CATARACT SURGERY
The lens in the eye can become cloudy and hard, which is a condition known as a cataract. Cataracts may cause blurred vision, sensitivity to light and glare, and/or ghost images. Surgery is the only way to remove a cataract, and without it your vision will continue to get worse.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?
The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the eye surgeon removes the cloudy lens (cataract) and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. If you need surgery on both eyes, it will be on two separate days.

Four weeks before surgery
If you wear hard or gas permeable contact lenses do not use them for four weeks before your preoperative examination. Soft lenses, do not use for 3 days before the preoperative examination.

Pre Operative Examination
You will undergo a counselling and measurements of the size of your eye. We will use calculations (biometry) to determine the best power for your IOL. This is done within one month of your surgery.

Please tell us if you have taken FLOMAX (tamsulosin) at any time in your life for urinary frequency. You do not stop this medication before surgery.

Continue taking all other eye drops that you take unless specifically instructed.

If you have been told you need to take antibiotics before any dental work, do not worry. You do not need antibiotics before this type surgery.

Transportation
Please arrange transportation to the surgery center on the day of surgery and to our office the day after surgery for your postoperative visit. Please ask the driver to be flexible about the arrival and departure times as these can change. The amount of time at the surgery center is usually around two to three hours and they can drop you off and pick you up if that is more convenient. You will not be able to take the relaxing medication at the surgery center if you do not have a driver and are planning on taking a cab or bus home.

The day of surgery
The surgery center will call you one day before the surgery to tell you what time to come to the surgery center. If you haven’t been contacted and need to know your surgery check in time, please contact the following: if scheduled at Overlake, contact Overlake admitting at 425.688.5218. If scheduled at Proliance Eastside Surgery, contact Proliance at 425.216.7000. The surgery center will also instruct you what to eat or drink on the day of surgery, and tell how to take your medications the day of the surgery. If you have any questions, please call the surgery center directly to clarify the instructions. Please do not wear any jewelry or wear any lotions or eye makeup.

Revised Aug 2020
At the surgical center

The nurse will provide you with a cap to wear over your hair and a gown. You sit in a comfortable reclining chair where you will rest. Eye drops will be administered. Your general health is monitored, and you will be offered valium to help you relax. These are very safe medications, but please check with your pharmacist or primary care doctor to see if it would be safe for you to take this medication. You also can elect not to take the valium.

You will be brought back to the operating room and a clean drape will be placed over your eye after it is gently cleaned. An incision, or opening, is then made in the eye. The natural lens in your eye will then be removed by ultrasound or laser. After your natural lens is removed, an artificial lens is placed inside your eye.

Drops will be given to ensure your comfort before, during and after surgery. A clear plastic eye shield will be taped on after the surgery is done and will be there to remind you not to touch or rub your eye.

After your surgery the nurse will review your post-op instructions with you.

After Surgery:
Watch TV, if you like. You may read if it doesn’t cause any discomfort. Resume your normal diet.
Do not strain to lift; don't rub your eye. You may take the eye shield off when you get home, but please use it to cover your eye if you take a nap and going to bed. No heavy lifting or bending over.
Take 1-2 Tylenol tablets every 4-6 hours if needed for mild discomfort. Call if that is insufficient.
Blurry vision, tearing and a scratchy, sandy feeling are common the first day after surgery. Close your eyes and rest them if this happens.

The day after surgery
Bring all medications, instruction sheets and supplies to every post-operative visit. You need a driver.
Call the office immediately, (425) 889-2020, if you have:
Pain unrelieved by Tylenol, persistent irritation, increased redness or discharge, worsening vision, spots or flashes in your vision.
Your eye will be examined the day after surgery by one of the doctors in the office. You will place drops in your eyes for 4 weeks. If you are struggling to see with your glasses on, you can remove one of the lenses out of the frame. You can use over the counter reading glasses to help you read.

During the first week
Avoid getting dirty water, creams, lotions, or make-up in the eye. Keep your eyelids clean for one month after cataract surgery using this procedure twice a day.

