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~ Please call the Surgical Coordinator at 617-355-5776
with any questions or concerns regarding your or your child's surgery ~

CATARACT SURGERY FOR CHILDREN - WHAT TO EXPECT

(Revised 9/04)

Cataract surgery is being scheduled for your child. It is not usually necessary to spend the night in the hospital before or after this type of surgery, except that children under one month of age are routinely admitted on the day of surgery for an overnight stay in a monitored bed.

Insurance Coverage:

Many insurance companies require a second surgical opinion, pre-admission authorization, or both. Please check your health insurance policy or contact your insurance company about such special requirements. If you do not meet these requirements, the insurance company may refuse to pay, or may pay a reduced amount for your surgery. In that case, you will be responsible for payment of all bills not covered by your insurance. It is your responsibility to contact your health insurance carrier regarding its policy concerning second surgical opinions and pre-authorization. If a required pre-authorization number has not been obtained, the surgery will have to be canceled.

One Week Before Surgery

Stop giving your child aspirin, aspirin-containing products, or aspirin-like products (Motrin, ibuprofen, Advil, Aleve, Nuprin, etc.) one week before surgery. Tylenol (acetaminophen) may be taken as a replacement for aspirin if needed. If there are any questions about aspirin or other blood thinners, please discuss them with your surgeon and your family doctor.

If your child has a cough or cold, please inform the surgical coordinator. Depending on the severity (for example if your child is waking up in the middle of the night, has a loss of appetite, or a loud, congested cough), the surgery will be rescheduled at that time. If the symptoms seem minor, you can discuss them with a day surgery nurse, who will call you the day before surgery. If your child is cleared for surgery by the nurse and/or your pediatrician, please note that an anesthesiologist will also examine your child the day of surgery. If the anesthesiologist has any concerns on the morning of surgery, he/she may decide to reschedule the surgery. When this occurs, it is of course frustrating for everyone, but our number one concern is the safety of your child. We will make every effort to reschedule the surgery as soon as it is possible, and safe, to proceed.

1 to 2 Days Before Surgery

Your ophthalmologist may want to check the eyes before

performing the surgery. If so, an appointment will be made for you with your ophthalmologist. At that time, you and your ophthalmologist can discuss any questions or concerns you may have about the upcoming procedure. Your pediatrician's report and labwork will be reviewed at this time; please ensure that it has been faxed on time. If you have not already done so, you will be asked to sign consent forms during this visit

Preparation for Surgery

Please follow the enclosed *Instructions for Day Surgery*.

Anesthesia

Children are usually accompanied into the operating room by one parent (with gown, cap, and mask provided) until the child is asleep. If you are anxious, however, your child will perceive this, and the situation will be worse rather than better.

Young children are put to sleep by breathing gas from a mask held near their faces, not clamped tightly. An IV (intravenous) line and endotracheal tube are placed after the child is asleep and the endotracheal tube is removed before the child is fully awake. Older children are given an IV beforehand so that a medication can be used to put them to sleep prior to administering the anesthetic gas.

The anesthesiologist may need to alter the above anesthetic routine depending upon the age, specific needs, and medical condition of the patient.

Surgical Procedure

After the anesthesia is administered, the eyelids are gently opened and a small incision is made in the eye. The cloudy lens is then aspirated (removed) with an instrument designed for this purpose. In some cases, an intraocular lens is then inserted. Sutures are placed to close the incision. A patch and a shield are placed over the eye.

Length of Surgery

The length of the surgery depends on the procedure performed but is generally 1-2 hours. Do not be concerned if we seem to be taking a long time; this usually means we simply started late. After young children are asleep, establishing an IV line can be time-consuming. Measurements of intraocular pressure or the length of the eye may also be performed at this time. During the

operation is often a good time for those waiting to take a walk or get something to eat, but be sure to let the operating room secretary know where you can be reached any time you are not in the fourth floor waiting room.

Risks of surgery

There are some risks associated with anesthesia, whether general or local. In very unusual instances, death, diminished brain function or pneumonia has ensued. There can be loss of vision of the eye associated with anesthesia, hemorrhage, retinal detachment, infection, or change in blood supply to the eye, but these complications are also highly unusual.

