Instructions BEFORE Cataract Surgery

Your Surgery at The Surgery Center of Poplar Bluff is scheduled for:

- Tuesday
- Thursday

The Surgery Center will call you THE DAY BEFORE your surgery to give you an arrival time and specific instructions for your surgery.

If you need to cancel or reschedule your surgery, call our office at 686-5579.

It may be necessary for you to see your medical doctor prior to surgery for pre-operative medical tests. If this is indicated, our staff will schedule an appointment for you.

Your IOL Options Include:
- Monofocal
- Acrysof® Toric
- Multifocal
- Crystalens®

Pre-Operative Instructions:

- You are to have nothing to eat or drink after midnight the night before your surgery. If you consume any food or beverages the morning of your surgery, your surgery will be rescheduled to a different date.

- You will receive prescriptions for Vigamox (Moxifloxacin), Ketorolac, and Pred Forte (Prednisolone Acetate) eye drops which you will need to fill at least two days before surgery.

  Use all three drops as follows:
  1 drop of each bottle, 3 times a day, starting 2 days before surgery and 1 drop of each bottle on the morning of surgery in the

  - Right Eye
  - Left Eye

  Wait 3-5 minutes between each drop.

- If you take glaucoma medications, continue to use as directed and DO NOT miss any doses.

- Arrange for transportation because you will need a driver on the day of surgery as well as the day after surgery.
Instructions AFTER Cataract Surgery

Day of your procedure:

♦ If you are diabetic, DO NOT take your diabetic medication the morning of surgery

♦ Take your regular medications (excluding any diabetic medication) with a little sip of water (No milk, juice, coffee, etc.)

♦ Do not wear any jewelry to the Surgery Center

♦ An appointment time for your 1 day post op visit will be given to you before you leave the Surgery Center

♦ Your eye will be patched immediately following surgery, it will be removed the following morning in our office

♦ It is very important to avoid rubbing your eye after surgery

The days following your procedure:

♦ You will be given a kit on your first post-op day and the doctor or his technician will be instructing you on how to use your drops

   It is important to use your eye drops as instructed and not to miss any dosages

♦ The shield you receive at the time of surgery should be worn for the first seven days following surgery while you are asleep

♦ You may resume climbing stairs, watching TV, reading, and/or sewing for short periods of time

♦ You may take tub baths with assistance in and out of the tub, showers, and shampooing (avoiding soap and water in the eyes) and resume shaving and beauty shop appointments

Please do not hesitate to contact our office with any questions or concerns. We look forward to taking care of you and your special eyes!

573.686.5579
wespecialeyes.com
Instructions AFTER Cataract Surgery

Restrictions after cataract surgery:
- No driving for the first few days after surgery
- Minimal or only necessary bending for 1 week
- No lifting over 20 lbs for 1 week
- No straining for 1 week
- No eye make-up for 1 week
- No water, soap, or any other product in the eye for 1 week
- No swimming for 4 weeks

Conditions you may experience following cataract surgery:
- Mild discomfort or scratchiness
- Varying degrees of redness
- Mild light sensitivity
- Mild blurring of your vision
- Drooping of the eyelid

You should call the office immediately if you experience any of the following:
- Nauseating pain in or around the eye not relieved by Tylenol
- A sudden decrease or clouding of vision
- Part of your vision missing or a curtain or shade over your vision with or without pain
- Onset of new flashes or floaters

All surgical experiences are different and individual to every patient.
If you have any questions or concerns, please contact the office at 573.686.5579 or after hours at 573.718.4825.

573.686.5579
wespecialeyes.com
Prescription Drop Instructions

REMEMBER: When using different eye drops at around the same time, wait 3-5 minutes between each drop.

◆ Wear the eye shield over your
  ◀ Right Eye ◀ Left Eye
  at bedtime for ONE WEEK.

◆ Continue to use VIGAMOX (Moxifloxacin), KETOROLAC, and PRED FORTE (Prednisolone Acetate) eye drops in your
  ◀ Right Eye ◀ Left Eye
  THREE TIMES A DAY until your next office visit.

PLEASE NOTE: The drops shown on this form are for the leading brands of drops and generic drops. What your insurance approves and your pharmacy fills may look different than the bottles shown on this instruction sheet.

For severe pain or decreased vision, contact Dr. Stuckenschneider at:
573-686-5579
Cataract Surgery Consent Form

INFORMED CONSENT FOR CATARACT SURGERY WITH IMPLANTATION OF AN INTRAOCULAR LENS

In giving my permission for a cataract extraction and for implantation of an intraocular lens in my eye, I declare I understand the following:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.

2. Complications of surgery to remove the cataract: As a result of the surgery and local anesthesia injections around the eye, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months, or even years later. Complications may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma and/or double vision. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision or even loss of the eye in rare situations.

3. Specific complications of lens implantation: Insertion of an intraocular lens may induce complications which otherwise might not occur. In some cases, complications may develop during surgery from implanting the lens or days, weeks, months, or even years later. Complications may include loss of corneal clarity, infection, uveitis, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, increased night glare and/or halo, double or ghost images, increased floaters, decreased contrast sensitivity, clouding or hazing of a portion of the IOL, dry eye, dislocation of the lens and retinal detachment. In rare instances, lens power measurements may significantly vary resulting in the need for corrective lenses or surgical replacement of the intraocular lens.

4. If an intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic, silicone or acrylic lens will be left in my eye permanently.

5. The major part of this surgery is the removal of the cataract and the minor part is the implanting of the IOL.

6. At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given prior permission to do so. It is also
possible that my doctor may implant a standard monocular IOL instead of a Premium IOL such as the Acrosof Toric or Crystalens Accommodating IOL (even if I requested one of these lenses) due to requisities of surgical technique and patient-specific needs during the surgical procedure. It is possible to discover during surgery that the architecture of the eye is not suitable for use of a Premium IOL and my doctor will make a decision at that time to provide me the option that he feels will result in my best visual outcome.

7. Other factors can affect the visual outcome of cataract surgery with implantation of a Crystalens® accommodating IOL. These include my individual healing ability and the function of the ciliary muscles in my eyes. The selection and power of the lens implant, while based upon sophisticated equipment and computer formulas, is not an exact science. An inaccurate power may be placed in my eye. There is no guarantee that all of the near and intermediate focusing ability of the eye will be restored following surgery.

8. The result of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may need laser surgery to correct clouding of vision. It is possible to over-correct or under-correct resulting in a possible need for the IOL to be removed and replaced or for additional surgery to fine-tune the IOL prescription. At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.

The basic procedures of cataract surgery, the advantages and disadvantages, risks and possible complications of alternative treatments have been explained to me by the doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. In signing this informed consent for cataract operation, and implantation of intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the surgery.

If I decide to have an operation, I agree to have the type of operation indicated below which is verified by my signature:

**I wish to have cataract surgery on my:**  □ Right Eye  □ Left Eye

**Using the Intraocular Implant indicated below:**
- Standard Monofocal IOL
- Crystalens Accommodating IOL
- Acrysof Toric IOL

My signature below verifies I have read and understand the two pages of this consent. Any questions I had have been answered by my surgeon.