



# Patient Manual For Cataract Surgery

*For Surgeries Performed at St. Helena Hospital*





# Patient Manual For Cataract Surgery

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Congratulations on your decision to have cataract surgery! We have created this manual to help you understand and prepare for the process ahead, as well as the opportunity to understand the choices you will be asked to make.

Cataracts are a clouding of the natural lens that you were born with. In most cases, it's a very slow, gradual process until you get to the point where you are today – in need of surgery to improve your sight! During surgery, the cloudy lens will be removed and replaced with a clear synthetic intraocular lens, or an IOL. This intraocular lens (IOL) replaces varying degrees and aspects of the prescription in your glasses.

## **Pre-Operative Visit**

Your Pre-Operative visit, or Pre-Op, takes place before your cataract surgery and is a long appointment. Please expect to spend more than an hour with us at this visit.

At this appointment, multiple measurements will be taken of your eye to help us select the power of your lens. It is very important that the surface of your eye is in optimal condition (i.e. well lubricated with artificial tears) to improve the predictability of your measurements. *To ensure your eye is in optimal condition*, please follow these instructions:

- If you wear **soft contacts**, please stay out of them for at least one week prior to your pre-operative visit, as they may affect your measurements.
- If you wear **hard contacts**, please stay out of them for at least two weeks prior to your pre-operative visit, as they may affect your measurements.



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Additionally,

- Please bring an up-to-date list of medications that you are currently taking and make sure that we are made aware of any medications for which you have had an adverse reaction.

The Pre-Op visit is also the time we will select the IOL that will be use to replace your natural lens. It will be helpful to us if you have an idea of the type of IOL that you would like to have placed during surgery.

To help guide you through the decision-making process, please review the following information.



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## **Which Distance (Far, Intermediate, or Near) is Most Important to You?**

A majority of patients choose to target far distance for their vision, but you may choose otherwise. You can also choose intermediate distance (i.e. computer distance), or near distance (i.e. reading distance especially for fine print). This is achieved by replacing your cloudy lens with a Standard Monofocal IOL or a Toric Monofocal IOL. These choices usually allow you to see at the CHOSEN distance for MOST activities without the aid of glasses. You may still require glasses for certain activities; therefore, you should expect to need glasses most of the time for *the distances that are not targeted* (i.e. you will likely need glasses for intermediate and reading if you choose to target far distance).

Knowing which “distance” you want to target, helps us decide which power of lens to use for your surgery.

## **Which Type of IOL Will Best Meet Your Needs?**

**The Standard Monofocal IOL** option is covered by your medical insurance as part of the cost of having surgery. This is the ideal IOL for patients who do NOT have a significant degree of astigmatism and do not mind wearing glasses for reading and intermediate distances.

**The Toric Monofocal IOL** option is NOT covered by your medical insurance, although the cost of having surgery IS covered. This is the ideal IOL for patients who have a significant degree of astigmatism and do not mind wearing glasses for reading and intermediate distances.



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**The Multifocal IOL** option is NOT covered by your medical insurance, although the cost of having surgery IS covered. This is the ideal IOL for patients who are motivated to be as independent from glasses as possible and are *willing to accept the possibility of:*

- 1) A slight limitation in the clarity of their vision at certain distances
- 2) The need for increased lighting
- 3) Persistent glare and haloes at night with bright lights.

The intention of the multifocal IOL is to maximize independence from glasses at all distances; or, far and intermediate distances depending on the type of Multifocal that you choose. Extended Depth of Focus (EDoF) is a new type of multifocal that is used for patients who want to decrease their need for glasses and minimize risk of glare and haloes. They offer a range of vision correction – from distance to intermediate but will likely need “booster” glasses for near vision. *(Note: With all types of IOLs, you are responsible for your required portion such as deductibles and/or copays.)*

It is important to note that even with the most successful outcomes, patients find that their vision is improved with glasses in certain settings. It is also important to note that independence from glasses cannot be guaranteed at any distance regardless of the lens chosen.

