Eyesight
Uncompromising Care

Please bring this book with you to all appointments.

PREPARING FOR YOUR CATARACT PROCEDURE
BEFORE / DURING /AFTER

Name: _____ DOB: _____

You have been scheduled for ☐ RIGHT ☐ LEFT eye surgery.

DATE OF SURGERY: _____ **Surgeon:** _____

ARRIVAL TIME: **Eyesight does not schedule your surgery time**. You will be contacted by the surgery center the day before your procedure with your expected arrival time. **You will also be called 1-2 weeks prior to surgery to go over your medical history. If you have not heard from the surgery center by 3:30pm the day before your procedure, please contact them directly at 603-314-8035 to get your time.**

Note: The first 2 pages of this book offer a convenient overview of items covered in this book.

SURGERY CENTER / LOCATION OF SURGERY:

☐ **Coastal Surgical Center – 291 Shattuck Way, Newington NH**

Alternative locations:
☐ Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH
☐ Wentworth Douglass Hospital - 789 Central Avenue, Dover NH
☐ Exeter Hospital - 5 Alumni Drive, Exeter NH

AFTER SURGERY APPOINTMENTS: **YOU MUST BE SEEN FOR A FOLLOW UP APPOINTMENT AFTER SURGERY. PLEASE PLAN TO SEE US AT EYESIGHT ON THE FOLLOWING DATE/TIME:**

1st post-op appointment is in the ☐ Portsmouth Office ☐ Somersworth Office ☐ Exeter Office ☐ Kittery, ME Office

on_____ at _____with Dr._____.

2nd post-op appointment is in the ☐ Portsmouth Office ☐ Somersworth Office ☐ Exeter Office ☐ Kittery, ME Office

on_____ at _____with Dr._____.

Light Adjustable / RLE patients only will have a series of follow up appointments scheduled after the 1 month follow up appointment to adjust the lens. **Your 1st adjustment to your lens is scheduled for**

on_____ at _____in the ☐**PORTSMOUTH** ☐**SOMERSWORTH** **OFFICE***

***NOTE: All LAL adjustments require dilation. These appointments are generally 1 – 1 ½ hours**

PREPARING FOR YOUR CATARACT EVALUATION

By now, you've met with a counselor for a pre-evaluation to discuss lens options. Our premium lenses may significantly reduce or eliminate your need for glasses, which will be further addressed during your full evaluation with the doctor. They will review test results from your pre-evaluation, which include:

- **Biometry Tests:** To calculate the power of the artificial lens that will be implanted.
- **Optical Coherence Tomography (OCT):** To assess the health of your macula.
- **Corneal Topography:** For additional measurements if you're considering premium lenses, have had LASIK, or have significant astigmatism.

WHAT TO BRING TO YOUR CATARACT EVALUATION:

- **This Book with Your Consent Forms:** Pages 16, 17 and the Informed consent pages in the back.
- **Medication List:** Include all prescriptions, over-the-counter meds, vitamins, and supplements.
- **Specialist Contact Info:** If you currently see a specialist for any medical conditions, such as a cardiologist, it is important that you bring their contact information in case we need to have a better understanding of any of your current medications or health conditions.
- **List of Concerns:** Note any vision or health issues, even if they seem unrelated.
- **Support Person:** Having someone with you can help remember important information.
- **Transportation:** If unsure about driving post-dilation, plan for a ride. Dilation can cause light sensitivity and blurred near vision.
- **Eye Drops:** Use artificial tears if you have dry eyes to improve testing outcomes.
- **Documentation:** Bring any necessary health proxy, power of attorney, or translator documents.

DURING YOUR 60-90 MINUTE CATARACT EVALUATION, EXPECT:

- A review of your medical history and any family eye conditions.
- A vision test, including reading a chart and a slit lamp exam.
- Additional tests if necessary
- Dilation eye drops will be administered.
- Cornea (outside surface of eye) measurements will be taken. To ensure accurate measurements, please do not wear contact lenses prior to this appointment. Wear glasses only:
    - Soft lenses: remove 5 days prior.
    - Toric lenses: remove 14 days prior.
    - Hard lenses: remove 3 weeks prior.

At the end of your evaluation, you may be meeting with a surgical coordinator. If you do not meet with a coordinator, expect a call within two weeks to discuss your surgery options and the possibility of scheduling surgery date(s) with follow-up appointments.

SURGERY CHECKLIST

SCHEDULING SURGERY

- ☐ **Make sure you know the date(s) for your surgery.**
  - If you are only having one eye treated, you should have 1 copy of this book.
  - If you are having 2 eyes treated, you should have 2 copies of this book.
- ☐ **Make sure you know the date / time location of your follow-up appointments. You will have 1 or 2 follow-up appointments already scheduled after EACH surgery date.**
  - 1st post-op appointment – either the same day of surgery or the day after.
    - This appointment will be with your surgeon in one of our Eyesight offices.
  - 2nd post-op appointment – 2-5 weeks following surgery.
    - This appointment will be with a doctor in one of our Eyesight offices.
- ☐ **Make sure you have turned in all your consent forms. We cannot schedule your surgery until you have signed:**
  - "Informed Consent for Cataract Surgery".
  - "Lens Choice and Informed Consent for Cataract Surgery" (this was the form you signed with your surgeon at your Cataract Evaluation).
  - Additional forms, such as Health Plan Denials and Personal Obligation / Cash Pay (pg. 17), may be required if you do not have insurance or Authorization to Perform Services (pg. 16) for premium packages.
- ☐ **If you have a Health Proxy, DPOA (dual power of attorney), require a translator, or need additional support for surgery, please make sure we have this information on file.**
- ☐ **If you have a cardiologist or a specialist who needs to approve your surgery, please make sure we have their contact information and/or written documentation authorizing you to proceed with surgery.**

1- 2 WEEKS PRIOR TO SURGERY

- ☐ **Arrange to pay for any out-of-pocket payments that may be necessary (premium lens packages).**
  - Eyesight will collect physician fees.
  - The surgical center will collect facility and lens fees.
- ☐ **Make sure you have your pre/post operative eyedrops.**
  - Imprimis (available at any Eyesight location) or 3 prescriptions (called into your pharmacy).
  - Klarity-C compounded lubricating drops or lubricating over the counter eyedrops.
  - Any ocular ointments that may have been called in (usually for glaucoma or retina combined procedures).
- ☐ **1 week prior to surgery, stop taking Ozempic or other weight loss semaglutides.**
- ☐ **Be prepared to receive a call from a nurse at the surgical center.**
  - They will discuss your medical history as well as the current prescriptions and medications you are using.
  - They will review pre and post-surgery information.

