

The Harman Eye Clinic

A Patient Guide To Cataract Surgery





Welcome!

The American Academy of Ophthalmology estimates that cataracts affect 22 million people in the US. We have been performing cataract surgery since 1984. We understand how nervous people can be when they anticipate eye surgery. The more you know, the more you can participate in the success of your surgery.

In this guide, we will discuss the overall process of cataract surgery so you will know what to expect and how to prepare. We will also take a look at Medicare policies that create a safe environment for you so that you will be able to move forward with confidence.

- the Doctors and Staff at The Harman Eye Clinic



Welcome



Meet Our Surgeons



Preoperative Physical

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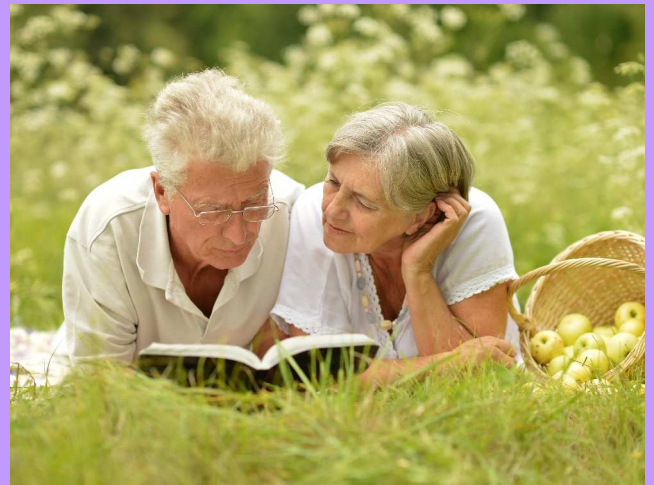
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Great caring and professional staff.

-Patient Review



How Fast Will I Recover?



Seven Essentials To Remember



Your Appointments



Bruce Ballon, M.D.

First received his BA in East Asian Studies, 1981

Speaks and writes fluent Mandarin

Received his Medical Degree from the Medical College of Virginia, 1988

His internship, Internal Medicine, was completed at the University of North Carolina, Chapel Hill.

During 1989-1992, Dr. Ballon's Residency was completed at the renowned Duke University Eye Center

Dr. Ballon loves to play tennis.

He practices yoga and relaxes through Chinese watercolor painting

He practiced at the prestigious Hawaiian Eye Center as well as at the Lafayette Eye Center and North Cascade Eye Associates here in the Pacific Northwest

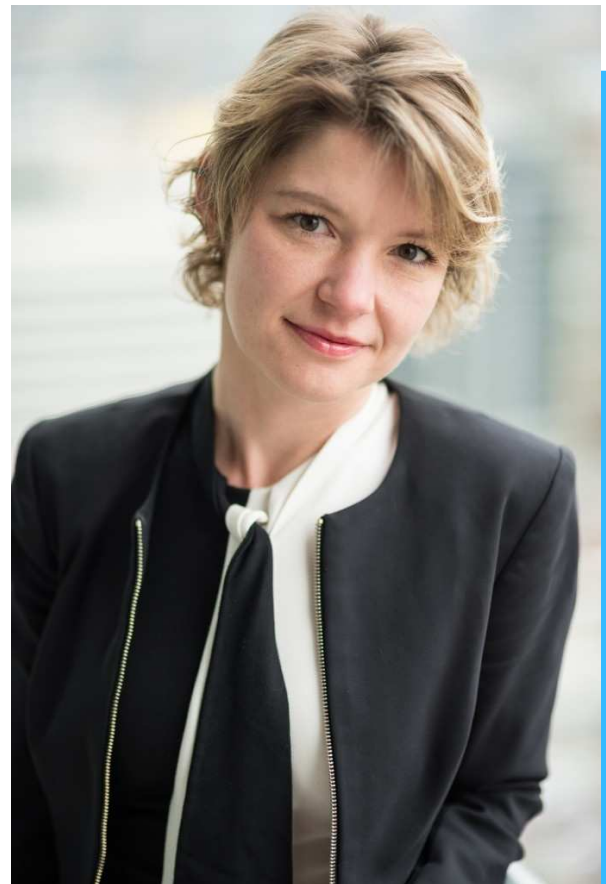
He joined The Harman Eye Clinic in 2002

All of our doctors are highly skilled eye surgeons, board certified by The Academy of Ophthalmology.

Each one is a seasoned surgeon that performs all laser CustomVue iLASIK, PRK, Refractive Lens Exchange, cataract surgery with standard or premium upgrade lifestyle lenses, as well as seeing patients for comprehensive exams.

Our patients enjoy in-depth explanations and education and the personalized approach to creating a custom treatment to meet their unique needs.

Our surgeons believe that the relationship between doctor and patient is the most important element to successful eye surgery.



Bruce Wietharn, M.D.

A Fellow in Cornea and Refractive Surgery, completed at Jules Stein Eye Institute, UCLA

His Residency in Ophthalmology was completed in June of 2003 at the University of Florida

Received his Medical Degree from Tulane University School of Medicine, New Orleans, LA, 1996

Dr. Wietharn holds a bachelor of arts degree in biology, and graduated in 1991 from Johns Hopkins University, Baltimore, Maryland

Served as a lieutenant, Medical Corps, U.S. Navy

Received the Navy and Marine Corps Commendation Medal for Meritorious Service while serving as Medical Officer in USS California from August 1996 to July 1999

Joined The Harman Eye Clinic in 2004



MEET OUR SURGEONS

Natalia Bajenova, M.D.

Came to the United States from Russia, 1999

Speaks fluent Russian and English

She attended Khabarovsk Medical University, Khabarovsk, Russia, 1994-1999

From the University of Washington, she received a Bachelor of Science, cum laude in Biology with minor in Music, 2003

She earned her Doctorate in Medicine, with honors, University of Washington School of Medicine, 2008

Her Ophthalmology Residency was completed in Kellogg Eye Center, Ann Arbor, MI, 2012

Joined The Harman Eye Clinic in 2012

Understanding Why Your Vision Has Changed

What are cataracts?

The human eye is like a camera, your eye has a clear lens through which light passes for you to see. When the lens of the eye is cloudy, not as much light can pass through the lens. A cataract is a medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred, fuzzy vision.

What causes cataracts?

The lens inside of your eyes naturally becomes cloudy over time. Cataracts can also be caused by UV light exposure, diet, eye trauma, previous eye surgeries and certain types of medications. It is said that if you live long enough everyone will get cataracts.

What is the current treatment for cataracts?

