



# Are You Considering Cataract Surgery?

Arbor Eyecare 

North Bend | Snoqualmie | Sammamish

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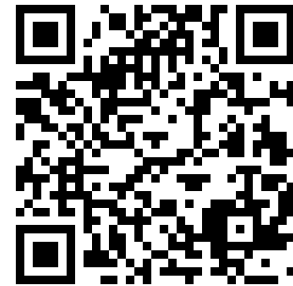
# Welcome!

Thank you for choosing our team for your cataract surgery. We've found that the best experiences and outcomes come from patients who feel oriented and supported through every step — before, during, and after surgery. To make that easier, we've put together a few different ways to meet you wherever you are in your cataract journey:

**This packet** is your in-depth written guide. Read it cover-to-cover or jump straight to whatever section you need. **Educational text messages from us** land in your phone at key moments along the way. Each text opens to a secure, personalized page — confirm your birthdate, and you'll find educational content and timely guidance for whatever's coming next, like "here's why and when to start artificial tears" or "what to expect on surgery day." They're how we stay alongside you. Please open them — they matter. **Dr. Dale's videos** walk through the basics of cataract surgery in video form. Watch them on our cataract surgery page at [see20-20.com](http://see20-20.com) (Use the QR code on this page).

## Your Consultation Visit

- It's important to confirm the health of your entire eye before surgery. Dr. Dale will perform a dilated exam of both eyes at your consultation unless she's already done one recently.
- Plan to spend around 90 minutes with us -- that includes testing, time with Dr. Dale and time for scheduling, learning how to care for your eyes before and after surgery and asking questions.
- Bring a current list of your allergies, medications, vitamins, and supplements (*You can also update these in our patient portal at [see20-20.com](http://see20-20.com) if you prefer.*)
- If you wear soft contact lenses, please stop wearing them at least one week before your consultation so we can take accurate measurements for surgery. Rigid contact lens wearers: see the special note on page 7 in this packet.
- After reviewing your eye measurements and overall eye health, Dr. Dale will recommend the lens implant (intraocular lens, or IOL) that best fits your goals and lifestyle.
- For your post-operative care: All our doctors are experienced with post-operative cataract care, and in many cases you can choose the doctor, location, and time of your post-op visits to fit your schedule. If you love your eye doctor outside of Arbor eyecare, we'd be glad to coordinate and include them in your post-operative care.



Visit our [cataract surgery page](http://see20-20.com/ataract)  
Videos, FAQs, and more  
[see20-20.com/ataract](http://see20-20.com/ataract)

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## Frequently Asked Questions

### What is a cataract?

A cataract is a clouding or opacity in the lens of the eye. The lens is located behind the iris. The lens functions to focus light rays onto the retina. When it is cloudy or has opacities in it, it can cause a blurred vision, loss of contrast sensitivity and increased problems with glare from lights and headlights.

### How do you remove a cataract?

The natural lens lies within a clear membrane sac that is suspended within the eye. Dr. Dale makes a small opening in the front of the membrane sac, and then uses sound waves to break the lens up into tiny pieces and gently remove them. An IOL – a new, clear intraocular lens – is placed within the membrane sac. In most cases, this new lens never needs to be replaced again.

### Will I be asleep during the procedure?

Our goal is for you to be awake, but relaxed and comfortable. The surgery itself takes about 15 minutes. Dr. Dale will use numbing eye drops and numbing medicine in the eye to prevent pain and you will have an IV to allow for additional relaxing medication if it is needed.

### Is there more than one way to do cataract surgery?

Yes — there are two choices that affect your surgery and visual outcome.

#### Standard vs. laser-assisted surgery

Standard cataract surgery uses sound waves to break up the cataract. Laser-assisted surgery adds computer-guided precision to several key steps and can also correct mild astigmatism.

#### Standard vs. advanced technology lenses

A standard single-focus lens gives you clear distance vision, but it does not correct astigmatism or provide more of a range of focus. You'll likely still need glasses to help focus at different working distances and correct astigmatism (if you have it). Advanced technology lenses go further — correcting astigmatism, giving you a range of focus, or even allowing us to fine-tune the focus *after* surgery — to reduce your dependence on glasses.

