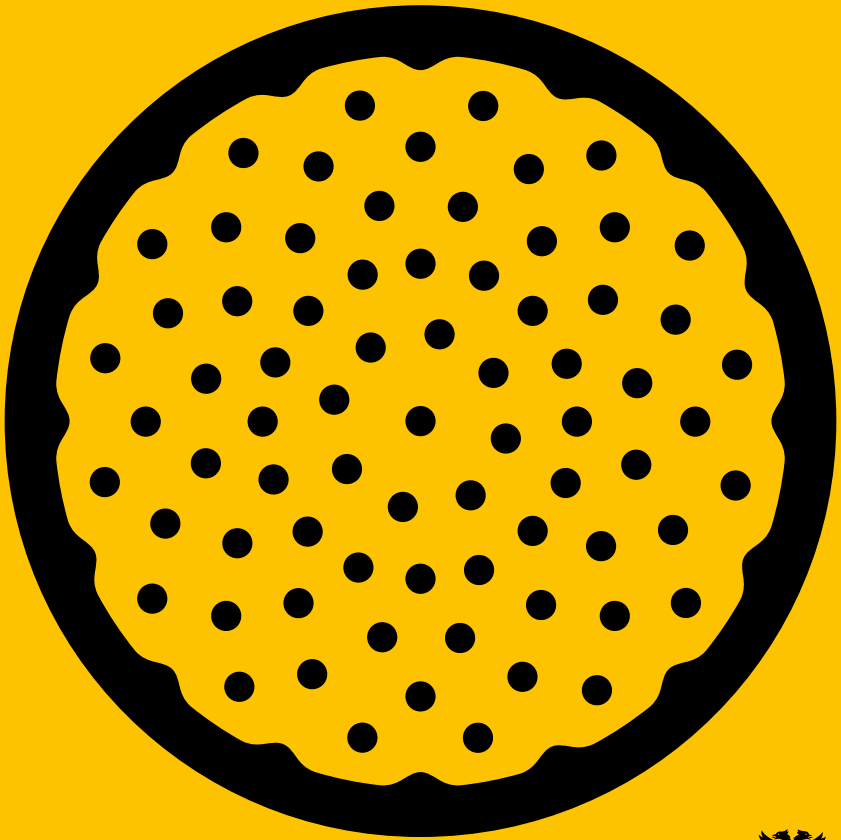


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Understanding

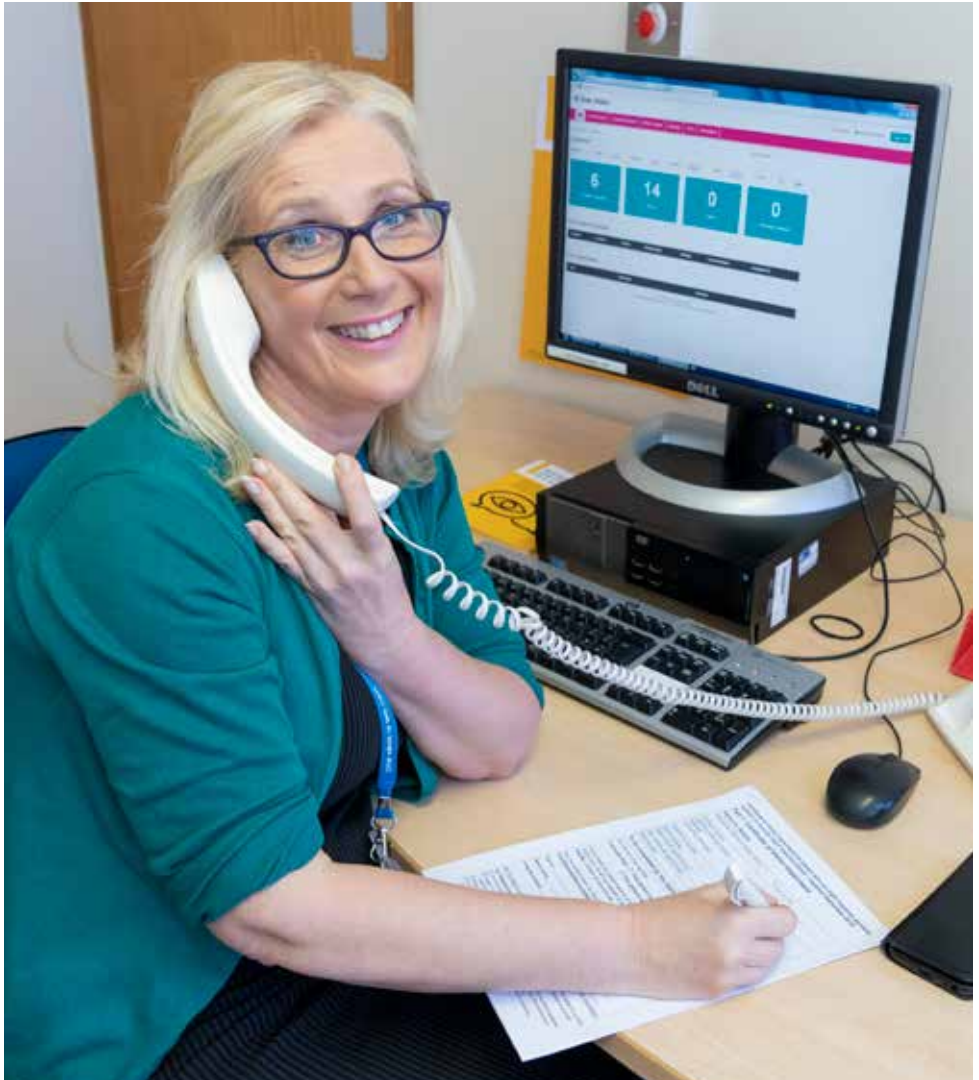
Cataracts



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Sight Advice FAQs

Ask the Sight Advice FAQ website your questions about sight loss, and get helpful answers: sightadvicefaq.org.uk



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RNIB's Understanding series

The Understanding series is designed to help you, your friends and family understand a little bit more about your eye condition.