1-2 BUSINESS DAYS PRIOR TO SURGERY

- ☐ **You will receive a call from the surgical center with your arrival time.**

DAY BEFORE SURGERY

- ☐ **Review page 4-6 of this book for complete instructions.**
- ☐ **Do not eat anything after midnight or your surgery will be postponed.**
- ☐ **Be prepared to use your eyedrops in the morning (see page 9 or 10 of this book).**

Thank you for trusting Eyesight Ophthalmic Services for your eyecare needs.

PRIOR TO CATARACT SURGERY

PRE-SURGICAL EYE DROPS – After cataract surgery, patients are often instructed to instill multiple prescription drops to prevent infection, inflammation, and pain, and each drop is on a different schedule. This can be confusing, so we have compounded your multiple eyedrops into one prescription called Imprimis. It contains all the prescriptions you need! Patients who choose an upgraded lens package will receive eyedrops at no additional charge. **Basic Lens patients will need to purchase their Imprimis eyedrops prior to surgery. NOTE: All prescriptions or Imprimis eyedrops will need to be picked up PRIOR to surgery**. They are available at all Eyesight locations during normal business hours.

START THE IMPRIMIS DROPS ON: _____ in _____ eye only.

- **Beginning 1 hour BEFORE YOU LEAVE HOME,** (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e., if you leave home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.
  Note: Shake eye drop bottle well prior to use. Note that it is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*
- Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
- **Please follow the eye drop chart you were instructed to use in this book on page 9 or 10.**

If you are using prescribed eyedrops (NOT IMPRIMIS eyedrops), please follow the eyedrop instructions on page 10 of this document.

If you regularly use other prescription eyedrops, please consult with your surgeon regarding their use before or after, surgery. If you use Xiidra, Restasis or Cequa, use 1 drop the morning of surgery, and then resume 1 WEEK after surgery,

SURGERY PREPARATION

- **You must have** responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery.
- For optimal results with your Optiwave Enhanced Treatment, Toric Lens Implant, or Presbyopic Lens Implant, **refrain from wearing contact lenses for 7 days prior to surgery, 3 weeks for rigid/GP lenses.**
- **On the night before surgery, or the morning of, take a bath or shower and wash your hair thoroughly**. In the morning, wash your face with soap and water. Please make sure you remove all mascara or eyeliner.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY! This includes coffee, toast, juice, etc.**
- **Take your usual morning medications with a sip of water**. If you take **INSULIN or DIABETIC medication**, the intake nurse from the surgery center will provide instructions on how and when to take your medication. As always, bring your insulin with you to surgery.
- If you use **Ozempic or weight loss semaglutides**, please stop using them 1 week before surgery.
- **BRING SUNGLASSES, GLASSES (if you wear prescription lenses), YOUR SURGERY BAG, AND EYE DROPS WITH YOU TO SURGERY**.
- **Wear loose-fitting clothing, slip on shoes (no boots), and a BUTTON-DOWN SHIRT to your surgery**. **Do not wear makeup, ANY jewelry, nail polish, hairspray, perfume/cologne, or lotions. Deodorant is fine.**
- **There are usually no medication restrictions for cataract surgery.** You may continue taking aspirin products, Coumadin, Plavix, etc., unless otherwise directed by your surgeon.

DURING CATARACT SURGERY

You must have a responsible adult designated to accompany you to and from surgery. You will be at the surgery center for 1-2 hours.

After check-in, you will then be brought to the "short stay" area of the operating room. Many people, (doctors and nurses alike) will speak with you, and several consent forms must be signed.

An intravenous line will be placed in your arm and several eye drops will be placed in your eye(s). You will then be brought to the operating room, and you will be given oxygen and given medication through an intravenous line to relax you.

You will be partially sedated during the procedure. The eye and skin around the eye will be cleaned and a drape will be placed over your body exposing only the operated eye. The actual procedure is usually brief – roughly 20 minutes. Recovery is fairly quick and, once cleared by the medical team, you will be ready to go home and rest.

You will have an appointment shortly after surgery and then a few weeks to a month later. You will need to pick up your prescriptions at your pharmacy or IMPRIMIS eyedrops at our office prior to surgery. You will take these drops in the operated eye for 2-6 weeks depending on your recovery.

AFTER CATARACT SURGERY

1. We prefer that you refrain from most activities for the rest of the day, and that someone stays with you until the day after surgery. Your eye may be slightly sore, itchy, scratchy, or feel a little watery.

2. Your vision may be blurry the day of surgery, and it may take several days for your vision to clear. If your eye is patched, we prefer that you keep the eye patch on, unless otherwise directed.

3. If you have both eyes done within a short period of time, you may notice one eye healing more quickly and seeing better at a faster rate. Each surgery may seem like a different experience. This is not unusual. You may also need glasses to improve your vision for distance as well as up-close.

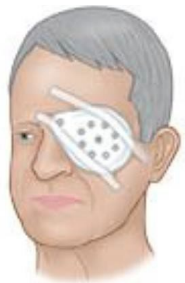
4. Eye protection is recommended outdoors (sunglasses or glasses) and a shield at bedtime for **1 week**. Use your own discretion when indoors. Your surgeon assures you that no harm will come to your eyes if you choose to wear your "old" glasses. *Note:* **Light Adjustable Lens (LAL) patients MUST wear sunglasses outdoors AT ALL TIMES (or where UV exposure is possible) until your lens is locked.**

   Daytime – regular glasses or sunglasses
   Bedtime/Naps – Eye Shield

When putting on your eye shield, place the "arm" above your nose and place a piece of tape above and below so you can still see through it.

If you are provided with an eyepatch instead of a shield, the eyepatch is not clear to see through, but should be taped on the face in the same manner.


Eye patch


Eye shield

No restrictions on bathing, showering, shampooing hair, having a permanent, or drying your hair, BUT **NO swimming** underwater for 3 weeks. **No eye makeup** for one week.

5. **YOU MAY** travel in an airplane, read, and watch T.V.
6. **YOU MAY** bend over to put on shoes, socks, or pick up things (NOT OVER 35lbs.)
7. **YOU MAY** sleep in any position.
8. Occasionally, your vision may be good enough to drive as soon as the day after surgery. Ask your surgeon if you are not sure. Please be aware that your eye may stay dilated for 1 to 2 days after surgery.
9. Please refrain from any vigorous physical activity that might increase your chances of falling and hitting your "operated" eye (such as skiing, skating, tennis, etc.) for **1 WEEK**. It is okay for you to take a walk or play golf as long as you are wearing eye protection. If you are unsure, please ask.
10. It is not unusual to experience watering, a foreign body or a scratchy sensation for the first few weeks after surgery as the eye heals. It will improve with time.
11. While it is okay to use lubricant eye drops, i.e. "artificial tears", please do not begin using them until at least 1 week after surgery. **If you had a premium lens implant or Optiwave**, you were provided with a compounded lubricating drop called Klarity-C. This should be used TWICE A DAY (am and pm), beginning 1 WEEK AFTER SURGERY. Use the Klarity-C until the bottles are gone.

