

Welcome to Eye Care of Delaware and thank you for choosing Dr. Jeffrey R. Boyd and his staff for your cataract evaluation. At your upcoming appointment, we will be doing extensive testing and measurements of your eyes. The purpose of this testing is to give you the best possible outcome from cataract surgery. The testing and measurements are more accurate when the surface of your eye is clean, healthy and without significant dryness.

We ask that you do the following prior to your appointment

- ✓ Please discontinue wearing soft contact lenses **2 weeks** before your evaluation. Rigid Gas Permeable (RGP or hard lenses) should be removed at least **4 weeks** prior to your evaluation.
- ✓ Please stop using any eye cosmetics **1 week** prior to your evaluation

We also recommend starting the following regimen two weeks prior to your evaluation:

- ✓ Use artificial tear eye drops at least 4 times a day.
- ✓ Apply warm compresses to your eyes twice a day.
- ✓ Immediately after the warm compresses, thoroughly clean your eyelids with either a clean washcloth or Q-tip. Make sure to remove any cosmetics, discharge, crusting, or mucous from your eyelids and lashes.

For your convenience, our office has Dry Eye Convenience Kits available for purchase for \$50.00. If you are able, we encourage you to obtain a kit prior to your visit and begin using it, as it has all of the necessary information and supplies needed to properly prepare your eyes for your upcoming evaluation and surgery.

Additional information for your upcoming appointment:

- ✓ Please allow a **minimum of 2-3 hours** for your visit. Your cataract evaluation consists of extensive testing and a dilated medical eye exam.
- ✓ In order to shorten your appointment time, please watch the short, educational video on our website www.eyecareofdelaware.com. The video can be located under the **Resources** section of the Home Page.
- ✓ Cataract treatment offers many options for vision correction at the time of surgery. Enclosed in this packet are the different cataract surgery options offered at Eye Care of Delaware. It is important that you review these options so that you are better able to make informed decisions about your surgery.
- ✓ We strongly recommend that you bring a driver or companion to your appointment as your eyes will be dilated, however it is not a requirement that you do so.
- ✓ Please bring the following items to your appointment:
 - ___ Current Eyeglasses
 - ___ Completed Patient History Form, including a list of all medications and eye drops that you are taking
 - ___ Lifestyle Questionnaire (Included in this packet)
 - ___ Current insurance cards (medical) and a valid photo ID
 - ___ Payment for copays and deductibles (cash, check, American Express, Discover, MasterCard, Visa)
 - ___ Ensure that your primary care physician has submitted a referral if required by your insurance
- ✓ Insurance
 - Eye Care of Delaware specializes in medical conditions of the eye and we bill medical insurance for your visit. We do not accept vision insurance. If your insurance plan requires a referral for a specialist visit, you are responsible for obtaining the referral from your primary care physician (this is different from your optometrist referral). **Patients arriving without their referral will be required to reschedule their visit.**
 - Copays, coinsurance and deductibles are collected at the time of service.

CATARACT VISION OPTIONS

Dr. Jeffrey Boyd and the staff at Eye Care of Delaware strive to provide the best quality of care and customized vision solutions for our patients. We try to educate our patients about cataract surgery options so you are fully informed before any decisions need to be made.

Cataracts are a normal part of aging. Being diagnosed with a cataract may seem frightening at first; however, thanks to advancements in technology, cataract surgery is now considered to be one of the safest and most successful surgeries in the United States today.

Please keep in mind that you only get cataracts once in your lifetime. We offer several different lens options to meet your lifestyle needs. Please reference the attached sheet for cataract surgery options.

COMMON TERMS

CATARACT

A cataract is a clouding of all or part of the normally clear lens within your eye. The clouding of the lens usually happens slowly over time, but a cataract will progress until your vision eventually becomes blurry. Once your blurry vision begins to interfere with your daily activities, cataract surgery can help restore and enhance both your vision and quality of life.

ASTIGMATISM

Some eyes have an uneven curvature called astigmatism which makes objects look out of focus or blurry and many patients wear glasses or contact lenses to decrease the effect of astigmatism. A toric lens or laser-assisted cataract surgery can correct or reduce your corneal astigmatism at the time of the surgery. The basic monofocal IOL (intraocular lens) does not correct astigmatism.

PRESBYOPIA

Presbyopia literally means "old vision". A normal and youthful lens is soft and pliable so it can change shape and focus on near objects. As you age, your lens hardens and loses focusing power. Eventually, it can no longer change shape and focus for near vision and you need to wear "reading glasses" or bifocals to compensate. There are now IOLs (intraocular lenses) that can restore your previous "expanded range of vision".

A member of our staff will meet with you at the cataract evaluation appointment to explain different options for vision correction with cataract surgery. It is important to review the included information in order to make an informed decision about your cataract surgery.

**If you have any questions, please do not hesitate to call us at the numbers listed below.
We look forward to meeting you and helping you see better!**

**Eye Care of Delaware
4102 Ogetown-Stanton Road, Ste 1
Newark, DE 19713
P: (302) 454-8800
F: (302) 454-1329**

LIFESTYLE QUESTIONNAIRE

Patient Name: _____

Date of Birth: _____

Cataract

Secondary Membrane

Do you have difficulty, **EVEN WITH GLASSES**, with the following activities? Please answer these questions pertaining to the eye with the worst vision, not both eyes seeing together.

1. Reading small print such as medicine bottle labels, a telephone book or texts on your cell phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
2. Reading a newspaper, book, or restaurant menu?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
3. Driving (nighttime, glares, halos, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
4. Reading traffic signs, street signs or store signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
5. Performing hobbies (computer, crafts, sports, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
6. Writing checks or filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
7. Playing games such as bingo, dominos or crossword puzzles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great
8. Watching television (TV guide, weather, sports, news scrolls)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes, how much difficulty do you currently have?	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Great

What is your desire to get rid of glasses: Totally Partially Don't care

What is most important to you: Close up vision Mid-range vision Distance vision

Patient Signature: _____

Date: _____