

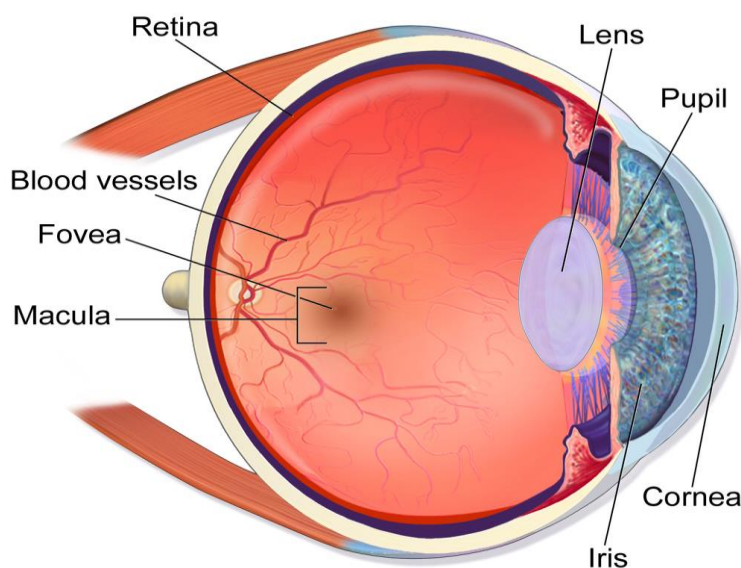
Information for Patients

Cataracts in babies and children

It can be a difficult and anxious time when you discover that your child has visual difficulties, and will need eye surgery. The specialist team at Manchester Royal Eye Hospital will be working to achieve the best possible future for your child's vision. We hope that this leaflet will help you to further understand about cataracts, the treatment, and the long term care.

Normal Vision

Normally light passes through the front of the eye (cornea) to the back of the eye (retina). The cornea and the lens focus the light, so that an image is formed at the back of the eye (retina). This image is transferred by the optic nerve to the brain which interprets the image and allows us to see. Normally the lens is clear and is able to change its shape to be able to focus on objects that are near or far in distance.



Eye Anatomy

Cataract

A cataract is when the lens becomes cloudy; this prevents the light from reaching the back of the eye. We are then unable to see clear images. Your child might have a cataract in one eye (unilateral) or in both eyes (bilateral). Your eye doctor (Ophthalmologist) will discuss with you in detail whether an operation is appropriate and when that should take place. This varies according to your child's age and individual needs.

Surgery

If an operation is necessary, you and your child will be admitted onto a ward in the Royal Manchester Children's Hospital, for a day or two, the timescale will depend on your individual needs.

We will need to put drops in your child's eyes to dilate (enlarge) the pupil. Your child will have the operation under a general anaesthetic. They will be seen on the ward by the anaesthetist and the surgeon before the operation. The risks of the anaesthetic and the operation will be explained by the doctors. Please ask as many questions as you can think of at this time.

After the operation your child will have an eye pad and plastic eye shield covering the eye, until the drops need to be given.

The nurses will show you how to clean your child's eye and how to put in the eye drops. They will also show you how to secure the eye shield over the eye. The eye drops will need to be given several times a day; all of the instructions will be written on the bottles.

Going home

Before your child is allowed home from the hospital they will be seen by the eye doctor and you will be given an appointment for the eye clinic.

It is very important that you put all of the eye drops in as instructed. The eye drops are given in order to reduce inflammation and scarring and to minimise any complications that can occur after surgery. The doctor will discuss with you how long your child will need to stay away from nursery or school.

Complications following surgery

Eyes are very delicate and complex organs and problems can sometimes occur after surgery has taken place. You will be informed of the risks and complications of the surgery by the eye doctor before your child has the operation. You will also need to attend the eye clinic for regular checks so that any post-operative problems can be found early and treated as required. If you notice any swelling, bleeding, a lot of stickiness or redness in or around the operated eye, and your child is distressed and in pain, then prompt medical attention is required.

A serious problem that can occur after the operation is a severe infection inside the eye. In order to prevent this happening antibiotic drops are normally given after the operation. Serious infections are rare. If this complication does occur, it can result in the loss of sight.

It is very important that your child does not touch or rub their eye/s. You will be shown how to clean the eye and to put in the antibiotic drops to reduce the risk of infection.

Other, less serious problems that can occur after the operation are:

- Inflammation inside the eye.

- A rise in pressure inside the eye.
- A temporary clouding of the cornea (the transparent window at the front of the eye).
- The pupil might become oval or off centre after surgery, this is quite common and does not affect the vision.

These problems can often be treated successfully if they are caught early enough. If you have any concerns about your child's eye or post-operative care, contact the hospital where the surgery took place. You will be given 24 hour contact details before leaving the hospital.

The above outlines the most common complications associated with cataract surgery; however, this is not an exhaustive list. The staff will discuss with you the risks and benefits of your child's treatment.

Long term management

All children who have had cataracts removed require long term follow up. This takes place in the eye clinic where your child's vision will be tested on a regular basis by the Orthoptist and any changes can be dealt with as soon as possible.

In the majority of children who have had cataracts removed, the vision can be improved by the use of contact lenses or glasses. If it is decided that contact lenses are the preferred option, you will be shown how to insert them and keep them clean.

Long term occlusion therapy (patching) will be necessary for the majority of children after cataract surgery. This is the covering of one eye by a specially fitted plaster. This is done to encourage the use of the weaker eye and prevents further visual loss. This will not hurt, but your child will need lots of encouragement to wear the patch for the required amount of time. This is all assessed on an individual basis, and will be discussed with you by the doctor and the Orthoptist.

A squint could develop as a result of a lazy eye. A squint is a condition where the two eyes look in different directions and are misaligned. Whilst one eye looks forwards to focus on an object, the other eye turns either inwards, outwards, upwards or downwards. The squint can be there all the time or only

some of the time. Treatment of the squint will depend upon its severity and surgery might be needed.

The treatment of cataracts is complex and varied. Modern surgical techniques and lens implants have greatly improved the visual outcomes in childhood cataract surgery. Most children will have good vision. Although some will have poor vision, it is rare for a child to have no vision. The majority of children attend mainstream school, some need educational support, however, many will have good enough vision to allow them to drive and lead an independent life.

Your child will need to attend the eye clinic until they are an adult.

If you do not understand any of the information contained in this leaflet or require further information, please speak to a member of the nursing or medical team when you come for your appointment.

If you have any questions or are worried about any of the information provided in this leaflet, please contact the Paediatric Nurse Practitioner on 07659 592641, Monday – Friday, 8.00 am – 4.30 pm or Ward 55 on (0161) 276 5512, available 24 hours every day.

Questions and answers

If you have any questions you would like to ask the doctor or nurse but might not remember whilst you are here, this space is for you to write them down with the answers.
