



PATIENT INFORMATION

Lens Replacement Surgery

Refractive Lens Exchange

To achieve the immeasurable, you must measure everything.

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How to use this leaflet

This leaflet is the first stage of your informed consent journey. It is written to be read before your in-person consultation and diagnostic testing, whether or not you have booked one yet, so that you come to that appointment already familiar with the options, the risks and the costs. Read it on screen or print it, and note down anything you want explained further.

About This Leaflet

This leaflet is for patients who are considering lens replacement surgery, also known as refractive lens exchange.

A full in-person consultation will follow, along with thorough diagnostic testing. You will then receive a letter summarising the points discussed at that consultation, and an informed consent document accompanying it. This leaflet, that letter and that consent document together form part of your informed consent journey. No single one of them stands alone, and none of them replaces the conversation you will have with your surgeon.

Lens replacement surgery is elective. Unlike cataract surgery, it is undertaken to reduce dependence on glasses rather than to treat disease. Nobody needs it, and nothing is lost by deciding against it. That distinction matters, because it means the decision is entirely yours and there is no clinical urgency at all.

Because the surgery is elective, it is governed by professional standards that are deliberately strict. The Royal College of Ophthalmologists requires that your surgeon personally discusses the procedure with you, that you receive written information before you commit, and that you are given an unhurried period to reflect before signing consent.¹ The General Medical Council requires the same, and specifically that the surgeon performing your operation is the person who obtains your consent.²

At Blue Fin Vision®

Mr Mfazo Hove personally performs your assessment, your surgery and your follow-up. Consent is a two-stage process. You will receive your consent form at your consultation and you are never asked to sign it on the day of surgery. There is no deadline and no time-limited offer.

This leaflet is sent to you electronically, so you can read it whenever it suits you, share it with the people whose opinion matters to you, and come back to it as often as you like. Read it more than once. Bring your questions to us.

It is designed to be used alongside the Blue Fin Vision® Lens Replacement Surgery Checklist, which turns the content of this leaflet into a set of practical questions you can work through before your consultation: [Lens Replacement Surgery Checklist](#).

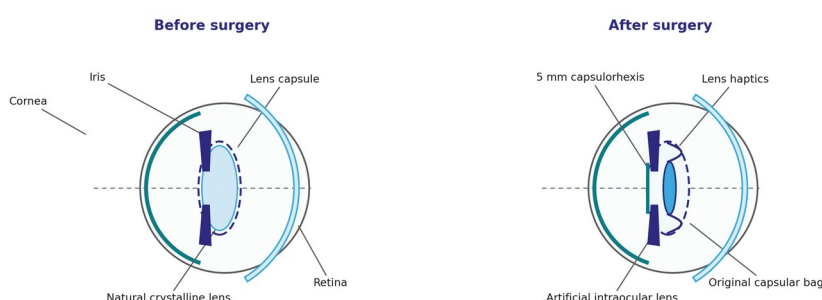
What Is Lens Replacement Surgery?

Inside your eye, just behind the pupil, sits a clear natural lens about the size of a small lentil. It does roughly a third of your eye's focusing work. When you were young it changed shape to focus from far to near. From around your mid-forties it stiffens, which is why reading glasses become necessary. Later it also becomes cloudy, which is what a cataract is.

Lens replacement surgery removes that natural lens and replaces it with a clear artificial lens called an intraocular lens, or IOL. The power of the new lens is calculated specifically for your eye, so your glasses prescription is built into the implant.

The operation is technically identical to modern cataract surgery. The difference is the reason for doing it. Cataract surgery is performed to restore clarity that has been lost. Lens replacement surgery is performed to reduce your dependence on glasses while your vision is still correctable.

Figure: Lens replacement surgery



Your natural lens is removed through a circular opening approximately 5 mm in diameter in the front of the capsule (capsulorhexis). The artificial lens unfolds inside your own capsular bag, where it is held securely in position by the capsule itself for the rest of your life.

One permanent consequence worth understanding

Once your natural lens has been replaced, you can never develop a cataract. Lens replacement surgery removes that possibility for the rest of your life.

