens will not be changed for about a month; if your present lens bothers your vision, have it replaced with a lens that has no power (you will need a "PLANO" lens). Wear your protective eye shield for 7 days during naps and bedtime to avoid accidentally dislodging the lens placed in your eye.

MEDICATION

You will be given a prescription for surgical medications for the eye; put the drops into your eye as directed four times a day to start: breakfast, lunch, dinner and bedtime. You will be given a special sheet of paper that describes the drop schedule. Shake the bottle for 30 seconds each time. If you are using more than one type of drop, wait 5 minutes between drops so they do not wash each other out. If you take glaucoma drops, start a brand-new bottle in the operated eye the morning after surgery if possible. The other eye can continue to use the older bottle. You may take Tylenol, regular or extra strength every 4 hours as needed. Do not take Aspirin.

PAIN OR OTHER PROBLEMS

A little discomfort in the operated eye following surgery is normal, but if you have severe pain you should contact the office (716-671-9020). If following surgery you should have a sudden increase in the amount of pain, a green-yellow discharge appears, or experience a decrease in vision, you should contact the office immediately. If problems develop after hours or on the weekend, please call the office line and ask for the Eye Doctor on call.

BATHING

You may shower and shampoo your hair in the shower at any time. Keep a clean face cloth over the shower curtain rail, so you may wipe off soap from around your eyes, if needed. Keep your eyelids closed when shampooing and rinsing. Do not rub the eye, dry it gently. Consider wearing your shield in the shower to avoid accidentally rubbing the eye.

ACTIVITIES

You may resume normal daily activities such as cooking, light cleaning and dusting, and walking the day after surgery. It is fine to look downward. If you have a Toric Lens, I recommend lighter activity for 72 hours. Non-strenuous physical activity such as fast walking, bicycle riding, gentle sexual intercourse and lifting up to 15 pounds may be undertaken, bearing in mind that you must protect your eye from injury. Reading and watching TV are not harmful but you may find that the eye fatigues faster in the first few weeks after surgery. Golf and jogging may be resumed within a few days depending on how comfortable your eye feels. You may resume driving when your light sensitivity has diminished provided the vision in your unoperated eye is adequate to drive.

The day of your surgery you have received sedation so for 24 hours you may NOT:

- Drive a car, operate machinery or power tools
- Drink alcoholic beverages, including beer
- Make important decision or sign important documents
- You should have a responsible adult drive you home and be with you for the next 24 hours.

You have an appointment at Dr. Selvadurai's office tomorrow (day after surgery). You WILL NEED a driver. **PLEASE BRING YOUR SURGERY BAG AND DROPS TO YOUR APPOINTMENT.**

TAKE NOTE: ALL FIRST-DAY POST-OPERATIVE VISITS ARE HELD AT THE WILLIAMSVILLE LOCATION.

Instructions for Eye Care after Cataract and Minimally Invasive Glaucoma Surgery

The instructions after surgery are very similar to that of cataract surgery. The main difference is that you can have bleeding as a normal complication of MIGS surgery. After surgery, the vision can range from 20/20 to only being able to see light. While disconcerting, this is a known and normal part of the recovery as the surgery involves opening up the drainage system, which includes opening up tiny blood vessels around the eye, which can subsequently bleed. If you notice any change in vision, it is always best to consult with the doctor. The vision should gradually clear over the next days to weeks. You will find that if you stay still with your head elevated the vision will clear, only to cloud up again when you start moving around or look down.



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