UNDERSTANDING CATARACTS

HOLT EYE CLINIC

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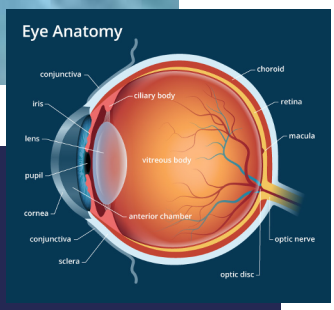
What to expect at your cataract evaluation

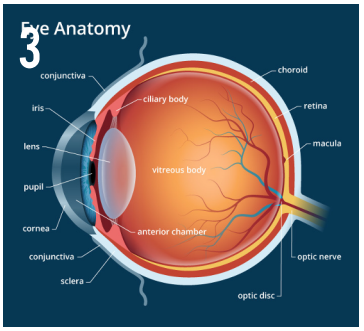


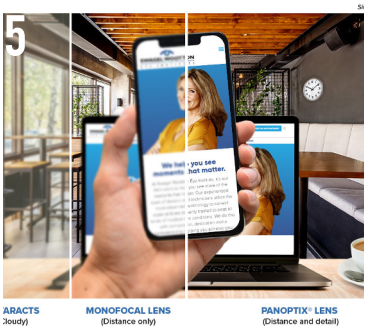
What is a Cataract?

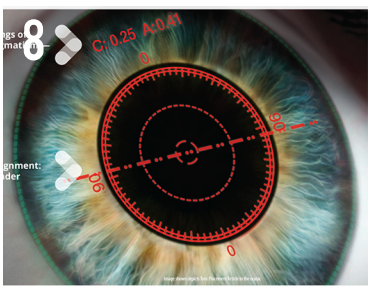
Will I need glasses after surgery?

JEFF HOLT, MD

TABLE OF CONTENTS







Hello and Welcome to Holt Eye Clinic!

Since you have an upcoming appointment to be evaluated and possibly scheduled for cataract surgery, we are sharing our Understanding Cataracts booklet with you.

We hope you will find answers here to many of the questions you may have prior to your scheduled appointment. At the completion of your eye examination, you and Dr. Jeff Holt will discuss your options and together decide if now is the right time to schedule cataract surgery.

Enclosed you will find a Lens Implant Questionnaire that will help you and the doctor decide what type of lens implant may be best for you. This questionnaire will address your daily activities and visual preferences, which will be helpful in selecting the best lens implant for your visual needs. We ask that you mark your responses and bring this questionnaire in with you for your upcoming appointment.

Today's technology and Dr. Holt's surgical expertise can give you a clear outlook and brighter future as you experience the things you enjoy doing. We look forward to meeting you and discussing your eye care needs!

_____ _____

Appointment Date Appointment Time

Sincerely,

Holt Eye Clinic

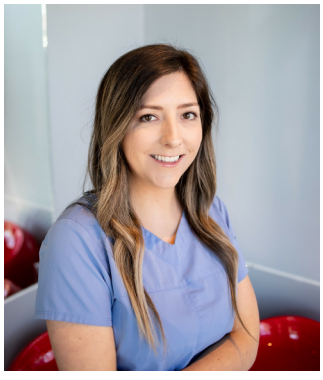
What to expect at your Cataract Evaluation

Your cataract evaluation will be a dilated eye exam. At this visit Dr. Jeff Holt will evaluate your cataracts and discuss your options with you. This dilated exam can last up to 2 hours, and we do recommend bringing a driver if you do not feel comfortable driving while dilated. We will provide you with sunglasses to wear when you leave.

If you are a contact lens wearer, please **do not wear your contacts for at least one week prior to your visit.** If you wear hard contact lenses remove two weeks prior. This will allow us to obtain measurements of the eyes that are needed for surgery. We ask that you begin using artificial tears four times daily for one week prior to your visit to aid in the accuracy of these measurements.

After you've met with Dr. Jeff Holt, if you decide to proceed with scheduling cataract surgery you will then meet with one of our surgical coordinators to pick out your surgery dates and discuss your options. We recommend bringing your calendar along to aid in selecting your surgery dates.