What lens replacement surgery is not

It is not reversible. The natural lens cannot be put back. An implanted lens can be exchanged if there is a genuine problem, but that is a second operation with its own risks, not an undo button.

It is not a treatment for eye disease. It does not treat glaucoma, macular degeneration or diabetic eye disease, although it does not prevent any of those being monitored and treated normally afterwards.

Is Lens Replacement Right For Me?

Lens replacement suits you best if you are over 50, or over 45 with a strong prescription, and one or more of the following applies.

- Your prescription is outside the safe range for laser eye surgery.

- You already need reading glasses and want to address distance and near vision in one procedure.
- Your scans show early lens changes, so laser surgery would only be a temporary solution.
- You are long-sighted with a shallow drainage angle inside the eye, where lens replacement also removes a future risk of a painful form of glaucoma.
- You want a permanent solution and you accept that the natural lens is being given up.

When we will advise against it

We will tell you if lens replacement is the wrong choice for you, and we do so regularly. Because Blue Fin Vision® offers laser vision correction, implantable collamer lenses and lens-based surgery within the same practice, our recommendation is not constrained by what we happen to own.

- If you are under 45 with a clear, flexible natural lens, laser vision correction or an implantable collamer lens is usually safer and more appropriate.
- If you are very short-sighted with a long eye, the risk of retinal detachment is higher and we will discuss this in detail before recommending anything.
- If you have significant macular disease, advanced glaucoma or an unhealthy ocular surface, a multifocal or extended depth of focus lens is unlikely to perform well for you.
- If your expectations cannot realistically be met, we will say so plainly rather than proceed.

Suitability is questioned, not waved through

A consultation that ends in a recommendation not to operate is a successful consultation. Your scan fee buys an honest answer, not a sales pitch.

Your Alternatives

Doing nothing

Glasses carry no surgical risk at all. This remains a completely reasonable choice and you should never feel pushed away from it. Varifocals have their own optical compromises, but many people wear them happily for decades.

Continuing in contact lenses

Contact lenses give good all-round vision and suit active lives. They are not risk free. A large population study found that serious corneal infection affects roughly 2 in every 10 000 daily wear soft lens wearers each year, rising to around 20 in 10

000 for those who sleep in their lenses.³ Comfort and tolerance also tend to reduce with age.

Laser vision correction

Laser surgery reshapes the front surface of the eye and leaves your natural lens in place. Where your prescription and corneal thickness allow it, and your lens is still clear, laser is often the better option. It carries a lower risk of sight-threatening complications than any lens-based procedure.

Implantable collamer lens

An implantable collamer lens sits in front of your natural lens rather than replacing it. It preserves your natural focusing ability and is potentially reversible. It is usually the better choice for younger patients with high prescriptions.

How we decide

We compare the options against your measurements, your eye health and how you actually use your vision. The safest procedure that achieves your goal is the one we recommend, whichever category it falls into.

Choosing Your Lens

Blue Fin Vision® implants ZEISS intraocular lenses exclusively. This is a deliberate decision. Working within one manufacturer's optical platform means our surgical planning, our biometry formulas and our outcome data all refer to the same lens family, which makes results more predictable and easier to audit honestly. Mr Mfazo Hove is a ZEISS Key Opinion Leader and faculty member, which gives the practice direct access to the engineering behind these lenses.

There are four categories, and toric versions of each are available to correct astigmatism.

Monofocal

One clear focal point, usually set for distance. Excellent contrast and the fewest optical side effects of any lens. You will need reading glasses. This is the most forgiving option if your eye health is not perfect.

Enhanced monofocal

A monofocal lens with a slightly extended range. Gives useful vision at arm's length for a computer screen or a car dashboard, with side effects close to those of a standard monofocal. Reading glasses are still needed for small print.