All of these options — standard, laser-assisted and advanced technology lenses — are excellent. They simply meet different goals for different patients.



### **What if my eye moves around during surgery? What if I blink?**

Dr. Dale will use a small support to hold your eyelids open, so you don't need to worry about blinking. You will feel saline drops on your eye intermittently throughout the procedure. At times, Dr. Dale may ask you to look forward towards the surgical light to keep your eye in the correct position, but most of the time she will use instruments to gently keep your eye in the correct position. You will likely see lights, colors and shadows, but you will not be able to see the surgery itself.

### **Can I talk during the surgery? What if I cough or sneeze?**

Talking, coughing, and sneezing all cause unexpected eye movements and can cause changes in the pressure inside the eye. We want you to feel free to ask questions before and after the surgery, but during the procedure it is best to limit conversation unless you need to let Dr. Dale know that you are having discomfort or need to cough or sneeze. If you feel a cough or a sneeze coming on, simply tell Dr. Dale so that she can pause and help you cough or sneeze more safely. If you have a lot of chronic coughing or sneezing, be sure to let us know about that during your preoperative visit.

### **What are the risks of surgery?**

No surgery or procedure is risk free. Luckily, major risks of cataract surgery that can cause permanent damage to vision are uncommon — most patients have an excellent outcome with clearer vision soon after surgery. More common, short-term effects (some discomfort, mild swelling, blurring, elevated eye pressure) usually resolve within a few weeks. Dr. Dale will discuss the specific risks, benefits, and alternatives with you in detail before your surgery, and welcomes any questions along the way.

### **Will my eye be patched after surgery?**

Following surgery, it is important to protect the eye and avoid rubbing or pushing on the eye. We will ask you to wear a clear plastic eye shield while you are sleeping for the first five days. During the day, you can protect the eye with your glasses, a pair of sunglasses or the plastic shield (whichever is most comfortable). Patients who choose the Light Adjustable Lens will be provided with special UV-blocking indoor and outdoor glasses that they will wear full-time after surgery until their Light Treatments are completed.

## Frequently Asked Questions (continued)

**Will I be able to drive myself home after surgery? How about for my follow-up visit the next day?**

You'll need someone to drive you home after surgery — the light sedation makes driving unsafe that day. We also recommend someone stay with you for a few hours after surgery, since people respond to sedation differently. The next morning's follow-up is your call: vision in the operated eye may still be blurry, so a ride is nice but not required.

**What are the activity restrictions after surgery? Can I take a shower?**

Showering is fine — just keep water out of the eye. For the first five days, take it easy: no heavy lifting (over 20 pounds), no bending with your head below your heart, no strenuous exercise, and stay out of dusty environments. Reading, walking, and watching TV are all fine. No swimming or hot tubs for two weeks.

**What is the follow-up schedule after surgery?**

The general follow-up schedule includes visits one day after surgery, about one week after surgery and about one month after surgery. Patients who opt for the Light Adjustable Lens option will also have 3-5 light delivery treatments scheduled to customize the shape of their IOL after their eye has healed.

Post-op care is shared across our team — our Primary Eyecare Providers (optometrists) work together with Dr. Dale on your recovery, so different visits may be with different doctors. This gives you flexibility on timing and location across our three offices. If you'd prefer to follow up with your own eye doctor outside Arbor Eyecare, let us know so we can coordinate.

**I have cataracts in both eyes.  
How soon can my second eye have surgery?**

If the first eye cataract surgery is uncomplicated and your underlying eye health is good, then the second eye operation can often be scheduled one week following the first eye.

**Can I fly after cataract surgery? Is it okay to travel?**

Yes — flying and altitude don't cause problems. The catch is timing: we recommend waiting until after your one-week post-op visit, and staying somewhere with access to medical care for the first month. Beach trips? Same rule as home — no swimming or hot tubs for two weeks.