Cataract surgery is a simple, relatively painless procedure. The surgery is the most frequently performed procedure in the United States, and also one of the most successful. During surgery, a small incision is made in the eye to remove the cloudy lens and replace it with a clear lens implant.

How do I know if a cataract is developing?

One of the first noticeable symptoms of cataracts is a bothersome glare that makes night driving difficult. Other symptoms include halos around lights, light sensitivity, double vision in one eye or temporarily improved near vision.

How do I know I am ready for cataract surgery?

It is hard to make a decision about when to have cataract surgery. They usually come on so gradually, you may not even notice your vision has changed. You are likely ready for surgery when you can no longer see well enough to do the things you enjoy in your everyday life. These might include driving at night, reading, painting, sewing, golfing and other hobbies.



Does your vision make it a challenge for you to:

- Read the newspaper?
- Read a book?
- Read a traffic sign?
- Drive in the rain?
- Drive in bright sunshine?
- Drive in the fog?
- See a road sign at a distance?
- Recognize a face from across the room?
- Read the television menu?
- Enjoy your hobbies?

Do you have difficulty judging distance:

- Seeing steps?
- Walking down stairs?
- While driving?

Do you have trouble:

- Transitioning from bright light to dark?
- Driving through a tunnel?
- Seeing objects in the shade when you are in the sunshine?

Are you bothered by:

- Poor night vision?
 - Seeing star-bursting or rings around lights?
 - Glare from headlights?
 - Glare from sunshine?
 - Blurry vision?
 - Eyes are fighting each other?
 - Needing brighter light to read?
 - Being fearful during the daytime due to your vision?
 - Being fearful during the night or dusk due to your vision?
 - Avoiding driving due to your vision?
-

What To Expect

Consultation With Your Surgeon

Medicare requires that a surgeon evaluate each patient. Your initial visit will take approximately 2 hours, and this will include a dilated examination. After your appointment you may experience light sensitivity for a few hours. You may want to bring someone to drive you home. Our surgeons wish to build a relationship through personalized education so that you can make a lasting informed consent. At your request, a copy of the informed consent video can be emailed for your review prior to the consultation. *If surgery is not scheduled within 30 days of your consultation, Medicare facility guidelines require a repeat exam prior to surgery.*

Patient Portal

You can minimize the time spent in clinic by obtaining a login and password to your patient portal. Prior to your appointment, you will be able to register your demographic information, list your medications, previous surgeries, and past health conditions.

Lens Measurements

A lens implant contains a power similar to a glasses prescription. A preoperative measurement is completed with the use of an optical biometer. This measurement provides the information needed for your surgeon to choose the optimal lens power for you. Contact lens wear can reduce the accuracy of this measurement, see "Special Instructions for Contact Lens Wearers" on the next page.

Refraction

The refraction is a test used to determine your best possible vision and allows your surgeon to determine how the cataracts are affecting your vision. When a surgery patient is referred to our practice from our co-managing doctors with a refraction already done, there is no refraction fee in the cataract consultation.

Financial Information

Our billing office will contact your insurance company to verify benefits, and they will call you with the insurance **estimated** report. We are a Medicare approved facility and preferred providers for many insurance plans. Please let us know your current insurance information either by phone or through your patient portal, including any second and third policies you may carry. Please make arrangements to pay the **estimated** patient responsibility on surgery day.

You can expect to receive up to three different invoices:

The Harman Eye Clinic invoice (Surgeon fee and Facility fee)

Dr. Drew Scheele & Associates (Anesthesia provider)

Co-managing doctor invoice (If your eye care doctor shares in your care)

Special Instructions for Contact Lens Wearers

Contact lenses can change the shape of your eyes, affecting the measurements for your lens implants.

For the most accurate measurements, you need to discontinue wearing your contact lenses and allow time for your eye to return to its natural shape.

Soft lenses - 2 weeks

Hard lenses - 3 weeks plus an additional week for every 10 years you have worn them

If you choose a Vision Correction package or you choose to take advantage of the ORA calculation, your surgeon asks you to remain out of your contacts until the day of surgery.

Before you commit to being without your contact lenses, you may choose to have a preliminary exam to meet with your surgeon and see if cataract surgery would benefit you. At this visit, you and your doctor can decide on a plan to transition from contacts to glasses. After being out of your contacts the recommended amount of time, you will require a second visit to complete the consultation prior to the day of surgery.



Astigmatism, Presbyopia and Cataract Surgery

Astigmatism

Astigmatism is a distortion in the curvature of your cornea or in the shape of the eye's natural lens. In an eye without astigmatism, the cornea and lens are smooth and curved equally in all directions, helping to focus light rays sharply on the retina at the back of your eye. However, if your cornea or lens is not smooth and evenly curved, light rays are not refracted properly, causing blurry vision.

Today's technology allows eye surgeons to correct both cataracts and astigmatism at the same time. Ask your surgeon if a Toric (astigmatism correcting) lens implant may be right for you.

Presbyopia

Presbyopia is the natural loss of near focusing ability that occurs with age. Most people begin to notice the effects of presbyopia sometime after age 40, when they start having trouble seeing small print clearly.

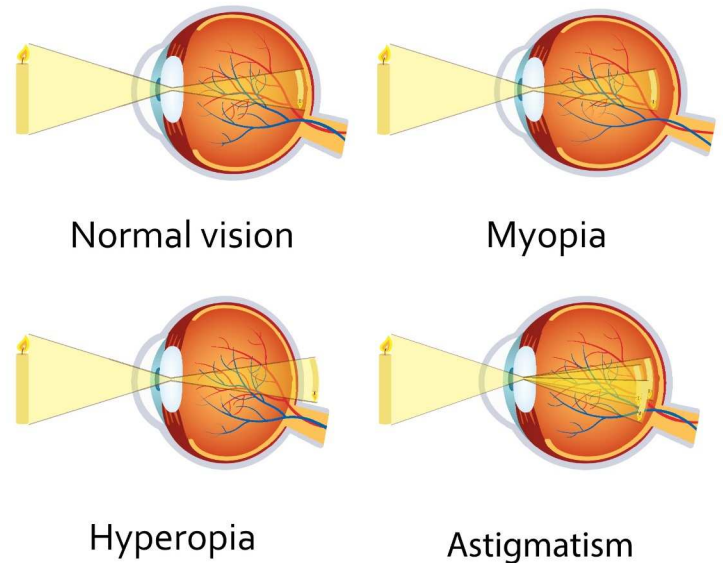
You can't escape presbyopia, even if you've never had a vision problem before. Even people who are nearsighted will notice that their near vision blurs when they wear their usual eyeglasses or contact lenses to correct their distance vision.