Please be advised that we are usually booked about six weeks out from the time of your evaluation. If you are scheduling surgery for both eyes, the two surgeries will typically be scheduled approximately two weeks apart. You cannot have surgery on both eyes at the same time.



Sonny, RN, BSN,

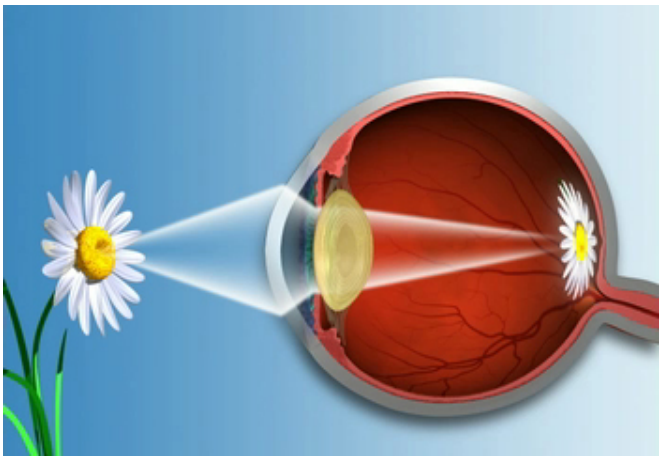
Surgical Coordinator

Whitney,

Surgical Measurement Specialist

WHAT IS A CATARACT?

The human eye works much like a camera. The cornea, which is the front surface of the eye, and the natural lens, which sits just behind the pupil, work together to focus images on the retina.



Over time the natural lens of the eye can become cloudy, which causes the vision to become blurred. This is called a cataract.

Cataract surgery removes the natural lens of the eye and replaces it with a man-made intraocular lens implant or IOL.

Just like your natural lens had power to help focus an image on the retina, the IOL will also have power. These IOL's are manufactured in more than 50 different powers. As with prescription eyeglasses or contact lenses, it is important to match the appropriate artificial lens implant power to your eye.

The cataract surgeon estimates what power of IOL to implant using mathematical formulas that utilize preoperative measurements of your eye's dimensions. Although the measurements are very accurate, there are individual variables that add unpredictability to the process, such as: astigmatism or corneal irregularities, history of LASIK or RK surgery, and the density of the cataract. Use of artificial tears prior to your evaluation aids in the accuracy of these measurements.

The health of the cornea and the retina will also continue to have an effect on a patient's vision following cataract surgery. Going back to the camera analogy, if the film in a camera is bad it will not take a good picture even if the lens is clear. The retina is essentially the "film" in the camera. The cornea also plays a very big role in how well the eye focuses. **Conditions affecting the cornea and the retina will still affect vision following a successful cataract surgery.**

AM I A CANDIDATE FOR CATARACT SURGERY?

Dr. Jeff Holt performs cataract surgery at a private outpatient facility in Hot Springs, as well as at the Mena hospital.If you have any of the following medical conditions you MAY not be a candidate for surgery at an outpatient facility:

- **Renal Failure, Kidney Disease, or Dialysis**
- **Congestive Heart Failure**
- **Respiratory Disease requiring 3 or more liters of oxygen daily**
- **History of organ transplant**
- **Aneurysm**
- **BMI over 45 (or weight exceeding 350 lbs)**

If any of these medical conditions apply to you, and it is determined that you cannot have surgery at an outpatient facility, you can still be considered for cataract surgery at the Mena hospital or can be referred to an office in Little Rock that utilizes Baptist Medical Center.

If you have had any cardiac events or surgeries within the last year you will need to have a current cardiologist that will sign off on clearance for surgery. If any of the above-mentioned conditions have occurred within the last 3 months you will not be a candidate for surgery at this time.

WILL I NEED GLASSES AFTER SURGERY?

Early in life our natural lens was flexible and could automatically adjust its shape to change focus. This is like having an "auto-focus" camera where you just point the camera (or eye) at something and the focus is automatically and instantly adjusted. With age, we all lose this convenience and end up with a "manual" focus camera—we must manually change the focus by switching between different pairs of eyeglasses for each distance that we need to see, or wearing glasses that have several focusing options like bifocals, trifocals, or progressives.

If you have cataracts, you are considering surgery because your cataracts prevent you from seeing well even with corrective eyeglasses. After cataract surgery, you should be able to see well at far, mid-range, and near distances **with new eyeglasses**(assuming no other eye health problems).