Extended depth of focus

Rather than creating separate focal points, these lenses stretch one elongated zone of focus. They give a smooth, continuous range from distance through intermediate,

with noticeably fewer halos than a trifocal. Most patients still use glasses for small print or prolonged reading. Guidance from the European Society of Cataract and Refractive Surgeons recommends this design for patients who particularly want good intermediate vision with less dysphotopsia than a multifocal lens.⁴

Trifocal

Three focal points, giving distance, intermediate and near vision. This is the option that offers the greatest freedom from glasses. In a network meta-analysis of 28 randomised controlled trials covering 2465 patients, trifocal lenses ranked highest of all lens types for spectacle independence, and the ZEISS trifocal platform ranked at the top of that group.⁵ In the largest published series of lens replacement with trifocal lenses, covering 17 603 patients, outcomes were both safe and highly effective.⁶

The trade-off is real and you must accept it before choosing this lens. Trifocal lenses produce more halos and starbursts around lights, particularly at night, than monofocal lenses.⁷ Most patients adapt over three to six months. A small number never fully do.

A personal note from your surgeon

Mr Mfazo Hove has had trifocal lenses implanted in both of his own eyes. Every trade-off described in this leaflet is one he has experienced personally, not one he has only read about.

Blended vision

A further option is to set one eye slightly more for distance and the other slightly more for near, using monofocal or enhanced monofocal lenses. The brain combines the two images to extend the useful range. This gives less freedom from glasses than a trifocal but with very little optical compromise, and it is a good middle path for patients who do a lot of night driving.

Measuring Your Eyes

The single largest cause of disappointment after lens surgery is not surgical technique. It is choosing the wrong lens power. Once the lens is in the eye, an error of measurement becomes an error of vision.

Blue Fin Vision® therefore uses a double biometry protocol as standard. Your eye is measured on more than one instrument, on more than one occasion, and the results must agree before we proceed.

- Optical and swept-source biometry to measure the length and curvature of the eye.
- Multiple calculation formulas compared against each other, supported by our own outcome dataset.

- Swept-source OCT scanning of the macula, because a lens cannot correct a retinal problem.
- Corneal topography and, where relevant, epithelial mapping.
- B-scan ultrasound if any measurement is uncertain.

If two measurements disagree, we repeat them. If they continue to disagree, we do not operate that day. This is the least glamorous part of the process and the part that most determines your result.

Why we do not use a femtosecond laser

Some clinics charge extra for femtosecond laser assistance. Blue Fin Vision® does not use it for lens replacement surgery, and we want you to understand exactly why.

Two large randomised controlled trials have compared laser-assisted lens surgery against standard ultrasound surgery. The UK FACT trial concluded that the laser technique was not superior and that the evidence did not justify the additional cost.⁸ The French FEMCAT trial reached the same conclusion.⁹ National guidance from NICE goes further and recommends that femtosecond laser-assisted lens surgery should only be used within a randomised controlled trial.¹⁰

Our position

We do not charge you for technology that has been tested and found not to improve your vision. If that changes and the evidence supports it, we will adopt it and tell you why.

Both Eyes On The Same Day

Blue Fin Vision® has performed same-day bilateral lens surgery as routine practice since November 2016. This is called immediate sequential bilateral surgery. The two eyes are treated as two entirely separate operations performed one after the other, with completely separate instruments, separate gowning, separate drapes and separate lens batches. Nothing crosses between them.

Why we do it this way

- You recover balanced vision immediately instead of spending weeks with a large difference between your two eyes.
- Your brain adapts to a new lens design in both eyes at once, which shortens the adaptation period.
- One anaesthetic episode, one recovery period, one course of treatment, one set of travel arrangements.
- Fewer separate exposures to a hospital environment.

Is it safe?

