For your safety, please read or your appointment may be rescheduled.

Comprehensive Guide to

Cataract Surgery



Digital Cataract Book

Please sign inside box

to indicate you read the book

MOHAVE EYE CENTER

v2026

What to expect at your consultation

Prior to your appointment
You MUST READ the Cataract Book given to you.
The Cataract Book can also be located on our website at mohaveeyecenter.com under patient resources.

Complete all forms given to you and bring them with you to your consultation.

Bring your current insurance card.

Bring a list of your medications.

Your consultation will be approximately 2-3 hours.

You **will not** be having surgery at your consultation.

You **WILL BE DILATED.**

If you wear soft contact lenses, you **MUST STOP** wearing them for a full five days prior to your consultation. You can resume wearing them after your consultation.

If you wear hard contact lenses, you **MUST STOP** wearing them 1 week for every decade that you have been wearing them prior to your consultation. You can resume wearing them after your consultation.

You will meet with our Surgery Coordinators, to schedule your procedure before leaving. Please bring your calendar and any dates that you will need to schedule around.

*If you need to cancel or reschedule your consultation, please give at least 48 hours advance notice. If you have questions or concerns prior to your consultation, please do not hesitate to contact us.

MOHAVE EYE
CENTER

2110 Airway Ave
Kingman, AZ 86409
(928) 753-2106

MohaveEyeCenter.com

3003 Hwy 95, Suite 11
Bullhead City, AZ 86442
(928) 763-1000

Cataract Surgery Specialists

Turning advancements into achievements, the difference between practicing medicine and leading it.

Vision is one of our most precious senses, and the eye is a remarkable and fragile structure. Because of this, the topic of eye surgery can be a sensitive and anxiety-provoking issue. We believe that the key to making an eye surgery less stressful is CONFIDENCE in your surgeon, staff, and the facilities where your care is delivered.

We have worked hard to earn your confidence by providing eye surgery with the region's most respected surgeons combined with cutting-edge facilities and techniques.

At Mohave Eye Center, we are committed to giving you the best surgical outcome and best experience from beginning to end.



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Introduction to Cataract Surgery

You have been diagnosed with a cataract and are considering cataract surgery. This is an exciting time, but it can also be a scary and a confusing experience. Fortunately, modern techniques with cataract surgery make this one of the safest and most successful surgeries. The rewards of a successful surgery include brighter and clearer vision.

Because there is so much to understand about cataract surgery, your doctors have created this booklet to help you prepare for and be more educated about cataract surgery. Please read it carefully and write down any questions you may have to discuss with your doctor or surgery counselor. It should cover all aspects of your upcoming cataract surgery.

Please bring this booklet with you to all of your appointments before and after the surgery including any visits with your optometrist.

Test Your Cataract Surgery Knowledge

There are so many misconceptions about cataract surgery. Have some fun and test your knowledge now; then come back and compare your answers after you have read through this booklet.

1. A cataract develops when…

- **A** A white filmy material grows over the surface of the eye.
- **B** The eyelids become too tight and push against the eye.
- **C** The lens inside the eye turns cloudy with age.
- **D** The retina peels away from the inside of the eye.

2. Which type of anesthesia is typically selected for modern cataract surgery?

- **A** Injections of lidocaine
- **B** General anesthesia
- **C** Ice water solution
- **D** Topical lidocaine eye drops or gel

3. What activities should be avoided after cataract surgery?

- **A** Bending over to put on your shoes or pick something up off the floor
- **B** Showering or bathing
- **C** Reading or watching TV
- **D** Skydiving, mixed martial arts, or kickboxing

4. Better vision may result from the treatment of astigmatism. This can be done during cataract surgery. Which of the following is not a technique used for astigmatism treatment?

- **A** Insertion of a special intraocular lens (Toric lens)
- **B** Special incisions that change the shape of the cornea (limbal relaxing incisions)
- **C** Inflating the eye with helium

5. Why are you required to have a driver to take you home on the day of surgery?

- **A** The sedating medicines given to you may make it unsafe for you to drive home.
- **B** If you forget your credit card to pay any co-pay or deductible, you can take the money from your driver.
- **C** Cataract surgery can be very lonely and it is nice to have a friend for pleasant conversation.
- **D** You are likely to get lost because of the poor vision induced by the cataract.

6. Which of the following are benefits of a multifocal lens?

- **A** The ability to read without glasses
- **B** Good distance vision without glasses
- **C** X-Ray vision that allows you to see through solid objects
- **D** A and B

7. The cataract incision is very small so no sutures are required. What is the approximate size of the incision used for modern cataract surgery?

A 1 inch (2.54cm)

B 1/2 inch (1.27cm)

C 1/4 inch (6.3mm)

D 1/8 inch (3mm) or less

8. Why is there an extra cost for astigmatism correction or multifocal lenses?

A The manufacturers charge more for the special lens than a standard monofocal lens.

B There is additional testing required to confirm that the eye is healthy and make sure the correct lens power is chosen.

C Special particles from the moon are implanted in the eye to make the eye see better.

D A and B

9. Visual recovery after cataract surgery generally takes how long?

A Two or three days

B A few weeks

C A few months

D The rest of your life

10. What should you do if you have problems at any time after your cataract surgery?

A Call your doctor immediately, even if it is an evening or weekend. Our office wants to make sure that you get the best treatment.

B Google search your symptoms and try any suggested remedies from the Internet.

C Ignore them for a few days; they may get better soon.

D Go to the emergency room.

11. How much pain should you expect during and after cataract surgery?

A Most patients have minimal pain during the surgery and a little scratchy irritation for a few days after.

B A little bit less than childbirth

C About the same as appendicitis

Check Your Work:

1-C, 2-D, 3-D, 4-C, 5-A, 6-D, 7-D, 8-D, 9-B, 10-A, 11-A.

Mark Stradling, DO



Mark Stradling, DO is an Ophthalmologist that brings a vast amount of knowledge with him to Mohave Eye Center. He grew up in Southeastern Arizona. He served a two-year mission in Argentina for his church where he became fluent in Spanish. He graduated with a double major in Biochemistry and Spanish from the University of Arizona in 2000. During his college years, he became interested in optometry after his dad had cataract surgery. While attending one of his dad's follow-up appointments, he was fascinated, and the rest they say is history. He worked his way through college as an Optician, which only solidified his desire to work with eyes.

After receiving his degree at the University of Arizona, he attended Lake Erie College of Osteopathic Medicine in Erie, PA, and graduated with a doctorate degree in Osteopathic Medicine in 2006. He did a traditional rotating internship at Valley Hospital Medical Center through Touro University in Las Vegas, NV and then did his residency in ophthalmology there as well. He served as Chief Resident during his residency and oversaw the training of the other residents underneath him. During his residency he won first place for a scientific poster comparing the efficacy of two different eye drops commonly used in cataract surgery.

He has worked in the Las Vegas area since 2010 practicing general ophthalmology dealing primarily with diabetes, glaucoma, and cataracts. He has performed thousands of cataract surgeries and enjoys helping others to see.

Dr. Stradling also enjoys spending time with his wife and kids. He attends many scholastic activities, enjoys hiking, playing sports, and doing yardwork. Additionally, he spends a lot of time serving in church activities and volunteering in different capacities. He also enjoys speaking Spanish and has been in several Spanish commercials and interviews on television.

WHAT IS 20/20?

Vision is measured as a ratio comparing your eye to a normal healthy eye. A normal eye should be able to read the 20/20 line of an eye chart. 20/40 is the usual range needed for driving with an unrestricted driver's license. 20/400 is the ability to see the big "E" on the chart.

What do the numbers actually mean? With 20/30 vision you can see a letter at 20 feet that a normal healthy eye should see at 30 feet, thus 20 (your eye) over 30 (a healthy eye) = 20/30.

What is a cataract?

Your eye is amazing! The eye is designed to take in images from the world around you, focus the light, and provide a clear picture that is sent by electrical signals to the brain. The eye has a lens just like a camera that helps to focus the light and make a clear picture inside the eye. At birth, your natural lens is perfectly clear, just like glass. As you age, the lens proteins start to break down and the lens becomes cloudy. This cloudy lens is known as a cataract.

Many people have the misconception that a cataract is a film or cloudiness that develops in front of the eye. This is incorrect. A cataract is simply a cloudy lens. Cataract surgery is therefore a lens replacement surgery.

What symptoms do people experience when a cataract develops?

As cataracts develop, several visual symptoms may occur. Many of these symptoms are not noticed with early cataracts because they are mild and the visual changes occur gradually.

