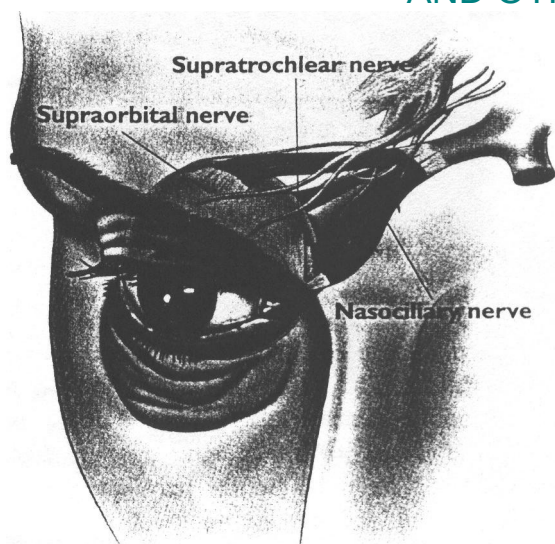




North Shore Eye Centre

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ANAESTHESIA FOR CATARACT SURGERY AND OTHER EYE OPERATIONS



Local anaesthesia of the supraorbital, supratrochlear, nasociliary and nearby nerves will stop pain during surgery and will help to ease discomfort for a few hours afterwards

When clouding occurs within the lens of the eye or its capsule, it is called a cataract. Cataracts are found mostly in older people, but may occur in young adults or children.

Surgery to remove a cataract is one of the most common operations performed in Australia. It is usually performed under local anaesthesia.

It is often difficult for patients to imagine having an eye operation under local anaesthesia, and some patients may be concerned. After your anaesthetist explains the anaesthetic procedure, you will have a better understanding of its merits.

Most patients who have a local anaesthetic during eye surgery are comfortable and satisfied with the anaesthesia.

Millions of cataract and other eye operations have been performed under local anaesthesia in Australia.

Other eye operations

Surgery of the cornea, such as laser surgery or removal of pterygium or other lesions, can be performed satisfactorily under topical anaesthetic drops. Anaesthetists can now use local anaesthetic injections during surgery for glaucoma, retinal detachment or corneal grafts.

Benefits of local anaesthesia

- Avoid the risks of a general anaesthetic
- Nausea and vomiting after surgery is uncommon
- More rapid recovery
- Generally, post operative pain or discomfort is minimal
- Eating and drinking can be resumed soon afterwards
- After surgery, you can usually return home the same day.



General anaesthesia

These days, it is uncommon for cataract surgery to be performed under general anaesthesia. If an adult is unable to lie still or has significant head tremor, extreme anxiety or claustrophobia, then a general anaesthetic may be needed. Children are more likely to need a general anaesthetic.

Before the anaesthetic

Your anaesthetist will ask you about:

- your medical history and all medicines you are taking, including aspirin and warfarin. If you are on anti-coagulant therapy such as warfarin, please obtain an INR close to the day of surgery and discuss it with your anaesthetist.
- any allergies, in particular, if you have ever had a bad reaction to a local or general anaesthetic drug, morphine, codeine, an antibiotic or other medicines
- bleeding disorder or easy bruising
- recent illnesses, including a cough or cold.

Your anaesthetist will explain which anaesthetic technique is most appropriate for your operation. You need to be aware of what is expected of you during the operation. For example, under a local anaesthetic, you should lie still and avoid any motion of the head, as may occur during talking or coughing. It is also important that your eye surgeon is aware of your general state of health and the medications you are taking. You will be advised:

- if you should stop taking any of your usual medicines
- when you should stop eating and drinking before the operation.

Talk to your anaesthetist

This document is intended to provide you with information. It is not a substitute for advice from your anaesthetist and does not contain all known facts about local anaesthesia and every possible side effect. If you are not sure about the benefits and risks of local anaesthesia, terms used in this document, or anything else, ask your anaesthetist. Some technical terms are used in this document, but don't let that stop you from reading it.

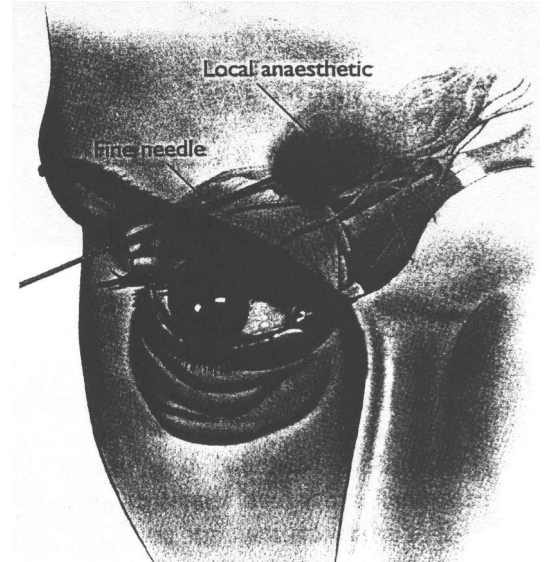
Write down any questions you want to ask. Your anaesthetist will be pleased to answer them. If you are uncertain about your anaesthetist's advice, you may wish to seek the opinion of another anaesthetist. This document should only be used in consultation with your anaesthetist.