The series covers a range of eye conditions, and is available in audio, print and braille formats.

Contact us

We're here to answer any questions you have about your eye condition or treatment. If you need further information about cataracts or on coping with changes in your vision, then our Helpline is here for you.

RNIB Helpline

0303 123 9999

helpline@rnib.org.uk

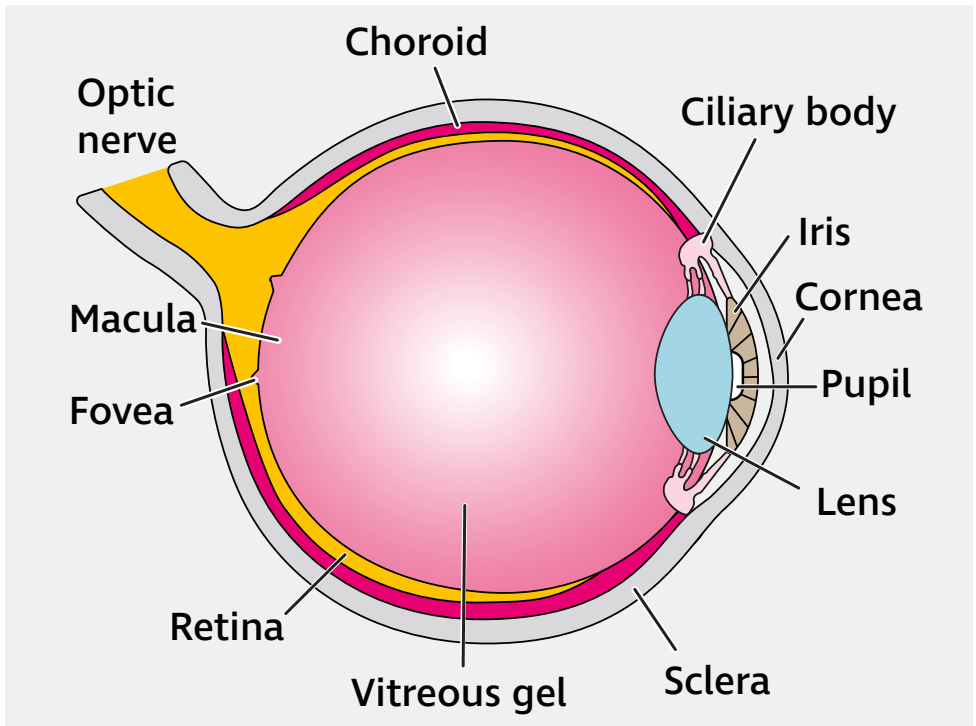
Or say, **"Alexa, call RNIB Helpline"** to an Alexa-enabled device.