Every individual's situation may be different. Although there is a wide range of targeted results, a very common outcome following IOL surgery is that the patient can see reasonably well indoors and around the house without glasses. They will utilize reading glasses to read comfortably. They will pick and choose when to wear distance glasses to enhance their far focus. This might be for driving, for example. Many patients will continue to choose bifocals out of habit or for convenience. In essence, the patient will have the same focusing options that all other patients over the age of 50 have. As with any other patient, contact lenses or refractive surgery are available options as well. Some patients are candidates for specialty lens types that provide a wider range of vision.

The standard **Monofocal** lens implant is the lens implant used in the majority of cataract surgeries. Mono-focal means ONE focusing distance. Most people prefer to have their distance vision corrected and still need glasses for near and intermediate vision, such as reading and computer. However even with an accurate intraocular lens calculation glasses can always fine-tune distance vision.

For patients with **Astigmatism** a standard lens implant will not be able to fully correct their vision. Astigmatism refers to the shape of the eye, and affects vision at all distances, separate from the effect of the cataract.

A **Toric** lens implant has the ability to correct astigmatism. Toric lens implants are available in both monofocal and multifocal lens types.

Not all patients with astigmatism are candidates for a Toric lens implant.

For patients with exceptionally high amounts of astigmatism a Toric lens implant can reduce it significantly but may not completely eliminate the need to further correct residual astigmatism with contacts or glasses.

VIVITY

EXTENDED DEPTH OF FOCUS LENS

The Vivity Extended Depth of Focus (EDOF) lens is a new technology that provides monofocal distance clarity, while also extending the range of focus to include good intermediate vision as well as functional near vision.

With a traditional monofocal lens the intermediate range of vision is often out of focus, and glasses are needed for anything within arms length.

Intermediate vision includes mid-range visual activities, such as; computer work, cooking, seeing the mirror, grocery store shelves, or the dashboard of the car.

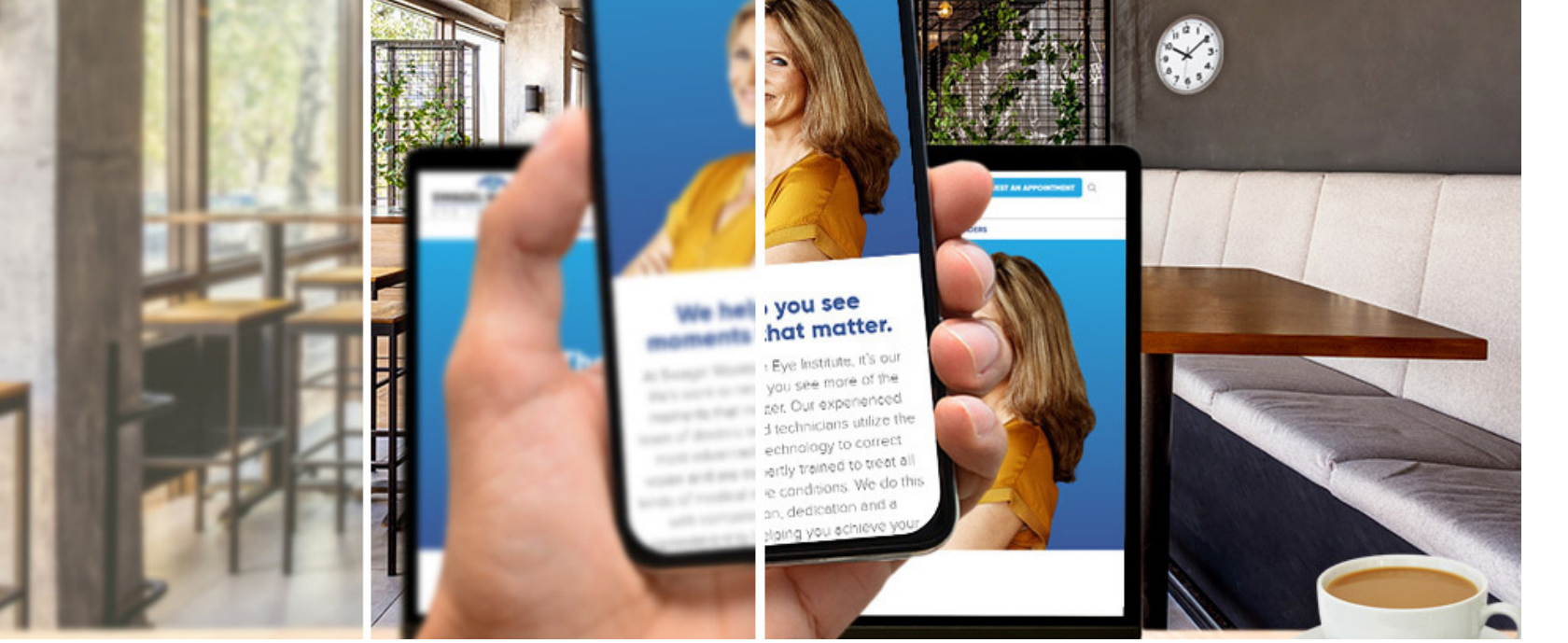
The new Vivity EDOF lens, extends the range of vision to include clearer intermediate vision with **less dependence on glasses for these activities.**