Will I need glasses after surgery?

In most cases, after cataract surgery your dependence on eyeglasses is greatly reduced. It is important to understand that since everyone's vision, expectation, and lifestyles differ, it is difficult to determine how much you individually will be dependent on glasses after surgery. Because our standard lens implant does not treat presbyopia, you will need to continue to wear glasses for your best near vision.

We are proud to offer Vision Correction packages that can help reduce your dependence on reading glasses after cataract surgery! Ask your surgeon if this is an option for you.

VISION DISORDERS



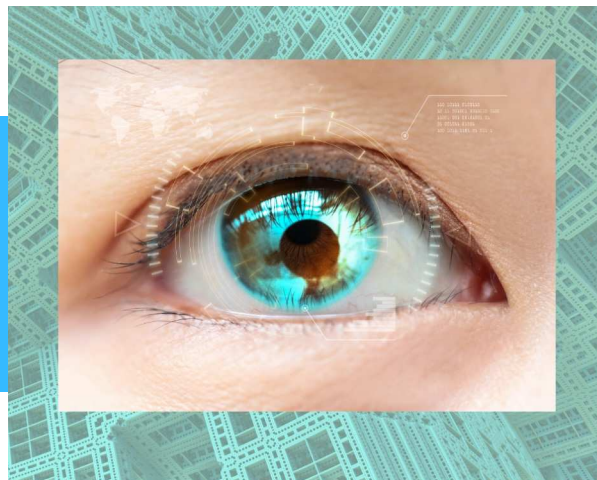
Optiwave Refractive Analysis System (ORA)

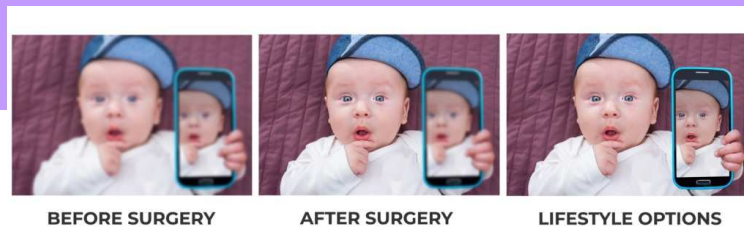
Utilizing an advanced technology, called the ORA System, your surgeon obtains an analysis of your eye during your procedure. ORA measurements are taken after the cloudy cataract is removed and your surgeon has a clear view of your eye length. The ORA System takes a continuous scan of the aphakic (no lens present) eye to confirm the lens power or refine the choice of lens if needed. Current studies show that accuracy in lens choice is increased 3 to 10% when ORA is done at the time of surgery.

Patients who may benefit the most from the ORA System with standard cataract surgery fall into these categories:

- Prior refractive surgery
- High myopia (very nearsighted)
- High hyperopia (very farsighted)
- High astigmatism (corneal)
- Lenticular astigmatism (in your lens/cataract)
- Asymmetric axial length (significant difference between your eyes)
- High visual demands in your daily activity
- Higher than average expectations
- Perfectionist personality
- Motivated to be less dependent on glasses

The ORA is not recognized as a covered benefit by the insurance industry; there is a nominal out-of-pocket fee should you wish to receive this benefit. The ORA is included in the Vision Correction package.





For our patients that are motivated to be less dependent on glasses, we offer Vision Correction packages. When you choose cataract surgery with Vision Correction, we use additional state-of-the-art technology to allow you to be less dependent on glasses for many activities. Vision Correction uses current technology to treat both cataracts and presbyopia, while improving a range of vision. Unlike standard lenses that often require patients to wear reading glasses, these technologies allow patients to be less dependent on glasses for their everyday activities.

What is the difference between Cataract Surgery and Cataract Surgery with Vision Correction
Cataract surgery is the removal of the cloudy lens and imputation of a clear lens, which eliminates the haze and decreased vision associated with the cataract.

Cataract Surgery with Vision Correction involves advanced tools to remove your cataract AND reduce your dependence on glasses. Your surgeon will use advanced technologies to determine the best individualized surgical treatment based on your lifestyle, activities, and desired vision outcome. You and your surgeon will discuss whether cataract surgery with Vision Correction will meet your specific needs.

Will my insurance pay for Cataract Surgery with Vision Correction?

No, the technology used in cataract surgery with Vision Correction to reduce your dependence on glasses is considered “not medically necessary” and is not covered by insurance. Insurance will pay for medically necessary cataract surgery to replace the cloudy lens so that you can see better with new glasses. You are responsible for paying copays, deductibles, coinsurance and the cost of the additional technology used in cataract surgery with Vision Correction.



5 STEPS TO VISION CORRECTION

First Step: You may be experiencing the effects of cataracts; everything may appear fuzzier, dimmer, and driving at night may be an unwelcome challenge.

Second Step: When you opt for the traditional lens implant, your vision will be brighter and clearer, however, you will likely need glasses to optimize your vision for some activities such as reading, computer and driving. If you like wearing glasses, this may be the choice for you.

Third Step: If you decide to have cataract surgery with Vision Correction, you can reduce your dependence on glasses for most activities. You may find there are times that you wish to wear glasses to fine tune your vision such as fine print reading and night driving.

Fourth Step: Review your overall health. It plays an important part in reducing your dependence on wearing glasses. Allergies, medications and some health conditions may cause other eye issues that can affect your dependence on glasses. Your eye doctor will be able to address these concerns.

Fifth Step, and this is most important: Your surgeon will work with you to design a tailored treatment based on your lifestyle, desired outcome and vision preference.



Less Hassle After Cataract Surgery

In an effort to improve your experience with cataract surgery, we offer the option of cataract surgery with little to no post-operative eye drops. This means that the drops previously used for cataract surgery will be eliminated or reduced for the majority of our patients. During surgery in a sterile environment, antibiotics and steroids are injected directly within the eye while you are comfortably sedated. We refer to this method as "DROPLESS" cataract surgery. These antibiotics and steroids are released throughout the post-operative period and protect the eye from infection and inflammation.

Why does this make cataract surgery easier?

Standardly, topical eye drops are needed to prevent infection and reduce inflammation related to cataract surgery. They require to be instilled multiple times a day, starting a few days before surgery and for many weeks after. "DROPLESS" cataract surgery allows less hassle and confusion with eye drops.

Are there any side-effects from this technique?

Patients can expect their vision to be somewhat blurry and see floaters for a few days after surgery. We ask our patients to sit up in a chair or a recliner for a few hours after surgery. Think of your eye as a snow globe, to allow the medication to settle down at the bottom of the eye, it is helpful to sit up. When you move around, you may see particles of the medicine and notice floaters. The medicine will absorb and become less noticeable over time.

