

# Your child's cataract surgery

**This leaflet is about your child's cataract surgery. During the procedure, we remove a small disc inside the eye called the lens that has become cloudy. The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.**

## Your child's condition and procedure

### What is a cataract?

A cataract is when a small transparent disc called the lens, which focuses light inside the eye, becomes cloudy.

Children can be born with cataracts (congenital cataracts) and the lens may get cloudier as they grow older. Their eyesight may then be increasingly affected. It is also possible for children to get cataracts for other reasons, including:

- inflammation (swelling) inside the eye
- an injury to the eye or eye surgery
- as a result of some medical conditions
- as a side effect of some medical treatments

### Why does my child need cataract surgery?

Your child has a cataract that is causing blurred vision. The surgeon thinks that your child's eyesight could be better if we remove the cataract.

Sometimes, a child may have very cloudy areas on the lens in their eye when they are born. They are then likely to need cataract surgery when they are a few weeks old. The surgeon explains the best time for your child to have cataract surgery.

Surgery is the only treatment for removing a cataract, but not all children with cataracts need an operation. Sometimes, glasses improve the eyesight of children with cataracts.

If your child has cataracts in both eyes, we usually do a procedure on each eye separately.

### Is cataract surgery the same in children and adults?

Cataract surgery in adults is a common procedure, which is usually done under a local anaesthetic. This means that the person is awake for the procedure, but has medicine to make their eye numb.

In adults, cataract surgery has a high success rate. Adults often need reading glasses before cataract surgery because they gradually lose the ability to focus on nearby objects. This is called presbyopia. After the operation, adults are usually happy to continue wearing reading glasses or:

- bifocal glasses with lenses divided into 2 parts to correct long and short distance vision
- varifocal glasses with special lenses to see clearly at all distances

Cataract surgery in children is more complex and the results are less predictable because the eye is still growing. Children have cataract surgery under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

In some children, we do not replace the lens that has been removed during the procedure. The child needs to wear strong glasses, contact lens or both after the procedure to make their eyesight clearer. As the child gets older, they may need bifocal or varifocal glasses.

In other children, we insert (implant) a man-made (artificial) lens into the eye during the procedure. This replaces the cloudy lens that has been removed. We take measurements of the eye in the clinic or when the child is asleep just before the procedure. These measurements help us to calculate how strong the artificial lens should be. The child needs to wear bifocal or varifocal glasses after the procedure.

After cataract surgery, your child's eye needs to heal before we can prescribe new glasses. This is usually about 6 weeks after the procedure.

## Before your child's procedure

### **What needs to happen before my child's procedure?**

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

### **Do I need to get pain medicine ready for my child?**

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol<sup>®</sup>. Ibuprofen for children may also be called Calprofen<sup>®</sup> or Nurofen<sup>®</sup>. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

## On the day of the procedure

### **When you arrive at the children's day surgery unit**

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

## **During the procedure**

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we put a special metal clip (speculum) on their eyelid to keep the eye open. The surgeon makes a small cut at the front of the eye and creates an opening into the transparent envelope (lens capsule) around the cataract. They then remove the cataract (cloudy lens).

Sometimes, the surgeon makes an opening in the back of the lens capsule and removes some of the jelly (vitreous) inside the eye. They put a stitch in the surface (cornea) at the front of the eye to help the small cut here heal. An air bubble may be left in the front of the eye at the end of the procedure. This disappears within a few days.

After the procedure, we put a patch on your child's eye. We may also place a plastic shield on top of the patch.

## **Are there any risks to my child's procedure?**

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Children often only have mild redness, bruising and soreness after cataract surgery. Serious complications are rare, but may include the following:

- **Infection**

It is very rare to get an infection inside the eye after cataract surgery, but this can cause serious long-term sight damage. After the procedure, you need to put antibiotic drops in your child's eye and wash their eyelids using cotton wool and clean water. If the eye gets red and sticky or painful, your child needs to see an eye doctor urgently.

- **Capsule thickening**

The transparent envelope called the lens capsule that remains after cataract surgery can become cloudy. Some children then need laser treatment or more surgery to improve their eyesight.

- **Glaucoma**

Glaucoma is when the nerve that sends messages from the eye to the brain (optic nerve) is damaged. The condition is caused by high pressure inside the eye. This can result in loss of part or all of the field of vision (the whole area that someone can see).