PLEASE CALL THE OFFICE AS SOON AS POSSIBLE if you experience sudden intense pain or a dramatic change of vision in the "operated" eye.

MEDICATIONS

- Most patients will receive Imprimis eye drops, which contain Prednisolone Acetate, Moxifloxacin, and Nepafenac. These can be picked up at any Eyesight office during regular hours.
- For **Optiwave** or **Premium Lens** procedures, you'll receive both Imprimis and Klarity-C drops (one bottle per eye) after your payment is processed. If additional prescriptions, such as ointments, are required, they will be called into your pharmacy.
- For **Basic Lens** procedures, you'll need to purchase one bottle of Imprimis per eye or fill your prescribed eyedrops. A majority of patients will have increased symptoms of dry eye after surgery, so we also recommend over the counter lubricating eyedrops or Klarity-C lubricating drops starting one week after your cataract surgery, especially if you're having surgery on both eyes.

Note: If you're allergic to any Imprimis ingredients, we'll send a different prescription to your pharmacy.

- **Post-Surgery Eye Drop Instructions -** After surgery, use Imprimis in the operated eye four times a day (e.g., 8 am, 12 pm, 4 pm, and 8 pm) for 14 days. If advised by your doctor, reduce it to twice daily (morning and night). You'll likely need to use the drops for at least four weeks, but your doctor will inform you of any adjustments. One bottle per eye should suffice, and your surgeon will let you know if you need more.
- **Reminder**: Bring all your eyedrops, ocular ointments (if prescribed) and surgery instructions to your surgery and all follow-up appointments.
- **Refilling Prescriptions -** If you run out of Imprimis, or if you would like to purchase more Klarity-C, you can get more at any Eyesight location. If you need to refill your prescriptions at the pharmacy, a refill authorization was already sent.

If you regularly use other prescription eyedrops, such as Restasis, Xiidra or Cequa, please consult with your surgeon regarding their use before or after surgery.

Light Adjustable Lens™

ADDITIONAL POST-OPERATIVE CARE INSTRUCTIONS FOR

LIGHT ADJUSTABLE (LAL and LAL+) patients only

The Light Adjustable Lens (LAL®) is made of a special photosensitive material that changes the shape and power of the implanted lens in response to ultraviolet (UV) light. The light treatments are delivered by a Light Delivery Device (LDD), which is done at Eyesight. What makes the Light Adjustable Lens so unique is that these changes are made to the lens after it has been implanted in your eye and you have healed from surgery.

MEDICATED EYEDROPS: You will start using medicated eyedrops the morning of surgery. Depending on what your surgeon recommended, these will be either Imprimis or 3 different prescriptions called into your pharmacy. Please see your surgery instructions and eyedrop schedule provided to you when you scheduled surgery.

KLARITY-C LUBRICATING DROPS: Whether you have one or both eyes treated, after completing your LAL procedure(s), you will begin using specially formulated lubricating drops (Klarity-C). **Klarity-C should be started one week after surgery.** Use Klarity-C twice daily (morning and evening) in each surgical eye until the bottles are finished. You will receive one bottle per eye. **If you lose your bottle, or if you want more, replacements are available for purchase at any of our Eyesight locations.**

Your UV-blocking sunglasses are imperative to your success!
3 pairs of 100% UV-blocking glasses will be provided to you at the time of surgery (sunglasses, clear glasses, and bifocals). These glasses will protect the Light Adjustable Lens from UV light sources other than the LDD that your doctor will use to optimize your vision. Exposing the Light Adjustable Lens to other UV light sources can potentially change the lens correction in an uncontrolled manner. If you do not wear the provided UV-blocking eyewear, your vision may not improve, or it could get worse.

How long do I have to wear the UV-blocking glasses?
The UV-blocking glasses should be worn **outside at all times**, or if you are in a room with windows that may expose you to sunlight, until your eye doctor tells you that you no longer need to wear them (usually 24 hours after your final light treatment). Total wear is typically about 4-5 weeks in duration; however, this may vary depending on the number of light treatments delivered.

Can I wear my regular sunglasses that have UV protection?
No. You should only wear the UV-blocking glasses provided to you. These glasses have a special protective coating that no other glasses have.

What happens if I lose or break my UV-blocking glasses?
Please notify your eye doctor/clinic as soon as possible if one of your UV-blocking glasses are lost, damaged or unwearable, and then continue to wear the other pair. If both pairs are lost or damaged, wear the darkest sunglasses you have and contact your eye doctor/clinic. All of our offices carry extra supplies, so please notify us if you need to pick up replacements.

What are my limitations after surgery?

Sports - Your eye doctor will advise you when you can return to sports. Your return to more impactful activities may need to be delayed until all light treatments are complete to guarantee a stable Light Adjustable Lens for light treatments.

Tanning Studio - A tanning studio bed is a very strong source of UV light and should be avoided until all light treatments are complete and you have been advised that you can remove your UV-blocking glasses.

Makeup - You can return to wearing eye makeup within a week. Be careful when removing eye make-up and do not place excessive pressure on the eye. Permanent make-up should be delayed until the eye is considered fully healed by your eye doctor.

Travel - Travel is not impacted. Be sure to remember to bring all of your UV-blocking glasses with you. Be particularly diligent in protecting the eyes from UV sources in unfamiliar environment.

Work - Work is not impacted, unless your profession puts you at a higher risk of UV exposure. Please remember to wear your UV-blocking glasses at work until you are told by your eye doctor that it is no longer necessary.

Laser Hair Removal - It is recommended that you wait until all light treatments are complete and you have been advised that you can remove your UV-blocking glasses before proceeding with hair removal (IPL) treatments (different IPL devices use different wavelengths). This includes other facial beauty treatments that use light sources.

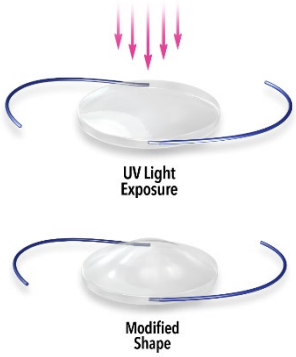
Shower – It is not necessary to wear your glasses in the shower.

What should I do if I forgot to wear my UV-blocking glasses?

It is very important that you do not forget to wear your UV-blocking glasses. However, if you do forget, please put them on as soon as you remember.

How many total light treatments will I need?

Between 1 and 3 light treatments, each lasting approximately 90 seconds and separated by 3-10 days, are required. The total number of light treatments is based on the achievement of the desired visual outcome that you and your doctor selected. Once you have achieved your final optimal vision, 2 additional appointments will be required to “lock” the lens to prevent any further changes.



