



PATIENT INFORMATION

YAG Laser Capsulotomy

Treatment for clouding behind your lens implant

To achieve the immeasurable, you must measure everything.

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How to use this leaflet

This leaflet is written to be read before your appointment, so that you arrive already familiar with what the treatment involves, what it cannot do, and what it costs. It forms part of your informed consent alongside the discussion you will have with your surgeon and the consent form you sign. Read it more than once if you wish, and bring your questions with you.

About This Leaflet

This leaflet is for patients who have been told they may need a YAG laser capsulotomy, usually shortened to a YAG. It is a short outpatient laser treatment for clouding of the thin membrane that sits behind your lens implant after cataract or lens replacement surgery.

A YAG is one of the most straightforward treatments in ophthalmology. It takes a few minutes, involves no cut and no needle, and most people notice their vision clearing within hours. This leaflet is short because the treatment is short. That does not mean it is trivial, and the sections on assessment and risk deserve your full attention.

You will have an in-person assessment before any laser is performed. Your surgeon will examine your eye, scan your retina, confirm that clouding of the capsule is genuinely the cause of your symptoms, and discuss the treatment with you. This leaflet, that discussion and your consent form work together. None of them stands alone.

Treatment is not urgent in most cases. Posterior capsule clouding does not damage the eye, and choosing to wait is a reasonable decision if your vision is not troubling you. The General Medical Council requires that the person performing your treatment is the person who obtains your consent, and that you have the information you need to decide.¹

At Blue Fin Vision®

Your named Blue Fin Vision® consultant surgeon assesses your eye and performs your laser treatment personally. Every patient has a retinal scan before treatment, included at no charge, whether or not your original surgery was performed here.

A companion checklist turns the content of this leaflet into practical questions you can put to us, or to any other provider: [**Private YAG Capsulotomy Checklist**](#).

What Has Happened To My Vision?

During cataract or lens replacement surgery, the cloudy natural lens is removed from inside a very thin, clear membrane called the capsule. That capsule is deliberately left in place, because it holds your new lens implant securely in the correct position for the rest of your life.

In some eyes, cells left behind on the back surface of that capsule slowly multiply over months or years, and the membrane becomes cloudy. This is called posterior capsule opacification. Vision becomes gradually hazy, glare and halos increase, and reading may need more light. Many patients describe it as the cataract coming back.

Three things this is not

It is not the cataract returning. A cataract is the natural lens, and yours has been removed. It cannot grow back.

It is not a sign that your surgery failed or that anything was done incorrectly. It is a biological response of the cells that remain, and it happens in a proportion of eyes regardless of who operated or how well.

It is not a problem with your lens implant. The purpose of a YAG is not to treat or replace your implant. The laser is focused on the capsule behind it, and the implant remains in place.

Posterior capsule opacification is common. Published reviews of the older literature report it in a substantial proportion of eyes within five years of cataract surgery, and although modern lens materials and designs have reduced the rate considerably, it remains the most common reason patients return years after otherwise successful surgery.²

What the laser does

A YAG laser creates a small, precise opening in the centre of the cloudy capsule, clearing the line of sight to the back of the eye. The cloudy membrane is not removed. An opening is made in it, and light passes straight through.

The treatment is permanent. Once an opening has been made in the capsule, the clouding cannot return in the treated area, and a YAG capsulotomy does not normally ever need repeating in the same eye.

Do I Need Treatment?

A YAG is offered when clouding of the capsule is causing symptoms that genuinely interfere with your vision. The decision rests on your symptoms and on what the examination shows, not on the appearance of the capsule alone.

Treatment is usually appropriate when

- Your vision has become gradually hazy or dimmer, and glasses do not correct it.
- Glare and halos are troubling you, particularly when driving at night.
- Reading requires markedly more light than it used to.
- Examination and scanning confirm that the clouded capsule is the cause of those symptoms.

Treatment can reasonably wait when

- Your vision is not troubling you in daily life. Mild clouding visible on examination is not by itself a reason to treat.
- You would rather see how things progress. Delay does not damage the eye or make later treatment more difficult.
- Another eye condition is contributing, and treating that first is the more useful step.

We must be able to say no

An assessment that ends in a recommendation not to treat is a successful assessment. If your scans show that something other than the capsule is limiting your vision, a laser will not help you, and we will tell you so and explain what would.

If you have a multifocal or extended depth of focus lens

Premium lens implants are more sensitive to the position and size of the opening the laser creates, because the optical rings of the lens rely on light passing cleanly through the whole optic. Assessment before treatment is therefore more detailed in these eyes, and the opening is planned accordingly. Tell us which lens you have if you know, and we will confirm it from your records.

