

CATARACT SURGERY STEPS/DATES - DR. ANDREW CRICHTON

***This package and video avail on website: www.glaucomacalgary.com**

1. **1 to 12 Months Prior to Surgery - A-SCAN:** This is a measurement of your eye needed to determine the type and power of the artificial lens that will be placed in your eye at surgery.
Where: Dr. Crichton's office: #102, 49 Richard Way SW, Calgary, AB
When: _____ :takes about 30 min,
no dilation although a family member is welcome to join you to listen to discussion/options
 - **5 days prior to A-SCAN:** begin instilling artificial tears (eg. Refresh or Systane) 4 times per day in both eyes (continue any other drops already taking); please do not instill any drops 1 hour before exam
 - if you wear contact lenses, soft c/l's must be removed 1 week prior, hard c/l's must be removed 2 weeks prior
2. **1 month prior to surgery - MEDICAL:** complete and return the enclosed "Medical Information" page
 - If you are having any health changes within the 3 months prior to your surgery date or a glaucoma surgery is added to your cataract surgery, please call our office to discuss as a more detailed medical exam may be needed by your family doctor
3. **2 days before surgery - EYE DROPS:** see prescription and instruction sheet in package. Continue any other drops you already use.
4. **SURGERY:**
 - **RIGHT EYE:** _____ **Arrival time:** _____
 - **LEFT EYE:** _____ **Arrival time:** _____
 - **WHERE? SURGICAL CENTRES INC (BEHIND MAYFAIR PLACE)**
Rockyview Health Centre II (NOT at Rockyview hospital)
Suite 120, 1016 68 Ave SW, Calgary, Alberta (see map)
 - Pay parking is available in main parking lot, enter in main doors.
 - **HOW LONG?** You will be at the surgery center for approx 1.5 to 2 hrs
 - **FEES?** IF you chose a specialized lens or do not have Alberta HealthCare, you must pay the associated fees prior to surgery with Debit/VISA/Mastercard (AHC pays for surgery with standard lens)
 - Somebody else must drive you home from surgery; taxi is acceptable if no other option and no sedation is given
5. **AFTER SURGERY Follow-Up appointments at Dr. Crichton's office:**
 - **1-Day after surgery - Thursday Afternoon** OR
if also having glaucoma surgery: Thursday Morning RV Hospital Clinic
 - **2-3weeks after surgery:** appointment to be given after surgery

A-SCAN INFORMATION

CATARACT SURGERY: A cataract is a clouding of the natural lens of your eye. Cataract surgery breaks up your natural lens (cataract) using a blade, ultrasound and fluid (not laser). This lens is then replaced with an implanted, artificial lens (IOL). The type/power of the IOL depends on the A-Scan measurements and your preferred outcome. **Please listen to videos on our website if possible.**

RISKS OF SURGERY: There is approximately a 1% risk factor associated with cataract surgery, with the majority of the potential risks being treatable. Risks include, but are not limited to; unexpected visual outcome requiring full-time use of glasses, inflammation, corneal irritation, increased light sensitivity, infection, retinal detachment, additional surgery needed and blindness. Some risks occur several weeks after surgery so please discuss with staff if you have any travel plans within 6 weeks after surgery. Advise staff if you have ever taken Flomax/Hytrin/Avodart or Risperdal/Invega medications OR if you have ever had eye surgery before.

LENS (IOL) RANGE TARGETS:

A. Distance Target: aims to eliminate distance glasses; glasses will be required for any near activities within arms length (ie. reading, looking at watch or in mirror, cutting fingernails), over the counter reading glasses often helpful.

B. Near Target: aims to eliminate reading glasses; glasses will be required for any activities beyond arms length (ie. driving, tv). This scenario is typically for people who currently remove distance glasses to read (and wish to keep this scenario)

C. Intermediate Target: helpful for reading larger print at arms length, computer monitors, etc but will likely need glasses for sharp distance vision (driving, reading guide on TV) as well as for detailed near work (ie. reading, looking at watch)

LENS (IOL) OPTIONS AVAILABLE:

1. Standard/Monofocal IOL: This lens is **paid by Alberta health care**, it corrects one range only (see options above) and does not correct for astigmatism (part of your prescription). If you have significant astigmatism, you would still require glasses at all ranges to correct this.