● Close your eyes and place a warm wet washcloth over your eyes for 5 minutes.
● Use 1 ounces of warm water and add 3 drops of baby shampoo
● Moisten a cotton ball, close your eyes gently and massage the area along the base of the eyelashes for 30 seconds.

Revised Aug 2020
• Rinse your eyes and gently pat dry with a clean towel.
Wear sunglasses, especially outdoors.
Use moderation in your activities:
   Walking, running and golf are OK. Wash your hands and avoid touching or rubbing your eye.
   Do not swim, lift weights over 10 lbs or engage in contact sports, including tennis and racquetball.

**During the second week**
Don't engage in activities risking impact to your eye. No weight lifting over 30 lbs. Aerobics are OK.
Wearing eye make-up is fine.
There may still be some redness, itching, mild discomfort or bruising around the eye. These sensations will decrease and your vision will improve slowly.

**4 Week Postoperative Visit**
You will receive your prescription for glasses if needed at this visit. You can resume all activities. This visit is with our optometrist. You will see your surgeon again in 3 months for a dilated examination to check on the health of your eyes.

* * * * * * * * *

MORE INFORMATION ABOUT YOUR IOL (Intraocular Lens)
The implants used are made of either silicone or PMMA (plastic). The IOL will never be “rejected”.
While the method used to calculate the power of the IOL is very accurate in most patients, the final visual result may be different from what you and your surgeon planned due to differences in healing. **Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely. We cannot guarantee 20/20 vision after cataract surgery as every patient heals differently.**

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY
Patients who have cataracts also have presbyopia, which is a condition caused by aging that develops when your eye loses its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses or bifocals become necessary, typically after age 40. There are several options available to you to achieve distance and near vision after cataract surgery.
• GLASSES. You can choose to have a monofocal (single focus) IOL implanted for distance vision and wear separate reading glasses, or have the IOL implanted for near vision and wear separate glasses for distance. You will **not** be able to see **both** distance and up close with the standard lens used for cataract surgery. If you currently do not wear reading glasses and take your distance glasses off to read, you will still need to have reading glasses after surgery.
• MONOVISION. You can choose to have one eye focused for distance and one eye focused up close. This is only an option if you have tried this successfully before in contact lenses. This option may cause depth perception issues as you become older.
• MULTIFOCAL IOL. The ophthalmologist could implant a “multifocal” IOL. This is a newer, type of IOL that provides distance vision **AND** restores some or all of your eye’s ability to focus. Choosing this option will be a higher out of pocket expense
INFORMATION ABOUT TREATING ASTIGMATISM

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is when your eye is not round. Instead of being round like a basketball, the cornea is shaped like a football. If we treat your astigmatism, you will still require glasses for reading and perhaps your sharpest vision at distance. This change in shape can make your vision distorted. There are several treatment options for astigmatism:

- GLASSES
- TORIC IOL. You can have a toric IOL placed in your eye that corrects the astigmatism
- LIMBAL RELAXING INCISIONS. A limbal relaxing incision (LRI) is a small cut that makes the shape of your cornea rounder at the time of the cataract surgery. This is not the same as Radial Keratotomy which was a procedure that is no longer done but was performed in the 1980s.

LASER CATARACT SURGERY

In laser cataract surgery, an advanced femtosecond laser replaces or assists use of a hand-held surgical tool for the following steps in cataract surgery:
1. The corneal incision
2. The anterior capsulotomy
3. Lens and cataract fragmentation

Use of a laser can improve the precision, accuracy and reproducibility of each of these steps, potentially reducing risks and improving visual outcomes of cataract surgery. It can also decrease the amount of healing time after your surgery.

RISKS OF CATARACT SURGERY

All operations and procedures can result in complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to:

- Complications of removing the natural lens may include bleeding; rupture of the capsule that supports the IOL; clouding of the normally clear outer layer of the eye called the cornea; swelling in the central area of the retina; retained pieces of lens in the eye; infection; detachment of the retina. These and other complications may result in poor vision, total loss of vision in rare situations. Additional surgery may be required to treat these complications. The cost for this additional surgery is not included in the price you pay for the cataract surgery.
- Complications associated with the IOL may include increased night glare and/or halos, double or ghost images, and dislocation of the IOL.
- Complications associated with LRIs include infection and fluctuating vision while the incision heals. Another procedure, glasses, or contact lenses may be required if this occurs.
- Multifocal (multiple focus) IOLs may reduce dependency on glasses but might also result in less sharp vision, which may become worse in dim light or fog. They may also cause some visual side effects such as rings or circles around lights at night. If you drive a lot at night, or perform delicate, detailed, “up-close” work requiring closer focus than just reading this lens is not the right choice. If you chose a multifocal IOL, it is possible that not all of the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary.

Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; and your individual healing ability.
Frequently Asked Questions

CAN I WEAR EYE MAKEUP BEFORE SURGERY
Stop wearing make up one day prior to surgery and one week after.

IF I AM USING EYE MEDICATIONS IN MY EYE TO BE OPERATED ON, DO I STOP TAKING THEM?
Continue all eye medications through the day before your surgery. Do not stop your medication.

CAN I TAKE ASPIRIN, PLAVIX OR COUMADIN BEFORE AND AFTER MY SURGERY?
Yes. If you are currently taking COUMADIN, do not stop taking COUMADIN. Please arrange to have your INR checked two weeks before surgery to make sure this number is below 3.0 before surgery.

IF I AM TAKING ORAL MEDICATIONS FOR ANYTHING OTHER THAN MY EYES, DO I NEED TO STOP THEM PRIOR TO SURGERY?
No.

DO I TAKE MY PILLS ON THE MORNING OF SURGERY? HOW?
Most likely, the surgery center will confirm this with you. Take all your usual medications the morning of surgery with a sip of water.

DO I TAKE MY INSULIN?
Please call the surgery center with questions regarding this we will give you then number to call

HOW LONG WILL I BE AT THE SURGERY CENTER THE DAY OF MY SURGERY?
Even though your operation itself usually takes less than 20 minutes, you should plan to spend 2-3 hours at the Surgery Center. Preparation and post-operative observation and instruction take time. We are committed to providing the finest surgical care and sometimes that takes extra time.

WHAT CAN I DO WHEN I GO HOME AFTERWARD?
Take it easy, rest and don’t plan on doing any important paperwork or making any decisions.

ON THE DAY OF SURGERY, WHAT SHOULD I WEAR?
Wear a loose shirt or a shirt that buttons in front. Do not wear jewelry.
**WILL SURGERY HURT?**
You will feel pressure and touch during the surgery. If you feel pain during the surgery, please let us know and we will make you more comfortable.

**WILL I BE AWAKE DURING SURGERY?**
You may doze off, but many of our patients are awake and very relaxed for the surgery. Most times, patients recall very little from the actual surgery itself.

**HOW DO I KEEP FROM BLINKING DURING THE SURGERY?**
We will gently open your eyelids with a surgical instrument.

**DO I SEE MY SURGERY?**
No, all you will see is a beautiful, random swirl of colors.

**WILL IT HURT AFTERWARD?**
While there is sometimes minor pain after surgery, plain Tylenol nearly always relieves it. It is very common to have some "scratchy" feelings mostly the first day.

**WILL I GET STITCHES?**
Usually no. Your surgeon will use stitches if it is indicated.

**IS IT LASER SURGERY?**
Laser surgery is available; the standard way to remove a cataract is with ultrasound. Using the ultrasound is covered by your medical insurance. Laser surgery has an additional cost.

**WHAT IF I COUGH?**
If you have chronic respiratory problems, bring your usual medications and inhalers. We can give cough suppressants if we need to. If you have a "cold," call and let us reschedule your surgery.

**HOW DO I TAKE MY POST-OP EYE MEDICATIONS?**
You will receive a schedule on the day of surgery for a 4 week course. Do not stop your drops early.

**SHOULD THE DROPS STING?**
They often do. Try using non preservative containing artificial tears in between your drops. If you don’t have any you can pick up some at the office.

**WILL I BE WEARING A PATCH AFTER SURGERY?**
You will have a clear shield that you take off when you are awake and put on when going to sleep.
WHY DO I SEE HALOS THE FIRST FEW DAYS AFTER SURGERY?
The best lens implants today have special edge treatments that often produce a halo effect or arc of light in the peripheral vision for a few days after surgery. For some patients the symptom takes longer (weeks) to resolve, but rarely is a permanent problem. Glasses with anti-reflective coating are helpful.