Are the light treatments painful?

Numbing drops will be applied to your eye. There may be some mild pressure or discomfort, and some patients have perceived the treatment to be bright, however the light treatments are not painful.

What should I expect after each light treatment?

Your vision may be blurry immediately after each treatment due to a gel used during application of the light treatment, but this should resolve quickly. Additionally, your eye may be dilated for the treatment, which may require wearing the tinted UV-blocking glasses for a few hours. It may take 24-48 hours after each light treatment to notice an improvement in your vision. The light from the LDD may also cause a temporary or long-lasting pink or red afterimage, which is common with a light source directed to the eye. This tinge to your vision is especially noticeable on things that normally look white, but should resolve before your next light treatment. Speak with your doctor if the pink or red after image remains.

Surgery Drop Schedule

IMPRIMIS Prednisolone-Moxifloxacin-Nepafenac

Klarity-C Cyclosporine
Lubricating drops

Beginning 1 hour BEFORE YOU LEAVE HOME, (regardless of how long it takes you to get to the surgery center) use the **IMPRIMIS eyedrops** every 15 minutes for a total of 4 times. i.e., if you leave home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.

Optiwave and Premium Lens patients will receive one bottle of Imprimis and one bottle of Klarity-C per eye. Basic lens patients, or patients that need additional bottles, can purchase Imprimis at any of our Eyesight locations. **You should have picked up your IMPRIMIS & Klarity-C prior to surgery**. Do not share the bottles if you have a second eye treated shortly after. **You will need one bottle PER EYE (of each drop)**. You will begin using your lubricating drops (Klarity-C) the week after surgery, 2 times per day (morning and evening) until the bottles are gone.

Note: Shake eye drop bottles well prior to use. It is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*

In the ☐ RIGHT EYE ☐ LEFT EYE

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on _____

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior
☐	☐	☐	☐

After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
☐ ☐ ☐

Eyedrops following surgery:

Week 1	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
IMPRIMIS	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 2	Day 8 _____	Day 9 _____	Day 10 _____	Day 11 _____	Day 12 _____	Day 13 _____	Day 14 _____
IMPRIMIS	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 3	Day 15 _____	Day 16 _____	Day 17 _____	Day 18 _____	Day 19 _____	Day 20 _____	Day 21 _____
IMPRIMIS	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 4	Day 22 _____	Day 23 _____	Day 24 _____	Day 25 _____	Day 26 _____	Day 27 _____	Day 28 _____
IMPRIMIS	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

4 times a day would be roughly 8am, 12pm, 4pm and 8pm. - 2 times a day would be roughly 8am and 8pm

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.

Surgery Drop Schedule - IF PRESCRIBED SEPARATE BOTTLES OF EYEDROPS ONLY!

In ☐ RIGHT EYE ☐ LEFT EYE

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on _____

	1 hr prior to surgery	45 min prior to surgery	30 min prior to surgery	15 min prior to surgery	After leaving the surgery center, use again at 12pm, 4pm & 8pm
Moxifloxacin or Polytrim	☐	☐	☐	☐	☐ ☐ ☐
Prednisolone Acetate 1%	☐	☐	☐	☐	☐ ☐ ☐
Ketorolac Tromethamine	☐	☐	☐	☐	☐ ☐ ☐

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Moxifloxacin or Polytrim	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Prednisolone Acetate 1%	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Ketorolac Tromethamine	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Prednisolone Acetate 1%	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Ketorolac Tromethamine	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Prednisolone Acetate 1%	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
Ketorolac Tromethamine	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Prednisolone Acetate 1%	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
Ketorolac Tromethamine	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

It is EXTREMELY important to follow your eyedrop instructions!
NOTE: Your ophthalmologist will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Prednisolone Acetate 1%	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 6	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Prednisolone Acetate 1%	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
KLARITY-C	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Your procedure is scheduled for Coastal Surgical Center. If your procedure location is changed, our office will notify you.

DIRECTIONS

COASTAL SURGICAL CENTER
291 Shattuck Way
Newington, NH 03801
Phone: 603-314-8035

Traveling North: Take I-95 to Exit 4 on the left for US-4/NH-16 toward White Mountains. Keep left, follow signs for Newington/Dover/US-4/NH-16/ White Mountains. Take Exit 4 for Shattuck Way toward Newington Village. Turn right onto Shattuck Way. The surgical center is located 0.7 miles down the road on the right side with ample parking.

Traveling South: Take Spaulding Turnpike/NH-16. Take Exit 4 for US-4/NH-16 N toward Newington Village/Historic Sites/Dover/Concord. Continue 0.2 miles onto Nimble Hill Road and pass under Route 16. Turn right on Shattuck Way. The surgical center is located 1.5 miles down the road on the right side with ample parking.

*__You must have__ a responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery. Do not plan to use taxis, Ubers, or other public transportation for your procedures unless you also have a responsible adult with you.

***Anesthesia requires that someone stay with you for 24 hours after surgery**.

COASTAL
SURGICAL CENTER

Financial information regarding procedures

Note: Eyesight Ophthalmic and the Surgical Centers bill insurance separately and collect fees separately.

Any fees due will be collected SEPARATELY by both Eyesight AND the Surgery Center PRIOR to surgery. These fees must be collected prior to surgery or your surgery will be postponed.

Concerned about coverage? Contact your insurance plan prior to surgery.

This is always the BEST way to ensure you will not have unexpected charges after your procedure, especially co-pays and deductibles. Your insurance plan will ask the following:

What is the CPT code for your procedure? (this code is used for both the physician and surgery center)

66984 – Cataract Surgery or 66982 for Complex Cataract Surgery

If you are a Glaucoma patient and having an iStent or Hydrus:
66991 for Standard or 66989 for Complex

If you are a Glaucoma patient and having a goniotomy:
65820 - Incision Procedures on the Anterior Chamber of the Eye

What is the NPI number of the practice?

Eyesight Ophthalmic Services (for physician fees such as follow up care, evaluations, etc.)
NPI: 1073736310

Coastal Surgical Center (for surgery, lenses, etc.)
NPI: 1336713890

They will likely provide you with a reference number. Please write that number down:

Reference / Prior Authorization Number_____

CREDIT CARD POLICY AT COASTAL SURGICAL CENTER: At the time of registration, they will request your credit card information. Your credit card numbers will be encrypted and stored securely off-site and not stored at the practice. Once your Explanation of Benefits (what the insurance company will pay towards your visit), is processed, they will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of visit.