Common cataract symptoms (even with your glasses in place) include:

- Blurry vision at distance and up close
- Halos or starbursts around lights, mainly noticed at night
- Glare from oncoming headlights or bright sunlight is extremely bothersome
- Low light situations make seeing more difficult, such as a dimly lit restaurant
- Small print is difficult to read
- Frequent changes are required in your glasses prescription

When should a cataract be removed?

Many patients ask, “When is the right time to have cataract surgery?” The answer is very simple. The time for you to consider cataract surgery is when you feel dissatisfied with your vision while wearing proper correction. Here are some common scenarios that may lead you to consider cataract surgery:

- My glasses or contacts do not adequately help.
- I feel unsafe driving because I cannot see the street signs until I am very close to them.
- I have stopped driving at night because I can’t see well when other cars are coming towards me.
- I love reading, but have been reading less because it has become difficult to see the small print.
- Everything just seems hazy and foggy. It looks like my glasses are smudged, but taking them off and cleaning them constantly does nothing.
- I am having a difficult time seeing the scores on the TV when I watch a basketball or football game.

A common misconception is that cataract surgery should not be done until the cataract is “ripe”. In reality, a cataract should be removed when it is causing visual symptoms. People are unique and there is a wide range of visual needs. Some people with visually demanding professions such as engineers and architects may notice even minor changes to their vision and be unhappy. If non-surgical interventions can improve the vision, they should be pursued before considering surgery.

What is the treatment for a cataract?

There are no eye drops, nutritional supplements, or medications that can fully reverse the cloudiness in the lens that develops with age. When an early cataract starts to form, small adjustments in the glasses may help improve the vision. As the cataract slowly develops and the symptoms start to get more bothersome, surgery is the recommended treatment.

With cataract surgery, a very small incision (only 2-3 mm or 1/8 of an inch) is made in the cornea (the front window of the eye). A small ultrasound instrument is placed in the eye. The instrument then breaks up the cataract into very small fragments using ultrasound energy and vacuums it out of the eye. A new, clear artificial lens is then placed inside the eye to restore sharper, clearer vision.

Will I need to wear glasses after the surgery?

In most cases, we can place a new lens inside the eye that will make your vision very clear without glasses. You may need to use glasses for reading and other work that is done at a near distance such as needle work or the use of computers. You may also want to wear glasses to get the sharpest vision for demanding tasks such as driving, golfing, or other distance activities.

Over the last several years, however, new techniques and technologies have improved our ability to offer you the best vision after cataract surgery. Specialized lens implants or incisions in the cornea can all be used during or after cataract surgery.

These surgical enhancements offer the best potential for clear vision with less dependency on glasses or contact lenses. Our surgical counselor will go over some of these specialized services with you. If you are motivated to be less dependent on glasses, you may want to take advantage of these specialized services that will be discussed in more detail later in this book. Although there is an extra cost involved for some of these treatments, we believe your best vision is worth the investment.

What are the risks associated with cataract surgery?

Cataract surgery is an extremely safe and effective procedure, but there are rare risks associated with the surgery. These complications are unusual, but some of them are potentially sight-threatening. We believe that it is important for you to understand all the possible risks associated with a procedure. Some patients do not like to hear about scary problems related to a medical procedure. If this is you, then skip this section.

As with any surgical procedure, there is a risk of infection with cataract surgery. A severe infection inside the eye, known as endophthalmitis, may occur. In the United States, only 3 out of every 10,000 surgeries develops an infection. This can often be treated without any permanent vision loss. Antibiotic eye medications are used to reduce the possibility of infection.

Several problems could result in the need for additional surgery in the weeks or months following cataract surgery. This situation occurs in less than 3 in 100 patients. Problems requiring an additional surgery include retinal detachment, cataract fragments retained in the eye, poor position of the artificial lens implant, and blurred vision due to incorrect lens power.

The retina is the layer of tissue inside the eye that allows you to see. As a result of the surgery, the retina may detach, similar to wallpaper peeling off a wall. Should this occur, a retina specialist will need to perform another procedure to reattach the retina.

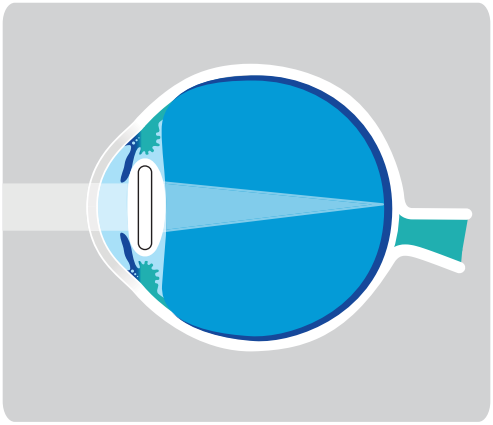
At times, pieces of the cataract break off and are not able to be removed completely from the eye. In some cases, a small piece will not create problems. With bigger fragments, a second procedure is required to remove them. The new lens implanted after the cataract is removed is held in position by a very thin membrane. Any weakness or tear in this membrane may cause the lens to shift and no longer be in perfect position. If the shift is large enough to affect the vision, a second procedure may be necessary to reposition the lens implant.

The power of your lens implant is determined using complex math equations and detailed measurements of your eye. Small errors in these measurements may result in an overestimation or underestimation of the power of the lens implant. The lens may heal 1 mm forward or behind the predicted location. This will lead to blurriness without glasses. In rare cases, a second operation may be required to remove the recently implanted lens and replace it with a different one.

Swelling develops when tissue injury occurs. Swelling can also occur as a result of a cataract procedure. It occurs most commonly in the cornea but can also be seen in the retina. When present, swelling can cause the vision to be blurry. The treatment for retinal swelling is anti-inflammatory eye drops.

Your consent form contains a detailed list of possible side effects and complications from cataract surgery. Please read it carefully and ask your surgeon or your surgery counselor any questions you may have about risks from the surgery.

How is the correct lens power selected?



Your needs and desires are important in choosing the right lens to replace your old, cloudy lens. However, no matter what decision you make regarding the lens selection or the distance at which you would like to see clearly without glasses, the ultimate success of the surgery relies on the lens power calculations and the healing process. Scientists have devised theoretical formulas about the optics of the eye that help us decide what power of lens to put in your eye during the surgery. To give accurate results, these formulas need to be given precise information about the size and shape of your eye. During your visit, a series of measurements will be made on your eyes to get this important information.

We have more than 80% success in achieving the correct lens power. Twenty percent of patients will need some "fine tuning" with glasses, contact lenses, or LASIK surgery after. The main variable that is difficult to predict is the slight shifting of the lens that happens during the first 30 days. Unfortunately, there is variation in living organisms that cannot be measured or predicted. This makes it impossible to have 100% accuracy in our lens power calculations. Occasionally, despite our best efforts, the lens we choose does not provide the expected results. **Because of this, we cannot guarantee that you will be able to see clearly without glasses after the surgery.**

A second surgery may be needed to change lenses if the power calculations are too far off. This is needed in less than 1% of cataract surgeries. The cost of any additional surgeries to further correct your vision is not included in the costs of the initial surgery.

If you wear contact lenses, to get the most accurate calculations it is best if you stay out of your contact lenses for at least 5 days for soft lenses and one week per decade of hard contact lens wear prior to having your measurements taken. You can resume the use of your lenses once the measurements are taken. If you have had past LASIK, RK, or some other eye surgeries, we usually recommend at least two sets of measurements to improve our chances of getting the best lens power for the implant. We also use advanced lens calculation formulas for patients with prior LASIK or RK.

How do I know which lens to choose?

No worries! Your surgeon and optometrist will help you choose. But here is some information. When your cataract is removed, a new lens is placed inside of your eye. This makes cataract surgery an exciting time because patients who had been nearsighted or farsighted can now be made to have excellent vision often without glasses.

Years ago, all patients received the same type of lens with their cataract surgery. Over the last decades, manufacturing companies have developed new lens technologies. These lens options can give you additional benefits but also more choices that need to be made in determining your lens implant type.

Because of these multiple options, lens selection can be a frustrating process. The problem with intraocular lenses inserted with cataract surgery is that there is no way to try them before surgery to see which one you like the best.

There are two important things to consider when choosing your lens: the type of lens and the power of the lens. Choosing the right lens depends on many personal factors including: **What activities** do you do during the day and which ones would you like to do without glasses if possible? Are you able to pay **extra money** for a lens that has the potential to greatly reduce the need for glasses? And, at **what distances would you like to see** most clearly without glasses – near (reading), intermediate (computer screen), far (driving), or all three?

