



PACIFIC EYE CO-MANAGEMENT TREATMENT PLAN Patient Education Handout

This information is designed for patients who have been diagnosed as having cataracts and who intend to have cataract surgery. Cataract Surgery is the most common and one of the safest surgeries done in the United States. Any surgical procedure contains some element of risk in the post-operative period. For your health and safety, it is imperative that you receive proper follow-up care after your cataract surgery. This fact sheet will explain what follow-care is, and who is qualified to perform it for you.

What is Follow-Up Care?

After your cataract surgery, you will have several appointments with an eye care professional. You should understand that complications may not necessarily occur during the surgery but may occur after the surgery has been performed. For this reason, it is imperative that you have appropriate care by a qualified eye care professional following your surgery.

He or she will perform tests to measure your visual acuity as well as monitor your intraocular pressure as well as ensuring the healing process goes smoothly and, ultimately, if necessary, fit you for eye glasses. In addition, your doctor will ensure that any post-surgery complications are detected and treated. This series of visits is called your “follow-up care.”

Who Is Qualified to Provide Follow-Up Care?

It is critical that your follow-up care be performed by a qualified eye care professional familiar with your case. Several different practitioners are qualified to provide this service. You should understand the roles that each may play in your recovery.

Your Surgeon: Your surgeon is a licensed ophthalmologist, a medical doctor who specializes in diseases and surgeries of the eye and who will implant your lens. Your surgeon will always see you one day after surgery to insure that your recovery is progressing normally. Your Surgeon will also determine when you can be released from his or her care to return to your optometrist for further follow-up visits as well as post-operative glasses, if needed.

Your Optometrist: While you may request to receive your follow-up care from your surgeon, Doctors of Optometry are eye care professionals trained, licensed, and fully qualified to provide follow up care once you are “released” by your surgeon. Most patients find it very convenient to return to their optometrist for post-operative care and services. Your optometrist is also the vision specialist who will examine and fit you for glasses, if necessary, after recovery. Your optometrist works together with your surgeon to make your follow-up care as convenient as possible for you. If problems develop

during the post-surgery follow up period, your optometrist and your surgeon will communicate regarding your care until these have resolved.

SUMMARY

We hope this summary has helped to explain some facts about the cataract surgical process. Your optometrist and surgeon will explain the improvements in your vision that you may enjoy after cataract surgery. If you have any questions or concerns, now is the time to raise them.

You may contact your optometrist or your surgeon at any time, before or after surgery, to answer your questions or address concerns.

Patient Name: _____

Patient Confirmation

Dr. _____ will be performing cataract surgery on me on _____. It is my desire to have my own optometrist, Dr. _____ perform my post-operative follow-up care. I have discussed this post-operative selection with my surgeon. My surgeon has informed me that an optometrist may lawfully provide post-operative care under applicable state law. I understand that my optometrist will contact my surgeon immediately if I experience any complications related to my eye surgery. I understand that I may also contact my surgeon at any time after the surgery.

Patient: _____ Date: _____

Surgeon: _____ Date: _____

Optometrist Confirmation

I have agreed to provide follow-up care for _____. I will see the patient after surgery when Dr. _____ notifies me that he is releasing the patient to my care. I agree to notify Dr. _____ immediately should complications arise, and to provide written progress reports during my portion of the post-operative period.

Optometrist: _____ Date: _____

PLEASE SIGN AND FAX TO:

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 REFRACTIVE DEPARTMENT
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