

Why choose private cataract Surgery

Cataract surgery can be performed with a small incision no suture technique by phacoemulsification. Cataract surgery with a small incision is carried out by Mr Usman Saeed Consultant Ophthalmologist at St Helier Hospital, Spire St Anthony hospital and Ashtead hospital. The latest foldable intraocular lenses are available at all 3 hospitals, with pre-loaded folded monofocal acrylic lenses. These lenses can be implanted into the eye after the cataract has been removed giving clear vision with better colour vision, contrast sensitivity and overall better vision. Mr Saeed has vast experience in different types of intraocular lenses and chooses the best intraocular lens on a patient to patient basis. A video of the cataract surgery performed by Mr Saeed can be seen at <http://londoneyedoctors.co.uk/cataract-surgery-treatment/>

With the latest phacoemulsification machines available and expert ophthalmic surgeons like Mr Saeed, the complication rate is extremely low and more than 98% of patients have an extremely good result. Some patients will have additional problems like macular degeneration, glaucoma or corneal problems and their visual results may not be as good because of co-existing co-pathology. Mr Saeed is an expert in simple and complex cataract surgery and plans the treatment based upon the patient's individual needs.

Healthcare Rationing

Recently, cataract surgery is being rationed by the NHS Care commissioning groups (CCG) with arbitrary visual acuity limits being imposed by the CCGs. These apply to first eye surgery (vision must be worse than 6/9 on the Snellen chart in the better eye). The DVLA visual acuity criteria, for driving a car, requires being able to read a number plate at 20 meters, which is equivalent to 6/10 on the Snellen chart. Essentially this means that the patient must be at the limit of being eligible to drive legally.

Further restrictions apply on NHS funding for second eye cataract surgery. Some NHS regions allow second eye cataract surgery at levels of 6/9 vision but most are now insisting that vision of the second eye must be 6/18 or worse. These rationing measures do not save money in the long term because as time progresses, cataracts get worse and eventually require surgery. So money saved in one financial year by the NHS gets negated by the extra spend in the next financial year for more advanced cataracts.

Why Choose Private Surgery?

Choice of surgeon

The most important reason to have cataract surgery privately is to be able to choose your surgeon. All surgeons differ in their ability and this can directly influence the outcome of any surgery, particularly eye surgery. In the NHS, you may be operated upon by a trainee surgeon or a consultant. With private treatment, you have the peace of mind of being treated by the consultant.

Choice of consistent care

As a private patient you will see your surgeon prior to surgery, for the surgery, and for your follow up. The care plan is consistent.

Choice of intra-ocular lens

There are now many different types of intra-ocular lens. When going privately you can choose the type best suited to your needs.

Choice of anaesthetic

Your surgeon and anaesthetist will be able to offer you a choice of topical or sub-tenon's local anaesthetic, with or without sedation. If very nervous but otherwise healthy you can also choose to have a full general anaesthetic.

Choice of time of surgery

As a private patient you choose when you want your surgery. There is no waiting list. Most patients have cataracts in both eyes. To have both eyes operated on maximises your vision. Waiting times in the NHS can be upto 18 weeks from the date of referral from your GP.

Tips for patients considering cataract surgery

1. Patients need cataract surgery depending upon their needs; for example a patient who drives will need cataract surgery much sooner than a patient who doesn't.
2. Common causes for cancellation or postponement of cataract surgery are high blood pressure, high INR (>2.5 on day of surgery), active infections (chest infections or UTI's etc). Most of the time these can be treated prior to surgery thereby avoiding unnecessary stress. A visit to the GP prior to the surgery is recommended.
3. Most cataract surgery (99%) is day case and done under local anaesthetic. 1% of patients need a general anaesthetic. Anxious, nervous or claustrophobic patients can have surgery under general anaesthetic.
4. Most of the time, patients will achieve a target of relative spectacle independence for distance. However to get the best result following cataract surgery, glasses for distance and near vision will be required.

To arrange a consultation, you may contact us by email, phone or letter.

Details can be found on:

<http://www.londoneyedoctors.co.uk/contact-us>

Private patient contact telephone 01372-275161 option2