There are now many different lens options available to patients. You and your doctor will work together to determine the perfect lens for you. Currently, the following types of lenses are available:

Basic lens (monofocal) – This high-quality, clear lens delivers excellent vision at only one distance. The focal point or distance of maximum clarity can be set to distance (driving, golfing, watching TV), intermediate (grocery store shelves, computer, car dashboard), or near (reading, hobbies). Most patients choose clear distance vision and then use reading glasses, but all monofocal choices will require at least one other pair of glasses. There is no extra out-of-pocket cost with a monofocal lens.

Multifocal lens – Designed to reduce your need for eyeglasses for distance, intermediate, and near vision, this lens gives you clear vision at several distances. There is however some decrease in contrast sensitivity when looking distantly as compared to a standard lens. It may also increase halos with night-time driving making it more difficult than with a base (monofocal) lens.

A multifocal lens is a specialized lens that is not covered by insurance; therefore, the cost of the lens would be an out-of-pocket expense while the surgery is likely to be covered by your insurance. Patients may require glasses for certain activities even with this lens option. These lenses can also correct astigmatism. (Approximately $3,900 extra per eye.)

Toric lens – Designed to treat astigmatism and deliver excellent vision at a single distance. This special lens is also not covered by insurance. Reading glasses will be needed. (Approximately $2,600 extra per eye.)

Monovision – This implant technique uses a monofocal lens with a different power in each eye so that you don't have to use glasses for most of your daily activities. Your dominant eye is generally set for distance, and the other eye is set for near. Many people successfully use monovision with contact lenses. Successful monovision requires cataract surgery in each eye. There may be an additional charge for these lenses if astigmatism correction is needed. It there is a significant astigmatism in either or both eyes and it is not corrected, then monovision will not be useful as glasses will be needed.

Am I a good candidate for a multifocal lens?



With a basic monofocal lens implant, the vision will typically be very clear in the distance but very blurry up close (for reading) without glasses. Some patients have even complained that they could not see their food at the dinner table without using reading glasses.

Multifocal lenses were developed to allow patients to see well at several distances WITHOUT GLASSES after cataract surgery. Multifocal lenses offer benefits above and beyond those of basic lenses. They are not covered by insurance and require an additional out-of-pocket expense. Therefore, it is important to evaluate the following considerations when determining whether a multifocal lens is right for you.

Eye diseases, such as glaucoma, diabetic retinopathy, diabetic macular edema, or macular degeneration, can negatively affect the health of the eyes and the quality of the vision. These diseases, even in early stages, could cause problems with multifocal lenses. A multifocal lens is not recommended if you have one of these eye diseases.

Visual needs should also be considered when deciding on a multifocal lens. The technology contained in these lenses that allows you to read without glasses may lead to mild symptoms such as glare, halos, or decreased contrast sensitivity in certain conditions, such as night driving or dim restaurant lighting. Some patients rarely notice visual effects related to the lens implant. Others notice the effects but are not significantly bothered by them. If you feel you would not be able to adapt to these visual symptoms, you probably are not an ideal candidate for a multifocal lens.

Motivation to not wear glasses should also be determined when selecting a multifocal lens. These lenses are designed for patients who are motivated to not have to wear glasses after their cataract surgery for nearly all activities. Some patients are accustomed to wearing glasses and do not mind using them after surgery. The additional cost of a multifocal lens would not be a reasonable investment for these patients. For other patients, reducing the need for glasses is a strong desire. Paying the additional out-of-pocket cost for a special lens would make much more sense for these patients, as these lenses would give them the best option to achieve their goal to be less dependent on their glasses.

In summary, ideal candidates for multifocal lenses are patients with healthy eyes, motivation to be less dependent on eyeglasses or contact lenses, and willingness to adapt to minor visual effects from the lens. Patients selecting a multifocal lens can reasonably expect to have good vision for reading and driving. Because no current technology is perfect, there may still be circumstances where glasses are required to achieve comfortable vision.

How much do multifocal lenses cost?

The average charge across the country for a multifocal lens implant is approximately $4000 per eye. This may seem expensive, but remember: this lens will be used for the rest of your life, and you only have one opportunity to choose the best lens for you at the time of your surgery. Financing plans are available if you would like to pay for the lens over a period of several years. With these zero-interest options, you may be able to pay as little as a few hundred dollars a month for your new lens.

Tell me more about astigmatism!



Astigmatism means that the cornea or front window of your eye has an oblong shape and curvature similar to a football. A normal cornea has a more round shape similar to a basketball. People with severe astigmatism do not have clear vision unless they are wearing glasses or contact lenses.

During cataract surgery, astigmatism can be treated, resulting in clearer vision without glasses after the procedure. Many people who have astigmatism treated during their cataract surgery can see clearly without glasses for the first time in their life. Low to moderate amounts of astigmatism are treated with corneal incisions or what is referred to as limbal relaxing incisions approximately $1600 per eye. Using a calibrated blade, very small incisions are placed in the cornea to change the shape of the cornea.

Larger amounts of astigmatism are corrected by implanting a special intraocular lens called a toric lens. Astigmatism treatments are considered by insurance companies to be an elective component in addition to the cataract procedure and therefore have additional out-of-pocket costs.

A small amount of astigmatism is good and adds to your depth of focus. Hence the goal with astigmatism correction is to reduce astigmatism to an optimal amount.

Summary and Recommendations:

Life Situation	Recommended Lens
Patient would like to take full advantage of lens technology and try to avoid glasses after cataract surgery	Multifocal lens
Contact lens wearer currently using monovision	Monofocal lens with monovision
Currently wearing glasses because of astigmatism	Toric astigmatism correcting lens or limbal relaxing incisions
Biggest problem is glare driving at night	Monofocal lens
Enjoy being nearsighted and reading without glasses, willing to wear glasses for driving	Monofocal lens set for near
Do not mind wearing glasses, especially for reading	Monofocal lens set for distance
Patient would like to avoid glasses for most situations except for reading small print	Monovision with monofocal lens

Can I eat prior to surgery?

Yes. Because 99% of patients will have light oral sedation only, there are no restrictions on food or drink.

Should I take my regular medications as usual the morning of my procedure?

Yes, you should take your medications as usual unless directed to do otherwise by your surgeon. Many times, patients will arrive at the surgery center without having taken their medications and their blood pressure is elevated. In most cases, we are able to normalize these levels and perform the surgery as scheduled, but occasionally surgery is cancelled due to high blood pressure (systolic greater than 180). If you know that you have blood pressure issues, bring your blood pressure medication to the surgery center. Just in case the doctor needs you to take a one time extra dose. If you are taking eye drops for glaucoma, it is very important to use them as usual unless your surgeon instructs you to do otherwise.

What is "dropless" surgery, and am I a candidate?

99% of patients qualify for dropless surgery at no additional cost. Patients can now have their cataracts removed without needing to use eye drop medications before and after surgery, or dramatically reducing the amount of drops that are needed. This is due to a procedure that involves placing an antibiotic medication in the eye after the cataract is removed and the new lens is inserted.

A steroid medication is also placed under the skin of the eye for added protection. Your eye may also have a bruise on the surface of the eye from the secondary deposit of medication. The bruise (redness) will go away over 3 weeks. Some patients will notice a white patch under their bottom lid. This is the steroid deposit. It will go away in up to 3 months.

Do I need to start eye drops before the surgery?

If you are not a candidate for dropless surgery then yes. Eye surgeons recommend that their patients start their medicated eye drops a few days before their procedure.

By starting the medications before your surgery, you will have a few days to work out any medication problems such as formulary restrictions or a pharmacy that needs to order the medication for you. If you are unable to start the medications prior to the surgery, do not be alarmed.

You are likely to have great results from the surgery even if the drops are started that day. Occasionally, we get phone calls with panicked patients thinking that their surgery needs to get cancelled because they forgot to take the eye drops. Rest assured that we will work with you to ensure that you have the best possible outcomes. We suggest you bring your drops and other prescription medications to each appointment.

Which eye drops should I purchase?



You may use different medications before and after your surgery. The name of the drop will vary depending on your surgeon and insurance. Typically the medications include: Prednisolone acetate, a steroid anti-inflammatory to help the eye to heal comfortably. An antibiotic (Ofloxacin, Ciprofloxacin), to help prevent infection. And, a non-steroidal anti-inflammatory (Nevanac, Prolensa, Ilevro, Bromfenac, Flurbiprofen) that prevents swelling and inflammation.

We recommend that you have a family member in the home put the drops in for you. When someone helps, you don't waste as many drops and run out too quickly. The best way to use medications is to lay down on a bed or sofa, gently hold the eye lid open with your thumb and finger, hold the medicine bottle directly over the eye, and squeeze gently until one drop comes out. If the medication is refrigerated, the coolness of the liquid may help you better feel the drop's contact with the eye, thus helping to not waste medication with unnecessary excess. Close the eye gently for a few minutes after application.

Do I need someone to drive me home from the surgery center?