## Frequently Asked Questions (continued)



### Will I still need glasses after the surgery?

The better question is how often and for what. Glasses dependence after cataract surgery is a spectrum, not a yes/no — it ranges from "all the time, just like before" to "occasionally, for fine print or night driving" to "rarely, for specific tasks." Where you land depends on the lens you choose, your eye's anatomy (including astigmatism), and what you most want to see clearly. We walk through the lens options and what each one realistically delivers in *Designing Your Vision* on page 14, and Dr. Dale will recommend what fits your eyes, lifestyle, and goals at your consultation.

### What should I do if I am having problems after the surgery?

If you experience a decrease in vision, new eye pain or other any other new symptoms, we want you to call us! During the day, please call the office at (425) 831-2020, and let the receptionist know that you have recently had eye surgery and are having a concern or question that needs to be answered urgently. After hours, you can reach our on-call doctor by calling (425) 831-2020. In the unusual event that you are unable to reach one of our doctors, please go to the nearest Emergency Department.

### Is cataract surgery the same as LASIK? What's the difference between cataract surgery, LASIK, and refractive lens exchange (RLE)?

These are three different procedures that all improve vision. **Cataract surgery** removes your eye's cloudy natural lens and replaces it with a clear artificial lens (an IOL). **Refractive lens exchange (RLE)** is the same procedure as cataract surgery — natural lens out, IOL in — but done on a clear lens that hasn't yet developed a visually significant cataract. It's a glasses-reduction option (paid for out-of-pocket) for patients who want to improve their focus before a visually significant cataract develops. **LASIK** uses a laser to gently reshape the cornea, the clear front surface of the eye. Nothing is removed or replaced. LASIK is best for younger patients with healthy lenses who want to reduce their dependence on glasses or contacts. It can't fix cataracts.

### What happens if I don't have cataract surgery?

Cataracts are progressive — they tend to slowly worsen over time — but they're rarely an urgent problem. For most patients, the timing of surgery is a quality-of-life decision: when blurred vision, glare, or trouble with night driving start interfering with the things you want to do, it's time. In the meantime, brighter lighting, updated glasses, and magnifiers can help. There are some less common situations where Dr. Dale may recommend surgery sooner — for example, if the cataract is affecting your eye pressure or limiting our ability to monitor another eye condition. If that's the case for you, she'll explain why.



## *Frequently Asked Questions (continued)*

### **Will I be able to see the intraocular lens after surgery?**

Some patients ask if they are seeing the edge of the new intraocular lens after cataract surgery because they see an arc-like shadow or light to the side of their vision. In fact, this is a common phenomenon after normal cataract surgery called “dysphotopsia.” In certain lighting conditions and with certain patient anatomy, light hitting the intraocular lens causes light scatter and the perception of either a light or a shadow off to the side. In most cases, this symptom decreases with time and is not bothersome. However, any time you have a sudden or unexplained change in your vision, we always want you to tell us about it.

### **Will my insurance pay for cataract surgery?**

Medically necessary cataract surgery — the basic procedure with a standard single-focus lens — is covered by most insurance plans, including Medicare. Laser-assisted surgery and advanced technology lenses are considered elective upgrades and are not covered by insurance; they're paid out of pocket if you choose them.

We'll give you a clear summary of any costs at your consultation so you can decide what fits your budget and goals.

Many of our patients use CareCredit, which offers payment plan options – including no-interest periods – to help spread costs over time.

If you have any questions about cost or insurance coverage at any time, please contact our office.

### **Can my cataract grow back?**

Once the cloudy lens is replaced, it can't grow back. Some patients, however, develop secondary clouding of the clear membrane that holds the new lens — sometimes months or even years after surgery. When it happens, it's easily cleared with a quick, painless outpatient laser treatment called a YAG capsulotomy. We perform YAG capsulotomy here at Arbor, so there's no referral to another facility — and because it's a medical procedure, it's billed to your medical insurance.