SURGICAL FEE SCHEDULE (PER EYE)

BASIC CATARACT PACKAGE

This package is the best option for the individual who does not mind wearing glasses after cataract surgery. Most of the costs of Basic Cataract Surgery are covered by Medicare and other insurance companies. However, in addition to any deductibles, copayments and coinsurances required by the insurance company, the patient may have financial responsibility for additional testing recommended by their surgeon to achieve the best results after Basic Cataract Surgery.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	Insurance fees	Insurance fees	$ 2,000.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ Insurance Fees**	**$ Insurance Fees**	**$ 2,500.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ Insurance Fees**	**$ Insurance Fees**	**$ 1,765.00**
TOTAL FEES FOR BASIC CATARACT	**$ Insurance Fees**	**$ Insurance Fees**	**$ 4,265.00**

Includes: Pre and Intraoperative Planning and 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, co-pay & coinsurance, and pre/post-operative eyedrops. FEES ABOVE DO NOT INCLUDE ANY COPAYS OR DEDUCTIBLES. PLEASE CONTACT YOUR INSURANCE PROVIDER FOR EXACT OUT OF POCKET FEE.

OPTIWAVE ANALYSIS ENHANCED VISION CORRECTION

This package is ideal for patients with dense cataracts or post-LASIK patients without significant astigmatism who want to reduce their need for glasses after cataract surgery. It offers improved outcome reliability with Optiwave Analysis Technology, which enhances distance and/or near vision. While Medicare and most insurance cover cataract removal and standard lens placement, patients are responsible for deductibles, copayments, and the additional costs of the Optiwave Analysis Enhanced package as outlined below. CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 1,050.00	$ 1,050.00	$ 3,050.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 1,050.00**	**$ 1,050.00**	**$ 3,550.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ Insurance Fees**	**$ Insurance Fees**	**$ 1,765.00**
TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight & Coastal	**$ 1,050.00 + Insurance fees**	**$ 1,050.00 + Insurance fees**	**$ 5,315.00**

Includes: Imprimis pre/post operative drops & Klarity-C lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions. FEES ABOVE DO NOT INCLUDE ANY COPAYS OR DEDUCTIBLES. PLEASE CONTACT YOUR INSURANCE PROVIDER FOR EXACT OUT OF POCKET FEE.

TORIC ASTIGMATISM REDUCTION PACKAGE

This package is designed for individuals with mild to moderate astigmatism. This surgery reduces astigmatism to enhance distance vision, improve night vision, and lessen the need for distance glasses. Patients will need glasses for near and intermediate tasks. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Astigmatism Reducing Package to either Eyesight or the Surgery Center. CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 1,950.00	$ 2,250.00	$ 3,950.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 1,950.00**	**$ 2,250.00**	**$ 4,450.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 450.00	$ 450.00	$ 450.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 450.00**	**$ 450.00**	**$ 2,150.00**
TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight & Coastal	**$ 2,400.00 + Insurance fees**	**$ 2,700.00 + Insurance fees**	**$ 6,600.00**

Includes: Imprimis pre/post operative drops & Klarity-C lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions. FEES ABOVE DO NOT INCLUDE ANY COPAYS OR DEDUCTIBLES. PLEASE CONTACT YOUR INSURANCE PROVIDER FOR EXACT OUT OF POCKET FEE.

PRESBYOPIA REDUCTION PACKAGE (Panoptix / Vivity)

This package is the best option for individuals who want to reduce their dependency on glasses with today's most advanced lens technology. This package typically provides the largest range of good uncorrected vision. Patients typically see well in the distance, midrange and some near without glasses. There may be the need for some low powered reading glasses. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Presbyopia Reducing package to Eyesight or the upgraded lens implant needed for surgery due to Coastal Surgery Center. **CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.**

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 2,450.00	$ 2,750.00	$ 4,450.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 2,450.00**	**$ 2,750.00**	**$ 4,950.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 950.00	$ 950.00	$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 950.00**	**$ 950.00**	**$ 2,650.00**
TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight & Coastal	**$ 3,400.00 + Insurance fees**	**$ 3,700.00 + Insurance fees**	**$ 7,600.00**

Includes: Imprimis pre/post operative drops & Klarity-C lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions. FEES ABOVE DO NOT INCLUDE ANY COPAYS OR DEDUCTIBLES. PLEASE CONTACT YOUR INSURANCE PROVIDER FOR EXACT OUT OF POCKET FEE.

LIGHT ADJUSTABLE LENS / RLE PACKAGE

The Light Adjustable Lens (LAL) is the only IOL that enables you and your doctor to design, trial, and customize your vision after cataract surgery. The LAL is made of a special photo-sensitive material that changes the power of your implanted lens in response to UV light. What is unique about the Light Adjustable Lens is that, after your eye heals, you return to your eye doctor to have your vision tested and you and your eye doctor will select a custom prescription for your lens based on your own eyes and unique lifestyle requirements. Between 1-3 total light treatments, each lasting approximately 90 seconds, will help you achievement of your desired visual outcome.

	STANDARD	SELF PAY
EYESIGHT FEES		
PHYSICIAN SURGICAL FEE	$ 3,300.00	$ 5,300.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 3,300.00**	**$ 5,300.00**
COASTAL SURGICAL CENTER FEES		
FACILITY FEE	Insurance fees	$ 1,400.00
LENS FEE	$ 1,100.00	$ 1,100.00
ANESTHESIA FEE	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 1,100.00**	**$ 2,800.00**
TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight & Coastal	**$ 4,400.00 + Insurance fees**	**$ 8,100.00**

Includes: Imprimis pre/post operative drops & Klarity-C lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, up to 8 post-operative visits with up to 3 prescription adjustments. **Patient Responsibility:** Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions. FEES ABOVE DO NOT INCLUDE ANY COPAYS OR DEDUCTIBLES. PLEASE CONTACT YOUR INSURANCE PROVIDER FOR EXACT OUT OF POCKET FEE.

PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY.

Payment Options: Interest-free financing is available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Discover, American Express, Cash or Check.

SURGERY CONTACT INFORMATION

Please contact your Eyesight surgical coordinator if you have any questions by dialing 603-501-7868 and entering their extension at the prompt.

PORTSMOUTH COORDINATORS:
Sandy x230 Leah J. x240

EXETER COORDINATORS:
Deb x317

SOMERSWORTH COORDINATORS:
Cassie x263 Kimberly x541 Leah S. x631

KITTERY COORDINATORS:
Rebecca x540 Leah S. x631

SURGERY CENTER CONTACTS:

Coastal Surgical Center - 291 Shattuck Way, Newington NH 603-314-8035 (before 4:30pm)

Wentworth Douglass Hospital – 789 Central Avenue, Dover NH 603-740-2281 (after 6pm 603-740-2433)

Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH 603-330-8936 (after 5pm 603-332-5211)

Exeter Hospital - 5 Alumni Drive, Exeter NH 603-580-7568 (before 4:30pm)

Eyesight
Uncompromising Care

Patient: _____

AUTHORIZATION TO PERFORM SERVICES - Cataract Surgery with an upgrade

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center. My lens selection is initialed below

2. I understand that should I choose Optiwave, Toric/Astigmatism Reducing or Presbyopia reducing upgraded lenses, **they are not covered benefits by my insurance company**, and will not be paid for by my insurance company.