What are cataracts?

A cataract is a clouding of the lens in your eye.

Your lens sits just behind your iris, the coloured part of your eye. Normally your lens is clear and helps to focus the light entering your eye. Developing cataracts will cause your sight to become cloudy, misty, and sometimes blurry.

Cataracts usually affect both eyes but can affect just one eye or affect one eye more than the other. Cataracts are treated by surgery, during which the cloudy lens is removed and replaced by an artificial lens.



How your eye works

When you look at something, light passes through the front of your eye, and is focused by the cornea (the front clear window of the eye) and then the lens, which is behind the pupil, onto the retina (at the back of the eye). The lens is normally clear so that light can pass directly through to focus on your retina (the lens is clear because of the way the collagen fibres in the lens are arranged). When the lens focuses light onto the retina, the light is converted to electrical signals. A network of nerves delivers these signals from the retina to the optic nerve (nerve connecting retina to the brain) and to the brain. The brain interprets these signals to “see” the world around us.

The lens can change shape, allowing us to focus on objects at different distances – this is called “accommodation of vision”. As we get older, the lens can’t change shape as well as it used to – even people who can see clearly in the distance without glasses will need reading glasses to see things up close. This is a natural change in focusing which typically occurs in your 40s onwards and is called presbyopia.

Cataracts result from changes in the way the collagen fibres of the lens are arranged and their water content, which causes the lens to become cloudy instead of clear. When this happens, light cannot pass directly through the lens, and you may notice problems with your vision. A cataract is not a growth or a film growing over the eye; it is simply the lens becoming cloudy. Other people will not be able to see that you have a cataract because it is inside your eye.



Do I have cataracts?

Cataracts normally develop very slowly. At first, the changes they make to your sight may be difficult to notice, but as they get worse, you'll start to notice symptoms such as:

- You feel like your glasses are dirty and need cleaning, even when they don't
- Your sight is misty and cloudy
- You're more sensitive to light – bright sunlight or car headlamps may glare more
- Everything looks a little more washed out than it should be.

Eventually, almost all people with cataracts will find that their sight has turned misty or cloudy, and things have become difficult to see all the time.

"In the end it felt like I was walking in a really thick fog and as though your eye was covered in cling film – so it was really blurry, you couldn't make out things, you would have to stop and wait a minute and then it would clear. But then it got worse and worse and stayed longer"

Lauren Bateman from Middlesex.

Cataracts sometimes develop so slowly that you might not notice any changes in your vision, but when you have your regular eye examination, your optometrist (optician) may detect them.



What can be done about cataracts?

Cataracts can be removed by surgery. Cataract surgery removes your cloudy lens and replaces it with an artificial lens. This lens is known as an intraocular lens implant – often shortened to IOL. The artificial lens is made of plastic or silicone and will not need to be changed for the rest of your life.

There isn't any medicine or drops that can remove cataracts – surgery is the only way to treat them. Unfortunately, there's nothing you can do to stop cataracts from developing or getting worse, however it's a good idea to wear sunglasses to protect your eyes from ultraviolet (UV) light.

An ophthalmologist may consider removing both cataracts at the same time for people who are at low risk of ocular complications during and after surgery, or people who need to have general anaesthesia for cataract surgery but for whom general anaesthesia carries an increased risk of complications or distress.

Why have I developed cataracts?

Developing cataracts is a normal part of growing older. Most people start to develop cataracts after the age of 65, but some people in their forties and fifties can also develop cataracts.

Some children have cataracts, which are dealt with in a different way. RNIB has information on congenital cataracts (also known as childhood cataracts) on our website.



Certain things make it more likely that you will develop cataracts:

- **Diabetes:** people who have diabetes often develop cataracts earlier
- **Trauma:** having an eye injury can cause the injured eye to develop a cataract
- **Medications:** some prescription drugs can cause cataracts, for example steroids
- **Eye surgery:** surgery for a retinal problem will likely lead to cataracts in the affected eye at some point in the future
- **Eye conditions:** other eye conditions, such as retinitis pigmentosa, glaucoma or uveitis, may also cause cataracts
- **Having high myopia:** (being very short sighted) may cause cataracts.

Cataracts caused by aging, medications and other eye conditions usually develop in both eyes. Cataracts caused by an eye injury or eye surgery only develop in the affected eye.