Procedure of local anaesthesia

The eye can be anaesthetised in several ways. Widely used techniques include the following:

1. **TOPICAL LOCAL ANAESTHETIC EYE DROPS:** Local anaesthetic gel or anaesthetic drops are dropped onto the surface of the eye before and during the operation. While removing a cataract, the surgeon may inject a small amount of local anaesthetic around the eye or treated area.
2. **INJECTION OF LOCAL ANAESTHETIC AROUND OR BEHIND THE EYE (called a "regional block"):** This is done before the surgery. This technique provides the greater degree of local anaesthesia that may be needed for some cataract operations or for more major operations on the eye. As a very thin needle is used, it won't leave a scar. However, the puncture site may have some bruising, redness or swelling, which usually heals in a few days.



A small amount of local anaesthetic will be injected around the eye's nerves, blocking pain signals

The anaesthetist may administer an intravenous sedative before or during the surgery to help keep you comfortable and reduce anxiety. The sedative may be injected into a vein on the hand or arm.

Some anaesthetists do not routinely use a sedative; if you have a preference, discuss it with your anaesthetist.

During the surgery

Your anaesthetist will position you on the operating table or bed. Pillows under your legs or other supports under your back will help ensure that you are comfortable while lying relatively flat. Your anaesthetist will monitor your heartbeat, blood pressure and breathing throughout the operation.

The eye surgeon will cover your face with a drape, leaving only the eye exposed. For your comfort, the anaesthetist will ensure that you have plenty of fresh air and space for breathing while your face is covered.

Recovery after surgery

When your surgery is complete, you will be moved to a recovery area. Most patients will have a patch over the treated eye.



You may be aware of some soreness, headache, or slight pain in or around the eye.

Your anaesthetist will prescribe a pain reliever. It is uncommon for patients to need strong pain-relieving drugs.

When you have had something to eat and drink, and are feeling well, you may go home.

You must have a friend or family member accompany you and stay with you for at least a day.

While most patients go home the same day, other patients may have to stay in hospital for a day or two.

Possible risks and complications

Local anaesthesia for eye surgery is safe and effective, but does have risks. As with all medical procedures, there is a possibility of side effects. Your anaesthetist will make every attempt to minimise these. Although complications may occur in some cases, these are usually minor and brief. Rarely, they may be serious and permanent.

While an anaesthetist will inform you about the anaesthesia and some of the significant risks, it is not usual to discuss in great detail all the possible side effects or rare complications.

The following risks are listed to inform you, not to alarm you. Complications may include:

- side effects from the drugs
- bruising around the eye; depending on the technique used, this may occur in up to one patient in 10; rarely, a significant "black eye" may occur
- droop of the upper lid; the exact causes are unknown, and most cases recover in a few days with no further treatment
- bleeding around or behind the eye due to injection of the anaesthetic. Any bleeding is usually minor and may cause a delay in the start of the operation. Rarely, if bleeding is severe, the operation may be postponed because the patient may have an increased risk of eye damage; in such cases, about one patient in every 1,000 may have permanent loss of sight
- despite the most careful technique, the eye or the surrounding nerves may rarely be damaged by the insertion of the needle or the injection of the local anaesthetic.



Costs

A fee will be charged for your anaesthesia services. The fee for your anaesthesia is separate from the fees charged by any other doctors caring for you. It is also separate from the fees charged by the institution (hospital, day surgery facility, endoscopy centre etc) where the service takes place.

Your anaesthesia fees will vary depending on the complexity and duration of the anaesthesia services provided. It is your responsibility to pay your anaesthetist for the services provided.

You may be able to claim a rebate from Medicare for your anaesthesia services. The Medicare rebate is not related to the worth of the anaesthesia service provided, in most cases it will cover only part of your anaesthesia fees.

If you have private health insurance, then you may be able to claim an additional rebate from your private health fund for part of your anaesthesia fee.

Often there is a gap amount between the anaesthesia fee and any rebates paid by Medicare and private health funds. It is your responsibility to pay to your anaesthetist any gap amount, in addition to your Medicare and private health fund rebates.

Government regulations prevent patients from insuring against the full cost of medical fees. Gap fees have risen because the Commonwealth Government has not indexed Medicare rebates adequately for the past 25 years. Medicare rebates for anaesthesia are approximately equal to only one third of the rebates for the corresponding surgical operation.

Because your anaesthesia fee will vary depending on how long your anaesthesia services take, it is not generally possible to give a definite cost prior to your anaesthetic. However, an estimate based on the anticipated time for your anaesthesia service can be obtained from your anaesthetist. If you have concerns about this estimated fee you should discuss them with your anaesthetist prior to your anaesthesia.

Your anaesthetist

When operating at Hunters Hill Private Hospital Dr Branley utilises the anaesthetic services of Dr Ron Woodey. Further information and estimates can be obtained by telephoning Dr Woodey's secretary on (02) 9437 6333. (Please quote the procedure item number(s) as highlighted on your Schedule of Fees.)