3. My insurance will only be billed for basic surgery procedures, which do not include the extra costs for the lens implants or the extra professional fees associated with the planning and execution of the surgery. The surgery center will bill my insurance for the basic cataract items and I will be responsible for the extra costs associated with the upgraded lens implant itself. The fee for the professional component of the upgraded surgery due to Eyesight will be: (please circle and initial below):

	Optiwave Enhanced Vision	Toric Astigmatism Reducing	Presbyopia Reducing	Light Adjustable Lens (LAL or LAL+) / RLE	Basic Lens
Standard	$ 1,050.00	$ 1,950.00	$ 2,450.00	$ 3,300.00	Insurance deductible & copayment fees
Post Refractive Surgery	$ 1,050.00	$ 2,250.00	$ 2,750.00	$ 3,300.00	
Self-Pay/Cosmetic	$ 3,050.00	$ 3,950.00	$ 4,450.00	$ 5,300.00	$ 2,000.00
I CHOOSE THE FOLLOWING:	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***

Payable to Eyesight Ophthalmic Services **one week prior** to the surgical procedure. Amount may be paid in the form of cash, credit card or check. Extended and interest free financing options may be available through Care Credit (www.CareCredit.com).

My signature below indicates that I agree to accept responsibility for payment for the upgrade, if I have selected an upgrade, and will not seek payment from my insurance company.

I understand that my permission is voluntary, that I may withdraw consent at any time, without prejudice to my present or future care at Eyesight Ophthalmic Services.

In addition, I understand that no surgical procedure can be guaranteed, and that during surgery unforeseeable circumstances may arise. If I have chosen an Advanced lens, and should medical opinion dictate that the Advanced lens should not be implanted, I will be billed for basic cataract surgery.

_____ SIGNATURE OF PATIENT

_____ DATE

_____ SIGNATURE OF WITNESS

_____ DATE

Surgery Date _____ OD (right eye)
Lens: ☐Monofocal Toric ☐Panoptix-Panoptix Toric ☐Vivity-Vivity Toric ☐Optiwave Analysis ☐LAL ☐LAL+ ☐BASIC

Surgery Date _____ OS (left eye)
Lens: ☐Monofocal Toric ☐Panoptix-Panoptix Toric ☐Vivity-Vivity Toric ☐Optiwave Analysis ☐LAL ☐LAL+ ☐BASIC

Cataract Surgery with Advanced Presbyopia, Monofocal, Toric, or Light Adjustable Intraocular Lens

Health Plan Denials and Personal Obligation / Cash Pay

Your carrier will only pay the surgery center if the services you receive are covered under the terms and conditions of your Health Plan. Your benefits may be denied or reduced by your plan if the plan believes:

• the services are not medically necessary;	• the services are not ordered/performed by a participating physician;
• the procedure or test is a non-covered service	• the services are not provided in a participating facility;
• health plan pre-authorization requirements were not met:	• the insurance plan does not provide benefits for the patient.

Health Plans review surgical services to determine if the services are covered under policy benefits. The term "Medically Necessary," for most plans usually means services which are:

- appropriate and necessary for the symptoms, diagnosis or treatment of a medical condition
- within recognized standards of medical practice
- not primarily for the convenience of the member, the member's family and/or the physician
- the least costly of alternative supplies or levels of service, which can be safely and effectively provided the patient

At this time, the specialty lens that will be used for your surgery is not a covered service by your healthcare plan. Payment for the lens must be received at least 1 week prior to the date of your surgery for the following amounts: **Please initial below your choice:**

	BASIC AND / OR OPTIWAVE ENHANCED			PRESBYOPIA REDUCTION		
	STANDARD	POST-LASIK	SELF PAY	STANDARD	POST-LASIK	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00	$ 950.00	$ 950.00	$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00	Insurance fees	Insurance fees	$ 300.00
TOTAL	Insurance fees	Insurance fees	$ 1,765.00	$ 950.00 + Insurance fees	$ 950.00 + Insurance fees	$ 2,650.00

	ASTIGMATISM / TORIC			LIGHT ADJUSTABLE / RLE	
	STANDARD	POST-LASIK	SELF PAY	STANDARD	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00	Insurance fees	$ 1,400.00
LENS FEE	$ 450.00	$ 450.00	$ 450.00	$ 1,100.00	$ 1,100.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00	Insurance fees	$ 300.00
TOTAL	$ 450.00 + Insurance fees	$ 450.00 + Insurance fees	$ 2,150.00	$ 1,100.00 + Insurance fees	$ 2,800.00

Your financial agreement with the surgery center is to pay for all services you receive, even those denied by your Health Plan. This agreement is a promise to pay for all services, to the extent not paid by some other party on your behalf.

The undersigned certifies that he/she has read the above, accepts financial responsibility for amounts listed above, and is the patient, the patient's agent, insured or guarantor.

Patient, Insured or Guarantor

Name of Patient

Witness

Date

PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY – COASTAL SURGICAL WILL CONTACT YOU TO COLLECT PAYMENT

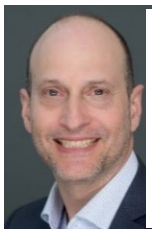
PAYMENT OPTIONS: Interest-free financing available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Discover, American Express, Cash or Check to COASTAL SURGICAL CENTER.

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.

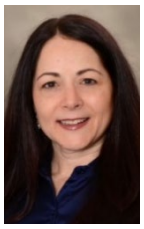

Lucian Szmyd, MD


Kinley Beck, MD

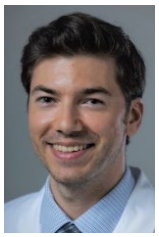

Christopher Turner, OD


Warren Goldblatt, MD


Jennifer Ling, MD


Lauren McLoughlin, OD

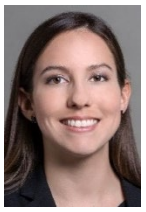

N. Timothy Peters, MD


Jason Szelog, MD


Janet Rand, OD


Marsha Kavanagh, MD


Nathaniel Sears, MD


Renee Lynch, OD


Timothy Sullivan, MD


Dana Graichen, MD


Hilary Hamer, OD


Claudia Bartolini, MD

Eyesight
Uncompromising Care


Dwight Arvidson, OD

PORTSMOUTH
155 Borthwick Avenue, Suite 200 East - Portsmouth, NH 03801
Tel: (603) 436-1773 Fax: (603) 427-0655

SOMERSWORTH
267 Route 108 - Somersworth, NH 03878
Tel: (603) 692-7500 Fax: (603) 692-7575

EXETER
McReel Building-192 Water Street - Exeter, NH 03833
Tel: (603) 778-1133 Fax: (603) 778-1055

KITTERY, ME
99 US-1, Suite B - Kittery, ME 03904
Tel: (207) 439-4958 Fax: (207) 439-4313

SANFORD, ME
272 Cottage Street – Sanford, ME 04073
Tel: (207) 324-3380 Fax: (207) 490-9174

www.EyesightNH.com

Eyesight
Uncompromising Care

Informed Consent for Cataract Surgery

This information is given to you to help you make an informed decision about having cataract and/or lens implant surgery. **You will live with the vision resulting from your decisions for the rest of your life, so please read the following explanations carefully.** Once you have read this Informed Consent, you are encouraged to ask any questions you may still have about the procedure. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want.