2. Toric IOL: COST: **\$925.00 per eye**. This lens aims to correct one range only (see options above) but also corrects astigmatism.

3. PanOptix Trifocal IOL or Vivity Extended Vision IOL: COST: **~\$2240.00 / eye**
These lenses are newer technology and are designed to limit the need for glasses. The PanOptix lens is likely to provide better uncorrected near vision but does have an increased risk of decreased quality of vision, particularly at night with halos/glare. The Vivity IOL does not provide as good near vision (likely to need glasses to read) but does not have the increased risks of glare and halos.

NOTE: Individual healing responses vary and we cannot guarantee the exact outcome of your surgery or requirement for glasses regardless of your lens choice. (above discussion also on videos; www.glaucomacalgary.com)

Pre-Surgery Medical Information

PLEASE RETURN 1 MONTH BEFORE SURGERY (valid for 3 months)
CALL OFFICE IF HEALTH/MEDS CHANGING WITHIN PAST 3 MONTHS

Please complete the following information and mail/fax to our office:
#102, 49 Richard Way, Calgary, AB, T3E 7M8 (OR FAX TO 403-245-1058)

Patient's Name _____ Date of Birth _____
Procedure _____ Date of Surgery _____
Allergies: _____ Height _____ Weight _____
Approx. Date of Last Health Check-Up? _____
Name and Phone Number of Family Doctor? _____
(**Please book routine health exam if you have not seen doctor within past 12 months)

- 1) Do you take any medications? Yes No
a) If YES, please **ATTACH LIST** clearly indicating name and dosage
***If you are on bloodthinners requiring bloodwork, please have INR done 1 wk prior to surgery**
- 2) Have you ever been told you have/may have diabetes? Yes No
a) Any changes within the last 2 months? Yes No
b) Are your sugars well controlled? Yes No
c) Ave Blood Sugar reading (if known)? _____
- 3) Have you ever been told you have high blood pressure? Yes No
a) Any changes within the last 2 months? Yes No
b) Last Blood Pressure (if known)? _____ / _____
- 4) Do you have any difficulties breathing? Yes No
a) Diagnosis? COPD ASTHMA SLEEP APNEA EMHYSEMA OTHER
b) Any changes within the last 2 months? Yes No
c) Do you require supplemental Oxygen? Yes No
- 5) Have you ever had or been told of heart problems? Yes No
a) Diagnosis? ATRIAL FIBRILLATION ANGINA CONGESTIVE HEART FAILURE
b) Any history of heart attack? If yes, WHEN? _____
c) Any history of heart surgery? If yes, WHEN? _____
d) Do you have a pacemaker? Yes No
- 6) Can you lie flat for 15 to 20 minutes? Yes No
- 7) Do you suffer from anxiety or claustrophobia? Yes No
- 8) Anything else you feel we should know about your health? (please describe below)

I confirm that the above is true to the best of my knowledge:

(print name)

(signature)

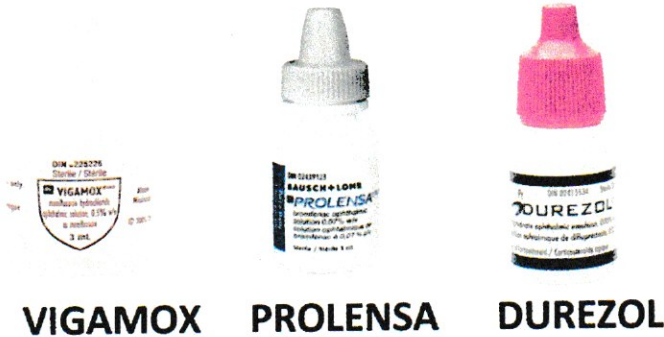
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Cataract Surgery Drop Information

This is your surgery drop schedule. Do not stop any other drops you may have been prescribed previously (ie. for glaucoma). Allow 5 minutes between different types of drops. Drops used multiple times per day need to be spaced throughout the day. For your 2nd eye, you may use the same bottle of Durezol if it is within 6 weeks; start new bottles of Vigamox and Prolensa.