How does it help me?

"DROPLESS" cataract surgery will save you time, as topical eye drops require multiple doses daily. This technique will also save you money, as this medications can be costly. Because the special blend of antibiotic and steroids is administered during your cataract surgery, we include this in the cost of surgery. You can be reassured that the antibiotic and steroids are working inside your eye where they are most effective.

Are there instances where my surgeon may NOT recommend "DROPLESS" cataract surgery?

Some patients with specific eye conditions or allergies to medications may not be candidates for "DROPLESS" cataract surgery. If this applies to you, your surgeon will give clear explanation as to why. We will ensure you have written instructions for any eye drops that are necessary.

Preoperative Physical with Primary Care Doctor

Because we utilize conscious sedation, our anesthesiologist requires preoperative clearance from your primary care doctor.

The preoperative physical is required for all patients over the age of 60 and patients with chronic health problems, including but not limited to:

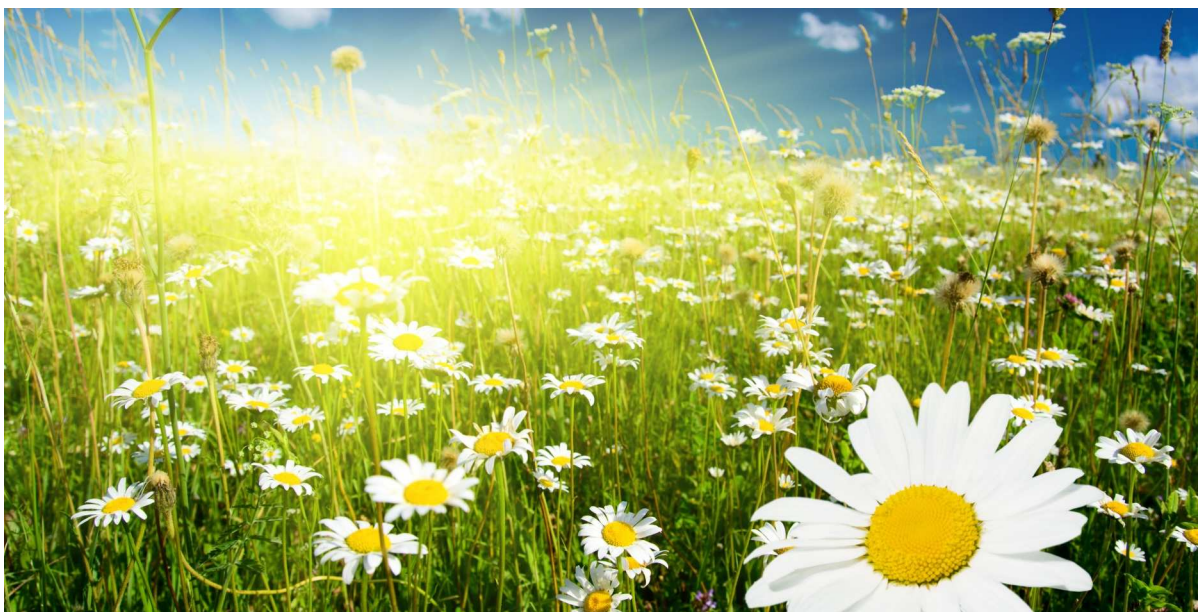
- Diabetes
- High blood pressure
- Heart disease
- History of cancer
- Lung or breathing issues
- Sleep apnea

Your preoperative physical with your primary care doctor should include

- Medical clearance for conscious sedation outpatient surgery
- CBC blood test
- EKG

Our surgery coordinators will send the required paperwork to your primary care doctor and can help to schedule the preoperative physical appointment. Please let us know if you have already have your preoperative physical scheduled.

It is important to have your clearance prior to the date of surgery. If we do not receive this information, it may be necessary to reschedule your surgery.





BRUCE JAY BALLON, M.D.
EYE PHYSICIAN AND SURGEON

BRUCE E. WIETHARN, M.D.
EYE PHYSICIAN AND SURGEON

NATALIA V. BAJENOVA, M.D.
EYE PHYSICIAN AND SURGEON

BRANDIE SOMERS
EXECUTIVE DIRECTOR

WWW.20BETTER.COM

903 MEDICAL CENTER DRIVE, SUITE 100, ARLINGTON, WASHINGTON 98223 (360) 435-8595 (800) 755-3937 FAX (360) 435-5233

Dear Primary Care Provider:

Thank you for participating in our mutual patient's upcoming ophthalmological outpatient surgery preparation. This procedure is anticipated to be done under local and topical anesthesia or nerve blocks with Monitored Anesthesia Care. Although unusual, some patients require total intravenous anesthesia to complete the case.

We are sincerely interested in successful eye surgery for your patients and improving their vision. We are not interested in wasting money or resources. However, over the years we have found that our pre-operative requirements have discovered multiple unrecognized patient conditions that when addressed have subsequently lead to better health care and survival. **We require that all patients over 65 or those who are chronically ill are medically optimized and cleared as a suitable candidate for elective eye surgery.** Thank you in advance for completing this Pre-Op Report, paying special attention to allergies, medicines taken and recent laboratory data. Please feel free to highlight any areas of concern or suggestions you might have for their care.

Our contracted anesthesia staff suggests you consider a hematocrit and platelet count if there is any suggestion of anemia or bleeding dyscrasia. An EKG is suggested if the patient has a history which includes atherosclerotic cardiovascular disease or cardiac arrhythmias. If possible please include a prior EKG for comparison should your patient develop cardiac symptoms while under our care.

If a patient's history indicates, please include copies of current electrolytes, BUN/creatinine and PT/PTT/INR.

Occasionally cases will be cancelled or delayed for health condition exacerbations not present or non-problematic at the time of the in office pre-operative physical with primary care. The pre-op clearance form and lab results provided will be reviewed and an appropriate physical exam will be performed by our anesthesia staff, as required by Medicare, prior to proceeding with surgery. The decision of whether to proceed is then made in conjunction with the Ophthalmologist.

This report and copies of diagnostic testing can be returned via **FAX at 360-435-5233**, as soon as possible. We will not proceed until this information is obtained. Please do not hesitate to call us if you have any questions or concerns about your patient. Thank you in advance.

With warm regards,

Bruce J. Ballon, M.D.

Bruce E. Wietharn, M.D.

Natalia V. Bajenova, M.D.