WHAT IS A CATARACT?

The natural lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. As a cataract develops, it blocks and scatters light, reducing the quality of vision. 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 may 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. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and typically puts in a new artificial lens called an Intra-Ocular Lens (IOL).

UNDERSTANDING THE MAJOR RISKS OF CATARACT SURGERY

1. RISKS OF THE SURGERY: All operations involve risk and may have unsuccessful results, complications, or injury. Problems with cataract surgery are very rare. There are complications in FEWER THAN 1 OUT OF 1,000 of cataract surgeries. Complications may occur weeks, months or even years after surgery.

Problems, while extremely rare, include, but are not limited to, discomfort or pain, droopy eyelids, bleeding; infection; clouding of the outer part of the eye (called the cornea); swelling of the inside layer of the eye (called the retina); detachment of the retina from the eye; increased eye pressure which is also called "glaucoma"; damage to the tissue that supports the lens placed into the eye; and retained pieces of cataract that remain in the eye after surgery. If complications occur, the doctor may decide not to implant the lens in your eye and additional surgeries may be needed. These problems may lead to worse vision, total loss of vision, or even loss of the eye in rare situations.

Dextenza (www.Dextenza.com) is an FDA approved, preservative free, dissolvable, implant, which may be used for certain patients during cataract surgery to reduce pain and/or swelling. Use of Dextenza may help reduce the length of time required for surgical eyedrops to be used postoperatively / after cataract surgery.

Depending on the type of anesthesia, other risks are possible, just like any other surgery, including heart and breathing problems, and, in extremely rare cases, death.

*Initials*_____

Additional surgery may be necessary, even when there are no complications with cataract surgery. You may need a laser surgery to correct clouding of the capsule directly behind the lens (also called a YAG).

At some future time, the lens in your eye may move as a result of the natural aging of the eye, and, although rare, may need to be repositioned with an additional surgery.

2. ISSUES ASSOCIATED WITH THE IMPLANT: Prior to cataract surgery, your eye must be measured to determine the strength of the lens that you require. While this test is very accurate for the majority of patients, some inaccuracy may occur. This problem occurs in only a small percentage of patients, but it would cause the prescription of the eye after cataract surgery to be different than what was expected. Wearing eyeglasses or contact lenses usually solves this. In extremely rare situations, the lens may need to be replaced to correct the strength of the lens.

After cataract surgery it is not uncommon for vision to have some dark shadowing or an “arc” of light in the outer part of the vision. This is called a "dysphotopsia". It is usually temporary, and usually resolves on its own. Depending on the type of lens implanted, you may have higher rates of night glare or halos, double vision, impaired depth perception, blurry vision, or trouble driving at night.

3. Cataract surgery is performed one eye at a time. During the time between surgeries, there can be an imbalance between the eyes that can make glasses not work well. This imbalance can cause eye strain and tired eyes. Surgery in the second eye can fix this.

4. There are other eye problems that can affect vision after surgery, like glaucoma, diabetes in the eye, macular degeneration, or your individual healing after surgery. The results of surgery cannot be guaranteed. There is no guarantee of "20/20 vision."

UNDERSTANDING HOW VISION CORRECTION OF THE EYE WORKS

The human eye is a complex system, and understanding the following terms may help guide you in your cataract decision. Once you have decided that your vision is bad enough to require surgery, you will have to decide on what style of lens implant you want at the time of surgery. The style of the implant you choose will determine how you will see *“forever”* after surgery and what you may or may not need for corrective lenses after surgery.

MYOPIA (NEAR SIGHTED) is a condition in which people need glasses to see in the distance. Depending on your age and how much myopia you have, you can typically see well up close without your glasses, but you can't see in the distance until you put your glasses on.

HYPEROPIA (FAR SIGHTED) is a condition in which people need glasses to read and to see in the distance. Typically, these people wear bifocals, trifocals or progressive glasses full time.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY - Presbyopia is a condition caused by the aging eye losing its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate reading glasses in order to see clearly at close range. There are options available to you to achieve distance vision, near vision, or both after cataract surgery. If you choose not to have an implant that corrects for presbyopia, you will need glasses for near vision, distance vision or both.

Initials

ASTIGMATISM - Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This shape can make your vision blurry without correction. This extra correction can be accomplished with glasses or with lens implants during cataract surgery.

GLARE AND HALOS - Depending on the type of lens implant you and your surgeon agree upon, there may be glare and halos around lights after surgery. In many cases they can resolve over time, but as with any implant, there may permanent, glare and halos. Some lens types like multifocal and extended depth of focus lenses come with higher rates of glare and halos than other lens implant options.

LENS IMPLANT OPTIONS AND VISION AFTER CATARACT SURGERY

When selecting your lens implant style for cataract surgery, you will have 4 choices. Consider the following options and decide which best describes what you would like your vision to be after cataract surgery:

CHOICE #1 - I want to wear glasses full time.

Best lens option = Standard / Basic lens implant.

CHOICE #2 - I want to see clearly in the distance without glasses and I will wear glasses FOR ALL NEAR AND INTERMEDIATE vision tasks.

Best lens option = A standard lens implant with an Optiwave for non-astigmatism correction.
or = A toric lens implant depending on the amount of astigmatism you have.

CHOICE #3 - I want to see clearly for near vision tasks without glasses and I will wear glasses FOR ALL DISTANCE AND INTERMEDIATE vision tasks.

Best lens option = A standard lens implant for non-astigmatism correction.
or = A standard lens implant with an Optiwave for non-astigmatism correction.
or = A toric lens implant depending on the amount of astigmatism you have.

CHOICE #4 - I want to see clearly in the distance AND near with a reduced need for glasses.

Best lens option = A multifocal lens implant.
or = An Extended Depth of Focus implant.
or = Light Adjustable Lens (LAL / LAL+).
or = Optional monovision for those who are currently successful in wearing monovision correction

TREATING ASTIGMATISM - Toric lens implants can be used for correcting high degrees of astigmatism. In addition to toric lens implants, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK OR PRK).

