NEW EYES

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Patient Name Date

Patient Information Sheet:

Cataract Surgery

This Patient Information Sheet has been written to assist you in learning more about cataract surgery. The Patient Information Sheet will also aid you to prepare for a visit to New Eyes office where you will have your eyes examined. Based on the results of your eye exam you and your doctor at New Eyes will decide on the best type of treatment choice for you. If you are diagnosed with a cataract and decide to have a cataract surgery done by New Eyes surgeon, we will advise you about the risks and benefits of the surgical procedure for cataract removal and intraocular lens (IOL) implantation.

It is important for you to understand ahead of time that no guarantee can be made as to how well a patient will see after a cataract surgery, and that results may differ from what was predicted or planned. Eyeglasses or contact lenses may still be required for best vision after a cataract surgery.

WHAT IS A CATARACT?

A cataract is a condition where the natural lens inside the eye becomes cloudy and no longer allows light to be focused properly. Cataracts can develop from normal aging, from an eye injury, diseases or medications known as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will probably continue to worsen.

EXAMINATIONS PRIOR TO SURGERY

Your complete eye examination at New Eyes office will include dilation of the pupils to fully examine the health of your eyes and determine if surgery is needed. Some people have a hard time driving following eye dilation and it is recommended that you bring someone to drive you home. In the case that you need a cataract surgery we will perform measurements called biometry to determine the proper power of the implanted IOL. We may also perform additional testing necessary prior to your surgery based on the health of your eyes and your particular need. While the method used to calculate the power of the IOL is very accurate, in rare cases the final result may be different from what was planned. 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 done prior to their cataract surgery are especially difficult to measure precisely.

A FEW MORE STEPS BEFORE SURGERY

After your cataract evaluation exam is completed you may be scheduled for cataract surgery pending your insurance authorization. Some patients may require additional retina or cornea examination prior to scheduling for a surgery. The cataract surgery will not be performed during your first visit to our office. New Eyes surgery coordinator will give you surgical dates to choose from that fit with your schedule. When you reserve a surgery appointment, you will receive a surgery folder which contains the information related to your cataract surgery: date, time, location, pre-operative instruction sheet, cataract surgery Informed Consent Form, etc. We will require that you read, understand and sign the Informed Consent Form prior to your surgery. You can take it home with you and mail it back to New Eyes office. The surgery will not be performed unless we have your signed Informed Consent Form on file prior to your surgery. The cataract surgery will be performed by New Eyes surgeon at one of the surgery centers approved by your insurance. A surgery center is a different facility than New Eyes practice and is at a different physical location.

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 surgeon removes the clouded natural lens and replaces it with an artificial lens. The artificial lens is called an intraocular lens or IOL. The IOL will be left in the eye permanently. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lenses after cataract surgery for either near and/or distance vision and astigmatism. Sometimes additional surgical procedures like refractive surgery (LASIK, PRK) or repositioning/replacement of the IOL may be needed to correct your vision.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

Presbyopia is the inability of the eye to focus sharply on nearby objects, resulting from loss of elasticity of the natural lens with advancing age. Presbyopia is the reason that reading glasses become necessary for the majority of people typically after age 40. Presbyopic individuals require bifocals or separate (different prescription) reading glasses in order to see clearly at close range. There are several options available to you to achieve both distance and near vision after cataract surgery. **This is probably the most important decision you need to make about your cataract surgery.** Please take the time to review your options and ask questions during your visit to New Eyes office. It is important for you to understand ahead of time that no guarantee can be made as to how well a patient will see after cataract surgery, and that results may differ from what was predicted or planned.

- **GLASSES**
  Monofocal IOL lenses have one point of focus – a single focus. They can give you either clear far or clear near vision, but not both at the same time. For example, you can choose to have monofocal IOL lenses implanted in both eyes for distance vision and wear separate reading glasses, or you can have monofocal IOL lenses implanted for near vision and wear separate glasses for your distance vision.

- **MONOVISION**
  Monovision involves implanting an IOL in one eye that provides near vision and an IOL in the other eye that provides distance vision. Some people can adjust to this, but if you cannot, your vision may seem blurry both near and far. The depth perception may decrease due to less binocular vision because your eyes are not working together as they once did. The people who do best with this method are those who have already used monovision with contact lenses, which is a common way of correcting presbyopia. It is not suitable for everyone.