Why We Scan Your Retina First

This is the most important section in this leaflet, and it is the part that differs most between providers.

A clouded capsule and a problem at the back of the eye can produce very similar symptoms. Gradual blurring, dimmer vision and difficulty reading can be caused by the capsule, but they can equally be caused by swelling at the macula, by age-related macular degeneration, by a membrane on the retinal surface or by other conditions that a laser cannot treat. On examination through a cloudy capsule, the retina can be genuinely difficult to see clearly.

If the real cause is at the back of the eye and only the capsule is treated, two things happen. The treatable condition goes undiagnosed, sometimes for months. And the patient is left believing that a treatment has failed when in fact the wrong problem was treated.

Every patient, every time, at no charge

Blue Fin Vision® performs an optical coherence tomography scan of the retina before every YAG capsulotomy, without exception and at no additional charge. The scan produces a cross-sectional image of the macula in a few seconds, without drops or discomfort, and it shows conditions that cannot reliably be excluded by looking through a cloudy capsule.

This applies whether your original surgery was performed here or elsewhere, and whether or not you are paying for your assessment. It is not an optional extra and it is not itemised on your invoice.

Some pathways proceed to laser on the basis of examination alone. That is not a criticism of any individual provider, and the great majority of those patients do have simple capsule clouding. But the scan costs a few seconds, it changes the plan in a small number of patients, and those are precisely the patients for whom it matters most. Provider practice varies widely, so if you are being treated elsewhere it is worth asking directly whether a retinal scan is performed before treatment.

Your surgeon reviews the scan with you and explains what it shows. If it reveals a condition needing separate treatment, that is discussed before any decision about the laser is made, and the two are not confused with one another.

On The Day

A YAG capsulotomy is performed in the clinic, at the same slit lamp microscope used for a routine eye examination. There is no theatre, no gown, no injection and no cut. You are seated upright throughout.

- Eat and drink normally and take your usual medication.
- Drops are used to widen the pupil, and a further drop numbs the surface of the eye. The dilating drops take around twenty to thirty minutes to work.
- A small contact lens is rested gently on the front of the eye. It holds the eyelids apart and focuses the laser precisely. It is not uncomfortable once the numbing drops have taken effect.
- You will see a bright light and hear a series of quiet clicks as the laser is applied. Most people feel nothing at all.
- The laser itself typically takes two to five minutes per eye.
- A drop to protect against a rise in pressure inside the eye is given at the time of treatment.

Allow around two hours at the clinic in total, most of which is waiting for the drops to work and for your pressure check afterwards. Your pupil will remain dilated and your vision blurred for several hours, so you must not drive yourself home. Please arrange a lift, a taxi or public transport.

One eye or both

Where both eyes need treatment, the second eye can usually be treated at the same visit or shortly afterwards, depending on how the first eye behaves and on the pressure check. Your surgeon will discuss which approach suits your eyes. There is no clinical disadvantage in separating the two.

After Your Treatment

Your pressure is checked before you leave, usually about half an hour to an hour after the laser. This is the single most important check on the day and it is not optional.

- Vision is often clearer within a few hours, and for many patients the improvement is obvious the same day.
- A short course of anti-inflammatory drops is usually prescribed for a few days. Your exact regime is confirmed in writing before you leave.
- There are no restrictions on washing, bending, showering or exercise. You may read, use screens and return to work as soon as your vision settles.
- Most patients are seen again within a few weeks, and sooner if your pressure needs rechecking or if you have glaucoma.

Floaters are expected

You are very likely to notice new floaters in the days after treatment. They are small fragments of the treated capsule drifting in the fluid inside the eye, they are harmless, and they usually settle over weeks to months. A sudden shower of new floaters with flashing lights is different, and is covered under Warning Signs.

If your vision does not improve as expected, that is important information rather than a failure. It usually means that something other than the capsule was limiting your sight, which is why your retinal scan and its comparison after treatment matter.

Risks

YAG capsulotomy is one of the safest procedures in ophthalmology, and serious complications are uncommon. It is not without risk, and these risks are why it is offered only when symptoms justify it.

A rise in pressure inside the eye

Pressure inside the eye can rise in the hours after treatment. This is the most common early effect, and it is why a protective drop is given at the time and your pressure is checked before you leave.³ If you have glaucoma or raised pressure already, you are monitored more closely and may need an earlier review.

Floaters

New floaters are expected rather than exceptional. They are a consequence of the capsule fragments released by the laser and usually become less noticeable with time.