The concern has always been a serious infection affecting both eyes at once. This has been studied on a very large scale. A Swedish national registry study analysed 1 457 172 operations, including 92 238 same-day bilateral procedures, and found no increased risk of postoperative infection.¹¹ A separate analysis of the American IRIS Registry reached the same conclusion.¹² The European Society of Cataract and Refractive Surgeons states that same-day bilateral surgery is effective and safe, with a high degree of patient satisfaction, in patients without complicating eye conditions.⁴ A randomised Finnish trial found no meaningful difference in outcomes compared with operating on separate days.¹³

NICE recommends that same-day bilateral surgery is considered for patients at low risk of complications.¹⁰ Despite this, UK uptake remains very low. National audit data show that only just over one per cent of previously unoperated patients in the United Kingdom had both eyes treated on the same day in the most recent audit year, and that provision here lags well behind comparable healthcare systems.¹⁴ Where it is offered properly, most eligible patients choose it.¹⁵

What you give up

NICE also requires that you understand the trade-off, and it is a genuine one.¹⁰ If both eyes are done on the same day, we cannot use the result of the first eye to adjust the lens choice for the second. We also cannot use the result of the first eye to decide whether you like the lens design before committing the second eye. If anything goes wrong during surgery, both eyes are affected on the same day.

The condition that governs it

Same-day bilateral surgery rests on a single rule. The second eye proceeds only if the first operation has been entirely uncomplicated. If anything at all is not straightforward, the second eye does not go ahead that day. That is a clinical decision made in theatre, not a scheduling one, and it is not open to negotiation.

If that happens, your second eye is postponed or cancelled. Should you then choose not to proceed with it, the fee for the eye that was not operated on is returned to you in full. You are never charged for surgery you did not have.

Since November 2016 this has arisen once. The reason was an anaesthetic issue rather than a surgical one, and that patient had her second eye treated a week later.

It is always your choice

You may have one eye at a time if you prefer, and some patients do. We will support that decision without argument and without trying to talk you out of it.

On The Day Of Surgery

You may eat and drink normally and take your usual medication. Allow around half a day at the hospital. You will not be able to drive home, so please arrange transport.

Anaesthetic

The operation is performed with anaesthetic eye drops. Your eye is numb. You are awake, comfortable and able to hear and speak to us throughout. Many patients are surprised by how undramatic it is.

If you would like help to feel more relaxed, you have two options.

- A diazepam tablet before surgery, offered to every patient who wants it at no extra cost.
- Intravenous sedation, given and monitored by a consultant anaesthetist. This is a paid optional extra and is not included in the surgical fee. It is charged once per surgical session, so the fee is the same whether one eye or both eyes are treated that day.

Neither is compulsory and most patients need neither. Your anxiety about the procedure is not something to apologise for, so please tell us if you would prefer one of these.

The operation itself

Your eyelids are held gently open, so you cannot blink at the wrong moment. You will see bright light and movement but no instruments and nothing alarming. Mr Mfazo Hove will talk you through each stage.

- Two very small self-sealing openings are made at the edge of the cornea. No stitches are needed.
- A precise circular opening is made in the thin membrane surrounding the natural lens.
- The natural lens is softened with fine ultrasound energy and gently removed.
- The new lens is folded, injected through the small opening and positioned inside the natural lens capsule.
- The eye is refilled with fluid and antibiotic, and the openings seal themselves.

4-Minute Phaco™

You may see this term used at Blue Fin Vision®. It describes a low-trauma, highly consistent surgical sequence refined across more than 57 000 procedures. The four minutes describe consistency and control, not a speed target. Less time inside the eye means less ultrasound energy, less inflammation and a faster, quieter recovery.

Every procedure is video recorded and archived as part of your record.

After Your Surgery

Blue Fin Vision® offers two aftercare pathways. Which one you receive depends on your eyes, not on convenience. Your suitability for the dropless pathway is assessed at your consultation, reviewed against your scans, and confirmed with you in writing before your operation. It is never decided on the day, and it is never decided for the convenience of the clinic.

Pathway one: dropless (standard for suitable patients)

For most patients, the anti-inflammatory and antibiotic medication is delivered inside the eye at the time of surgery. You go home with no eye drops to remember, no bottles to carry and no risk of missing a dose.

- No drop regime to follow.
- Nothing to travel with and nothing to lose.
- Removes the single most common cause of avoidable inflammation after lens surgery, which is inconsistent drop use.
- Particularly valuable if you have arthritis, tremor, poor dexterity or a demanding schedule.

Not everyone is suitable for the dropless pathway. Diabetes, previous inflammation inside the eye, previous macular problems, an unusual eye or a higher risk of swelling at the macula may all mean drops are safer for you.