The younger the child is when they have cataract surgery, the more likely they are to get glaucoma. This condition can be treated with eye drops, medicine or surgery. We monitor your child for glaucoma after the procedure.

- **Loose stitch**

The surgeon uses a stitch to close the small cut in the eye at the end of the procedure. This stitch usually dissolves with time and does not need to be removed. However, a

stitch may sometimes become loose and cause irritation. We need to remove any loose stitch in the eye clinic or in the operating theatre under a general anaesthetic.

- **Changes to the pupil shape**

The shape of the black central part of the eye called the pupil may be different after cataract surgery. This does not usually affect the child's eyesight.

- **Amblyopia (also called lazy eye)**

Amblyopia is blurred vision caused by a problem with eyesight development. If we do cataract surgery on one side, the treated eye is at a disadvantage compared to the other eye. This is because a cataract has blurred the vision and, after the procedure, any artificial lens cannot change shape. Children then need a different strength of glasses to see things clearly at different distances.

Children with a cataract in only one eye usually need patching treatment if they have amblyopia. This involves wearing a patch over the stronger eye for up to half the hours that they are awake. The patching treatment encourages the sight in the weaker eye to develop and improve.

On average, children who have a cataract in only one eye and need surgery achieve vision of 6/60 in the affected eye. This score means that they can read the top letter of the standard eye test chart only. The most common cause of poor vision after cataract surgery in one eye is inadequate patching.

Children who have cataracts in both eyes and need surgery achieve vision of 6/18 on average. This score means that they can read half way down the standard eye test chart.

- **Squint**

A squint is when the eyes are crossed or do not point in the same direction.

If a cataract affects a child's eyesight, it is common for them to have a squint. This is regardless of whether the child has needed cataract surgery. Squints can be treated with glasses or surgery. Please see our separate leaflet called "Your child's squint surgery" for details.

- **Detached retina**

The retina is a thin layer of light-sensitive cells at the back of the eye. During or after cataract surgery, the jelly-like substance inside the eye called vitreous can pull on the retina. This can make the retina become loose.

A detached retina is rare but, if it happens, needs to be treated with urgent surgery.

## After your child's procedure

### How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have mild discomfort and feel or be sick (vomit), but this is not common.

After the procedure, your child has a patch over their eye. They may also have a plastic shield on top of the patch. This reduces swelling and sensitivity to light, and keeps the eye closed while it heals. Your child needs to wear the patch until the morning after the procedure. Sometimes, there is a small amount of bleeding from under the patch.

It is common to have some blood-stained tears from the eye in the first 1 to 2 days after the procedure.

### **Will my child be in pain after their procedure?**

After the procedure, your child's eye may feel gritty and be watery. There may be some mild redness and swelling, which should improve each day after the operation. Your child should be able to open their eye easily after 1 to 2 days (24 to 48 hours).

We may give your child paracetamol, ibuprofen or both medicines while they are with us. You can continue to give your child these medicines as needed when they are at home.

### **When can my child eat and drink or feed after their procedure?**

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

### **Do we see the surgeon after my child's procedure?**

It is not always necessary to see the surgeon after the procedure. However, please tell the nursing team if you have any specific questions or concerns. We review your child in the eye clinic soon after their cataract surgery.

### **When can my child go home?**

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## **After you go home**

### **How do I care for my child's eyes after the procedure?**

Here is some guidance on how to care for your child's eyes:

- **Eye patch and shield**  
On the morning after the procedure, you need to remove your child's eye patch and shield. If too much mucus (slippery liquid) is left on their eyelids, you can clean them gently. It is best to use cold water that you have boiled and then allowed to cool, and a clean towel or piece of cotton wool.

You can continue putting the clear shield over your child's treated eye at night for 1 to 2 weeks. This is to prevent your child from rubbing their eye when asleep and opening the surgical wound. They can also wear the clear shield during the day, if needed, to avoid eye rubbing.

- **Eye drops**

We give you antibiotic and steroid (anti-inflammatory) drops to put in your child's eye. You usually need to give them these drops 3 to 4 times each day for 4 to 6 weeks after the procedure. This is to prevent infection, make the eye feel more comfortable, and reduce the redness and inflammation.

It is important to use the eye drops as directed.

- **Protecting the eyes**

Try to discourage your child from touching or rubbing their eyes while they heal. This could irritate the eyes and increase the risk of infection.