The Vivity EDOF lens is **NOT** a multifocal lens and therefore can not provide the same range of near vision that comes with a multifocal lens.

Reading glasses will be required for all detailed near vision. Near vision includes activities such as; reading, cell phone use, sewing, tying a fishing line, and any other activity that requires fine detail vision within an approximate sixteen inch focal range.

However the Vivity lens does provide a clearer level of functional near vision, that would not be present with a traditional monofocal lens.

Functional near vision allows you to be less dependent on glasses for SOME near activities like playing games, or taking a picture.



MULTIFOCAL LENSES

Multifocal IOL's provide multiple ranges of vision. Our eye is like a camera and must continually shift its focus from far to near and to various distances in-between. There are 4 primary distances at which we need to be able to see details.

Zone 1: Far distance (street signs, golf ball, distant animals, theater stage)

Zone 2: Indoor distances (pictures on the kitchen wall, faces across the table, TV 8 feet away)

Zone 3: Arm's length (dashboard, store shelves, stove, desktop computer, bathroom mirror)

Zone 4: Reading distance (magazine, cell phone, tablet device, medicine bottle label)

The PanOptix Multifocal lens implant is the newest generation of multifocal lens implants and is designed to provide continuous focus across all 4 zones.This occurs naturally and automatically, without having to look through different parts of the artificial lens, so the mechanism is completely different than with wearing trifocal eyeglasses.

The PanOptix is designed to be distance dominant, prioritizing having clear distance vision. Therefore,having good lighting is important in order to be able to read without eyeglasses. If the print is too small or the lighting is insufficient, you can always put on over-the-counter reading glasses to see better up close.

There may also be situations where very thin distance eyeglasses would boost your ability to see critical details in the far distance. For example, some patients have "glove compartment" eyeglasses for freeway driving at night, whereas daytime driving is fine without glasses.

Naturally, there is some individual variability in the range of focus that each patient enjoys, depending on factors such as your age and the health of your retina. We therefore cannot promise to completely eliminate eyeglasses with any artificial lens implant. However, cataract patients receiving the PanOptix lens in both eyes will require eyeglasses less often than with any other current lens option. They typically only need inexpensive, over-the-counter reading glasses and don't need to wear bifocals, trifocals, or progressive eyeglasses.

FAQs

WILL I SEE HALOS?

The **PanOptix** multifocal lens implant may produce faint halos around a headlight at night as your pupil dilates. Patients typically report that they notice but can tolerate the halos while driving at night. They are rarely noticed during the daytime. The halos are not eliminated with night driving spectacles, but usually become much less distracting with time due to "neuro-adaptation." Although most patients are not significantly bothered by these halos, there is always some small risk that certain individuals may struggle to adapt to them.

The **Vivity** lens implant is not a multifocal lens and has much less potential for halos than the Pantoptix lens implant.

However certain conditions like previous Lasik or RK surgery may increase the chance for halos or glare with ANY type of lens implant.

AM I A CANDIDATE FOR PANOPTIX OR VIVITY?