Pathway two: topical drops

If drops are the safer option for you, the regime is a six week course.

- Prednisolone anti-inflammatory drops, tapering over six weeks as directed.
- Bromfenac (Yellox) anti-inflammatory drops, twice daily for six weeks.
- Leave at least two minutes between different drops so each is absorbed.
- Set a phone reminder. If you miss one, simply take the next one. Do not double up.
- If you are unsure whether a drop went in, putting in a second drop is not a problem.

If you are travelling from overseas

International patients receive both. The intraocular medication is given at surgery and a full topical course is dispensed as well, so that you are protected regardless of flights, time zones, delays or difficulty obtaining medication once you are home. Your discharge summary and drop schedule are provided in writing to share with your own doctor or optometrist.

Your Recovery

When	What to expect
Day of surgery	Vision is bright but hazy while the dilating drops wear off. Mild grittiness, watering and light sensitivity are normal. Go home and relax for the remainder of the day.
Day 1	Vision is often blurred when you first wake but usually becomes noticeably clearer as the day progresses. Shower and wash normally. Begin following your postoperative neuroadaptation instructions.
Day 2	Most patients have returned to their normal routine. Exercise and sport are not restricted. Most patients are also able to drive, provided they can comfortably read a standard vehicle number plate from 20 metres without glasses and feel confident driving.
Weeks 2 to 6	Vision continues to sharpen and stabilise. Some fluctuation between days is entirely normal. Please attend every scheduled follow-up appointment, even if your eyes feel perfect.

Please attend every review appointment

Some problems that need treatment cause no symptoms at all in the early weeks. Attend every scheduled review even if your eyes feel completely normal.

Helping Your Brain Adapt

For patients receiving trifocal or extended depth of focus lenses, this is the single most important postoperative instruction.

From the day after surgery:

- Set your mobile phone font to the smallest comfortable size.
- Increase your screen brightness to at least 50 per cent.
- Read on your phone every day.
- At Blue Fin Vision®, do not use reading glasses at all unless we specifically instruct you to do so.

Reading through reading glasses enlarges text and reduces the visual demand placed on your new optical system. We want your brain to learn to use your new lenses, not to bypass them. Using the smallest comfortable font encourages your brain to make full use of the range of focus provided by your new lenses and supports the process of neuroadaptation.

Risks

Lens replacement is a very safe operation, but it is still surgery inside your eye, and you are choosing it rather than needing it. That raises the standard of understanding we owe you. The figures below come from the national audit run by The Royal College of Ophthalmologists, which covered 550 519 operations across 199 centres in its most recent report.¹⁴

National figures

Outcome	National rate	Blue Fin Vision®
Posterior capsule rupture during surgery	0.69%, about 1 in 145	approximately 0.2%
Loss of vision around the time of surgery	0.46%, about 1 in 200	Not separately audited
Severe loss of vision	0.17%, about 1 in 500	Not separately audited
Infection inside the eye within 42 days	0.02%, about 1 in 5 000	Not separately audited
Swelling at the macula within 2 months	1.58%, about 1 in 63	0.03% in 3 215 procedures
Retinal detachment within 2	0.05%, about 1 in 2	Not separately audited

Outcome	National rate	Blue Fin Vision®
months	000	

The audit specifically recommends that patients are told there is a 0.46 per cent risk of losing vision and a 0.17 per cent risk of severe vision loss, as an all-cause estimate across treatment and recovery.¹⁴

Where the table says not separately audited, we are being precise rather than evasive. Blue Fin Vision® submits every case to the national database, so our results are contained within the national figures shown. We publish our own rates only for the measures we can verify independently. It is worth knowing that the national audit applies the same caution to itself: it received postoperative complication data for only 40 per cent of operations, and states that its figures for infection, macular swelling and retinal detachment indicate trends rather than actual rates.¹⁴

Our own figures

Blue Fin Vision® publishes its own outcome data every year and has done so for six consecutive years. Our rate of posterior capsule rupture is approximately 0.2 per cent, against the national rate of 0.69 per cent.¹⁴ For context, the audit records a rate of 0.53 per cent for consultant surgeons specifically, so our result sits below even that group.