Despite the different causes, most cataracts are dealt with using the same type of surgery.

When should I have my cataract surgery?

Cataracts can be removed at any stage. You don't have to wait for them to "ripen" before having surgery.

Making the decision to have your cataracts removed depends on a number of things:

- how badly your sight is affected
- whether you have any other eye conditions
- if you only have sight in one eye
- how you use your sight from day to day.

The decision to have your cataracts removed comes down to whether the benefit of having the operation outweighs the small risk attached to the surgery.

If you have no other eye conditions or health concerns, then the benefit of having your cataracts removed usually outweighs the risk of surgery. For example, if you're finding it difficult to read, use a computer or drive, then removing your cataracts may be necessary.

The timing of surgery is different for everyone. If you make your living by driving, for example, you may need your cataracts removed earlier than someone who doesn't drive.

If you have another eye condition, it may be possible to have your cataracts removed, but there may be more concerns about complications. Your ophthalmologist (hospital eye doctor) may want to delay the operation for as long as possible to put off the risk of surgery, but this needs to be balanced with how much of your sight is being affected by cataracts.

"I've been visually impaired since birth with Retinitis Pigmentosa. I was managing well with my vision for a long time, until a few years ago when I developed cataracts".

... "But they won't remove the cataracts with surgery because of the RP, and my retina being so thin. They don't feel that the cataracts are big enough or making a big enough difference to my sight to take that risk of my retina detaching".

Tafsila Khan from Cardiff

If you have sight in only one eye, your ophthalmologist may recommend putting off surgery for as long as possible. Having sight in only one eye doesn't make the cataract surgery more difficult, but any serious complication

which affects your sight would mean the outcome is worse when compared to someone with sight in both eyes. By delaying the operation for as long as possible, this risk is avoided until the operation is really necessary.

Once you are offered surgery for your cataract, it's your decision when to have your cataracts treated. Cataracts only affect the lens and no other part of your eye. If you decide to put off surgery, your sight will become increasingly cloudy, but the results of your surgery, no matter how delayed, will be the same as if you had it done earlier. You don't have to worry that you're permanently damaging your vision by delaying surgery. Your ophthalmologist or optometrist will be able to help you decide when to have treatment.

If you drive and you have cataract in both eyes you should check with your optometrist that you are still able to reach the vision standard set by the Driver and Vehicle Licensing Authority (DVLA).

Some people have cataracts removed when their vision isn't necessarily adversely affected by the presence of cataract, but to help with other eye conditions or monitoring of other eye conditions.

If someone has narrow anterior chamber angles (crowded structures in the front of the eye),

cataract surgery may be carried out earlier to improve the control of the pressure in their eyes, known as intraocular pressure (IOP). Removing the crystalline lens and replacing it with an IOL, frees up valuable space in the anterior chamber of eyes with narrow angles, allowing for improved drainage of the fluid inside the eye which may help lower intraocular pressure.

Another example of early cataract surgery is to get a clearer view of the back of the eyes of diabetic patients, where monitoring of diabetes related changes at the back of the eyes is being hampered by the presence of cataract.

How long will I have to wait for surgery?

How long you might have to wait for cataract surgery can depend on the waiting lists in your local area. There are guidelines which state how long your maximum wait should be on the NHS.

If your vision due to your cataract is causing you difficulties with day-to-day activities, you should contact your eye clinic and let them know. You can also speak to your GP if there are very long waiting lists in your local area. Your GP may be able to refer you to another hospital near your location, with a shorter waiting list, if your daily activities are being adversely affected by your declining sight.

Cataracts can be treated successfully at any stage in their development. However, coping with poor vision while waiting for surgery can be difficult, especially if both eyes are affected. There are a lot of things you can do to make the most of your vision while you wait for treatment. This may mean making things bigger, using brighter lighting, or using colour to make things easier to see. However, once you've had cataract surgery, your vision should return to how it was before the cataract developed.



What will happen before surgery?

Before your surgery, you'll have a pre-assessment appointment. At this appointment, your eye will be examined and measured. Measurements of the shape of the front of your eye and the length of your eye will help the ophthalmologist decide which intraocular lens to implant into your eye.

If you've had any previous surgery to your eye, including laser surgery to reduce your need for glasses, you should tell your ophthalmologist or nurse at this appointment.