- **Bathing**

Your child can have a bath or shower as usual and you can wash their hair. Try not to get too much water in their eyes or on their face. A splash of water is fine. Also try to avoid getting soap or shampoos in their eyes, as you would normally do.

- **School or nursery**

You can expect your child to return to school or nursery about 5 days after the procedure. The surgeon explains how much time they need to take off because each child recovers at a different speed.

- **Swimming**

You should not take your child swimming for at least 2 weeks and preferably 4 to 6 weeks after the procedure. If your child does swim, they need to wear watertight goggles.

## **How can I manage my child's pain after their procedure?**

Your child should not be in pain after the procedure. However, if they have any discomfort, you can give them paracetamol and ibuprofen in the first week. Please remember to buy these medicines before the day of your child's operation. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

## Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								
Chloramphenicol (antibiotic) eye drops								
Dexamethasone (steroid) eye drops								

### Do I need to look for any symptoms after my child's procedure?

You need to get urgent medical help for your child if you feel that they are unwell or:

- they have severe eye pain, a bad headache or dizziness and cannot open their eye because of light sensitivity
- their eyesight becomes worse
- their eye becomes redder
- there is a yellow-green liquid (pus) or leaking fluid (discharge) from the eye
- they have a high temperature (fever)
- they are not eating or drinking well

These can be signs of an infection or a reaction to the antibiotic or steroid eye drops. Call our eye casualty on 020 7188 4336 (Monday to Friday, 8.30am to 4pm). Outside these hours, call 999 or go to your nearest emergency department (A&E) immediately.

### Do you see my child again after their procedure?

After cataract surgery, we need to see your child frequently in the children's eye clinic at St Thomas' Hospital. Typically, your child has a check-up 1 day, 1 week, 2 weeks and 6 weeks after their procedure.

Your child then needs regular follow-up care in the future. The strength of the glasses or contact lenses that they wear will change with time. Your child may need to wear a patch on their stronger eye to improve the sight in the weaker eye. This is called patching treatment or occlusion therapy.

It is important that you:

- follow our guidance on caring for your child's eye after the procedure
- bring your child to regular follow-up appointments
- are willing for your child to wear glasses or contact lenses
- are prepared for your child to have patching treatment for years after cataract surgery, if needed

Without suitable aftercare, your child is unlikely to develop good sight in their treated eye after the procedure.

## Useful information

The following websites have more useful information about cataract surgery in children.

- NHS, [web](http://www.nhs.uk/conditions/childhood-cataracts) [www.nhs.uk/conditions/childhood-cataracts](http://www.nhs.uk/conditions/childhood-cataracts)
- Royal National Institute of Blind People (RNIB), [web](http://www.rnib.org.uk/your-eyes/eye-conditions-az/congenital-cataracts) [www.rnib.org.uk/your-eyes/eye-conditions-az/congenital-cataracts](http://www.rnib.org.uk/your-eyes/eye-conditions-az/congenital-cataracts)
- Childhood Cataract Network (CCN), [web](http://www.childhoodcataracts.org.uk) [www.childhoodcataracts.org.uk](http://www.childhoodcataracts.org.uk)

## Contact us

If you **cannot keep your appointment**, contact our admissions team, [phone](tel:02071889098) 020 7188 9098, [email](mailto:gst-tr.paediatricadmissions@nhs.net) [gst-tr.paediatricadmissions@nhs.net](mailto:gst-tr.paediatricadmissions@nhs.net)

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, [phone](tel:02071887188) 020 7188 7188 extension 58209

If you have any **concerns about your child's procedure but it is not an emergency**, contact our eye department, [phone](tel:02071884299) 020 7188 4299 (please leave a message on the answerphone and we will call you back within 3 working days), [email](mailto:gst-tr.paediatricophthalmologyenquiries@nhs.net) [gst-tr.paediatricophthalmologyenquiries@nhs.net](mailto:gst-tr.paediatricophthalmologyenquiries@nhs.net) (we reply to emails within 3 working days)

If you are concerned that your child is **seriously unwell during working hours**, contact our eye casualty, [phone](tel:02071884336) 020 7188 4336 (Monday to Friday, 8.30am to 4pm)

If you are concerned that your child is **seriously unwell outside working hours**, go to your nearest A&E or [phone](tel:999) 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit [web](http://www.evelinalondon.nhs.uk/leaflets) [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)



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