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**Discussion whilst listing for cataract surgery (full details in the leaflet provided)**

1. Majority of people experience significant vision improvement following cataract surgery- **1% risk of no improvement.**
2. Spectacles will need to be changed, **20% will still need glasses for best vision.** Readers will be needed after monofocal or Toric IOL.
3. Complications– rare – **1 in 1000 risk of reop, loss of vision.** (Full list in information leaflet)
4. Dry & gritty eyes and Floaters due to Vitreous jelly detachment can happen.
5. Posterior Capsule opacification- may occur in up to 20-30% of patients after cataract surgery – will need Laser to treat this and it is not included in the surgical after-care package.
6. Surgery done as **Day case** –3 to 4 hours in the hospital, **choice of topical or local anesthetic**, surgery can take up to **30 minutes.**

**Premium IOL:**

1. Toric IOL – Will be needed if you have clinically significant astigmatism on the scans. Toric IOLs does typically lead to improvements in vision, but **patients should not expect that their final distance or near vision will be perfect without glasses.**
2. Multifocal IOL:
  - a. Designed to create (at least) several images at the same time- Distance, Intermediate and Near. Patient’s brain decides which image will be ‘inspected’ depending on what is being looked at – **‘Neural adaptation’ can take few months or in very rare occasion may not happen.**
  - b. There is sometimes a compromise in the quality of vision achieved.
  - c. Due to the rings in the IOL – **Haloed and glare at night time is expected.**
  - d. Only **70% of the time able to read without glasses.**
  - e. Risk: Despite using modern laser-scanning techniques for measuring eyes, **there is a small, but significant chance of being spectacle-dependent following surgery, for both distance and near.** The chance of patients having a significant postoperative refractive error (need for a small spectacle correction or a “refractive surprise”) is typically greater for patients whose eyes are either very long- or short- sighted. Subsequent corrective refractive surgery may be possible for some patients at a later date, but is **not included as part of this surgical package.**

- f. In the unlikely event of a surgical complication, **it is possible that a premium lens would not be an appropriate choice of lens, the decision being taken during surgery.** It is important to understand that, in this eventuality, it may be necessary to use a standard intraocular lens (i.e., not a toric or multifocal lens)
- g. **Who will benefit from EDOF IOL's:** For patients who wish for a high degree of spectacle independence, but are also more sensitive to visual side effects and are willing to accept reading glasses. One has to keep in mind that even the EDOF lens is a diffractive IOL and hence some degree of haloes and glare is to be expected.

Following Information leaflets were provided:

- 1. Cataract surgery information
- 2. Premium Intraocular lenses information
- 3. Multifocal IOL – Q & A
- 4. After cataract surgery information

Patient Signature

Surgeon Signature

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<https://viswa.uk/cataract-discussion-confirmation>