MEDICATIONS

BEFORE SURGERY



Two (2) days before surgery, begin instilling one (1) drop of **VIGAMOX (Moxifloxacin)** three (3) times per day and **PROLENSA** (1) time per day into the eye that is planned for surgery.

Morning of surgery, instill one drop of each
****Reminder:** Do not eat anything after midnight the night before surgery; drink clear fluids up to 3 hours prior to surgery.

AFTER SURGERY

WEEK 1

1 DAY AFTER surgery instill all three drops :
VIGAMOX(Moxifloxacin)three(3) times per day
DUREZOL two (2) times per day
PROLENSA once (1) per day



WEEK 2

Continue:
DUREZOL two (2) times per day &
PROLENSA once (1) per day

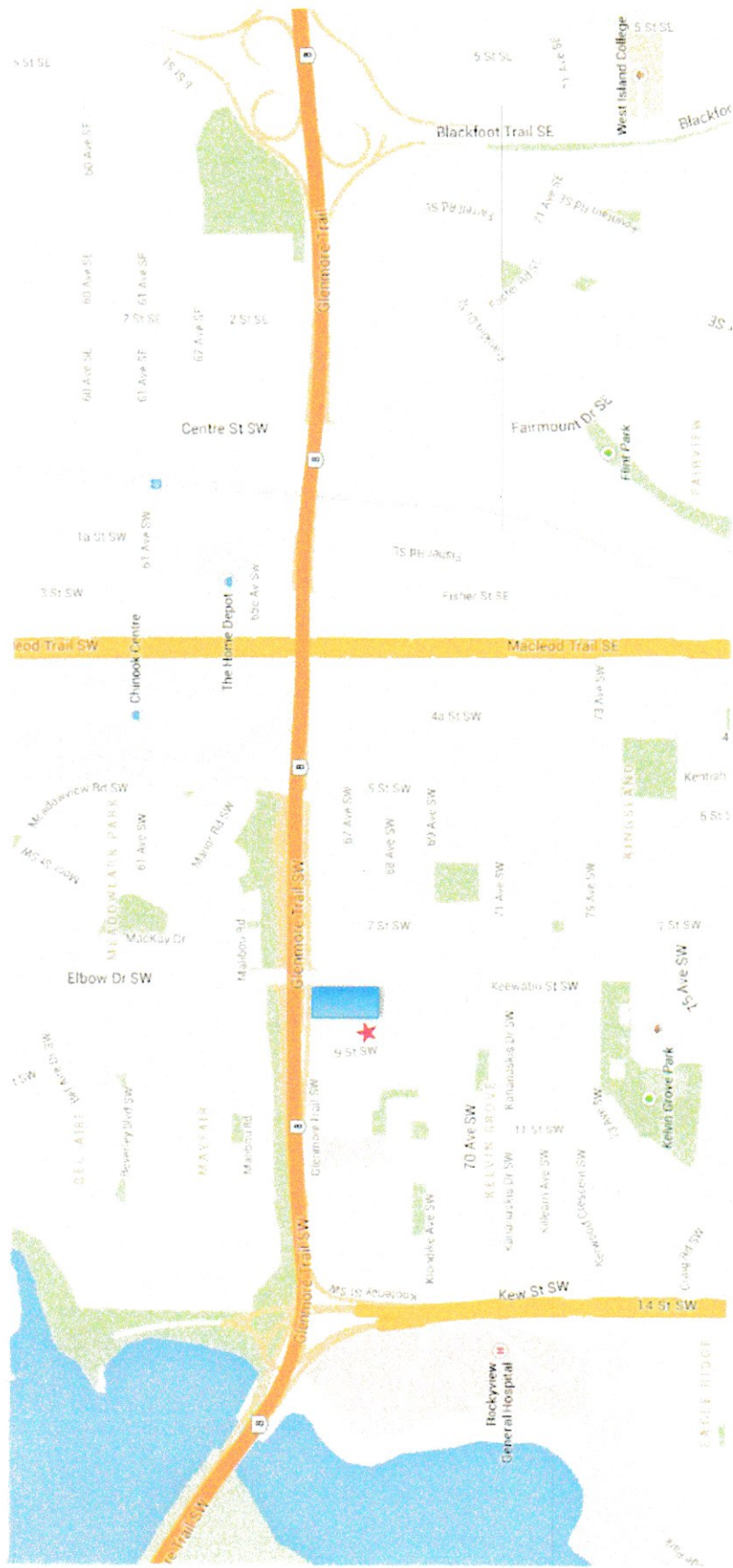


WEEK 3 + WEEK 4

Continue:
PROLENSA once (1) per day



PHONE: (403) 245-3730 Dr. Andrew Crichton FAX: (403) 245-1058
Eye Physician & Surgeon
#102 – 49 Richard Way SW Calgary, Alberta T3E 7M8



★ **SCI-Surgical Centers Inc.**
Rockyview Health Centre 11
Ste. 120, 1016-68 Ave SW
Calgary, AB
PH: 403-252-0220
(Pay Parking available)

 **Mayfair Place**

FREQUENTLY ASKED QUESTIONS - PLEASE READ CAREFULLY

1. Do I take all my general health and other eye medications before surgery?
A. Yes, take anything as you normally would with the following exceptions
- any medications recommended to take with food, including diabetic medications
- any glaucoma drops regularly instilled in the evening should be instilled in the morning prior to surgery (take normally the days before and after surgery)
2. Do I continue to take my bloodthinner?
A. If you take Coumadin/Warfarin, you should have your INR checked approx 5-7 days prior to surgery; Dr. Crichton will advise if any changes are required
- If you take baby aspirin for general health purposes only, stopping for 5 days prior to surgery and 1 day after will decrease the risk of bleeding
- Continue any other bloodthinners as you normally would (ensure staff are aware)
3. Can I eat and drink before surgery?
A. It is recommended to drink 3 cups of fluids (NO alcohol) the evening prior.
B. Do NOT eat anything after midnight the night before surgery (including gum/candies). You can drink CLEAR fluids (water, apple juice, sports drink, BLACK tea or coffee without any sweeteners) up to 3 hours prior to surgery then NOTHING.