If you have an astigmatism and choose a standard lens implant, which is not designed to treat astigmatism, you will need to wear glasses for all distance, intermediate and near tasks.

Initials

PATIENT CONSENT

Please copy the following sentences, as they appear, prior to the consultation.

"I understand there are risks of surgery including vision loss."

_____

_____

"I understand I may need more than one surgery per eye."

_____

_____

"I understand I may not have 20/20 vision after surgery."

_____

_____

Patient name (printed)	Patient Signature	Date
_____	_____	_____

Should cataract surgery be scheduled, I authorize the following people to speak with surgical center representatives on my behalf.

Name of person	Relationship to patient	Phone Number
_____	_____	_____
_____	_____	_____

Representatives may be from Coastal Surgical Center, Wentworth Douglass Hospital, Frisbie Memorial Hospital, or Exeter Hospital.

After your Cataract Evaluation, you may want to schedule surgery. To help us schedule your surgery at the appropriate location, please fill out the questionnaire below. Your surgeon will review your answers.

Eyesight Uncompromising Care

ANESTHESIA QUESTIONNAIRE

REQUIRED FOR ALL SURGERY PATIENTS

Name_____ Date_____

1. Have you had any cardiac event within the last 60 days (including heart attack/MI, cardiac stent placement, or cardiac bypass surgery)?	☐	Yes	☐	No
If yes, date of cardiac event: _____				
2. Have you had a stroke or TIA (mini stroke) in the last 3 months?	☐	Yes	☐	No
If yes, date of stroke or TIA (mini stroke):				
3. In the last 3 months, have you had any sort of seizure?	☐	Yes	☐	No
If yes, date of seizure? _____				
Are you taking any medication to prevent a seizure?	☐	Yes	☐	No
If yes, what is the name of the seizure medication? _____				
4. Are you currently undergoing medical workup for chest pain, shortness of breath, abnormal heart rhythm, heart valve conditions, seizures, strokes/TIA(mini-strokes), or a clotting disorder?	☐	Yes	☐	No
If you are currently being worked up for these conditions, when do you anticipate completing your evaluation? _____				
Name of cardiologist? _____				
5. Can you lay flat, in a face-up position without discomfort or difficulty breathing?	☐	Yes	☐	No
6. What is your height? _____ft _____in				
What is your most recent weight? _____ lbs.				
7. Do you take Wegovy, Ozempic, Mounjaro, or other GLP-1's?	☐	Yes	☐	No
8. Do you require continuous oxygen therapy for any breathing disorder (for example COPD, emphysema, pulmonary fibrosis)?	☐	Yes	☐	No
9. Are you currently on any form of dialysis?	☐	Yes	☐	No
10. Do you have difficulty with shortness of breath or weakness doing everyday activities (such as walking, cleaning, showering, etc.?)	☐	Yes	☐	No
11. Have you been to a cardiologist in the last 3 years?	☐	Yes	☐	No
If yes, for what reason? _____				
12. Have you been hospitalized or evaluated in the ER for any reason within the last month?	☐	Yes	☐	No
If yes, then where? _____				
13. Are you currently receiving radiation or chemotherapy for metastatic cancer?3	☐	Yes	☐	No
14. Have you had an allergic or adverse reactions to the medications Versed (midazolam), Propofol, or opioid pain medications?	☐	Yes	☐	No
If yes, what medications? _____				
What was the reaction you had? _____				
15. Do you have any of the following:	☐	Yes	☐	No

☐ Implantable Defibrillator ☐ Implantable Pacemaker ☐ Combined Defib/Pacemaker ☐ None

THANK YOU!

Please give this form to the technician or the doctor during your appointment.

Lens Choice and Informed Consent for Cataract Surgery

- THIS PORTION SHOULD BE COMPLETED WITH YOUR SURGEON – PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT

Please indicate which lens selection you and your doctor have agreed on. You only have to complete the section that applies to your agreed upon lens choice:

_____ *Initials*

STANDARD LENS FOR *DISTANCE* VISION: I wish to have cataract surgery with a STANDARD lens for **DISTANCE** vision on my *(check one)*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

-OR -

_____ *Initials*

TORIC LENS FOR *DISTANCE* VISION: I wish to have cataract surgery with a TORIC lens for **DISTANCE** vision on my *(check one)*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Patient – please rewrite the following sentence below: **"I will need glasses to see things for all near and intermediate tasks."**

_____

_____

_____ *Initials*

STANDARD LENS FOR *NEAR* VISION: I wish to have cataract surgery with a STANDARD lens for **NEAR** vision on my *(check one)*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

_____ *Initials*

TORIC LENS FOR *NEAR* VISION : I wish to have cataract surgery with a TORIC lens for **NEAR** vision on my *(check one)*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Patient – please rewrite the following sentence below: **"I will need glasses to see things for all distance and intermediate tasks."**

_____

_____

If you selected either of the STANDARD lens options above/on the previous page:

_____ *Initials*

ASTIGMATISM: I understand that I have an astigmatism. I understand that if I choose to have a standard lens, which does not correct for this astigmatism, I will likely need to wear glasses or contact lenses after surgery for all tasks. *(check one) This also applies to patients with prism.*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Patient – please rewrite the following sentence below: **"I will need to wear glasses for all tasks after cataract surgery."**

_____

_____

_____ *Initials*

MULTIFOCAL, EXTENDED DEPTH OF FOCUS LENS, OR LIGHT ADJUSTABLE LENS (LAL/LAL+) FOR *DISTANCE AND NEAR* VISION:

I wish to have a MULTIFOCAL, EXTENDED DEPTH OF FOCUS, OR LAL/LAL+ lens for on my *(check one)*

_____*Surgeon Initials*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Although this option will give me the most freedom from spectacles, it is possible that even after successful cataract surgery, glasses will be required for some, or all, visual tasks.

Patient – please rewrite the following sentence below: **"I may still need to supplement with glasses for reading small print or in dim light."**

_____

_____

PATIENT'S ACCEPTANCE OF RISKS:

The main rationale for cataract surgery is to improve the quality of vision. I understand there are no guarantees, and I may still need glasses for all ranges of vision, regardless of my lens choice for surgery.

Initials_____

After meeting with my surgeon: I understand that it is impossible for the doctor to inform me of every possible complication that may occur. In signing below, I acknowledge that I have read the preceding pages and agree that the doctor has answered all my questions to my satisfaction. I understand the risks, benefits, and alternatives complications of cataract surgery, as explained to me by my ophthalmologist, and I have been offered a copy of the consent.

Patient's Name (Printed)	Patient Signature	Date
Ophthalmologist	Date	