You will require a driver on the day of your surgery. You will be receiving medications for sedation during the procedure and will not be able to operate a motor vehicle safely until the effects of these medications wear off in a few hours. You may feel normal and safe to drive, but for your safety and the safety of those around you, it is best to have the assistance of another driver on the day of surgery. It can have a similar effect as alcohol and you would be driving under the influence. If you arrive at the surgery center without a driver, your surgery may be cancelled. Due to infection control guidelines the driver will need to drop you off and not remain at the facility

How early should I arrive at the surgery center? What should I bring and wear?

Plan to arrive for your surgery at the indicated time given to you by the surgery center. Try not to arrive early or late to prevent crowding. This is usually one hour prior to your scheduled surgery time. This will provide the staff enough time for checking you in and getting you prepared for the surgery. Please bathe or shower in the evening or the morning of your surgery. Avoid wearing makeup. Do not bring jewelry or valuables if possible. Wear comfortable loose-fitting clothes. Bring a checkbook or credit card in case a co-payment or deductible is required. We will also need to make copies of your insurance card and a photo ID such as your driver's license.

Will high blood pressure cancel my surgery?

Yes, if you have high blood pressure, please take your medication(s) and bring your high blood pressure medication with you to the surgery center. No salt for 3 days prior to your surgery. No caffeine on the day of surgery. These things will help to reduce the risk of your surgery being cancelled.

What happens before my surgery?

When you arrive at the surgery center, you will have some paperwork to fill out. Any co-pays or deductibles related to the surgery will also be collected. Please remember to bring a credit card or checkbook to the surgery center. Several things happen in the pre-operative area. This is where you will be prepared to have your surgery. Your vital signs (blood pressure, heart rate, temperature) will be checked by a healthcare professional. An oral sedative is generally given. No IV is generally used. The staff will then have you sit in a chair to relax while you are waiting for your surgery appointment.

What can I expect during the surgery?



You are awake during surgery. In the operating room, you will first be positioned properly for surgery. This is lying comfortably on your back with a small cushion under your head and neck. We want you relaxed. If you have a high level of anxiety, please share this with us. In this case, extra medications can be given. A healthcare professional will then cleanse the skin around the eye with an antiseptic (Povidone iodine). After this is done, you will be covered with a thin sterile drape that covers your eye and upper body. The drape is very light and there is plenty of air underneath. If you need to cough or clear your throat after the surgery has started, let your surgeon know before doing so.

A small instrument (speculum) is used to keep your eye open during the surgery. You don't have to worry about blinking because the speculum will hold your eye open. It is best for you to keep both eyes open during the procedure. Once the speculum is placed, your primary responsibility is to look straight ahead at the bright microscope lights at all times. This places your eye in the perfect position for the surgeon. The best way to avoid pain is to keep both of your eyes open and relaxed. You can blink when you feel the urge.

During the surgery, you will see bright lights. Some patients describe a kaleidoscope with lots of vibrant and beautiful colors. You will not see sharp instruments. You may feel a pressure sensation as the cataract is removed and the new lens implant is inserted into your eye.

You should not feel any sharp pain. If you experience pain, let your surgeon know and more medication can be given to help relieve the pain. This medication may burn slightly when it is given, but your eye will be numb in a few seconds. You will hear the buzz of the instrument used to break up the cataract and you may feel cool water on your face. These are all normal aspects of the surgery. A typical cataract surgery takes between 10 and 20 minutes. It is usually done before you know it.

What happens in recovery?

In the recovery area, the staff will make sure you are stable before releasing you to your designated responsible party (the person driving you home). You can have a drink of water or juice and a little snack. They will also go over important information, including what to do in the event of an emergency.

The day and night of surgery…

Pain is not a significant part of cataract surgery or the initial recovery period. You may experience some minor scratchy discomfort after the numbing medications have worn off later in the day, like a piece of sand is in the eye.

The shield should be worn continuously for the first 24-hour period until your one-day postoperative appointment.

A bright red bruise is common and will go away on its own. It is from the deposit of medicine that is placed at the end of your surgery. If you experience pinkness of eye, light sensitivity, decreased vision, severe pain or headache, nausea, or vomiting, please call your surgeon immediately. You may be having an eye pressure spike that needs to be addressed.

Your surgeon can best be reached by calling the office number 928-753-2106 at all hours including after hours as the on-call service has several ways to get in contact with your surgeon. A team of optometrists will review your concerns and contact your surgeon as needed.

What follow-up appointments will I have?

You will most likely have three follow-up appointments after your cataract surgery. Your first follow-up appointment is the day after your surgery. You will need a driver for this visit. At this appointment, your vision and eye pressure will be checked, and detailed instructions will be given for the eye drops you will use. We generally expect that the vision will be a little blurry, but this should improve in the first few days following surgery. Generally, 90% of the vision improvement happens in the first week. It is not unusual to have an elevated eye pressure for the first few days after the surgery. If the eye pressure is elevated, you may need to use an additional eye drop to help lower the pressure.

The second follow-up appointment usually takes place about 1-2 weeks after the surgery. You may receive a dilated exam at this appointment if indicated by your doctor.

The final follow-up appointment happens about one month after the cataract surgery. At this appointment, you will be checked for a prescription for eyeglasses. Your eye may be dilated at this appointment.

In general, your eye should feel better and have better vision each day after the surgery. If a day or two passes and you notice worsening symptoms of pain, redness, or blurred vision, contact your doctor immediately.

Which doctor will I see after surgery? What is co-management?

Your surgeon has primary responsibility for making sure that your surgery has the best outcome. If you have a family optometrist, they can also see you for some or all of your post-operative care. You might choose to have follow-up visits with your optometrist if their office is more conveniently located, or you have a relationship with that doctor that would make your follow-up care more comfortable in their office.

Shared post-operative care is known as co-management. If you choose to have your follow-up care with your optometrist, it is important that you know that you can return to your surgeon at any time or with any problems. You will also need to sign a co-management form.

Are there any activity restrictions after surgery?

Modern cataract surgery has a very quick recovery and there are minimal activity restrictions.

- Do not rub your eye for at least the first week after surgery. If you rubbed your eye, you could push open the incision and cause an infection.
- Avoid strenuous activities for one week after the surgery such as lifting heavy objects (greater than 30 lbs.) or high impact exercise. Normal household activities are generally safe. Intimate relations are safe after 3 days.
- Do not bend at the waist for one week. You may bend at the knees.
- You may bathe or shower the day after your surgery. Keep your eye closed while you shower and avoid getting water directly into the eye. Also, do not rub your eye but rather pat it dry if necessary.
- You should not swim or bathe with your face under the water for one week after the procedure. You can be in a pool if you keep your head above water.
- Wear the clear eye shield at night for one week (or during sleep to avoid rubbing the eye.)

Will my floaters be gone after cataract surgery?

If floater(s) get larger or multiply that is not normal and you need to call your optometrist office immediately.

The floaters that you had before the surgery will still be there. Most are related to the natural aging process of the gel inside the eye. This gel is called vitreous. Most adults with cataracts have posterior vitreous detachment (floaters) before cataract surgery. However, cataract surgery can hasten this benign natural process. Occasionally the detachment event can be associated with retinal detachment. Anyone who has new floaters or new flashes of light should be examined by an eye care professional ASAP.

What vision changes should I expect?

After cataract surgery, most patients with healthy eyes end up having vision that would allow them to pass the DMV vision test without eyeglasses. Many patients are amazed by the brightness of colors and the clarity of their vision. Most people find that after cataract surgery they are able to perform their normal distance visual tasks without a significant need for glasses.

Things we hear:

- Doctor, I didn't notice how dirty my house was! Now I can see the dirt on the floor and have to do a deep house cleaning.

- Doctor, I looked in my closet and found out that my black dress is really navy blue. Colors are so bright now.
- I can see the rocks and trees on the mountains miles away

If the eye is not healthy because of eye disease such as macular degeneration, glaucoma, or diabetic retinopathy, the vision may not improve dramatically. If you have these conditions, do not be disappointed if you don't notice as much improvement as your friends who had their cataracts removed.

A small percentage of people after cataract surgery develop edema (swelling) in the retina (macular edema) that causes the vision to be mildly decreased and blurry. This condition will require additional drops and usually resolves over several weeks to months. If the vision isn't perfect after a few weeks please be patient, we will do everything we can to get you the best possible vision.



What about my glasses after the surgery?

Within a few days after your surgery, your vision will likely have improved to a point where you see better without the use of glasses. If this is your first cataract surgery and you are nearsighted or farsighted, you probably will still need your glasses to sharpen the vision in your other eye. This can feel awkward and gets frustrating because one eye needs glasses and the other one does not.