This assessment will also check if your general health is good enough for surgery. You should let your ophthalmologist know of any medication you are taking and any general health problems you have, so that they can advise you of any preparation you need to make before surgery. An example of this is dry eye and blepharitis management prior to surgery.

Blepharitis and meibomian gland dysfunction (MGD) are the most common cause of dry eye. Blepharitis is an inflammation of the eyelid margins and can sometimes be caused by a bacterial infection, so it's important to manage blepharitis as well as possible before surgery to reduce the risk of infection during or after surgery. Symptoms include red and sore

eyelids, tiny flake-like crusts at the bottom of the eyelashes, dry or burning eyes and sometimes blurring of vision.

MGD happens when the glands lining your upper and lower lids, just behind your lashes, are blocked. These glands secrete the oily layer onto the front of your tears. If the oil is of poor quality or there isn't enough oil being produced as the glands have become blocked, the tears tend to evaporate quickly leaving your eyes dry.

Both conditions can usually be adequately managed by lid hygiene (cleansing of eyelid margin) and artificial (lubricating) tear preparations in the form of lubricating drops, gel, or ointment. Your ophthalmologist will be able to advise on the best dry eye management for you before and immediately after surgery.

If you wear contact lenses, you should discuss this with your ophthalmologist before surgery, as you may be required to leave them out for a few days in preparation for the surgery.

**More information about dry eye
can be found on our website
[rnib.org.uk/eyehealth](https://www.rnib.org.uk/eyehealth).**

What happens during cataract surgery?

Cataract surgery removes your natural lens and replaces it with an artificial lens implant. This will make your sight clear again.

Almost all cataract surgery in the UK is performed by phacoemulsification. This is a way of removing your cataracts with an instrument that uses sound waves to break up the lens in your eye.

The standard surgical method phacoemulsification is carried out manually by the surgeon using ultrasound. Part of the procedure can now be automated using a computer-controlled laser. This is called femtosecond laser-assisted cataract surgery (FLACS). Femtosecond lasers have been used in selected private hospitals for eye surgery for a few years. A small number of other NHS hospitals are using a femtosecond laser on a research basis or for selected cataract and corneal procedures.

Most people have the operation under a local anaesthetic. This means that you'll be awake during the operation, but you won't feel any pain. Your local anaesthetic may be just eye drops, an injection, or a combination of both.

Most cataract operations are performed as day-case procedures, meaning that you won't stay in a hospital overnight. You should probably plan to be at the hospital for most of the day of your surgery, but this will vary. Your hospital will tell you how the cataract surgery is organised, including when to arrive, how to get to the hospital and when you can expect to leave.

If you think that having the operation with a local anaesthetic may be difficult, speak to your ophthalmologist as soon as you can.

It's possible to have the cataract surgery under general anaesthetic in certain situations. However, because a general anaesthetic has more risks, it's usually only offered to people who would have real difficulty with a local anaesthetic; for example, someone with uncontrolled movement problems, someone who has difficulties lying flat or someone who may struggle to follow instructions because of dementia or learning difficulties. If you have your surgery under general anaesthetic, you may need to stay in the hospital overnight; your ophthalmologist will let you know if that is the case.

How are cataracts removed?

Cataract surgery is carried out in a hospital operating theatre. Before the surgery, you'll be given local anaesthetic drops and/or an anaesthetic injection to numb your eye. You'll also be given drops to dilate (widen) your pupil. The drops can take a while to take effect and you will have to wait until your pupils are fully dilated.

Usually, the nurse or ophthalmologist will clean your eye and the area around it to help prevent infection. Your face will then be covered with a sterile sheet so that only the eye being operated on is exposed (this also protects you from infection). Once your eye is numb and your pupil is dilated, your ophthalmologist will continue with the operation.

During the surgery you may be able to see movement and a change in lights or shadows, but it's unlikely that you will be able to see any detail of what's happening.

Your ophthalmologist will make some very small cuts/punctures through the cornea, which is the clear front of your eye. This allows them to introduce instruments through your dilated pupil to reach your lens.

The lens in your eye is made up of different layers, and the outside layer is a flexible clear membrane



called the lens capsule. During the operation, the ophthalmologist cuts through the front of the lens capsule so they can reach the lens inside. The ophthalmologist uses a probe to break up your lens and remove it using suction. Your lens capsule is kept in place so that the artificial lens implant can be placed inside it. The lens implant is small and flexible and is folded so that it can be put into your eye through the same incision. The lens implant unfolds within the eye and is held in place by the lens capsule.

