

Welcome to Shady Grove Ophthalmology!

Thank you for choosing Shady Grove Ophthalmology to take care of your eye health and vision needs. Dr. Anthony Roberts, MD has been in practice for 22 years. We strive to make your visit with us a pleasant experience, offering you the highest quality eyecare using state of the art technologies.



A member of the American Academy of Ophthalmology, The American Society of Cataract and Refractive Surgery, Dr. Roberts has been in practice since 1996. He has extensive experience in refractive surgery with other 70,000 refractive procedures including Lasik, PRK, Cataract extractions, and Refractive Lens Exchange procedures.

We understand that cataract surgery is one of the most important and potentially life-changing decisions you will make. Our team of eye care professionals is specially trained in the latest advances in cataract care. We offer a variety of lenses, including options to treat astigmatism and reduce your dependence on glasses after surgery. Our team is committed to helping you find the most suitable option to meet your personal vision and lifestyle needs.

We have prepared this packet specifically for you to help you make a more informed decision about cataract surgery and the type of vision you deserve for the rest for your life.

Our eye care team is here to serve and support you.

If there is anything that you do not understand, please do not hesitate to ask any of our excellent staff.

Best regards,

Anthony Roberts, MD
(301)279-2770



INFORMED CONSENT FOR CATARACT SURGERY

WHAT IS A CATARACT AND HOW IS IT TREATED?

The lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will continue to get worse.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

WHAT TYPES OF IOLs ARE AVAILABLE?

Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This can make your vision blurry. In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid. The major risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.

Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night.

The ophthalmologist might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced.

Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

PATIENT’S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery. I have checked my choice for astigmatism correction and type of IOL.

Monofocal IOL/Glasses Option

I wish to have a cataract operation with a monofocal IOL on my _____ (state “right” or “left” eye) and wear glasses for _____ (state “near” or “distance”) vision.

Multifocal IOL Option (may still need glasses)

I wish to have a cataract operation with a _____ multifocal IOL implant (state name of implant) on my _____ (state “right” or “left”) eye.

Toric monofocal IOL/Glasses Option for Astigmatism Reduction

I wish to have a cataract operation with a toric monofocal IOL on my _____ (state “right” or “left” eye) and wear glasses for _____ (state “near” or “distance”) vision.

Toric multifocal IOL (may still need glasses) for Astigmatism Reduction

I wish to have a cataract operation with a toric multifocal IOL on my _____ (state “right” or “left” eye).

I understand that payment for premium IOLs are required 5 business days prior to your surgery date.

Patient (or person authorized to sign for patient)

Date



SHADY GROVE OPHTHALMOLOGY™

Anthony O. Roberts

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www.ShadyGroveOphthalmology.com

“PRE OP FORM”

Surgery Date/Time: _____ **for your right / left eye.**

First Post Op Appointment Date/Time: _____

Your surgery is scheduled at:

Palisades Surgical Center 4831 Cordell Avenue Bethesda, MD 20814 (301) 657-8200	Montgomery Surgery Center 46 West Gude Dr. Rockville Md 20850 (301) 424-6905	Shady Grove Adventist Hospital 9901 Medical Center Dr. Rockville MD 20850 (240) 826-6000
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Arrive at facility 1 ½ hours prior to time of surgery.

During this time dilating and anesthetic eye drops will be given to the operative eye.

An IV will be placed in your arm for instillation of meds should the need arise.

1. No solid foods including dairy (milk) products after midnight (2400) on the night before surgery.
2. Clear liquids may be consumed up to 4 hours prior to time of surgery. Clear liquids should be limited to the following: clear apple juice, tea, coffee plain Jell-O, ginger ale, Gatorade, and water.
3. If diabetic, do not take insulin or oral hypoglycemic meds on the morning of surgery.
4. If taking aspirin, stop the day before surgery.
5. If taking Flomax, stop one week before surgery.

****Prescriptions for medication eye drops will be sent to your pharmacy 1 week before your surgery. You will need to start them two days before surgery**

❖ Two (2) Days BEFORE Surgery:

- 1 drop Prolensa applied to operated eye 1 time a day.
- 1 drop of Tobradex applied to operated eye 1 time a day.

❖ Day of Surgery: 1 drop of Prolensa and tobradex in the morning

❖ After your surgery: Follow your **“Post Op Instruction”** sheet

For any additional questions or concerns, please call our surgical coordinator at (301) 279-2770.



Cataract “Post Op Instruction” Sheet



Prolensa: *1 drop in ___ eye once a day for 1 month.*



Tobradex:

1 drop in ___ eye 4 times a day for 7 days

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

THEN 3 times a day for 7 days

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

THEN 2 time a day for 7 days

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/>						
<input type="checkbox"/>						

THEN 1 time a day for 7 days

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/>						

1. Bring **ALL** of your eye drops to each visit.
2. Activities are relatively normal. You may read, watch TV, etc.
3. You may bend and stoop gently.
4. Place the eye shield over the eye and secure with any type of tape (for 5 nights)
(Scotch, Transpore, Paper Tape, etc.)
5. For discomfort, take Tylenol or extra strength Tylenol.
*Avoid Aspirin for 48 hours post-operatively unless discussed with Dr. Roberts
6. Normal showers may be taken immediately post-operatively.
7. Keep eyes closed when washing face for the first 48 hours.

Call Dr. Roberts immediately at 301-704-4038 if severe pain or symptoms occur.



SHADY GROVE OPHTHALMOLOGY™

Lifestyle Questionnaire

Patient Name: _____

There are a variety of options for cataract surgery that will not only give you clearer vision but can also reduce your dependency on glasses. Each option has potential advantages and disadvantages, depending on your lifestyle and the activities you enjoy. Please help us to better understand what is important to you in order to determine which option is best suited for your lifestyle and eye health.

What is (or was) your occupation? _____

Please circle the following activities you do on a regular basis:

- | | | | |
|-----------------------------|-----------------|---------------------------|-------------------------|
| Read Newspapers/Books | Drive-Nighttime | Play a musical instrument | Use Cellphone |
| Read medicine bottles | Shop | Dine in Restaurants | Watch movies in theatre |
| Needlepoint/Sew | Play Tennis | Bicycle | Photography |
| Crossword Puzzles | Hunt or Fish | Play cards/Dominos | Cook |
| Participate in water sports | Paint/Draw | Use the computer | Paperwork/Writing |
| Drive-Daytime | Watch Sports | Golf | Visit/Care for children |

Are you having difficulty with any of the activities listed above as a result of your vision? Yes / No

How many combined hours per day do you spend on a computer, tablet, and/or smartphone? _____

Please share anything else you think might be important about your lifestyle or daily activities:

Are there times in your day that you wish you didn't have to wear glasses? Yes / No

If yes, explain when: _____

Please place and "X" on each continuum where it best describes how you feel about the following:

	I want to wear glasses	I don't want to wear glasses
Correction of near vision: (e.g., reading, use of phone)	<input style="width: 100%; height: 20px;" type="text"/>	
Correction of Intermediate Vision (e.g., using a tablet/computer)	<input style="width: 100%; height: 20px;" type="text"/>	
Correction of distance vision: (e.g., driving, watching television)	<input style="width: 100%; height: 20px;" type="text"/>	

Patient Signature _____