HOW SOON WILL I SEE AFTER SURGERY?
Vision after surgery is variable from one eye to the next, even for the same patient. It is usually blurry in all patients during the first two days. Your vision will start to clear slowly over the next 3-4 weeks.

WILL I NEED GLASSES AFTER SURGERY?
Many of our patients see very well and function well without glasses. However, all patients must be prepared to wear glasses for optimal vision.

WHEN CAN I RETURN TO WORK?
This varies among patients. Many patients return to work the following day.

WHEN CAN I DRIVE AFTER MY SURGERY?
Wait at least 1-2 days. Use good judgment. If you are unsure if you should drive, please don't drive.

HOW SOON CAN I GO TO THE MOUNTAINS OR RIDE IN AN AIRPLANE?
High altitude and air travel pose no problems after cataract surgery.

HOW LONG DOES IT TAKE TO SEE AFTER SURGERY?
The day of surgery, ointment is placed in your eye and your eye stays dilated until the next day. You will have blurry vision. After the first day it should slowly continue to improve until one month has passed for most patients, but others can take longer to heal.

IS MY SURGERY COVERED BY MY INSURANCE?
It is considered medically necessary and coverage is through your medical insurance and not through your vision insurance company. Please call your insurance company for information regarding your coverage. When you call, the procedure code is 66984 for cataract surgery and the most common diagnosis code is H25.13 for a cataract. Your insurance company should be able to tell you the out of pocket expense. Our fees are 1000.00 to 1500.00 for a cataract surgery. Most insurance plans have a contract with us so that there is a discounted rate. Your insurance company determines what the final fee is charged to you. Please call the surgery center for the facility fee information.

WHICH LENS SHOULD I PICK?
The standard lens used is covered by your insurance, however after the surgery please expect to use reading glasses when reading and possibly distance glasses for your best vision.

If you have astigmatism, the TORIC lens will give you better distance vision without glasses, but you will still need reading glasses and you may need glasses for certain activities.

The Multifocal lens will give you good “getting around vision” for distance and up close. This is the most “glasses free” option, but you may still not be 100% glasses free.

Revised Aug 2020
DOES MY INSURANCE COVER ANY OF THE MULTIFOCAL OR TORIC LENS?
Yes, your insurance covers a small portion of the cost which is already calculated into the cost for you listed below. They do not cover the additional cost.

We have not seen special circumstances where these lenses have been covered, but we will submit the billing information to your insurance after your cataract surgery is complete upon your request.

HOW MUCH DO I HAVE TO PAY FOR THE LENSES?
Traditional Cataract Surgery- (Ultrasound with standard lens)-Typically covered by insurance

1- Standard lens- Insurance is billed. Patient may receive a bill for any deductibles, co-payments, or co-insurance and any remaining balance that is deemed patient responsibility.

2- Limbal Relaxing Incisions is $755.00/eye (This cost is in addition to insurance)
   Professional Fee $755

3- TORIC lens is $1255/eye (This cost is in addition to insurance)
   Professional fee $755
   Hospital fees $500

4- Multifocal lens $2580/eye (This cost is in addition to insurance)
   Professional fee $1655
   Hospital fees $925

Custom Laser Cataract Surgery (Catalys Laser) Insurance is billed. Patient may receive a bill for any deductibles, co-payments, or co-insurance and any remaining balance that is deemed patient responsibility.

1- Simple Astigmatism (LRI-using standard lens)- $1849/eye (This cost is in addition to insurance)
   Professional fee - $1349
   Hospital Fees-$500

2- Complex Astigmatism (using a Toric lens) - $2549/eye (This cost is in addition to insurance)
   Professional fee- $1549
   Hospital fees- $1000

3- Premium (using a Multifocal lens) - $3324/ eye (This cost is in addition to insurance)
   Professional fee- $1849
   Hospital fees- $1425

All fees are due two business days before the scheduled surgery date. Payment plans are available upon request.