



Washington Pacific Eye Associates

CATARACT SURGERY

The natural 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 (cataract extraction) 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 extraction is to correct the decreased vision that was caused by the cataract. During the surgery, Dr. Batson removes your cloudy natural lens (cataract) and puts in a new artificial lens called an intraocular lens or IOL. Cataract extraction 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, typically scheduled at least two weeks apart.

Two Weeks Before Your Preoperative Exam

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

Pre Operative Examination

You will undergo counseling and measurements of the size of your eye. Dr. Batson will use calculations (biometry) to determine the best power for your IOL. This is done within one month of your surgery.

Please tell Dr. Batson 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 of surgery.

Transportation

Please arrange transportation to Overlake 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

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

At Overlake Surgery Center

The nurse will provide you with a cap to wear over your hair and a gown. Eye drops will be administered. Your general health is monitored, and you will be offered valium to help you relax. You can also 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 either ultrasound or catalys laser depending on which option you chose during your preop. After your natural lens is removed, an artificial intraocular lens (IOL) 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 complete and will help remind you not to touch or rub your eye.

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

After Surgery

Do not rub your eye. No heavy lifting or bending over. 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 when you go to bed.

Take 1-2 Tylenol tablets every 4-6 hours if needed for mild discomfort. Call the office 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.

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.

The Day After Surgery

Have your driver bring you to your one day post op. Bring all surgical eye drops to your appointment.

During the First Week

Avoid getting water, creams, lotions, or make-up in the eye. Keep your eyelids clean for one week 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 ounce 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.
- 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. Do not swim, lift weights over 10 lbs or engage in contact sports. No tennis, racquetball or pickleball.

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 Dr. Batson again in 3 months for a dilated examination to check on the health of your eyes.

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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 Dr. Batson 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 monofocal lens. 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:** You can choose 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.

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 INCISION:** 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 is a procedure that was performed in the 1980s but is no longer performed today.

CATARACT SURGERY WITH CATALYS LASER

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, and detachment of the retina. These and other complications may result in poor vision or 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 the LRI 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 choose 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 INSULIN?

Please call the outpatient surgery center with questions regarding this. Their number is: 425-688-5244.

DO I TAKE MY MEDICATION ON THE MORNING OF SURGERY?

Take all your usual medications the morning of surgery with a sip of water. Overlake Surgery Center will confirm this with you.

HOW LONG WILL I BE AT OVERLAKE 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. Dr. Batson is 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 Dr. Batson know and he 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?

Dr. Batson 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, Tylenol nearly always relieves it. It is very common to have some "scratchy" feelings the first day.

WILL I GET STITCHES?

Usually no. Dr. Batson will only use stitches if necessary.

IS IT CATALYS LASER SURGERY?

Catalys Laser surgery is available; it is elective and has an additional cost not covered by your insurance plan.

WHAT IF I COUGH?

If you have chronic respiratory problems, bring your usual medications and inhalers. Dr. Batson can give cough suppressants if necessary. If you have a cold, call us to 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 preservative free artificial tears in between your drops. If you don't have any you can purchase some at our 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?

Cataract extraction (removal of your eye's natural lens) is billable to your medical insurance; our professional fee is \$1200 to \$1500. Please call your insurance company for information regarding your coverage. When you call, the procedure code is 66984 for cataract extraction and the most common diagnosis code is H25.13 for a cataract. Your insurance company should be able to estimate your out of pocket expense. In addition to the professional fee, Overlake Surgery Center will bill your insurance for facility fees associated with your cataract extraction. Please call Overlake Surgery Center directly with any questions regarding their facility fees. 425-688-5244.

WHICH LENS SHOULD I PICK?

The standard (monofocal) lens improves visual acuity, you will need glasses for both reading and distance vision after surgery.

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.

DOES MY INSURANCE COVER THE MULTIFOCAL OR TORIC LENS?

No.

HOW MUCH DO I HAVE TO PAY?

Cataract Extraction will be billed to your insurance and is subject to any copays, coinsurance and deductible associated with your insurance plan.

Traditional Cataract Extraction (Ultrasound with standard lens) - Billable to insurance. Subject to any copays, coinsurance and deductible associated with your insurance plan.

- 1- Standard (monofocal) lens - Billable to insurance. You may receive a bill for any copays, coinsurance, deductible associated with your insurance plan.
- 2- Limbal Relaxing Incision - \$755/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)
Professional Fee: \$755
Facility Fee: None
- 3- Toric Lens - \$1255/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)
Professional Fee: \$755
Facility Fee: \$500
- 4- Multifocal Lens - \$2650/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)
Professional fee: \$1655
Facility fee: \$995

Catalys Laser Cataract Extraction - The cataract extraction portion is billable to your insurance but the use of the Catalys Laser is elective and not billable to your insurance. Elective fees for the use of the catalys laser are outlined below:

- 1- Simple Astigmatism (LRI with standard lens) - \$1849/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)
Professional fee: \$1349
Facility Fee: \$500

2- Complex Astigmatism (using a toric lens) - \$2549/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)

Professional fee: \$1549

Facility fee: \$1000

3- Premium (using a Multifocal lens) - \$3344/eye (This service is elective and is not billable to insurance. Fees listed are for the indicated elective service only. Cataract extraction is billed to your insurance separately)

Professional fee: \$1849

Facility fee: \$1495

All elective fees are due to our office no later than 7 days prior to the scheduled surgery date. Payment plans are available upon request and are subject to a 10% admin fee.