Primary Care Physician Pre-Operative Report for THE HARMAN EYE CLINIC

CATARACT SURGERIES:
NO REQUIREMENT TO DC
BLOOD THINNERS

LID SURGERIES:
DC BLOOD THINNERS

ICD-10 CATARACT: RIGHT EYE: H25.10
LEFT EYE: H25.11

PATIENT NAME _____

DATE OF BIRTH _____

MEDICAL HISTORY

Current Medications:

Acute Problems and/or Last Known Hospitalization with dates:

Past Surgeries:

Review of Systems: (circle one)

Unremarkable / Noncontributory to surgery/ or noted as:

Allergies _____

LABORATORY DATA

CBC Normal Abnormal

EKG Normal Abnormal

Chest X-ray (if indicated) date _____

BUN, Electrolytes, glucose, SMA12, PT/PTT/INR (if applicable)

Abnormal comments: _____

PHYSICAL EXAMINATION

Blood Pressure _____ / _____ / _____

Pulse _____ **RESP** _____

Please Circle and define if abnormal

HEENT: Normal Abnormal

Heart: Normal Abnormal

Skin Normal Abnormal

Neurologic Normal Abnormal

Chest Normal Abnormal

Respiratory Normal Abnormal

Endocrine Normal Abnormal

Abnormal comments: _____

IMPRESSION

Physician Statement:

Patient **IS / IS NOT** (circle one), a suitable candidate for elective eye surgery under conscious sedation at this time.

For lid/cornea surgery:

Patient can be off blood-thinning 7-10 days before lid/cornea surgery.

_____ DATE _____

PHYSICIAN SIGNATURE

Please FAX this completed and signed form, with copies of lab report and EKG . Thank you!

FAX 360.435.5233

DOCTOR NOTES:

CATARACT SURGERY: NO REQUIREMENT TO STOP BLOOD THINNER



How fast will I recover from my surgery?

It is normal for your vision to be blurry for up to 24 hours following your surgery. If you had "DROPLESS" surgery, you may see floaters for a few days. You are advised to avoid swimming, rubbing your eye and to not wear makeup for two weeks. Otherwise, most patients return to normal activities within a few days.

What follow-up appointments can I expect?

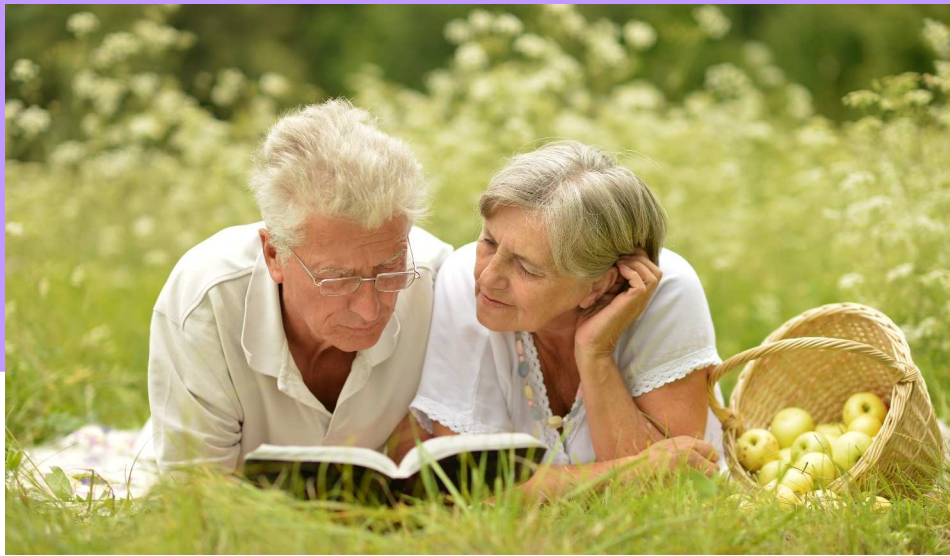
Standard lens implant cataract surgery has a ninety-day global period of time where your post-operative visits are covered by your insurance. If you are co-managed, your regular eye doctor may see you for these appointments.

Most common post-operative visits are:

- One day
- One week
- Three weeks

Your post-operative visits are important. It is imperative for you to be available the first few weeks following your procedure. If you plan to travel around the time of your surgery, please discuss these plans with your surgeon.

We are here for you. After surgery, should you experience increase in pain, redness and/or sudden decrease in vision call immediately: 360.435.8595

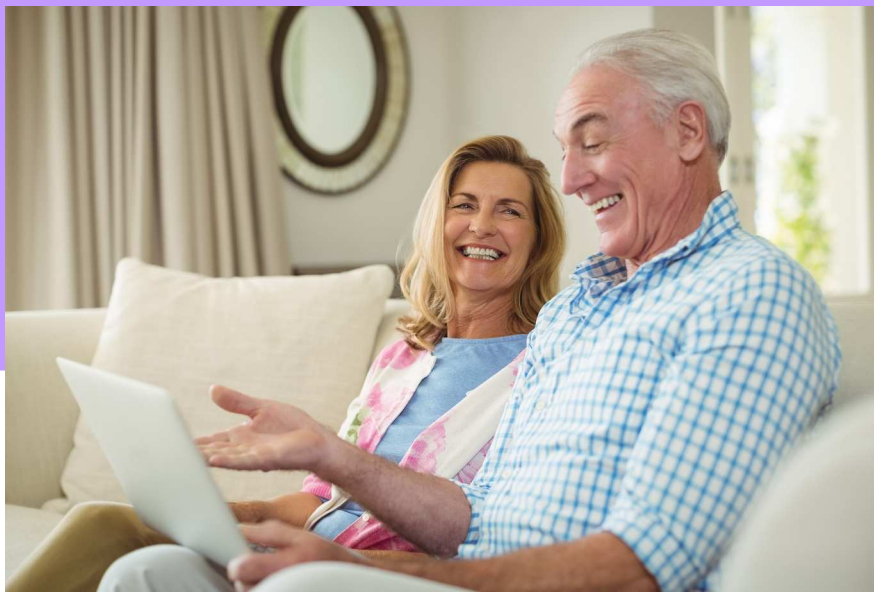


Seven Essential Elements You Will Want To Remember

1. Do not eat or drink anything after midnight. (Brushing of teeth is fine, avoid swallowing excess water). Unless directed not to, take your morning medications with only a sip of water.
2. If your surgeon instructed you to take eye drops, be sure to bring them with you on the day of surgery.
3. Questions or requests for eye drop substitutions can be addressed by our staff during business hours.
4. One of our registered nurses will call you the week prior to surgery to give you a check-in time and review surgery instructions.
5. No question is too small. If you have a concern, then it is a perfect question! You can reach us by phone or by going to your patient portal at harmaneye.ema.md - your portal is a secure email between our office and you. For portal access, call for log-in information.
6. We will call your insurance company to get an estimate of insurance reimbursement and your patient responsibility. We will call you with this information so you will be financially prepared on the day of surgery. *Some insurance plans require an authorization for cataract surgery; please call our billing office if you have questions.*
7. It is important to have your pre-operative physical clearance from your PCP prior to the date of surgery. If we do not receive this information, it may be necessary to reschedule your surgery.