**CATARACT SURGERY IOL OPTION PRICING  
AT ST HELENA HOSPITAL**

**Monofocal Lens**

One eye	No additional lens charge
Both eyes	No additional lens charge

**Toric Lens**

<b><i>Patient Payment Responsibility for Surgery at St Helena Hospital</i></b>			
	Amount due to MD	Amount Due to HOSP	Patient Total Expense
One eye	<i>\$600</i>	<i>\$500</i>	<i>\$1100</i>
Both eyes	<i>\$1,200</i>	<i>\$1,000</i>	<i>\$2,200</i>

**Multifocal Lens**

<b><i>Patient Payment Responsibility for Surgery at St Helena Hospital</i></b>			
	Amount due to MD	Amount Due to HOSP	Patient Total Expense
One eye	<i>\$1355</i>	<i>\$1,000</i>	<i>\$2,355</i>
Both eyes	<i>\$2710</i>	<i>\$2,000</i>	<i>\$4,710</i>



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## **The Day Before the Surgery**

The outpatient surgery center will contact you with the official time to arrive at the surgery center. Do not eat after midnight the night before your surgery. It is important that anytime you have surgery in the operating room that your stomach is empty.

If you are on injectables for your diabetes, please contact your Primary Care Provider for instructions on how to manage your injections on the day before and the day of surgery.

## **The Day of Surgery**

Take your regular morning dose pills with a SMALL sip of water per routine except for oral diabetic medications. Continue taking your blood thinners unless you have been advised otherwise. Glaucoma medications should be continued without interruption including the day of surgery.

At the surgery center expect to arrive at the scheduled time. You will be asked to put on a gown. An IV will then be placed and various people will interview you to make sure that things go as smoothly as possible. The eye to be operated on will also be dilated. In most cases, the surgery will be performed with topical anesthesia with minimal sedation (usually just enough to keep you relaxed). We will need you to be able to lie flat on your back for at least 15 minutes with a sterile adhesive drape covering your face. An eyelid clip will be used to keep you from blinking during the surgery. After the surgery is finished you will have an ointment applied and then a protective shield placed over the eye with tape.





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## **Limitations After Surgery**

- No heavy lifting, bending, or straining for 1 week after surgery.
- No liquids (including shower water) in or within 2 inches of the eye for 1 week after surgery.
- No eye rubbing or pressure on the eye for 1 week.

## **Common Things to Expect Immediately After Cataract Surgery**

- Variable degrees of blurred vision.
- Mild foreign body sensation.
- Mild light sensitivity.
- Mild tearing.
- Elevated intraocular pressure at your first post-operative visit.

## **Warning Signs and Symptoms After Cataract Surgery (Seek Help)**

- Discharge
- Severe Light Sensitivity
- Pain
- Redness
- Decreased vision
- Flashes that occur even when it is dark and eyes are closed
- Floaters
- Curtain-like changes to vision





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## Rare Complications After Cataract Surgery

- Endophthalmitis.
- Choroidal hemorrhage.
- Cystoid macular edema.
- Corneal decompensation.
- Retinal detachment.
- Need for additional surgery
- Posteriorly dislocated lens material.

## Additional Diagnosis/Medication Specific Instructions/Information:

**Diabetes** – If you normally take oral medications for diabetes, please skip the morning dose on the day of surgery. If you are on injectables for your diabetes, please contact your Primary Care Provider for instructions on how to manage your injections on the day before and the day of surgery. Diabetic retinopathy may worsen after cataract surgery and should be monitored after surgery by your Eye Care Provider.

**Glaucoma** – It is important that you continue your glaucoma medications without interruption including the day of surgery.

**Fuchs Dystrophy** – This diagnosis is represented by a weaker than normal endothelium. The endothelium is the layer of cells that helps keep the cornea clear by pumping fluid out of the cornea. Invariably, there is some inherent damage that occurs to the endothelium during cataract surgery. If the endothelium is weakened enough, persistent swelling of the cornea may develop which in turn may require another surgery to replace the endothelium. It should be noted that this is a possibility even if a patient is not diagnosed with Fuch's Dystrophy.



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## **ADDITIONAL DIAGNOSIS/MEDICATIONS (CONTINUED):**

**Myopia (Near-sightedness)** – Although the risk of retinal detachment is higher in patients with myopia, the incidence is still uncommon and unlikely.

**Age-Related Macular Degeneration and Other Macular Pathology i.e. Epiretinal Membrane** – It is possible, and in some cases, likely that your outcome will be limited by the extent of the pathology to your macula.

**For patients who have had LASIK or Other Refractive Surgeries Such as PRK or RK** – The formulas and methods currently available to choose the power of the IOL to be placed at the time of cataract surgery have a much lower level of predictability. This roughly translates to a higher chance that one will need to wear glasses for all or most activities after surgery.

**Dry Eyes** – Very frequently, cataract surgery can worsen dry eyes. This usually improves after a few months.

**Blood Thinners** – It is, in most cases, unnecessary to discontinue blood thinners prior to cataract surgery.