Posterior capsule rupture matters because it makes other problems more likely afterwards, and because a premium lens sometimes cannot be implanted safely if it occurs.¹⁴ That would mean more reliance on glasses than planned.

Retinal detachment

Any lens surgery slightly increases the lifetime risk of the retina detaching. A meta-analysis of 40 studies covering more than 8.5 million eyes found that the risk after lens replacement is approximately double that after cataract surgery, and classified it as uncommon after lens replacement and rare after cataract surgery.¹⁶ The absolute numbers remain small. Your personal risk is higher if you are very short-sighted with a long eye, and we will quantify this for you individually.

Additional surgery

Occasionally a second procedure is needed, for example to reposition or exchange a lens, to retrieve lens material from the back of the eye, or to repair a detached retina.^{14,17}

Side Effects

Side effects are different from complications. Most patients experience some of these. They usually improve, but they do not always disappear entirely.

Light effects

Halos, starbursts, glare and a shimmering arc at the edge of vision are common in the first months. They are more noticeable at night and when driving. Trifocal lenses cause more of these effects than monofocal lenses, and extended depth of focus lenses sit between the two.^{4,7}

For most patients these effects fade substantially by three to six months as the brain learns to filter them. This process is called neuroadaptation. It is real, it is gradual, and it cannot be rushed.

A very small number of patients do not adapt. If that happens, options include treating any residual prescription with laser, treating clouding behind the lens, or in rare cases exchanging the lens for a different design.¹⁸ Lens exchange is a bigger operation than the original surgery and improves light effects but reduces near vision, so it is a decision we take slowly and only after everything else has been excluded.

Dry or gritty eyes

Common in the early months and usually mild. Lubricating drops help and are safe alongside any other medication. Lasting problems are unusual if your ocular surface was healthy beforehand, which is why we assess it before surgery.

Appearance

Red blotches on the white of the eye are common after any eye surgery. They look dramatic, they are harmless, and they can take up to six weeks to fade completely.

The lens itself is not visible. Very occasionally someone may notice a faint glint of light reflecting from within your pupil.

If Your Result Needs Refining

Modern lens calculations are accurate but not perfect. A small proportion of patients end up with a small residual prescription that limits the freedom from glasses they came for. This is a recognised part of refractive care rather than a complication.

Blue Fin Vision® has a published enhancement policy, and it is deliberately simple.

Self-pay lens replacement surgery

Enhancement procedures are fully covered by Blue Fin Vision®. There is no cost-sharing and no additional fee to you. Blue Fin Vision® takes responsibility for achieving your refractive outcome.

How it works

- Enhancements are considered once your vision has stabilised, typically at around three months.

- There must be a residual refractive error that genuinely affects your functional vision or spectacle independence.
- Clinical assessment must confirm that refinement is safe and appropriate.
- Coverage applies within 24 months of your original surgery. Beyond that, or if significant new factors arise, we discuss it case by case.

Refinement may be laser vision correction, an additional lens placed in front of the existing implant, or lens exchange. Whichever is appropriate, the reassessment, the planning and the surgery are all performed by Mr Mfazo Hove within the same practice. Enhancements are never outsourced.

Blue Fin Vision® measures its enhancement rate at approximately 1 to 2 per cent.

The policy is published in full and applies exactly as written: [**Blue Fin Vision® Enhancement Policy**](#).

The Long Term

Clouding behind the lens

The thin membrane that holds your new lens in place can gradually become cloudy in the months or years after surgery. This is called posterior capsule opacification. It is the most common reason for vision becoming hazy again some time later. Reported rates vary widely with lens type, with studies finding YAG treatment in roughly 6 to 19 per cent of eyes within five years.¹⁹

It is treated with YAG laser capsulotomy, a painless outpatient laser procedure taking a few minutes, performed with no cutting and no recovery period. It is done once and does not recur. At Blue Fin Vision®, every YAG patient has an OCT scan beforehand at no extra charge, and a dilated retinal check.

