



Immediate Sequential Bilateral (same-day, both eyes) Cataract Surgery

This leaflet explains the benefits and risks of having cataract surgery on both eyes on the same day.

What is immediate sequential bilateral cataract surgery?

Usually, cataract surgery is done on one eye at a time, on two different days. Sometimes, if you are deemed suitable after careful checks and assessment, it may be possible to operate on both eyes on the same day. This is called **same-day cataract surgery** or **immediate sequential bilateral cataract surgery** (ISBCS).

With same-day cataract surgery, both eyes are treated during the same hospital visit, one eye straight after the other.

Even though it is done on the same day:

- Each eye is treated as a completely separate operation.
- The surgeon scrubs up again and changes gloves between operating on each eye.
- New sterile instruments, medicines, and fluids are used for the second eye. These steps are taken to keep the surgery as safe as possible.

Why might ISBCS be offered?

If you are suitable for this option, the benefits are:

- It will help you see better in both eyes more quickly.
- It will help reduce day-to-day difficulties that can happen if there is a big difference in vision between the two eyes after the first eye has been operated on (called post-operative anisometropia).
- Fewer hospital visits.

- Less disruption to your daily life.
- It reduces the need for two lots of general anaesthetic (if this is used).
- It can be helpful if travel, mobility, or home support is difficult for you when attending hospital.

Why may ISBCS not be suitable for everyone?

Same-day surgery is usually **not** recommended for people who have:

- Had previous laser or vision-correcting eye surgery.
- Other significant eye conditions, such as advanced glaucoma, corneal problems, uncontrolled diabetic retinopathy or recurrent eye inflammation.
- Extreme long- or short-sightedness or very complex cataracts.
- Medical or eye conditions that increase the risks of surgery.

What are the alternatives to ISBCS?

1. Staged surgery, which is surgery on one eye first, followed by surgery on the second eye on a different day (this is the standard approach).
 - Choosing staged surgery will not affect your care
 - You have a genuine choice between these options, and consent is only valid if you understand both
2. Delaying or declining surgery, which is likely to result in your vision getting worse over time.

What are the extra risks of ISBCS?

The risks are rare, but it is important that you understand them.

Possible extra risks include:

- A very small risk of infection or retinal detachment in both eyes. If this happens, it could seriously affect vision in both eyes.
- Inflammation (Toxic Anterior Segment Syndrome) or swelling at the back (Cystoid Macular Oedema) of both eyes, which can cause

blurred central vision. This may make reading difficult and, in some cases, mean you are unable to drive even with glasses.

- A temporary rise in eye pressure, which may need extra eye drops in addition to the usual drops needed after cataract surgery.
- ‘Refractive surprise’, an unexpected need for glasses after surgery. With ISBCS, there is no chance to adjust the lens power for the second eye. When surgery is done on different days, the first eye result can sometimes help improve the second eye.
- Other minor problems may affect both eyes at the same time, which may be more difficult for you for a short period.

For safety reasons, if any problem occurs during surgery on the first eye, the second eye will not be operated on that day.

What happens after the operation?

- After surgery, you will need to use the eye drops provided daily in both eyes for 4 weeks. Your vision may be blurred at first, but should slowly improve in a few days.
- You must arrange for a responsible adult to accompany you home after the procedure, as you will not be able to drive or travel alone. As your vision will be blurred immediately after surgery, you should also ensure that someone is available to stay with you or provide support overnight.
- If you were not driving before your cataract surgery, it is advisable to wait until you have seen your optometrist following the operation before resuming driving, to ensure that your vision meets the legal driving standard.
- If you were still driving prior to surgery, you should ask your surgeon or clinical team for advice about when it is safe for you to resume driving. You must only drive when you feel comfortable and confident that your vision meets the legal driving requirements.

You must contact the eye department urgently if you notice:

- Severe eye pain
- Increasing redness
- A sudden drop in vision

You will be advised to:

- Use separate eye drop bottles for each eye – never share drops between eyes
- Avoid touching the eyelashes or your eye with the dropper of the bottle
- Make sure you are able to use the drops yourself, or have someone who can help you
- Wear sunglasses in bright daylight as your eyes will be very sensitive
- You should not use eye makeup for at least 4 weeks

Important points discussed include:

- The advantages and disadvantages of same-day both eyes cataract surgery and standard cataract surgery
- That standard surgery on separate days is still the usual approach
- That same-day surgery is only offered after careful assessment
- That there is a small risk of (in both eyes):
 - Infection
 - Loss of vision
 - Inflammation
 - Swelling at the back of the eye
 - Raised pressure inside the eye
 - Needing glasses after surgery

Your ophthalmologist will explain these risks clearly, and you will have the opportunity to ask questions before giving your consent for surgery. Please take time to read this leaflet carefully. We encourage you to contact us if you have any concerns, or if anything in this leaflet is unclear. We are very happy to explain things again or answer any questions you may have.

Further information

- **Royal College of Ophthalmologists** Tel: 0207 935 0702
www.rcophth.ac.uk/docs/publications/UnderstandingCataracts.pdf
- **The NHS Website** explains cataract surgery in detail, visit
<https://www.nhs.uk/conditions/cataract-surgery/>.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist. If urgent, please attend Eye Casualty or call 111.

Eye Casualty (Reading):	Mon-Fri 8am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year's Day.
Eye Casualty: Prince Charles Eye Unit (Windsor):	Mon-Fri 8am to 5pm; Sat 8.30am-12.30pm; Closed Sun & bank holidays.
Dorrell Ward (Reading):	0118 322 7172 (24 hours a day)
Eye Day Unit (Reading):	0118 322 7123 (Mon-Fri 7am to 6pm)

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Ophthalmology, April 2026.

Next review due: April 2028.