

# Shared Decision-Making Aid for Cataract Surgery during COVID recovery period

## Patient information

A cataract is a clouding or opacity of the lens inside the eye. Cataracts usually form slowly over a period of years, causing a gradual blurring of vision, which eventually may not be correctable with spectacles. In some people the vision can worsen quickly.

Cataracts can also cause glare, difficulty with night-time driving and multiple images in one eye, which can affect the quality of your vision.

Not all people who develop a cataract require surgery and it is usually safe to wait until the cataract bothers you enough to consider surgery – some people never reach that point. A cataract operation is not the best choice for everyone, so it is important that you talk to your optometrist, GP, or eye care professional about how much the symptoms of the cataract affect you and what is best for you.

There are a number of options for managing cataracts:

1. Update your spectacles. Early cataract can sometimes cause a change in prescription.
2. Use aids and adaptations. Aids are things you can use to help you see better for specific tasks, such as magnifiers. Adaptations are changes you can make to reduce the problems you have, such as adjusting computer print size, using large print books, or improving the lighting.
3. An operation to remove the cataract.

Your optometrist can assess if updated spectacles will help and give you advice about aids and adaptations. Spectacles, aids and adaptations do not treat the cataract but can help your sight and can have a positive effect on your life. Unlike surgery, using spectacles, aids and adaptations have no risk of complications.

## Cataract surgery

Cataract surgery is an operation to remove the cloudy lens and replace it with a clear artificial lens. In most cases, surgery is very successful and most people who have a cataract operation can see better afterwards. Many people need spectacles afterwards for some or all visual tasks, for example, reading or driving. As with any operation, there are small risks. About 10% of people have some complication during or after cataract surgery. Around 1 in 100 have permanent mild loss of vision, and around 1 in 1000 have permanent severe loss of vision, which is not correctable with glasses. The following section lists some of the possible serious or significant complications and the likelihood that they occur:

### Risks

Common: up to 1 in 20

- High eye pressure, inflammation, or discomfort of the eye that may require further clinic visits or temporary treatment with drops

Uncommon: up to 2 in 100

- Rupture of the membrane or capsule holding the cataract, requiring further follow-up, treatment, or possible further surgery
- Retinal problems (problems with the photographic film of the eye), such as retinal swelling or detachment requiring treatment
- Unexpected prescription after surgery, needing stronger glasses or contact lenses, or even further corrective surgery
- Permanent mild loss of vision that cannot be improved with glasses

Rare: up to 1 in 1000

- Infection or bleeding inside eye
- Glaucoma (high pressure inside eye) requiring long term treatment
- Swelling of the cornea (clear window of the eye) requiring long term treatment or surgery
- Permanent severe loss of vision that cannot be improved with glasses or further surgery
- Other e.g. pupil shape change, double vision, droopy eyelid

Very rare: up to 1 in 10,000

- Inflammation which could affect the vision in both eyes
- Dislocation or clouding of lens implant requiring further surgery to exchange the lens

Clouding behind the new lens after surgery, causing glare or blur, may need a minor laser procedure in clinic to improve the vision in about 1 in 10 patients in the few months to years after the operation

## **Coronavirus disease**

SARS-CoV-2(COVID-19) is an important issue to consider when choosing whether to have cataract surgery or not. Opting to have an operation will involve at least two visits to the hospital, and a number of visits to your optometrist. In the majority of people, COVID causes a mild, self-limiting illness. However, some people get a more severe form of the disease. Which category you may be in, and potential risks to those living with you, will be discussed at the time of deciding to have surgery and at pre-assessment. You may be asked to take a swab test for COVID. It may take a few days for a swab result to return and you may be asked to self-isolate between testing and surgery. This is to protect the safety of you, other members of the public, and staff.

Your hospital team can explain to you the many precautions they are taking to reduce the risk of catching COVID. However, it is not possible to guarantee a zero risk of catching COVID during any of your visits. You need to discuss and balance the theoretical small risk of contracting COVID with the real risks to you of not treating the cataract. This may include issues such as reduced quality of life, inability to drive due to poor vision, and varies with each individual.

If you decide you do want surgery but want to postpone it until the COVID situation eases, you will usually be taken off the waiting list and asked to contact your optometrist or GP when you are ready to have surgery. In most cases the risk of cataract surgery complications increases slightly and slowly as cataracts progress, but the overall chance of a complication remains very small for most people. If you have any particular reasons why delay might be more harmful for you than for most people, your eyecare team will discuss this with you.

## Decision making questions to consider before referral for cataract surgery

How is your cataract affecting you?

- Is your eyesight affecting your ability to work, drive, read, watch TV, or recognise faces?
- Is your eyesight causing mobility problems or falls?

After weighing up the risks and benefits, do you:

- Want to have surgery, given that you need to attend hospital during COVID, and understand the risks of having surgery?

OR

- Prefer to wait, use spectacles, aids and adaptations as required to help you, and consider referral if the cataract deteriorates?