360.435.8595

Office Hours: Monday through Friday, 8:00am to 4:30pm



Your Appointments at The Harman Eye Clinic:

Your EVALUATION for cataract surgery:

Your CATARACT SURGERY is scheduled for:

Expect a call from our Registered Nurse the week prior to your surgery with your check-in time and specific instructions regarding your surgery.

Postoperative:

One day follow-up appointment: _____

One week follow-up appointment: _____

Three week follow-up appointment: _____

Surgery for your second eye is reserved on: _____

Your Appointments with your Primary Care Doctor:

Preoperative physical (date and time): _____

Please note: If we do not receive your medical clearance from your primary care doctor, we may need to reschedule your surgery.

Nurse Preoperative Instructions

Our Registered Nurse will call you the week prior to surgery with your check-in time and surgery day instructions.

Be prepared to review and confirm the following:

- Which eye is having surgery
- Whether you are using eye drops or having Droplless medication
- Who will be driving you on surgery day
- Your current medications and allergies

Surgery Day Reminders:

- Nothing to eat or drink after midnight prior to surgery - *eating or drinking may result in delay or cancellation of your surgery*
- Take your morning medications with just enough water to get them down - the nurse will instruct you to hold medications if necessary
- Do not wear eye makeup
- Wear a button-down or loose-fitting shirt - *this allows easier access when placing heart monitors*
- You will have an I.V. - *drink plenty of water in the days leading up to your surgery, this will make starting the I.V. easier*
- Call before leaving your house to ensure we are running on time
- Because of the sedation used, you will need a driver
- Plan to be in our clinic and surgery center for 4 hours

If you are using eye drops for surgery:

- Please fill your prescriptions at least 1 week prior to surgery
 - Have your drops available to review when the nurse calls
 - Wash your hands prior to using your drops
 - If using more than one eye drop, wait 5 minutes between each medication
-

Consent for Cataract Surgery with IOL (Intraocular Lens)

A cataract happens when the lens in your eye becomes cloudy and hard. The lens is the clear part of your eye that helps focus images. Cataracts can cause problems such as blurry or dulled vision, sensitivity to light and glare, and seeing shadows or ghost-like images.

A cataract will get worse if not removed and surgery is the only way to treat a cataract. It is your choice when to have cataract surgery. Most people wait to have the procedure until their vision problems interfere with daily life. You can decide not to have your cataract removed.

During cataract surgery, your eye surgeon will remove the cloudy lens. He or she will replace it with an intraocular lens or "IOL". This is a small artificial lens usually made of plastic (silicone or acrylic) material that is surgically and permanently placed inside the eye. The most common lens is a "monofocal" or one focus IOL. This helps improve vision at primarily one distance, either near or far. You will need glasses to see clearly at other distances.

Vision Correction and Cataract Surgery

Cataract surgery only corrects vision problems caused by cataracts. This surgery cannot correct vision problems caused by glaucoma, diabetes, age-related macular degeneration, or other eye illnesses or injuries.

Many patients with cataracts also have astigmatism or presbyopia (eye problems that make it hard to see).

- **Astigmatism** causes blurry vision. Normally, eyes are round (like a baseball). With astigmatism, the eye is long (like a football).
- **Presbyopia** makes it hard for the eye to focus on near vision. Most people get this as they age. People at any age who have cataract surgery with a monofocal IOL focused for distance vision will have some presbyopia. People with presbyopia might hold a book or menu at arm's length to try to see it more clearly.

Glasses help astigmatism and presbyopia. If you want to wear glasses less often, your eye surgeon can put in a special IOL or do an extra procedure during cataract surgery to treat these eye problems.

You have to pay extra for special IOLs or extra surgical procedures. Medicare and private insurance do not pay for these. Your eye surgeon will let you know if you have astigmatism or presbyopia. Your eye surgeon will give you more information if you are interested in these treatments. You will be asked to sign another consent for them.

Consent for Operation

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

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular 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.

Cataract surgery is usually safe and successful. As with all surgery, there are risks (problems that can happen) with cataract surgery. Examples of risks and complications related to cataract surgery include, but are not limited to:

a. Complications of removing the cataract may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma 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.

b. Complications during surgery may need immediate treatment. My surgeon may need to do more surgery right away, change the surgery to treat the new problem or refer me to a specialist for treatment that may include additional surgery.

c. As a result of the surgery or anesthesia, it is possible that my 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.

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

a. Uncommon complications associated with the intraocular lens may include increased night glare and/or halo, double or ghost images, and dislocation of the lens. In some instances, corrective lenses or surgical replacement of the intraocular lens may be necessary for adequate visual function following cataract surgery.

b. The intraocular lens implant may be too weak or too strong. The eye surgeon might not be able to insert the lens of my choice. The eye surgeon may need to replace or reposition my lens implant months or years after surgery.

c. At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given prior permission to do so.

3. The results of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. At some future time, I may need laser surgery to correct clouding of vision, the lens implanted in my eye may have to be repositioned, removed surgically, or exchanged for another lens implant.

4. I understand that cataract surgery and the calculations for intraocular implants are not "an exact science". The main rationale for cataract surgery is to improve the quality of vision, not reduce or eliminate glasses. I accept that I might need to wear glasses or contact lenses subsequent to surgery to obtain my best vision. There is also the possibility of the need for subsequent 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.

5. If a standard monofocal implant is targeted for distance vision, a side effect of having the cataract surgery is the loss of the near focusing power of the eye (accommodation). With successful surgery and an accurate monofocal IOL calculation targeted for best distance vision, close vision will usually remain blurred. A pair of glasses for close and intermediate vision will usually be required. By contrast, Premium or "Lifestyle" IOL's (multifocal IOL's, accommodating IOL's and extended depth of focus IOL's) are intended to provide less dependence on glasses for near and intermediate activities along with the distance correction. Even so, distance or reading glasses may be needed for some, or all, visual tasks.

6. Anesthesia can cause heart and breathing problems. Very rarely, it can cause death. Anesthesia can also injure your eye and cause vision loss or double vision.