What To Tell Your Child About Surgery

It is important to psychologically prepare your child for surgery. It is not necessary to talk about surgery several weeks ahead of time - a day or two before is fine. A child who is 2 or 3 years old needs to be told that he or she will be coming to the hospital. Say that "Dr. _____ will be fixing your eye". Children need to be assured that they will not be abandoned. Assure them that a parent will stay by their side until asleep. Say that they will see many nice people with green shirts and pants and funny caps in the operating room. Tell them that they will be asleep while their eye is fixed, that they will wake up in a new room, and that you will be called to be with them when they wake up. Let them know that they will not be able to eat breakfast before the eye is fixed, so as not to become sick while asleep, but that they can eat as soon as they wake up. This is usually all your child needs to know. Younger children simply need reassurance of your presence. Older children may ask for more details. Just leave it to them to ask.

Eye Patches

A patch and shield will probably be placed over the eye. Blood-tinged tears may drain from the operated eye or eyes, and these can be gently wiped away with a tissue or washcloth. The shield will usually not be removed until the next morning.

Postoperative Pain and Nausea

There may mild pain from the surgery, and Tylenol elixir or tablets are ordered; just ask the nurse for them. The anesthesia frequently produces nausea, and anti-nausea medication is also ordered for use when needed.

Recommended Tylenol doses:

6-11 months - 1 dropper (80 mg)

1-2 years - 1 1/2 dropper (120 mg)

See directions on bottle for older children

Most patients will sleep for several hours following surgery.

Discharge from hospital

General anesthesia has usually worn off enough for discharge by 2 to 4 hours after the surgery. If there is still significant nausea, you may wish to wait another hour or two before leaving. If the child appears to have recovered early, check with the nurse, for you might be discharged at that time. We do not normally need to see the patient before discharge.

Care at Home

Young children recover quickly, usually behaving normally by the next morning. Older children may be uncomfortable for a day or two. Pain medication is rarely necessary after discharge, but some patients find that Tylenol or ibuprofen is helpful. A prescription for eye drops will be given on or before the day of surgery. You will not need to administer drops the first night (just leave the patch in place), but try to have the prescription filled before the examination the next morning. After the patch and shield are removed in the morning, you will begin to administer eye drops, perhaps as frequently as every hour (while you are awake.) Try to put the drop inside the lower lid (or anywhere on the eyes of squirming, squeamish children). If you cannot gently separate the eyelids, just lay your child on his or her back, place a drop on the closed eyelids, and wait for them to soak into the eye.

Activity is restricted after surgery. No heavy lifting, rough play, or high speed sports such as biking for 6 weeks depending on the exact type of surgery. Stay out of swimming pools for 2 weeks. Hair washing, bathing, and showering are OK, but do not get water in the eye.

You will be given a shield to protect the eye from accidental injury; in general, this is placed over the eye for several days or weeks after surgery. Glasses, if worn, may be used instead of a shield.

Return Appointment

The timing of the return visit depends on the surgery performed. Typically visits are scheduled at day 1, week 1, and approximately at weeks 3, 7, and 12 after surgery. If your child has any problems after you get home, call our office. One of our ophthalmologists is available to answer your questions and provide assistance 24 hours a day.

Bills

There are generally three bills that you or your insurance company will receive:

- 1) Surgeon and assistant surgeon fees
- 2) Anesthesiologist professional fee
- 3) Children's Hospital covering all facility, equipment, and service charges, including anesthesia equipment and supplies.

If you have questions **after receiving your bill**, please call the Billing Office at 617-355-6405.

For more information about cataracts in children:

American Association for Pediatric Ophthalmology and Strabismus

<http://www.aapos.org>

Aphakia/PHPV support group

http://www.geocities.com/phpv_2000/Links.html

Email support groups; Go to

<http://groups.yahoo.com/>

then in the "search" box, type "cataract children" or "phpv" or any other topic of concern.