4. What if I get sick before surgery?
A. You should contact the office immediately if you have an uncontrollable cough, fever, vomiting, possible eye infection, or sudden health changes (403-245-3730)
5. Can I drive after surgery?
A. You are not allowed to drive yourself on the day of surgery. It is preferred that a friend/family member drive you home after surgery; a taxi is permitted if no sedation is taken. Bus or walking by yourself is NOT permitted. You may ask a staff member at your follow-up appointment if you are legal to drive or if you need to update your driver's license.
6. What can I expect on the day of surgery?
*Ensure to wear loose-fitting clothing; nothing tight or restricting. Do not wear make-up or jewelry. Contact lenses will need to be removed.
A. Check-in at Surgery Center Reception: you will need your current ID and healthcare card. You will need to sign a consent form for surgery. Your driver may wait in the waiting room or return to pick you up after your surgery (~2 hours). If you chose a specialty lens, you will need to pay with debit/credit card at this time.
B. Anesthetist: The anesthetist will offer a mild sedative if you prefer and only if you have somebody who will be with you the remainder of the day. He/She will discuss your health, monitor your blood pressure and instill drops to "freeze" and dilate your eye. Rarely a needle may be used to freeze the eye; this will be discussed prior to surgery if needed.
C. Surgery Room: You will need to lie down on the surgery table; the nurses will make you as comfortable as possible with knee or neck support. Dr. Crichton will place a drape over you leaving only your surgery eye exposed. You will need to listen to instructions regarding where to look; if needed, a translator may

accompany you into the surgery suite. The surgery will take about 15 minutes and is generally painless. A patch will be placed over the eye when finished.

D. Recovery Room: The nurse will take you to a room to ensure you are stable and comfortable prior to allowing you to go home.