If you have had prior refractive surgery:

IOL selection after previous refractive surgery, such as RK, PRK, and LASIK, is particularly difficult because of the irregular corneal shape. This increases the likelihood for an unexpected outcome with your vision. An unexpected visual outcome is referred to as an "IOL Surprise." Your surgeon will make every effort preoperatively to choose an implant with a good predictive value for your visual outcome.

Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision

Consent

By signing your consent form, you agree that:

- You read this informed consent form, or someone read it to you.
- You understand the information in this informed consent form.
- The eye surgeon or staff offered you a copy of this informed consent form.
- The eye surgeon or staff answered your questions about cataract surgery.
- The eye surgeon or staff has discussed presbyopia following cataract surgery and ways to treat it.
- If you have astigmatism, the eye surgeon or staff discussed ways to treat it.
- You understand that you may need to wear glasses after surgery.

My surgeon has informed me of the basic procedures of cataract surgery, advantages, disadvantages, risks, possible complications and the alternative treatments. Although it is impossible for my doctor to inform me of every possible complication that may occur, my doctor has answered all my questions to my satisfaction.

PATIENT RIGHTS

As a patient, you have the right

- To have access to the patient rights and responsibilities established by this center.
- To see posted written notice of the patient rights in a place or places within the facility likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the website for the Office of the Medicare Beneficiary Ombudsman.
- To be treated and cared for with respect, consideration and dignity.
- To spiritual care. To be respected for your cultural and personal values, beliefs and preferences.
- To effective communication. The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.
- To receive information in a manner tailored to the patient's age, language, and ability to understand. The center provides interpreting and translation services.
- To be provided appropriate privacy. Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- To access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- To receive care in a safe setting, free from all forms of abuse, neglect or harassment.
- To refuse participation in experimental research. Care will not be hindered should the patient refuse to participate in research. When authorized, the center obtains informed consent for research in accordance with law and regulation.
- To pain management.
- To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed.
 - Patients are provided, to the degree known, complete information, concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.
 - The center provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.
 - The center informs the patient or surrogate decision-maker about unanticipated outcomes of care, treatment.
- To have the opportunity to participate in decisions involving your healthcare, treatment, or services, except when such participation is contraindicated for medical reasons. The center involves the patient's family in care, treatment, or services decisions, to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- To be informed of your right to change your provider if other qualified providers are available.
- To have appropriate information regarding the absence of malpractice insurance coverage.
- To truthful marketing and advertising regarding the competence and capabilities of the organization.
- To exercise your rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect you.

- To information about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.
- To receive in advance of the procedure the center's policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms.
- To receive written information about your physician's possible ownership in The Harman Eye Clinic. Patients are informed about physician ownership prior to the procedure.
- To information regarding fee for services and payment policies.
- To information regarding the services available at the organization, provisions for after-hour emergency care, and the credentials of healthcare professionals.
- *If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.*
- *If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patient's rights to the extend allowed by state law.*

Advance Notice of Rights

The patient has the right to receive verbal and written notice in advance of the procedure, in a language and manner that the patient or the patient's representative understands. The center gives brochures to each patient being admitted with the center's written policies and the nurse making the preoperative call informs the patient verbally.

Patient Responsibilities

As a patient, you have the responsibility

- To provide complete and accurate information to the best of your ability about your health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by your provider.
- To provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- To inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- To accept personal financial responsibility for any charges not covered by your insurance.
- To be respectful of the health care providers and staff, as well as other patients.

Advance Directives Policy

Because of the elective nature of your procedure, the The Harman Eye Clinic does not honor the do not resuscitate (DNR) advance directive. If you have an advanced directive, we will include it in your chart. In an emergency, it will be transferred with you to the hospital. If you have questions about this policy, please feel free to call the center to ask.

Disclosure of Ownership

The Harman Eye Clinic Surgery Center is owned by:
Sight Partners, PC, d/b/a The Harman Eye Clinic

Grievance Policy

The center strives to provide high quality of care and achieve patient satisfaction. Patient grievances/complaints provide a means to measure achievement of this goal and to identify a need for performance improvement.

Grievance/Complaint: Grievances are defined as care that the ASC provided or allegedly failed to provide.

Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301).

All complaints received by the center personnel shall be forwarded to the clinical director or his/her designee immediately, at least the same day. The clinical director will respond in writing to the grievance within 3 days of receiving it.

For a full copy of the grievance procedure, please ask any center personnel.

To report a grievance:

Administrator: Brandie Somers
PHONE: 360-435-8595

HSQA Complaint Intake
PO Box 47857
Olympia, WA 98504-7857

Hotline: 800-633-6828

Phone: 360-236-4700

Fax: 360-236-2626

Email: HSQAComplaintIntake@doh.wa.gov

Office of the Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Medicare Help and Support: 1-800-MEDICARE (1-800-633-4227)