A good way to cope with the change in your vision is to remove the lens from your glasses in front of the surgical eye. Another option is to not remove the lens and just keep your glasses on, in which case the surgical eye will not see clearly; or remove the glasses completely, in which case the non-surgical eye cannot see clearly. If you have a cataract in the other eye, doing that surgery within a few weeks can start the recovery process faster and help give you equal vision.

How do other eye diseases affect cataract surgery results?

Cataracts often develop in an eye that already has an eye condition leading to visual problems. Macular degeneration and diabetic retinopathy cause decreased central vision. Glaucoma can cause decreased peripheral vision. In some cases the surgery is more challenging when eye diseases are present, but the cataract can usually be safely removed. Even after a successful cataract surgery, the vision may not improve to 20/20.

Will the cataract return?

Once a cataract is removed and the new lens is implanted, the cataract will not return. However, a hazy film can develop on the membrane that holds the new lens in place. This is sometimes referred to as a secondary cataract or posterior capsular opacification. This condition is easily treated with a laser treatment which is covered by your insurance. If you notice decreasing vision months or years after your surgery, or your optometrist notices a hazy membrane developing, please come back in for the laser treatment.

Please be sure that the following are achieved before the day of surgery.

- ☐ Eye exam and discussion of lens options with your surgeon.
- ☐ Review paperwork with surgery coordinator and choose surgery date.
- ☐ Make a plan for your glasses if needed with either replacing or removing the lens.
- ☐ Arrange for a driver to take you to and from the surgery center as you will not be able to drive.
- ☐ Your driver will most likely not be able to stay at the facility. Please plan accordingly.
- ☐ Fill prescriptions/drops and start them three days before the surgery.
  (Not applicable for “dropless” patients—most patients will be “dropless” patients.)
- ☐ Expect a call from the surgical facility at least 48 hours before surgery to confirm the date and your arrival time.
- ☐ Plan to spend 2-4 hours at the surgical facility.
- ☐ Please take your usual prescribed oral medications including heart or blood pressure pills, and bring your blood pressure meds with you in your surgery.
- ☐ Dress comfortably in loose clothing. A button-up shirt is recommended. Leave all nice jewelry and valuables at home.
- ☐ Please keep your face clean and clear of makeup and petroleum products. Use hygiene kit, cleaning the eyelids daily for at least 3 days before the surgery including the morning of the surgery.
- ☐ Bring insurance cards, photo ID, prescribed medications, any remaining completed paperwork, and expect to make a payment for your co-pay and deductible.

Please note that not all of these forms may apply to your procedure.

Informed Consent for Cataract Operation

Introduction

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

Except for unusual situations, a cataract operation is necessary only when you have difficulty in your day-to-day tasks due to poor sight produced by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, has some distinct advantages over any man-made lens.

After your doctor has told you that you have a cataract, you and your doctor are the only ones who can decide if or when you should have a cataract operation based on your own visual needs and medical considerations.

Consent for Operation

In giving my permission for a cataract removal and/or for the possible implantation of an artificial lens in my eye, I declare I understand the following:

1. The stress of having a surgery, and/or the medications used during the surgery may make pre-existing major medical problems worse. Although significant medical problems or death from a cataract surgery are extremely rare, they have occurred and may occur during or as a result of my surgery.

2. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for a new artificial 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.

3. Complications of surgery to remove the cataract: As a result of the surgery, 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), loss of corneal clarity from corneal scarring or swelling, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma (high eye pressure), complete loss of vision or eye, 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.

4. Specific complications of lens implantation: Insertion of an intraocular lens may cause 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 (from scarring or swelling), infection, uveitis (inflammation in the eye), damage to the iris (colored part of the eye), irregular size or shape of the pupil (small round black opening in center of the iris), glaucoma (high eye pressure),

bleeding in the eye, difficulty dilating the pupil, increased night glare and/or halos, double or ghost images, poor position (dislocation) of the lens and retinal detachment. In rare instances, lens power measurements may be inaccurate resulting in the need for corrective lenses or surgical replacement of the intraocular lens.

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

6. At the time of surgery, my doctor may decide not to put the new artificial lens in my eye even though I may have given permission to do so before the surgery began.

7. The results 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 at some point after the initial surgery. At some future time, the lens implanted in my eye may have to be repositioned, removed surgically, or exchanged for another lens implant.

8. I understand that cataract surgery and the calculations for deciding what size and type of new artificial lens to use are not an exact science. I accept that I might need to wear glasses or contact lenses after my surgery to obtain my best vision. There is also the possibility of the need for more surgeries such as, lens exchange, placement of an additional lens, or refractive laser surgery if I am not satisfied with my vision after cataract removal. This applies to monofocal, toric, and multifocal lenses.

The benefits and basic procedures of cataract surgery; the advantages and disadvantages; the risks and possible complications; and 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/or implantation of a new artificial lens (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.

Mohave Eye Center
Consent for Surgery

1. Mohave Eye Center maintains personnel and facilities to assist your physician(s) on their performance of various surgical operations and other special diagnostic or therapeutic procedures. These operations and procedures, as well as the administration of anesthesia, may all involve risks, unsuccessful results, complications, injury or even death, both from known and unforeseen causes. No guarantee is made as to results or cure.

2. You have the right to be informed of such risks as well as the nature of the operation(s); the benefits or effects of such operation(s) of procedure(s) and the available alternative methods of treatment and their risks and benefits. Except in cases of emergency or unforeseen circumstances, operation(s) or procedure(s) are not ordinarily performed until you have given your consent. You have the right to authorize or to refuse any proposed operation or procedure at any time prior to its performance.

3. The operation(s) or procedure(s) will be performed by Doctor_____

Operations/Procedures: _____

4. Surgery and anesthesia involve the use of medication. Different individuals react differently to the same medication, and the state of their physical health influences the action of medicine. While all possible precautions will be taken, unforeseen reactions may occur. By signing this agreement, you verify your understanding and acceptance of the fact that certain hazards and risks are inherent in any surgical or anesthetic procedure and that complications may occur.

5. Your signature below constitutes acknowledgement that (1) You have read and agreed to the foregoing; (2) The operation(s) or procedure(s) have been adequately explained to you by the above named physician; (3) You have received all of the information you desire concerning such operation(s) or procedure(s); (4) You understand that you may receive a copy of this consent upon request, and (5) that you consent to the above named procedure(s) as well as the administration of anesthesia.

6. Your signature also constitutes authorization and consent, where appropriate, to: (1) The disposal or use of the above named physician or the pathologist of any tissue that may be removed during the operation(s) or procedure(s) set forth above; (2) The taking and publication of photographs or video in which you cannot be identified for the purpose of advancing medical education; (3) The admittance of qualified observers in the operating room for the purposes of advancing medical knowledge.

7. It is understood and agreed that all personal valuables are/were to be left elsewhere for safekeeping and that this facility and its employees shall not be liable for loss or damage to said personal valuables.

_____ _____

Signature of (Patient/Parent/Conservator/Guardian) Date

_____

Time Witness Signature

Financial Policy

To avoid any questions regarding our financial policy, please read the following statements carefully:
****PAYMENT IS DUE PRIOR TO SERVICES RENDERED**
and is expected before treatment *regardless* of any insurance involvement. **

*We accept Cash, Check, Debit Cards, MasterCard, Visa, and American Express all with valid ID.
*Any account over 90 days is considered delinquent and could be subject to third party collection. Any fees associated with third party collection are the responsibility of the patient/guardian.

HIPAA
In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), personal identifiable information will be used for, but not limited to, the following: treatment; to obtain pre-treatment authorization or payment from medical insurance; to obtain records from previous medical office; referral to a specialist; referral to a surgery center and associated anesthesiologist; electronic claims submissions; fax transmissions; sign in sheets; appointment reminders or recall cards; or for third party collection on delinquent accounts. A full disclosure of HIPAA statements is available at the front desk and is posted in the office. We use business associate agreements with any company that may come in contact with your health information. This business associate agreement is an agreement on their part to keep your information private and protected.

MEDICAL INSURANCE As a courtesy we will submit a claim on your behalf. Patients are responsible for all deductibles, co-payment and co-insurance amounts. All co-payments for out-of-network plans are estimated and based on a 'reasonable and customary fee schedule utilized nationally by medical carriers for "out of network" providers. Estimated co-payments are due at the time of visit. **You will be responsible for ANY balance not covered by your medical carrier. Any disputes are handled by the subscriber directly with their insurance**.
I Authorized Mohave Eye Center to receive payment on my behalf for services rendered at this facility. Initial: _____

PRE-TREATMENT ESTIMATES are never a guarantee of benefit or payment. **Actual benefit is not determined until your insurance receives a treatment claim for final processing**. Most insurance companies have specific guidelines regarding payment for procedures. Medical benefits are based on your yearly maximum allowance, deductible, and any limitations, restrictions or exclusions specific to your policy, and the fee schedule established by your medical carrier. **The patient, parent or guardian is responsible for ANY remaining balance unless otherwise determined by a participating provider contract as stated above**. If you have dual coverage, the secondary carrier will base payment on the 'coordination of benefits' clause. Dual insurance does not guarantee payment in full for treatment. Read the information offered by your insurance to understand coordination of benefits clauses.