7. Are there restrictions after surgery?

A. You should rest quietly the day of surgery.

B. You can remove the eye patch the first morning after surgery; throw away the padding but keep the clear plastic shield as you should tape this over the eye before you sleep for the first two weeks after surgery. If your skin is sensitive to tape, you may use elastic to make a "pirate patch" instead but this is not typically as secure.

C. For the first two weeks after surgery you should avoid rubbing your eye, lifting over 10 lbs, straining or potentially strenuous activities including any sports, extended periods of bending over, pools or hot tubs and any dirty/dusty environments. Try to avoid squeezing or closing eyes tightly. You may shower but try to keep your head back to minimize water/soap getting in eyes. Sunglasses are recommended outside.

D. You should avoid wearing any eye makeup or having creams/lotions near eyes for one week after surgery.

8. What should I expect?

A. Your eye may be somewhat irritated the first 24 hours after surgery; extreme pain is not expected however, keeping both eyes closed or Tylenol may help if needed. Instilling artificial tears may help any mild irritation/itching. Vision is often functional for the targeted range by 24 hours after surgery however do not be alarmed if it is not as there are many factors involved in healing. Although your glasses will no longer be correct, you can continue to wear them if they help or you can have your optician remove the lens from in front of your surgery eye (this may not work well if you still have a high prescription in the other eye). Over the counter reading glasses may help with near work initially; it is recommended to wait about 6 weeks after surgery before updating glasses.

10. Can I travel after surgery?

A. Extended/international travel is not advised for the first six weeks after surgery.

11. Are there any tips for instilling drops?

A. It is generally best to pull your lower lid down to form a "pouch", look up and instill one drop. Some people find it easier to lie down and look up. Be careful not to touch tip of bottle to lid/lashes and always wait 5 minutes between types of drops. If you were using glaucoma drops before surgery, these should be continued. It is common for drops to sting for ~1 minute after instilling. There are refills on your prescription for the surgery drops (see drop instruction sheet).

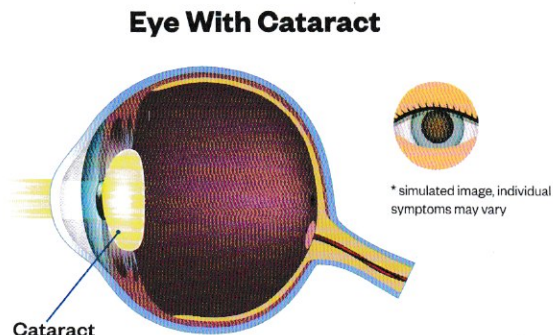
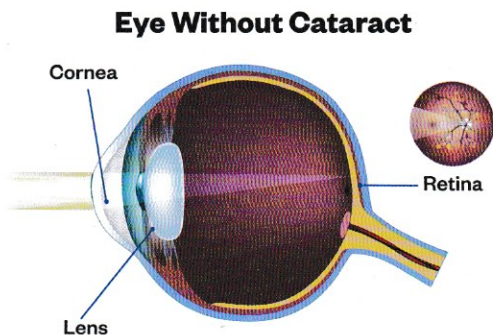
12. What if I still have questions?

A. You may call our office at 403-245-3730 ext 2 or 0; we will do our best to return any messages within 24 hours. **Call immediately if there is a sudden drop in vision, severe pain or discharge or if you are noticing flashes of light or a large amount of floaters;** if not during office hours, you may call Healthlink at 811, see your optometrist or go to the Rockyview Hospital Emergency.

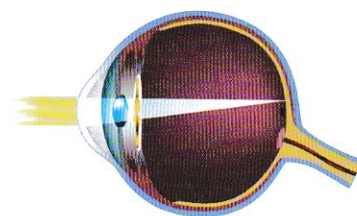
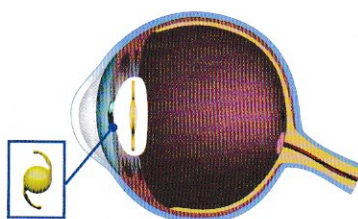
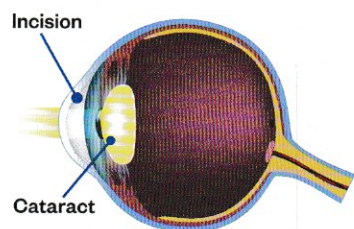
Cataract Surgery and your Intraocular Lens (IOL) Choices

What Are Cataracts?