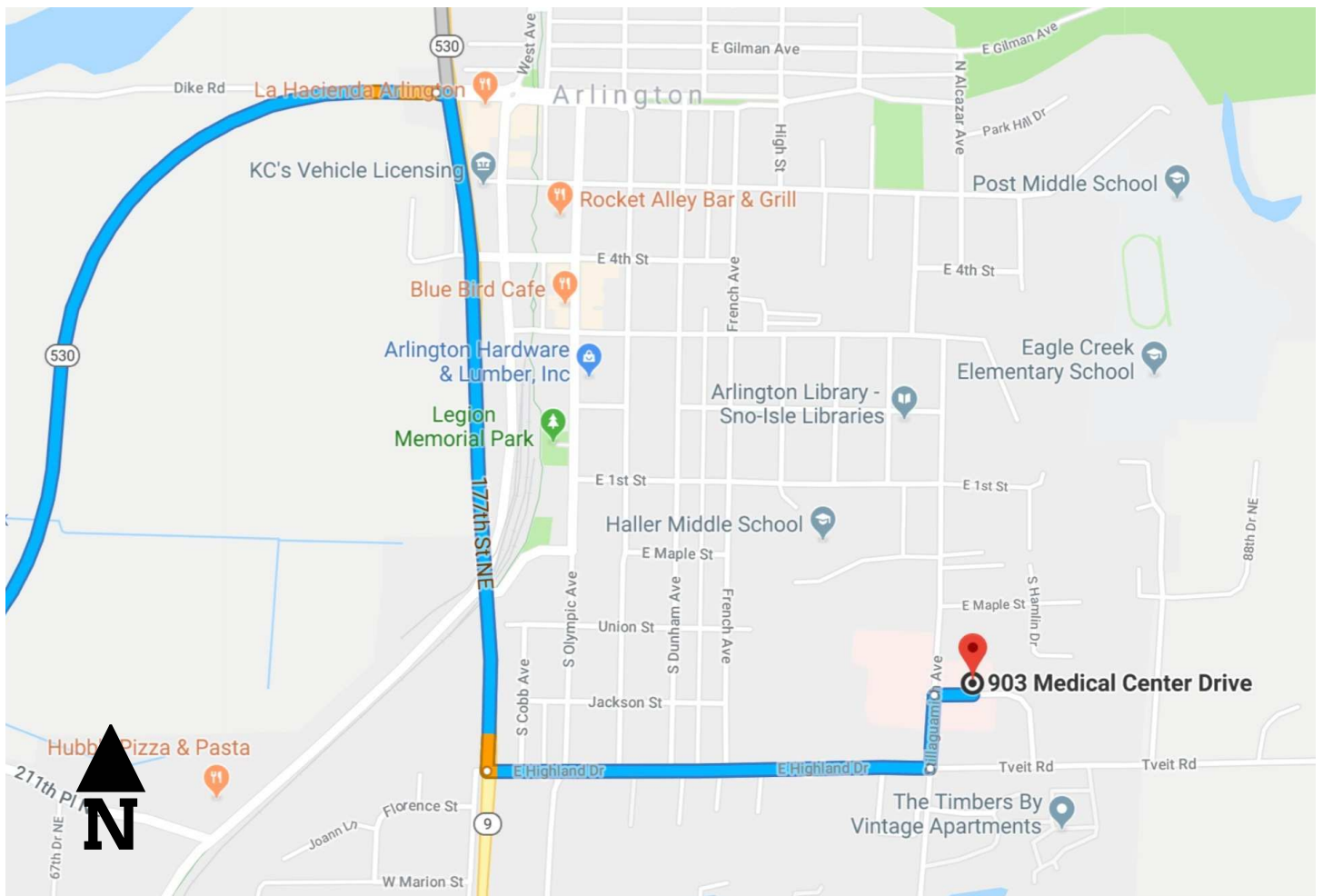
THE HARMAN EYE CLINIC

903 Medical Center Drive

Arlington, WA 98223

SURGERY CENTER HOURS: 8:00 AM – 4:30 PM

DIRECTIONS TO OUR OFFICE



Take I-5 exit 208 to Arlington

Head East on State Route 530 for about 4 miles

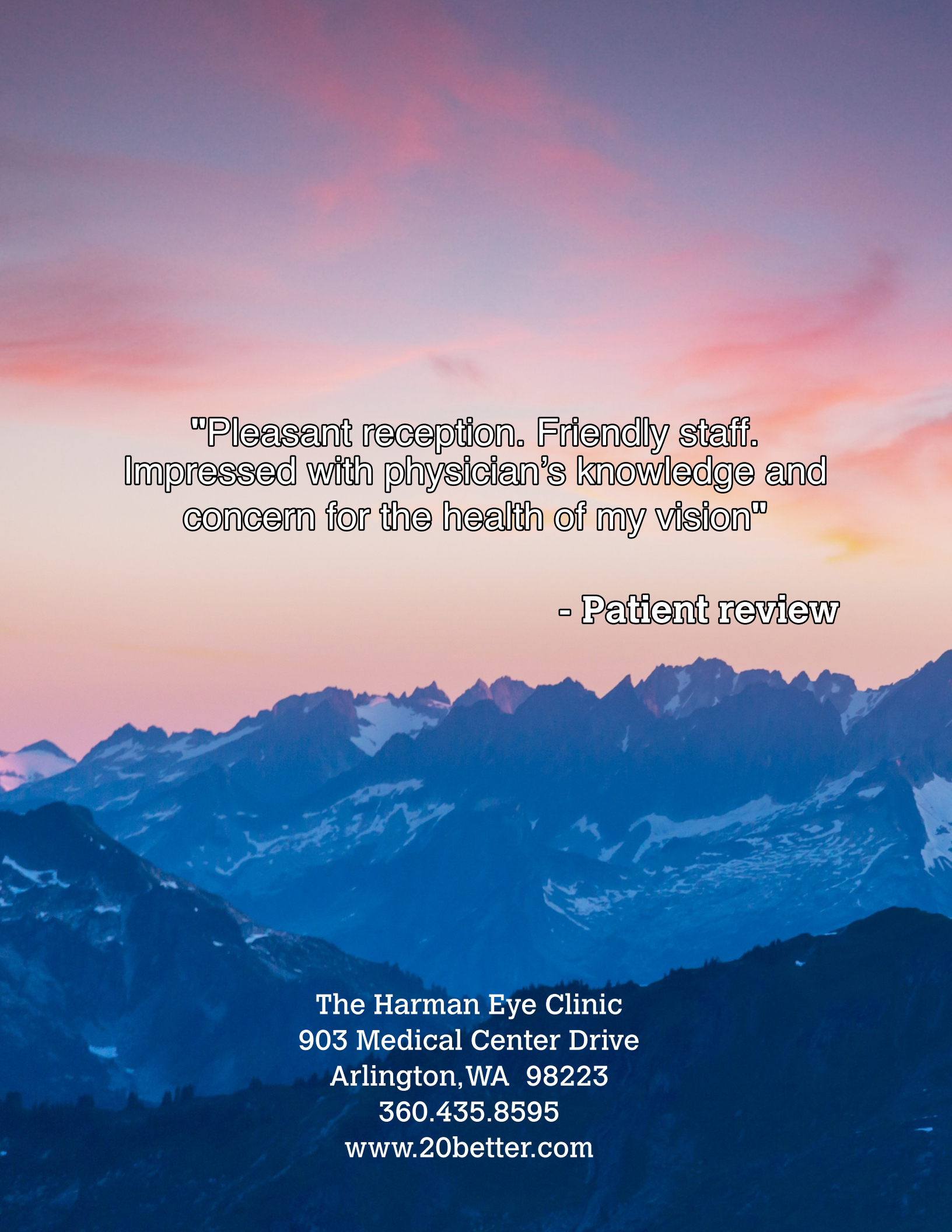
Turn right onto Highway 9

Turn left onto E Highland Drive

At the second stop sign, turn left onto Stillaguamish

We are located a block ahead on the right, across from Cascade Valley Hospital

**903 Medical Center Drive
Arlington, WA 98223**



"Pleasant reception. Friendly staff.
Impressed with physician's knowledge and
concern for the health of my vision"

- Patient review

The Harman Eye Clinic
903 Medical Center Drive
Arlington, WA 98223
360.435.8595
www.20better.com