The operation usually takes between 20 and 45 minutes, although this can vary. Your ophthalmologist will be able to let you know how long they expect your operation to take. At the end of the operation your eye may be covered with a dressing to keep it clean. You will be seen after the surgery and when your ophthalmology team is happy with your eye, you'll be able to go home.

After surgery your vision will be blurry because of the drops that were used to dilate your pupils, and this may take several hours to wear off. You should not drive yourself home after the surgery and you should also take care on stairs and steps until your vision is back to normal.

Recovering from cataract surgery

Your eye may feel sore once the local anaesthetic begins to wear off. The hospital will tell you how to deal with this pain, but usually, it can be helped by taking over-the-counter painkillers such as paracetamol. If you have a dressing on your eye from when you left the hospital, you should keep it in place overnight, as this will help protect the eye. Normally, you can remove the dressing the next day, and after this, you can leave your eye uncovered during the day. At night you may be given a plastic eye shield to wear, which will prevent you from accidentally rubbing your eye while you're sleeping. You'll be given instructions from your ophthalmologist about how long to use this. If you're not sure make sure you ask before you leave the hospital.

Your eye may look red when you remove the dressing, and you may notice some bruising around your eye. This is normal and should improve after a couple of days.

Most people recover very quickly following cataract surgery and you may feel back to normal the day after your operation. Some people might feel more tired than usual after the surgery, but after a few days you'll start to feel back to normal.

After surgery, you'll have a course of drops to help control any swelling and to help your eye to heal. It is important to finish this course of treatment. For most people, this means using the drops for about four weeks. Your ophthalmology team will let you know what you need to do and for how long. If you think that you'll have difficulty putting drops into your eyes after the surgery, then you should discuss this with your ophthalmologist before your operation. Your ophthalmologist may be able to suggest a suitable eye drop dispenser for you to use, to aid instillation of drops, where appropriate.



What will my sight be like after the operation?

When you take the dressing off your eye, you may notice your vision is brighter and maybe clearer than it was before the operation. You might notice this change straight away as soon as you remove the dressing, but it may also take a couple of days for your sight to improve. Within two to five days, your eye should be feeling normal, and the cloudiness caused by your cataract should be improved.

"I had blurry vision a couple of days after both procedures but could immediately see an improvement in my vision.

Following the second surgery I no longer had double vision and the windows in my house didn't look dirty!"

Sandra Salmon from Doncaster.

The lens that is implanted in your eye is usually designed to give you clear distance vision without needing distance glasses. Sometimes this is not quite achieved, and you may still need a pair of distance glasses to fine-tune the focus and to get the best possible distance vision. Because the lens implant can't change focus from distance to near

vision, almost everyone needs to wear reading glasses after the operation, and this will usually be a different prescription for reading than the reading glasses you had before the operation.

As you may need cataract surgery in both eyes, your ophthalmologist may recommend waiting about six weeks after your second operation before trying to get a new pair of reading glasses, if your second operation is within a few weeks of the first. If you are not due a second operation for several months, it's advisable to update your glasses prescription once your eye has healed and your ophthalmologist has said it's alright to do so. However, bear in mind your prescription will change in the second eye following cataract surgery on that eye in the future.

Although all the calculations and measurements done before the surgery may have been correct, you may still find that you need both distance and near glasses afterwards, to give you the best possible vision. This is because the aim of cataract surgery is to give you clear vision, rather than to remove your need for glasses.

Some lens implants, known as multifocal lens implants, aim to correct both your distance and near vision so that you no longer need to wear any glasses. These are only available privately.

However, some people who choose these lens implants may still require glasses, either for reading, for distance or sometimes for both. Your ophthalmologist may be able to discuss the pros and cons of these types of lens implants with you.

Talk to your ophthalmologist before surgery if you want to discuss how your eyes will be corrected following your operation. This is something your optometrist should also be able to discuss with you, when referring you for surgery.

Some short-sighted people may prefer to be left slightly short-sighted after cataract surgery, so that they continue to need distance glasses to fine-tune distance vision but can read without reading glasses, as they have been used to doing, prior to surgery.