The filing of your medical claim in no way reduces your personal or financial responsibility or obligation to the office. We will resubmit claims one time if an insurance company does not respond with an authorization or payment within 60 days. Regardless of a patient's affiliation with a specific medical insurance or the type of medical coverage, the patient and/or subscriber are ultimately responsible for **ANY** unpaid balance.

Questions and Complaints: If you would like more information about our financial policy or have questions or concerns; please contact the financial coordinator at 928-753-2106. Written complaints must be submitted to:

Mohave Eye Center
Privacy Officer
2110 Airway Ave
Kingman, AZ 86409

We may change our privacy practices at any time. Before we make an important change, we will revise this notice and have the notice available. **EFFECTIVE DATE OF THIS NOTICE**: September 1, 2023 **REVISED** September 1, 2023

I have read, understood and accepted the financial policy contract. I understand and fully accept the financial responsibility for my account. I understand and fully accept that I am responsible for ANY balance on the account regardless of my involvement with any medical insurance. If I am insured, my signature allows for assignment of benefits directly to Mohave Eye Center.

Patient/Guardian Signature _____ **Date** _____

Preoperative Facility Disclosure

Patient's Bill of Rights

As a patient, you have the right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treat your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, color, age, sex, sexual orientation, national origin, religion, handicap or disability.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated. **Mohave Eye Center - Administrator** 2110 Airway Ave, Kingman, AZ 86409 | (928) 753-2106

Preoperative Facility Disclosure

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

Arizona Department of Health Services
(602) 364-3030
Office of the Medicare Beneficiary Ombudsman
http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
Accreditation Association for Ambulatory Health Care (AAAHC): Phone (847) 853-6060 info@AAAHC.org

As a patient, you are responsible for:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- If applicable, provide proper proof of Legal Guardianship Court Order or Adoption Birth Certificates.
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.

Advance Directives Because the scope of Mohave Eye Center is limited to elective outpatient surgical procedures, it is the policy of this facility, that any life-threatening situation that arises will be immediately treated with life sustaining measures. Concurrently, the emergency medical system (EMS) will be activated for emergency patient transport to a hospital facility. The patient's right and need to be an active participant in the decision making process regarding their care is recognized and respected. Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney. If you have an executed advance directive, please bring a copy with you on the day of surgery. If you would like more information on advance directives please ask.

Financial Disclosure Mohave Eye Center is privately owned. You, as the patient, have the right to choose the facility of your choice for health related services. Please ask the Director of Nursing if you have any further questions.

Your Authorization: In addition to our use of your healthcare information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the patient rights section. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of a family member, your personal representative or another person responsible for your care, your location, your general condition or death. If you are present then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when it is required to do so by law. We may use or disclose information when it is required by federal, state or local law, judicial or administrative proceedings or law enforcement. We will also provide information to government officials to conduct an investigation or inspection of a healthcare provider or organization

Patient Notification and Acknowledgement

Notice of Rights Mohave Eye Center has established a Patient's Bill of Rights, which is provided verbally and in writing in a language and manner the patient or patient's representative understands prior to the date of the procedure. Mohave Eye Center expects that observance of these rights will contribute to more effective patient care and greater satisfaction for patients, physicians and the facility.

Financial Disclosure Mohave Eye Center is privately owned and has informed the patient prior to the date of the procedure that their physician may have a proprietary interest in this facility. The patient has the right to choose the facility of his/her choice for health-related services.

Advance Directives Because the scope of Mohave Eye Center is limited to elective outpatient surgical procedures, it is the policy of this facility, that any life-threatening situation that arises will be immediately treated with life-sustaining measures. Concurrently, the emergency medical system (EMS) will be activated for emergency patient transport to a hospital facility. The patient's right and need to be an active participant in the decision-making process regarding their care is recognized and respected. Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney.

Please check the appropriate box. Have you executed an advance health care directive, a living will and/or a power of attorney that authorizes someone to make healthcare decisions for you?

□ Yes, I have an advance health care directive, living will and/or a power of attorney.
☐ I have provided a copy of my advance health care directive, living will and/or a power of attorney.
☐ No, I do not have an advance health care directive, living will and/or a power of attorney.
☐ I would like additional information on advance health care directives.

By signing this document, I acknowledge that the above information was given to me prior to my day of surgery, and that I have read and understood the information on notice of privacy practices, patient rights, financial disclosure and advance directives. I agree to the policies of Mohave Eye Center. If I have indicated I would like additional information, I acknowledge receipt of that information.

_____ _____
Patient Signature (If patient is unable to sign, please indicate relationship) Date

_____ _____
Witness Signature Date

Certain eye conditions may increase the risk of complications or have an increased probability of poor vision after the surgery. These include:

Pseudoexfoliation Syndrome	Advanced cataract	Fuch's Endothelial Dystrophy
Advanced glaucoma	Poor dilation	Flomax or other BPH medication
Diabetic retinopathy	Past corneal surgery	Traumatic cataract
Past retinal surgery		

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

I _____ wish to have a cataract operation and/or intraocular lens implant, in my _____ eye.

Lens Choice (please initial)

_____ Standard

_____ Multifocal (with possible astigmatism correction)*

_____ Astigmatism correction (Lens and/or incisions)*

Goal Vision (if possible without glasses)

_____ Distance (Driving, TV, etc.) – will usually need glasses for reading

_____ Intermediate (Computer) – will usually need glasses for distance and reading

_____ Near (Reading) – will usually need glasses for distance

_____ _____

Patient (or person authorized to sign for patient) Date

_____ _____

Witness Signature Date

_____ _____

Doctor Signature Date

*If one of these lens options is chosen, you will be provided with an additional consent form and information.

Addendum for Premium Lens Selection - Toric / Multifocal Lens

As part of your pre-operative surgical planning you have selected a premium lens implant. It is important that you understand the purpose of your lens upgrade, including any special risks related to your lens choice. A standard monofocal lens implant has a single point of focus. This allows you to see clearly at one distance, requiring the use of glasses for many visual activities after surgery. New technology has been developed with special optics to allow a wider range of focus. The benefit of a premium lens is to decrease your reliance on glasses after your cataract surgery.

Unfortunately, no perfect optical system exists that can duplicate the lens of a healthy young eye. While premium implantable lenses will provide a wider range of vision, they can induce some unwanted visual effects under certain circumstances. Glare and halos can occur around bright lights, most noticeable while driving at night. A multifocal lens should not be implanted in individuals who drive at night extensively. Glare and halos may lessen over time as the brain adapts to the new visual system but may never completely resolve.

Perfect function of a premium lens depends on implanting the correct lens power. Sophisticated computer formulas are used to determine the correct lens power. Because of biological variability in eye size and healing, some people will not have perfect distance vision and may end up with some amount of near or far-sightedness. If only a small amount of near or far-sightedness remains you may still see well enough to function in your daily activities without difficulty. If you have a higher amount of near or far-sightedness you may require glasses, contact lenses, or refractive surgery such as LASIK or PRK for optimal eyesight.

Implantation of a premium lens requires the correct lens power and a healthy eye. In some cases during a surgery the supportive structures that hold the new lens tear or are too weak to support the lens in the correct position. It is also possible that at the time of implantation the correct lens power is not available. In these cases your surgeon may elect to not implant the premium lens and instead use a standard monofocal lens. You will be refunded any fees that were related to the premium lens if it is not implanted.

A premium lens is designed to give a wider range of vision without glasses. It is likely that there will still be visual tasks at certain distances that require the use of glasses for perfect clarity. No guarantee is made regarding the visual outcome of your surgery or how often you may need glasses for your best vision.

Your insurance plan will only pay for a standard monofocal lens implant. There will be an additional fee for the upgraded premium lens.

Summary Statement and Consent

The multifocal lens is one of the best available technologies for providing a range of vision after cataract surgery. These lenses are an improvement over a standard monofocal lens but cannot provide the range of vision found in a healthy young eye. You are likely to need glasses under some conditions.

You may experience night glare or halos. In rare situations, because of unwanted visual effects, the lens may need to be removed and replaced with a monofocal lens implant. An enhancement

procedure such as LASIK or PRK may be needed to achieve excellent uncorrected distance, intermediate, or near vision.