Cataracts are a clouding of the natural lens in your eye, which makes vision blurry.



Cataract Surgery



Recovery after cataract surgery usually occurs within a few days. See the chart of options below

Your Intraocular Lens (IOL) Choices

Intraocular Lens Choices		Near	Intermediate	Distance	Astigmatism
<input type="checkbox"/>	Monofocal Lens <ul style="list-style-type: none"> Designed to provide clear distance vision You will likely still need glasses for reading (and possibly distance vision) 			●	
<input type="checkbox"/>	Astigmatism-Correcting Monofocal Lens <ul style="list-style-type: none"> Corrects both cataracts and astigmatism Designed to provide clear distance vision without glasses You will likely still need glasses for reading 			●	●
<input type="checkbox"/>	Extended Vision Lens <ul style="list-style-type: none"> Corrects cataracts Provides extended range of vision for distant and intermediate tasks and offers functional near vision for tasks like reading a menu or putting on makeup You may still need glasses for reading fine print Not designed to correct for astigmatism 	●	●	●	
<input type="checkbox"/>	Extended Vision Toric Lens <ul style="list-style-type: none"> Corrects cataracts Provides extended range of vision for distant and intermediate tasks and offers functional near vision for tasks like reading a menu or putting on makeup You may still need glasses for reading fine print 	●	●	●	●
<input type="checkbox"/>	Trifocal Lens <ul style="list-style-type: none"> Corrects cataracts Designed to provide a full range of vision—near, far and in-between Not designed to correct for astigmatism 	●	●	●	
<input type="checkbox"/>	Trifocal Toric Lens <ul style="list-style-type: none"> Corrects cataracts and astigmatism Designed to provide a full range of vision—near, far and in-between 	●	●	●	●

Visit www.SeeTheFullPicture.ca for more information

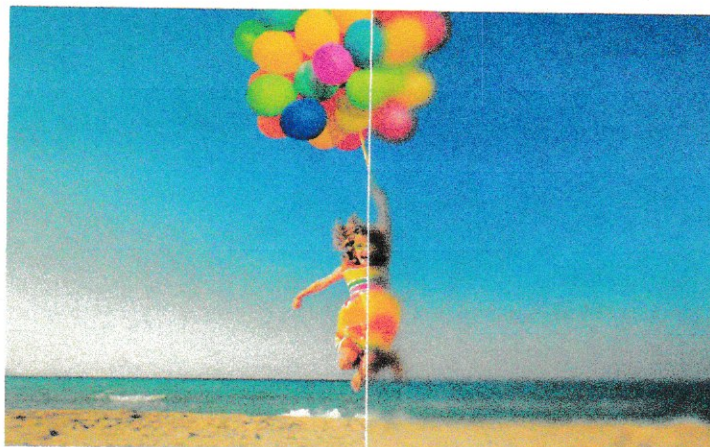
Intraocular Lens Choices

Astigmatism-Correcting IOLs

71% of cataract patients have corneal astigmatism, which is a common condition that may produce blurry vision.

What you may see without glasses after you correct your cataracts and astigmatism together

What you may see without glasses after you correct your cataracts



The simulated images above are for illustration purposes only.

Extended Vision IOLs

Extended vision lenses provide you with a continuous range of vision so you can reduce your need for glasses when performing routine activities after your cataract surgery.



The simulated images above are for illustration purposes only.

Trifocal IOLs

Trifocal IOLs are designed to provide clear vision with increased independence from glasses after cataract surgery at near, intermediate and far distances.




The simulated images above are for illustration purposes only.

Speak with your eye doctor about which IOL is right for you

Alcon Advanced Lenses

Connect with us on

 facebook.com/SeeTheFullPictureCanada

 youtube.com/AlconAdvancedLenses

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