The goal of the **PanOptix** lens is to provide independence from eyeglasses. Seeing well without eyeglasses requires that both eyes are perfectly healthy. Therefore, patients with glaucoma or retinal problems such as; macular degeneration, macular pucker, or diabetic retinopathy are not good candidates for the PanOptix lens.

We also don't recommend multifocal lens implants for patients with a lazy eye or crossed eyes, who don't see well out of both eyes.

Finally, the PanOptix will not work well with an irregular corneal surface, which can occur with age, certain diseases, or a history of refractive surgery such as LASIK or RK.

The **Vivity** lens allows patients with certain pre-existing medical conditions such as; macular degeneration, diabetes, glaucoma, or previous refractive surgeries, to have the option of a lens implant with a greater range of vision.

IS THERE INCREASED RISK OR RECOVERY TIME?

Your cataract surgery is performed the same way regardless of the type of lens implant selected. Therefore, the surgical risks are not increased or altered by using one type of lens or another. Postoperative physical restrictions are no different either because all of these lens implants go through the smallest incisions. You should always expect your vision in the operated eye to be temporarily blurry during the first week after surgery regardless of the type of artificial lens implant used. Patients typically regain good, natural outdoor and indoor vision in their operated eye by one week following surgery.

ORA

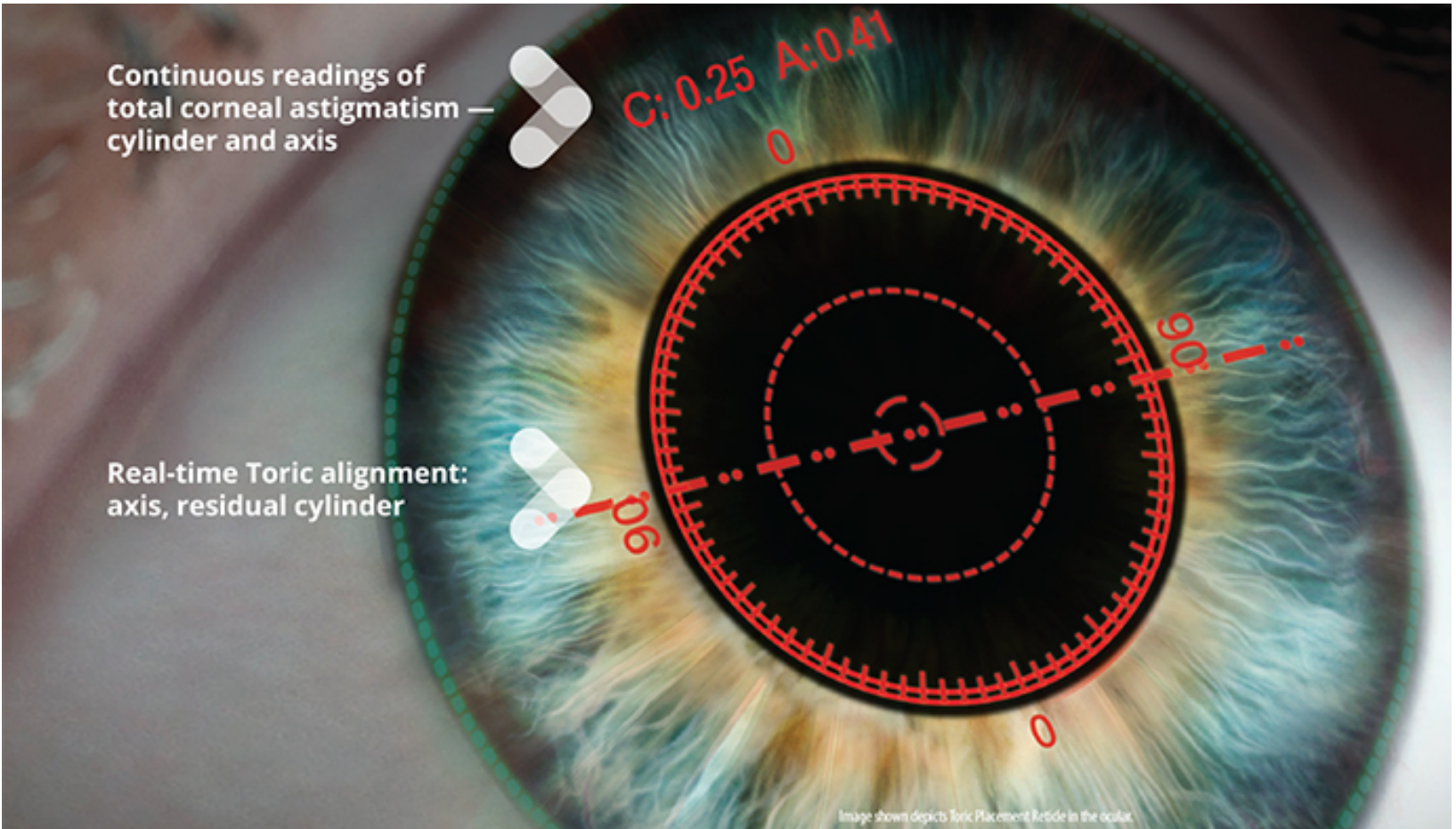
ADVANCED MEASUREMENT TECHNOLOGY

Dr. Jeff Holt offers advanced measurements with a system called ORA. The ORA system allows the doctor to take additional measurements of the eye during surgery that we are unable to get in the clinical setting. These additional advanced measurements have a higher level of accuracy and make it more likely that the lens power calculations will predict which lens power can provide your optimal level of vision. The ORA system is utilized for all specialty lens implants, and may also be offered with the standard monofocal lens implant if you are a candidate for these measurements.

Many patients with cataracts have previously undergone refractive surgery, such as LASIK or PRK, to improve their distance vision by reshaping the cornea with a laser. Prior to LASIK, another refractive surgery procedure, radial keratotomy (RK), was the primary method used to treat nearsightedness. Unlike LASIK, RK involved making multiple spoke-like incisions in the cornea to reshape it.