Lifetime monitoring

Lens-based vision correction is permanent, so the structure around it should be permanent too. After lens replacement we continue to monitor the health of your macula, the stability and position of your implant, and any developing clouding of the capsule. Everything is documented and archived.

Your future eye care

Having an implanted lens does not prevent the diagnosis or treatment of any future eye condition. Glaucoma, diabetic eye disease and macular degeneration are all monitored and treated exactly as normal. If you are long-sighted with a shallow drainage angle, lens replacement actually creates more space inside the eye and removes the future risk of angle closure glaucoma.

If Something Is Not Straightforward

Complications are rare, but the true measure of a surgical practice is what happens when one occurs.

If a rare event such as lens material falling into the back of the eye occurs, your care remains entirely within Blue Fin Vision®. A Blue Fin Vision® vitreoretinal consultant performs the additional surgery. You are never discharged into an anonymous pathway or an external waiting list.

- There is no additional surgical fee for managing a complication of your surgery.
- Mr Mfazo Hove remains personally involved throughout.
- Your records and scans move seamlessly within the same system.
- Where vitreoretinal care must be delivered at a partner hospital, this is arranged and funded within your existing pathway.
- Transport is arranged and funded if travel is difficult.

The team responsible for your first operation remains responsible for your recovery.

Warning Signs

Contact us immediately, or attend an eye casualty department, if you experience any of the following.

Contact us without delay

Increasing aching pain that is not relieved by simple painkillers. Increasing redness. Increasing sensitivity to light. Vision that is getting worse rather than better.

The following may indicate a retinal detachment. They are particularly important if you are short-sighted. Seek assessment the same day.

- A sudden new shower of floaters.
- Flashes of light, including with your eyes closed.
- A shadow or curtain spreading across any part of your vision.

Most retinal detachments are repaired successfully, and the chances are considerably better if treatment happens before the detachment reaches the centre of your vision. Do not wait to see whether it settles.

Costs

Lens replacement surgery is performed to reduce dependence on glasses. It is therefore not available on the NHS and is not covered by private medical insurance. All fees are self-pay.

Item	Fee
Lens replacement with monofocal or enhanced monofocal lens	£4,000 per eye
Lens replacement with trifocal or extended depth of focus lens	£4,500 per eye
Intravenous sedation with consultant anaesthetist, optional extra	£700 per session
Diazepam tablet before surgery, if you would prefer it	No charge
Consultation and diagnostic scans	£500, prepaid separately

Your consultation and scan fee is paid in advance and is separate from the surgical fee. It is not deducted from the cost of surgery. The diagnostic scanning it covers is subsidised, and it is payable whether or not you go on to have surgery. You will receive a written quotation confirming your exact total before you commit to anything.

What your surgical fee includes

- Your operation, your intraocular lens, theatre and hospital fees.
- All routine follow-up appointments for 12 months.
- All medication relating to your surgery, whether dropless, topical or both.
- Any enhancement procedure required within 24 months, in full, under the Blue Fin Vision® enhancement policy.
- Management of any complication of your surgery, including vitreoretinal surgery, with no additional surgical fee.

What is not included

- Your consultation and diagnostic scan fee, which is prepaid separately.
- YAG laser capsulotomy, if it becomes necessary in later years.
- Assessment or treatment of a new and unrelated eye condition.
- Glasses or spectacle prescriptions after surgery.

Sedation is charged once per surgical session, not per eye, so choosing to have both eyes treated on the same day incurs a single sedation fee. Medical treatment of this kind is exempt from VAT, so no VAT is added to any of the fees shown. Fees are correct at the date of this leaflet and may change. Your written quotation is the definitive figure.

A full and current breakdown of fees is maintained online and is updated whenever prices change: [Lens replacement surgery costs](#).

Questions Worth Asking

You are entitled to clear answers to all of these, from us or from any other provider you are considering.