If you are offered cataract surgery on one eye at a time and if you need surgery on both your eyes (most people do), your ophthalmologist will ideally schedule your operations six weeks to three months apart. However, this timescale may be longer depending on the waiting list.

If you are very short-sighted or very long-sighted, you may have some difficulty with unbalanced vision or double vision after your first eye is treated and while you are waiting for the second

eye surgery. This is because you will have a reduced spectacle prescription in the treated eye only. It's important that you discuss this with your ophthalmologist before the surgery so that you know how you can manage between the two operations.



What are the complications of cataract surgery?

Cataract surgery is a safe and successful operation. It is the most common operation performed in the UK. The chances of having a serious complication are very low. The risk of having complications that could affect your sight in the long term is even lower.

Posterior Capsule Opacification

The most likely complication following the surgery is called posterior capsule opacification (PCO). This is where your lens capsule, which holds the lens implant in place, becomes cloudy. PCO can occur months to years after surgery, and after just weeks, in a few cases. This cloudiness will affect your vision. If this happens, you will usually be offered a quick, painless outpatient laser procedure to make your sight clear again. PCO is estimated to occur in roughly one in five eyes that have cataract surgery.

More information about PCO can be found on our website rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999.

Macular oedema

Another complication of cataract surgery is macular oedema. This is where fluid collects in the central part of your retina, called the macula. It usually occurs within a few weeks of surgery and will often resolve on its own. It can make your central vision blurry or distorted until the fluid resolves. Sometimes you might be prescribed additional eye drops to help this clear up. However, any change in your vision should be checked by your ophthalmologist straight away.

Negative and positive dysphotopsia

Following cataract surgery some patients see unwanted images known as dysphotopsia. Dysphotopsia can be 'negative' or 'positive'.

Negative Dysphotopsia: a person sees a disturbing dark shadow in the temporal visual field in the far periphery, often described as a 'half-moon' or 'crescent'. The image tends to be variable. Shining light temporally diminishes negative dysphotopsia in most people, as does correction of even the smallest of refractive errors (prescription for glasses). If one eye is covered in turn, negative dysphotopsia may also diminish.

There is evidence that negative dysphotopsia may be caused by a slight difference in magnification caused by the new IOL compared to the old crystalline lens. Most people get used to it within a few weeks as their eye adapts to the new IOL.

Positive Dysphotopsia: a person sees unwanted light, such as a streak, starburst, flicker, fog, or haze. Positive dysphotopsia arise from light entering the eye at an angle and typically doesn't resolve with time. In some cases, the pupil may need to be made smaller (miosis) with long-term use of an eye drop known as a miotic drug. In extreme cases lens exchange may be required, where the IOL is surgically removed and replaced with an IOL made from a material that bends the light differently (has a lower refractive index).

Rarer Serious Complications

There are some very rare but serious complications that may occur which can put your vision at risk following cataract surgery. The chance of this happening is rare and is variable based on individualised risk factors. These include:

- retinal detachment
- problems with the position of the lens implant
- a break in the lens capsule
- infection.

If you have any unexpected symptoms after your operation, such as blurriness or distortion in your vision, flashing lights or floaters, redness, pain, or light sensitivity, you should contact your ophthalmologist straight away as these can be symptoms of complications. If you have any of these complications, the sooner that treatment is given, the better the outcome for your sight.

If you're concerned about the risks of your cataract operation, you should discuss this with your ophthalmologist before the surgery.

It is important to remember that most people who have cataract surgery have no problems at all.

It is not possible for cataracts to grow back after surgery. This is because the lens has been removed and the new plastic lens cannot develop a cataract.

"Since the surgery I've not looked back, and I know I made the right decision. I can drive again, see things perfectly, and volunteer at my local hospital. If I hadn't had the surgery, I wouldn't be able to do any of those things."

Sandra Salmon from Doncaster.

Do I need to avoid any activities after my surgery?

You'll probably feel back to normal within two to three days. If you're working, you may feel fit enough to go back soon after the operation, depending on the nature of your job. However, there are some things that you should probably try to avoid for the first seven to 10 days:

- rubbing your eye: this can cause infection and the pressure isn't good for the healing incision
- strenuous activity and heavy lifting: strenuous activity like lifting can increase your eye pressure. Lifting light shopping and doing light housework is fine, but you'll want to avoid activities such as moving heavy furniture
- wearing eye make-up: until your ophthalmology team is happy that your eye has fully recovered.