I have read the above information and have been given the opportunity to have my questions answered regarding my premium lens selection.

Patient Signature	Date
Witness Signature	Date

Informed Consent for Astigmatic Keratotomy (AK) or Limbal Relaxing Incisions (LRI)

This information, including the benefits, alternatives, and possible complications of surgery, is being provided to you so that you can make an informed decision about having astigmatic keratotomy ("AK") to treat your astigmatism. You are encouraged to ask questions about any procedure and have them answered to your satisfaction before agreeing to have the operation. Take as much time as you need to make your decision.

Astigmatic keratotomy is a surgical procedure which consists of making small curved incisions in the cornea, the clear front window of the eye, with a laser or small diamond blade. These cuts are made for the purpose of attempting to obtain a more spherical cornea. AK permanently changes the shape of the cornea. Although the goal of AK is to improve vision to the point of not needing to wear glasses, this result is not guaranteed.

AK is an elective procedure, there is no emergency condition or other reason that requires or demands that you have it performed. You could continue wearing contact lenses or glasses and have adequate visual acuity. This procedure, like all surgery, presents some risks, many of which are listed below. You should also understand that there might be other risks not known to your doctor that may become known later. Despite the best of care, complications and side effects may occur; should this happen in your case, the result might make your vision worse.

Alternatives to AK

If you decide not to have AK, there are other methods of correcting your astigmatism. These alternatives include, among others, eyeglasses, contact lenses, and other refractive surgical procedures such as PRK or LASIK.

I give my consent to my ophthalmologist to perform AK, and I declare that I understand the following: I have received no guarantee as to the success of my particular case. I understand that the following risks are associated with the procedure:

Potential Risks and Complications

1. I understand that there is a possibility that my vision may not improve with this surgery or that the desired

results of surgery may not be obtained. It is possible that I may require additional surgery at a later date or that I could still need glasses after surgery. It is possible that I may not be able to wear contact lenses after having this surgery.

2. As a result of the surgery, it is possible that I could lose vision or lose best-corrected vision. This could happen as a result of infection that could not be controlled with antibiotics or other means, which could even cause loss of my eye.

3. Irregular healing of incisions may cause the corneal surface to be distorted. In that case, it may be necessary for me to wear a contact lens to achieve useful vision, and there is a possibility that this may not restore useful vision.

4. I understand that I may experience incapacitating light sensitivity from sunlight or other bright light sources for a varying length of time, or possibly permanently.

5. I understand that I may experience incapacitating glare or halos from oncoming headlights or other bright light sources, particularly in the evening or nighttime, for a varying length of time or possibly permanently. I am aware that this may interfere with driving for an indefinite period both day and night, and I understand that I am not to drive until I am certain that my vision is adequate both day and night.

6. I understand that fluctuations or variation in vision may occur during the day during the initial stabilization period (up to three months or longer).

7. As occurs in all surgical procedures, scarring is the result of making incisions in living tissue. This particular surgery is no exception.

8. My eye will be more susceptible to a blow to the eye during the healing phase and possibly somewhat after healing as the microscopic scar tissue may not be as strong as the normal tissue. Protective eyewear is recommended for all contact and racquet sports where a direct blow to the eye could cause permanent injury to the eye.

9. Additional reported complications include corneal perforation, which could possibly require sutures; incisional inclusions, corneal vascularization, corneal ulcer formation, endothelial cell loss, epithelial healing defects, and very rarely, endophthalmitis (internal infection of the eye which could lead to permanent loss of vision).

10. I understand that, as with all types of surgery, there is a possibility of complications due to anesthesia, drug reactions, or other factors that may involve other parts of my body. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.

The details of the procedure known as AK have been presented to me in detail in this document and explained to me by my ophthalmologist. My ophthalmologist has answered all my questions to my satisfaction. I have read this informed consent form (or it has been read to me), and I fully understand it and the possible risks, complications, and benefits that can result from surgery. I therefore consent to AK surgery.

I wish to have AK performed on my _____ right _____ left eye.

_____ _____

Patient (or person authorized to sign for patient) Date

_____ _____

Witness Date

FINANCIAL DISCLOSURE

As a courtesy, on your behalf, it is the policy of Mohave Eye Center to bill your contracted insurance carrier for covered services, although you are ultimately responsible for the bill.

_____ 1. You are responsible for all portions assigned by your insurance carrier (deductibles, coinsurance, co-pay, non- covered services). All surgical procedures and follow up care will be billed to your MEDICAL insurance carrier not your vision insurance (if applicable).

_____ 2. I understand that it is my responsibility to know my insurance benefits and plan coverage. My insurance may or may not cover all billed services provided by Mohave Eye Centers physicians. Please check with your insurance carrier, prior to your visit, to fully understand the anticipated out of pocket costs. Upon request, Mohave Eye Center will provide the billing codes that will be sent to your carrier. The most common code is 66984 (cataract surgery with implant.)

_____ 3. I understand that if my account has a patient responsibility amount that is not paid within 90 days of the initial billing date, that my account will be placed with an outside collection agency. At that time, NO additional appointments will be made for delinquent accounts until they are brought current unless the appointment is of an urgent matter.

_____ 4. I understand the following No Show/ Cancellation Policy:
Surgical procedures canceled less than 48 hours prior to scheduled date, without immediate rescheduling, will be subject to a $100 cancelation fee. A surgery No Show WILL be charged a $100 fee.

_____ 5. I understand that the surgical facility will bill by insurance for facility charges **AND** Mohave Eye Center will bill my medical insurance for Dr. Stradling's service fees. **YOU WILL RECEIVE TWO SEPARATE BILLS FOR SURGERY.**

_____ 6. A refraction fee WILL be collected by your optometrist following services during the final post-operative visit. **THIS IS A NON COVERED SERVICE BY YOUR MEDICAL INSURANCE.**

Standard Cataract Surgery ***Silver** **Includes:** ❖ Standard Lens ❖ No astigmatism correction ❖ Will require glasses after surgery ☐ Dr. Recommends ☐ Patient Agrees _____ (Patient Initials) ☐ Patient Declines _____ (Patient Initials)	**Mild Astigmatism Package** ***Gold** $1,550 per eye (In addition to deductible & co-pay) ($750 Professional Fee, $800 facility) **Includes:** ❖ Standard Lens ❖ Astigmatism Correction with diamond limbal relaxing incisions ☐ Dr. Recommends ☐ Patient Agrees _____ (Patient Initials) ☐ Patient Declines _____ (Patient Initials) I understand by declining the astigmatism correction that I may need glasses to fine tune all distances after surgery.
Astigmatism Correcting Cataract Surgery *Platinum $2,600 per eye (In addition to deductible & co-pay) ($1,350 Professional Fee, $1,250 facility) **Includes:** ❖ Toric Lens (Astigmatism correcting lens) ☐ Dr. Recommends ☐ Patient Agrees _____ (Patient Initials) ☐ Patient Declines _____ (Patient Initials) I understand by declining the astigmatism correction that I may need glasses to fine tune all distances after surgery.	**Multifocal Cataract Surgery** ***Platinum Elite** $3,900 per eye (In addition to deductible & co-pay) ($2,150 Professional Fee, $1,750 facility) **Includes:** ❖ **Multifocal Lens** ❖ Astigmatism Correction ☐ Dr. Recommends ☐ Patient Agrees _____ (Patient Initials) ☐ Patient Declines _____ (Patient Initials)

Patient Name: _____ **Eye:** _____ **Surgery Date:** _____

The details of the different enhancements/features for cataract surgery have been explained to me. All of my questions have been answered to my satisfaction. I therefore consent to undergo cataract surgery with the above selected options. I understand this amount is not covered by insurance and is addition to any deductibles or co-pays due.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date

Critical Instructions and Appointment Guide:

FIRST EYE

FIRST EYE **Right / Left** **Cataract/Pterygium/Other**

Surgery Date: _____

The surgery center will call you one week prior to your surgery with your arrival time.

Location: Kingman: Mohave Eye Center 2110 Airway Ave.
Kingman, AZ 86409 Tel: (928) 753-2106

Medications: NONE (Dropless)	NSAID	STEROID	ANTIBIOTICS	OTHER
	Ketorolac	Prednisolone	Ofloxacin/Tobramycin	

1 DAY FOLLOW UP APPOINTMENT

DATE: ____/_____/20_____ **TIME:** _____am / pm

LOCATION: **Mohave Eye Center** Kingman **Mohave Eye Center** Bullhead City Referring Optometrist _____

SECOND EYE

SECOND EYE **Right / Left** **Cataract/Pterygium/Other**

Surgery Date: _____

The surgery center will call you one week prior to your surgery with your arrival time.