- **ACCOMMODATING MONOFOCAL IOL**
  Accommodating IOL's are used in situations where both good distance and good near vision are desired without the use of spectacles. These IOLs have a single focal point, however this focal point can shift position in space so that the objects at distance are clear when the eye focuses on them, but when the eye looks at a near object the IOL will shift its focal point to bring the near object into focus. Accommodating IOL's achieve this by physically moving inside the eye in response to the focusing action of the muscles of the eye. The only FDA approved IOL of this type is called the Crystalens. Patients implanted with the Crystalens IOL generally enjoy near vision without glasses. The lenses don't work well on patients with weak eye muscles. The eye muscles become weaker with age.

- **MULTIFOCAL IOL**
  New technological advances in IOL's include lenses that allow patients to see both distance and close without wearing glasses. The ReSTOR and TECNIS Multifocal are the latest styles of IOL multifocal lenses that are designed to replace cataract and correct presbyopia at the same time. As with many things, there may be a trade off. If you decide to have a multifocal IOL, your use of glasses may decrease, but at the cost of losing some of the sharpness of your vision. Even with glasses, this loss of sharpness may become worse under poor visibility conditions such as dim light or fog. There may also be some visual side effects such as halos and glare from lights at night that are more common than with monofocal IOL. If you have significant astigmatism you may not be a good candidate for this style of lens.

INFORMATION ABOUT TREATING CORNEAL ASTIGMATISM

Patients with nearsightedness and farsightedness often have corneal astigmatism. The cornea is the clear part of the eye covering the iris and the pupil. Corneal astigmatism is caused by an irregularly shaped cornea: instead of being round like a basketball, the cornea is shaped like a football. This change in shape can make your vision blurry. There are several treatment options for astigmatism:

1. You can have a monofocal IOL implanted for near or distance vision and continue to wear glasses or contact lenses for the astigmatism correction.
2. You can have a special astigmatism correcting lens called "a TORIC IOL" implanted in your eye. Similar to monofocal lenses, the TORIC IOLs usually gives patients better quality distance vision with less dependence on glasses. Most patients will still need to wear glasses for tasks such as reading or working at a computer.

3. You can have refractive surgery called LASIK or PRK after cataract surgery.
4. A surgeon can perform a procedure during, or after cataract surgery called a limbal relaxing incision. A limbal relaxing incision (LRI) is a small cut or incision an ophthalmologist makes into your cornea to make its shape rounder. More than one incision may be required. These incisions can be made manually with a surgical blade or with a laser using the femtosecond LenSx laser technology.

SMART CATARACT SURGERY

SMART Cataract Surgery is a procedure designed to combine the latest and most precise equipment in cataract surgery- the LenSx Laser for surgical incisions with the most accurate technology in intraocular lens selection- the Optiwave Refractive Analysis (ORA)- to give you the most customized vision correction available. Traditional techniques are limited in their ability to exactly measure your eye for an intraocular lens(IOL) implant. The new technology called ORA was developed to reduce this margin of error in making the best selection of an IOL for your eye. The ORA is a laser attached to the operating microscope and is used by your surgeon to more accurately measure your eye during the surgery. ORA is a breakthrough technology for lens selection especially for patients with difficult problems such as astigmatism, mature advanced cataracts, and patients who have had previous LASIK,PRK, or RK.

INFORMATION ABOUT INSURANCE AND COST

The cost of the cataract surgery with manual technique and a conventional monofocal lens is covered by almost all insurances with applicable insurance deductible and co-pays. The Accommodating Monofocal (*Crystalens*), Multifocal (*ReSTOR, and TECNIS*), and Astigmatism Correcting (TORIC) are high technology lenses that require additional measurements, preoperative and postoperative counseling. The cost of these high technology lenses and additional services including LenSx laser and ORA wavefront scan is ***NOT covered by insurance companies*** and patients are charged for these services separately. If you are a good candidate for any of these non-covered services, New Eyes staff will provide you with a detailed out-of-pocket cost sheet.

NEW EYES WEBSITE

You can visit the New Eyes website at www.neweyeslasvegas.com and follow the links for more information on the individual high technology IOL implants and other services provided. For your convenience we also provided interactive maps for directions to our facilities.

I have read the **Patient Information Sheet: Cataract Surgery** and understand the above information. I acknowledge New Eyes' effort to educate me on topics related to cataract surgery.

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Patient signature Date

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Witness signature Date