You may also need to be careful in these situations:

- when it's windy outdoors, in case something blows into your eye, though it's OK to get out and about
- dusty environments may irritate your eye
- when washing your hair and face be careful not to get soapy, dirty water into your eye.

You may also find that lights seem brighter than normal immediately after your operation, but this should get better with time. Sunglasses may help with these symptoms in the meantime.

Until your eye is fully healed, you should not:

- go swimming even with goggles as it may cause an infection
- take part in contact sports, such as boxing, karate, rugby, or other sports which risk a blow to the eye.

Your ophthalmology team will tell you at your follow up appointment if your eye is healed and whether you can go back to your normal activities, including the ones listed here. If you are concerned about doing a specific activity, be sure to discuss this with your ophthalmologist. It may be worth avoiding any activities you are worried about until you've had your follow up appointment.

Most people are able to drive soon after their cataract operation. However, if you have a strong glasses prescription, you may have an imbalance in your vision between your operations. You should ask your ophthalmologist for advice about driving if you have an imbalance or if you have any other eye condition.

Further help and support

RNIB Helpline

If you need someone who understands sight loss, call our Helpline on **0303 123 9999**, say **“Alexa, call RNIB Helpline”** to an Alexa-enabled device, or email **helpline@rnib.org.uk**. Our opening hours are weekdays from 8am – 8pm and Saturdays from 9am – 1pm.

Connect with others

Meet or connect with others who are blind or partially sighted online, by phone or in your community to share interests, experiences and support for each other. From book clubs and social groups to sport and volunteering, our friendly, helpful and knowledgeable team can link you up with opportunities to suit you. Visit **rnib.org.uk/connect** or call **0303 123 9999**.

Other useful contacts

Driver and Vehicle Licensing Authority (DVLA)

Drivers' Medical Enquiries

Swansea SA99 1TU

Tel: **0300 790 6806**

Visit: **dvla.gov.uk**

About The Royal College of Ophthalmologists

The Royal College of Ophthalmologists champions excellence in the practice of ophthalmology and is the only professional membership body for medically qualified ophthalmologists.

The College is unable to offer direct advice to patients. If you're concerned about the health of your eyes, you should seek medical advice from your GP or ophthalmologist.

rcophth.ac.uk

We value your feedback

You can help us improve our information by letting us know what you think about it. Is this booklet useful, easy to read and understand? Is it detailed enough or is there anything missing?

How could we improve it? We would also like your views on the pictures and diagrams, are they appropriate, helpful and are there places where a diagram might have helped?

Send your comments to us by emailing us at **eyehealth@rnib.org.uk** or by writing to the Eye Health Information Service, RNIB, 105 Judd Street, London, WC1H 9NE.

RNIB Booklet Series

About the Starting Out series

Essential information about living with sight loss.

Titles include:

- Benefits, Concessions and Registration
- Emotional Support
- Help from Social Services
- Making the Most of Your Sight

About the Confident Living Series

Information to build confidence and independence.

Titles include:

- Reading
- Shopping
- Technology
- Travel

About the Understanding Series

More about your eye condition. Titles include:

- Age Related Macular Degeneration
- Cataracts
- Charles Bonnet Syndrome
- Dry Eye
- Eye Conditions Related to Diabetes
- Glaucoma
- Nystagmus
- Retinal Detachment
- Inherited Retinal Dystrophies including Retinitis Pigmentosa
- Posterior Vitreous Detachment

For audio, print or braille versions of these booklets please contact our Helpline or visit **shop.rnib.org.uk**

For a list of information sources used in these titles and to provide feedback on the Starting Out and Confident Living Series, email **ckit@rnib.org.uk**. To provide feedback on the Understanding Series, email **eyehealth@rnib.org.uk**.

Information sources

RNIB and The Royal College of Ophthalmologists do all we can to ensure that the information we supply is accurate, up to date and in line with the latest research and expertise.

This publication uses information from:

- The Royal College of Ophthalmologists' guidelines for treatment
- clinical research and studies obtained through literature reviews
- specific support groups for individual conditions
- medical textbooks
- RNIB publications and research.

For a full list of references and information sources used in the compilation of this publication, email eyehealth@rnib.org.uk.

RNIB Helpline



Call: **0303 123 9999**



Email: **helpline@rnib.org.uk**



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to an Alexa enabled device.

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