If you have had any of these forms of refractive surgery in the past, you can still have cataract surgery using the same small incision technique. However certain types of lens implants may not work as well. Because refractive procedures reshape the cornea, it becomes difficult to measure the power and curvature of the cornea properly before cataract surgery. Inaccurate cornea measurements make it much harder for the eye surgeon to calculate the optimal power for the artificial lens implant.

ORA measurements are strongly recommended for patients who have undergone LASIK or RK in the past, as well as patients who have a very high prescription power prior to surgery, or patients who are opting for a monovision outcome (one eye for distance and the other for near).



WHAT IS COVERED

Specialty lens implants and advanced measurements are not covered by any insurance plan. If you are a candidate for any of these options, specific out of pocket expenses will be discussed with you. These expenses are in addition to the regular charges associated with cataract surgery.

Regardless of which lens type you choose, you can expect the following charges to be applied to your insurance:

Basic Surgery		
Physician's Fee	Insurance: Yes	Patient may owe a %
Facility Fee	Insurance: Yes	Patient may owe a %
Anesthesia	Insurance: Yes	Patient may owe a %

Advanced Surgery		
Specialty Lens	Insurance: No	Patient Responsible
Advanced Surgical Fee	Insurance: No	Patient Responsible
ORA	Insurance: No	Patient Responsible

All advanced surgical charges are IN ADDITION to the basic surgery charges that will be presented to your insurance.

1. **The charges for the FACILITY are billed and collected by the Arkansas Center for Surgical Excellence.**
2. **There will be a separate charge for ANESTHESIA billed by ACSE Anesthesia.**
3. **The PHYSICIAN'S fee will be charged by the Holt Eye Clinic.**

The amount charged to your insurance for the **basic** surgery **does not include** any additional charges you may have elected for if you have chosen a specialty lens or advanced measurements.

If you have a deductible that has not been met, or your insurance plan requires a co-pay or co-insurance that is not covered by a secondary plan, you may be responsible for a portion of these charges. You will be billed after your procedure for any amount owed to the Holt Eye Clinic after your insurance has paid their portion. You may request an out-of-pocket quote from the Holt Eye Clinic prior to your procedure.

Any non-covered charges for specialty lenses or advanced measurements owed to the Holt Eye Clinic will be collected prior to your surgery.

The surgery center should contact you one week prior to your surgery to discuss any out of pocket expenses that they will need to collect up front.

Building #2

211 McAuley Ct

Hot Springs AR 71913

501-624-0609

Choose Option 6 to reach the
Surgery Department