Location: Kingman: Mohave Eye Center 2110 Airway Ave.
Kingman, AZ 86409 Tel: (928) 753-2106

Medications: NONE (Dropless)	NSAID	STEROID	ANTIBIOTICS	OTHER
	Ketorolac	Prednisolone	Ofloxacin/Tobramycin	

1 DAY FOLLOW UP APPOINTMENT

DATE: ____/_____/20_____ **TIME:** _____am / pm

LOCATION: **Mohave Eye Center** Kingman **Mohave Eye Center** Bullhead City Referring Optometrist _____

Pre-Operative Instructions

ONE WEEK BEFORE

- Continue with all of your present medications unless instructed otherwise.
- If you have been prescribed medication for surgery, make sure you pick it up from your pharmacy prior to your scheduled surgery.
- Make arrangements for a ride **TO AND FROM** your surgery.

FOUR DAYS BEFORE

- Start your eyelid hygiene as directed.

DAY OF SURGERY

- Bring list of all medications/ dosages to facilitate nurse intake.
- Bring your Photo ID, Insurance card and any copays/ specialty lens payment.
- There are **NO** restrictions on eating or drinking prior to your surgery.
- **DO NOT** apply make-up or lotions on your face the day of the surgery.
- **DO NOT** bring valuables or any personal belongings to the surgery center.
- Bring your blood pressure medications with you to the surgery center.

Take all of your medications as prescribed. If you are diabetic and choose not to eat, **DO NOT** take your medications.

Eyelid Hygiene Kit Instructions

Start using the lid scrubs 4 days prior to your surgery.

Day 1: Morning and Night

Day 2: Morning and Night

Day 3: Morning and Night

Day 4: Surgery Day, MORNING ONLY!

Directions for use:

Step 1: First, wash and clean hands

Step 2: Tear open individual packet. Remove pre-moistened pad, unfold and wrap over index finger. Close eye and gently scrub eyelid and lashes using side to side strokes.

Step 3: Turn pad over and use opposite side to repeat procedure with the other eyelid. One pad can be used for both eyelids.

Step 4: Rinse eyelids and lashes thoroughly with water and pat dry with a clean towel.

Postoperative Instructions:

Cataract surgery is one of our most successful and technologically advanced surgeries. However, even the best surgery can have problems when postoperative instructions are not followed. Please read through this information carefully; it tells you specific instructions for the first 24 hours after your cataract surgery.

- It is common for the eye to feel scratchy or the feeling of a small pebble. Keep the eye closed. This should resolve within 12-24 hours. If necessary, use preservative-free artificial tears 2-4 times daily
- Keep the plastic shield covering the eye at all times until you are seen for your first postoperative appointment. You may carefully lift it if drops need to be applied. As an added precaution, continue wearing the shield when sleeping for the first week.
- Use Tylenol for any pain or discomfort. The usual dose is two, 500 mg pills every six hours.
- It is common to have blurry vision on the day of surgery. If you experience decreased vision after the first day, severe pain or headache, nausea, or vomiting, within the first 24 hours call Mohave Eye Center on-call service, even if it is a weekend or late at night.
- Your surgeon can best be reached by calling the office number (928) 753-2106 at all hours, including after hours, as the on-call service has several ways to get in contact with your surgeon.
- Keep your activity to a low level. No strenuous exercise or heavy lifting (30 lbs. or more) for 7 days. No bouncing. Limit intimate activities for the first three days.
- Do not rub or put any pressure against your eye.
- Because sedating medications may still be in your system, avoid driving, alcohol, operating equipment or machinery, and making important decisions for 24 hours after your procedure.
- No reading. Working on the computer, or watching TV for 24 hours.
- You may bathe or shower tomorrow. Be careful to not get soap or water in the operated eye. You may remove the shield briefly if necessary during this time, but avoid rubbing the eye.
- Most importantly, if you have any questions or problems CALL US IMMEDIATELY. We are available 24/7.
- There are no restrictions on flying for normal cataract sugery. However, extremely rare, if you have severe complications you may not be able to fly.

Office/On-Call, 24-Hour Service: (928) 753-2106

☐ Kingman

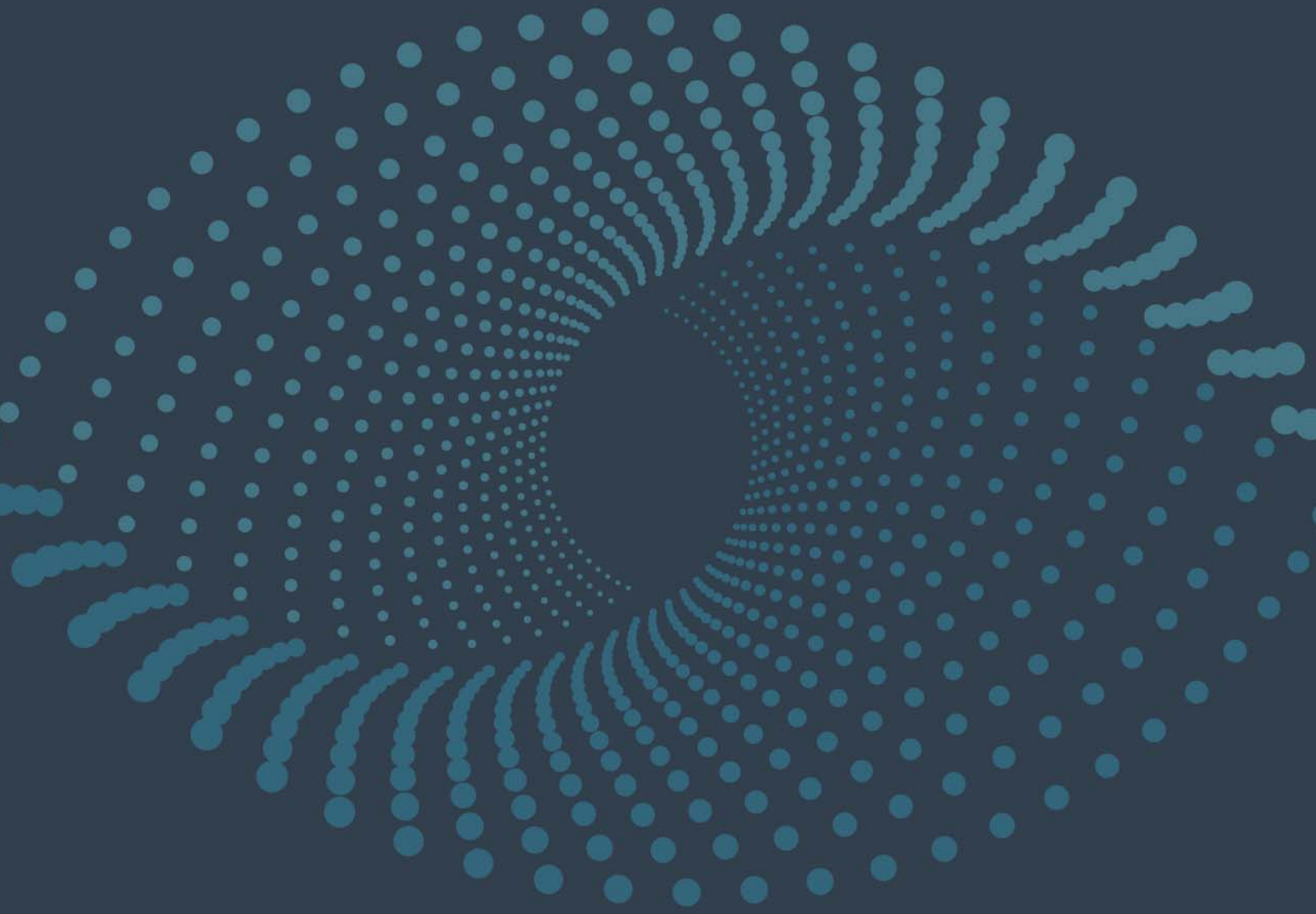
Mohave Eye Center

2110 Airway Ave, Kingman Arizona 86409
Phone: (928) 753-2106

You, as the patient, have the right to choose the doctor and facility of your choice for health related services.

Please invite your friends and family to Visit Mohave Eye Center

We have worked hard to give patients the best results and the best experience through all aspects of their cataract surgery experience. If you feel like you have had great treatment, please share our clinic information with your friends and family. We look forward to helping them achieve optimal vision and ocular health.



MOHAVE EYE
CENTER

MohaveEyeCenter.com

2110 Airway Ave
Kingman, AZ 86409
(928) 753-2106

3003 Hwy 95, Suite 11
Bullhead City, AZ 86442
(928) 763-1000