

## **What is a cataract?**

A cataract is a clouding of the natural lens of the eye that affects vision. There are different types of cataracts, some slow growing and others fast growing. Most people have a cataract in both eyes, and often one cataract may be worse than the other. Some people with cataracts don't even know it; however, their glasses prescription may be changing frequently over time. Others cannot see well enough to perform normal activities of daily life.

## **I've been told I have a cataract, now what?**

If glasses or contact lenses no longer improve vision, you may be a candidate for cataract surgery. A full medical/surgical evaluation is required prior to your surgery by Dr. Hughes, Dr. Davis, Dr. Nordtvedt or Dr. Underwood. There will be a number of advanced tests completed to determine if cataract surgery is in your best interest and if you are within your insurance's guidelines.

## **How do you treat cataracts?**

A cataract is dissolved by a special form of ultrasound called phacoemulsification. Your eye is not removed, and needles are not used inside of the eye. After this cloudy lens is removed, a small implant, called an intraocular lens (IOL), is put in its place. In a healthy eye, typical cataract surgery is a quick procedure and no stitches are required. Cataracts do not grow back; however, it is common for the lens implant to develop haze or mild scarring over time as the eye heals. If this haze causes a decrease in vision, a quick and simple laser procedure, or yag capsulotomy, may be done in the office to return clear vision.

## **What are lens implants?**

Prior to surgery, specific measurements are required to determine the best type, power and position of the lens implant. The implant is not replaced periodically, like a glasses prescription, so the decision of which implant is right for you is a very important one. The three most common implants are Standard, Toric (for astigmatism), or Multifocal (for a range of vision). Your doctor will help determine which implant is best for you. Toric and Multifocal implants are not covered by medical insurance.

## **I have Astigmatism. Which implant is best for me?**

Astigmatism is not a disease; it relates to the shape or curvature of your eye. Astigmatism on the corneal surface of the eye is very common. A Toric implant for Astigmatism may drastically decrease the need for glasses at a distance (for driving or watching TV) after cataract surgery. Usually, readers are necessary for near vision with a Toric implant. Your doctor will evaluate the curvature of your eye to determine if you are a candidate for a Toric implant.

## **I do not like wearing glasses. Which implant is best for me?**

A Multifocal Implant (ReStor) provides a wide range of vision after cataract surgery. While there is no guarantee that this implant will eliminate glasses 100% of the time, it may be the best option for you to decrease the dependency on glasses after surgery. If you are a candidate for a multifocal implant, you may expect a range of vision from driving, to dashboard, to computer, to reading distances. Occasionally, a pair of readers may help with extremely

fine print. Based on measurements of your eyes, health of your eyes, and expectations, your doctor will determine if you are a candidate for this implant.

### **What is ORA guided cataract surgery?**

The ORA system is used in the operating room to provide real-time measurements of the eye after the cataract is removed. Before the use of this technology, your surgeon had to rely on basic measurements of the eye taken in the office days to weeks before surgery. The ORA real-time data allows your surgeon to make fine tune adjustments in lens power and positioning at the time of surgery. This technology provides more predicable visual outcomes, confirming that the chosen lens implant will provide the absolute best power possible for the eye. If you desire the least prescription possible after surgery, you may be a candidate for ORA guided cataract surgery. ORA technology is not covered by medical insurance.

### **Who is my surgeon?**

Dr. David Underwood is our chief cataract surgeon. Dr. Underwood has performed cataract surgeries in West Tennessee since 1989. All of our doctors work together as a team to provide you with the best possible outcome with cataract surgery.

### **Where will my surgery be done?**

Cataract surgery is an outpatient procedure done in a local hospital or surgery center. The Hughes Eye Group has surgical locations at Tennova Regional Hospital of Jackson, McKenzie Regional Hospital in McKenzie, Henry County Medical Center in Paris, Henderson County Hospital in Lexington, Riverside Surgery Center in Dyersburg, and Hardin County Medical Center in Savannah.

### **How much will the surgery cost?**

Cataract surgery is considered medically necessary as long as vision and complaints are within insurance guidelines. After all insurance requirements are met (such as deductibles and copayments), basic cataract surgery with a standard lens implant is typically covered by medical insurance. Advanced testing and advanced implant options are not covered by insurance. You will receive three different billing statements for cataract surgery: The Hughes Eye Group, the hospital/surgery center, and anesthesia. Any expected fees will be discussed with you at the time of your surgery scheduling.

**Hughes Eye Insurance Counselors:** Our insurance counselors will assist you by explaining the benefits of your insurance. As a courtesy to you, we will verify your medical benefits to determine deductibles, co-pays, co-insurance and your other financial responsibilities prior to your surgery. As per insurance guidelines, all co-pays, deductibles and/or patient responsibility is collected in full prior to your planned cataract treatment. The surgical facility and anesthesia bill separately.

### **Do my current medications affect cataract surgery?**

- Warfarin/Plavix/Coumadin/Aspirin (Blood thinners) – Please inform our technician if you take any form of blood thinners. Most patients can continue blood thinners prior to and after surgery.
- Flomax (Tamsulosin), alpha blockers or any generic form – Inform our technician if you are presently taking or have ever taken prostate or bladder medications. This will NOT prevent you from having cataract treatment, but will allow the surgeon to take extra precautions.
- Glaucoma Eyedrops – In most cases, you will continue to use all glaucoma eyedrops before and after surgery. Your doctor will discuss this at your evaluation.

### **What do I need to know for after surgery?**

It is normal for your eye to be slightly red, sore, scratchy, or itchy for a few days after surgery. Due to dilation of the eye during surgery and potential for a small amount of swelling on the eye's surface, it is not uncommon for the eye to be slightly blurry the first day after your procedure. Some patients notice a small "flicker" in the eye the first few days after surgery. A post operative kit, which includes a shield and protective sunglasses, is available for your protection to use after surgery. Eyedrops are necessary to aid in healing and to prevent infection. Be sure to keep all followup visits with your doctor to monitor the eye as it heals.

- If you have a patch, your doctor will tell you when to remove the patch.
- Avoid water in the operated eye for seven days.
- Tape eye shield over operated eye while sleeping for seven days.
- Avoid rubbing or pressure on the operated eye for seven days.
- Resume and/or continue all medications and drops you were taking before your procedure.
- Resume normal activities and regular diet. You may read and watch TV.
- To prevent an eye infection and promote proper healing, it is extremely important to use the eyedrops and medications as prescribed to you.
- Always wait a few minutes between eye drops.

**If you have any questions or problems,  
please call (731) 664-1994 or (800) 945-1994.**