Retinal tear and retinal detachment

A retinal tear or detachment can follow YAG capsulotomy. In a database study of more than 67 000 YAG capsulotomies, the rate of retinal tear was 0.29 per cent and of retinal detachment 0.87 per cent at five months, with the risk highest in the first months and returning to background levels thereafter.⁴ A five-year prospective cohort study reported comparable findings.⁵ The risk is higher if you are short-sighted, if your eye is longer than average or if you have had a retinal problem before. This is why the warning signs overleaf matter, and why they are worth remembering for the long term.

Swelling at the macula

Fluid can accumulate at the macula, the central part of the retina, in a small number of eyes, causing blurred or distorted central vision. It is usually treatable with drops, though it can take weeks to settle.⁶ Your pre-treatment scan gives us the baseline against which any change is measured.

Marks on the lens implant

The laser is focused behind the implant, but very small pit marks can occasionally be made on its surface. These are almost always visually insignificant, and damage requiring exchange of the implant is rare.

An opening that needs enlarging

Occasionally the opening is smaller than the eye needs, particularly if the pupil does not widen well, and a further short treatment is required. Where this applies to an eye we have treated, there is no additional charge.

Inflammation

Mild inflammation inside the eye is common for a few days and is managed with the drops you are given. Significant inflammation is unusual.

Warning Signs

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

Seek assessment the same day

A sudden shower of new floaters, rather than the gradual few expected after treatment. Flashes of light, including with your eyes closed. A shadow or curtain spreading across any part of your vision. These may indicate a retinal tear or detachment. Most retinal detachments are repaired successfully, and the chances are considerably better if treatment happens before the detachment reaches the centre of your vision.

- Increasing aching pain in or around the eye that is not relieved by simple painkillers, particularly with a misty cornea, worsening halos or nausea, which can indicate a pressure rise.
- Vision that becomes worse rather than better in the days after treatment.
- New distortion of straight lines, or a blurred patch in the centre of your vision.

These signs remain relevant for months and years, not only in the first week. If you have any of them at any point in the future, seek assessment rather than waiting for a routine appointment.

Costs

YAG capsulotomy is a medically necessary treatment, and most private medical insurance policies cover it, subject to your policy terms and prior authorisation. The fees below apply if you are self-paying.

If your original surgery was performed by Blue Fin Vision®

There is no charge for your assessment. Your consultation, examination and retinal scan are provided at no cost, as part of the long-term care that follows surgery here.

Item	Fee
Assessment, examination and retinal scan	No charge
YAG laser capsulotomy, one eye	£750
YAG laser capsulotomy, both eyes	£1,200

If your original surgery was performed elsewhere

You are equally welcome and the clinical pathway is the same, including the retinal scan. Because there is no prior episode of care to draw on, your assessment is charged.

Item	Fee
Consultation and diagnostic scans	£325
YAG laser capsulotomy, one eye	£750
YAG laser capsulotomy, both eyes	£1,200

You will receive a written quotation before you commit. Fees are correct at the date of this leaflet and may change. Current pricing is online: [YAG laser capsulotomy costs](#).

What the laser fee includes

- Your treatment, performed by a Blue Fin Vision® consultant surgeon.
- The optical coherence tomography scan of your retina beforehand.
- Your pressure check on the day and your post-treatment drops.
- Your follow-up review.
- Any further treatment to enlarge an opening we have made.

Not included: treatment of a separate eye condition found at assessment, which is quoted separately before anything proceeds, and new glasses, which some patients need once vision has settled.

Questions Worth Asking

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

- Will my retina be scanned before the laser, and is that included in the price?
- How do you know the capsule, and not something at the back of my eye, is causing my symptoms?
- Who will perform the laser, and will I meet them beforehand?
- Which lens implant do I have, and does it change how the opening is planned?
- What happens, and what does it cost, if the opening needs enlarging later?
- What happens if my vision does not improve?
- Am I at higher risk of retinal detachment, and what should I watch for?

Taking your time

There is no clinical urgency in most cases and no reason to hurry. Blue Fin Vision® does not use time-limited pricing or pressure of any kind. If you decide not to proceed, that is a perfectly good outcome and no explanation is required.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and measurement pathways do not vary by postcode. Availability of laser treatment varies by site, and we will confirm where your appointment is held when it is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
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
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at bluefinvision.com/advantage.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your assessment, your laser treatment and your follow-up are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who is the person who obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

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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 has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Where a condition found on your scan requires retinal treatment, care remains within Blue Fin Vision®. Professor Mahmut Dogramaci, Consultant Vitreoretinal Surgeon, provides retinal cover within the same practice, so you are not discharged into an external waiting list for a problem identified here.

Document control

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Contact Blue Fin Vision®

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