- Who will actually perform my surgery, and will I meet them before the day?
- What are that surgeon's own published complication rates, and where can I see them?
- What is the total cost, including everything that might be needed afterwards?
- What happens, and what does it cost, if my result needs refining?
- What happens, and what does it cost, if a complication occurs?
- Who provides my aftercare, and for how long?
- Why this lens, for my eye, rather than another one?
- What am I giving up by choosing this option?

Taking your time

There is no clinical reason to hurry. Blue Fin Vision® does not use time-limited discounts, deposits to hold prices, or pressure of any kind. Read this leaflet as many times as you need to, discuss it with the people who matter to you, and contact us when you are ready.

If you decide not to proceed, that is a perfectly good outcome and no explanation is required.

Further Reading

These four documents are maintained online and are always current. Where anything in them differs from this leaflet, the online version is the more recent.

- Lens Replacement Surgery Checklist, the companion to this leaflet: bluefinvision.com/blog/lens-replacement-surgery-checklist
- Lens replacement surgery costs, the full and current fee breakdown: bluefinvision.com/lens-replacement-surgery/costs
- The Blue Fin Vision® Advantage, what our structure of care actually commits us to: bluefinvision.com/advantage
- The Blue Fin Vision® Enhancement Policy, in full: bluefinvision.com/blog/enhancement-policy

Where We Operate

Blue Fin Vision® works across six sites. Governance, protocols, measurement pathways and follow-up standards are identical at every one of them. Standards do not vary by postcode.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9PB
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Your consultation, your surgery and your follow-up are all performed by Mr Mfazo Hove regardless of which site you attend. We will agree the most convenient location for you at your consultation.

Clinical Data Summary

This section is provided for patients, referring optometrists and general practitioners who want the underlying numbers in one place.

Measure	Blue Fin Vision®	National benchmark
Posterior capsule rupture	approximately 0.2%	0.69% (all surgeons), 0.53% (consultants) ¹⁴
Macular oedema	0.03% in 3 215 audited procedures	1.58% within 2 months ¹⁴

Measure	Blue Fin Vision®	National benchmark
Enhancement rate	1 to 2%	varies by provider
Procedures performed	more than 57 000	not applicable
Consecutive years of published outcome data	six	not applicable
Same-day bilateral surgery	routine since November 2016	just over 1% of UK first-time patients ¹⁴

National figures are drawn from the Eighth Annual Report of the National Cataract Audit, covering 550 519 operations performed between 1 April 2023 and 31 March 2024 across 199 participating centres.¹⁴ Blue Fin Vision® figures are drawn from our own audited dataset and are submitted to the same national database. Benchmarking outcomes against registry data in this way is the approach recommended in European evidence-based guidance for lens surgery.²⁰

The Royal College of Ophthalmologists requires that any claim of superior outcomes is supported by independently verifiable or peer-reviewed evidence.¹ Our data are submitted to and published through the national audit for exactly that reason.

About Your Surgeon

Mr Mfazo Hove

MBChB MD FRCOphth CertLRS

Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He is the founder of Blue Fin Vision®, a consultant-led private ophthalmology practice operating across London, Essex and Hertfordshire.

He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate of approximately 0.2 per cent. He is a ZEISS Key Opinion Leader and an invited international speaker, with faculty roles at the ZEISS EMEA and APAC user meetings, the Annual Congress of The Royal College of Ophthalmologists and the Annual Congress of the European Society of Cataract and Refractive Surgeons.

He has undergone bilateral trifocal lens implantation himself.

Document control

Author and medical reviewer: Mr Mfazo Hove MBChB MD FRCOphth CertLRS. Version 1.0, August 2026. Review date: August 2027. Produced in accordance with the Professional Standards for Refractive Surgery of The Royal College of Ophthalmologists and the cosmetic interventions guidance of the General Medical Council. This document is original to Blue Fin Vision® and reproduces no third-party copyright material.

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Blue Fin Vision® Ltd, registered company number 13845195. Sites at The Harley Street Eye Centre, Weymouth Street Hospital, Phoenix Hospital Chelmsford, One Hatfield Hospital and Chase Lodge Hospital, with Blue Fin Vision® services starting soon at Abbey Wood Hospital.