### **Can I exchange my new intraocular lens for a different lens in the future?**

The new lens that is implanted is intended to stay in your eye for the rest of your life. It is possible to do a lens exchange, but in general eye surgeons prefer to reserve this for cases in which it is medically or visually required.



## Getting Ready for Your Consultation Visit

### At your consultation appointment we will:

- Confirm that your cataracts are affecting your vision enough to need surgery. Medical necessity means the cataracts are causing vision symptoms that can't be corrected with glasses, contact lenses, or better lighting. For example, if you have cataracts but see fine to read and drive comfortably with glasses, you may not yet meet the criteria for surgery. But if you're struggling to read even with up-to-date glasses, you've stopped driving at night because of vision quality, or you can no longer comfortably see the television or your usual activities, you likely meet the criteria for cataract surgery.
- Thoroughly examine your eyes from front to back to identify factors — like dry eyes, retinal conditions, or prior LASIK — that could affect your vision or our planning. Understanding these helps us recommend the lens implant that best meets your visual goals.
- Take precise measurements of your eyes to calculate the power of your planned lens implant. These measurements can be affected by dry eyes and recent contact lens wear. You can help us improve the quality of these measurements by using preservative-free artificial tears 2–4 times daily for at least one week before your visit, even if you don't usually have dry eye symptoms.
- Plan your surgery and post-op visits. If you have a special timing constraint (a trip, an event, a work commitment), let us know — we'll do our best to accommodate. The final order of surgeries on each date is determined by the surgery center based on each patient's medical priority.
- Plan for your glasses after surgery. If you'd like to keep using your current frames, our opticians can take measurements for a blank (no-power) lens to slot in for protection. We typically don't prescribe new glasses until about a month after surgery, since the shape of your cornea can change as your eye heals.

### Special Note for Contact Lens Wearers:

If you wear soft contact lenses, please leave them out of your eyes for at least seven days prior to your visit. Rigid contact lens wearers need extra preparation time. Rigid (gas-permeable) lenses reshape your cornea, which throws off the measurements we need for surgery. We'll get a baseline at your consultation, ask you to leave your lenses out for four weeks, and re-measure. If your cornea is stable, we move forward; if not, we repeat the cycle. Please call with any questions — we know this can feel like a long process.



## All About Your Eye Drops & Cataract Surgery

Eye drops play an important role in cataract surgery — they decrease infection risk and quiet inflammation as your eye heals. We'll prescribe drops for you to start the day before surgery and continue for a few weeks afterward. If you already take prescription drops for other conditions, those usually continue around surgery.

### Drops we'll prescribe for your surgery - Two Options

**Option 1: Compounded combination drops.** Our partner compounding pharmacy combines the drops cataract surgery requires into a single bottle. One bottle — no five minute waits between drops. For some patients, this option is also less expensive than separate prescription drops (depends on your co-pays). The compounded bottle is designed to be arthritis-friendly: instead of squeezing, you tip it upside down and tap, and a drop releases without effort.

**Option 2: Separate prescription drops from your pharmacy.** Please pick them up early so you're ready to start the day before surgery. When using multiple drops at the same time, wait about five minutes between each drop. Also, shake any "suspension" drops (typically the steroid drop) before each use.

In some cases, we may prescribe additional eye drops — for example, if your eye pressure or inflammation needs treatment beyond what's typical.

### Your existing prescription eye drops (if you take any)

If you already take prescription eye drops (for glaucoma, dry eye, or other eye conditions), you'll usually continue taking them as you normal. We'll give you specific instructions at your consultation if anything needs to change around surgery.

### Stock up on preservative-free artificial tears

It's normal for eyes to feel drier or grittier as they heal after cataract surgery. Pick up preservative-free artificial tears before your surgery, and plan to use them a few times a day or more, especially in the first few weeks. They come in small individual vials (no preservatives, less risk of irritation) and are available over the counter or at our office.

### Tips for putting drops in effectively

- Lie down with the bottle balanced on the bridge of your nose — easier than tipping your head back.
- Don't touch the tip of the bottle to your eyelid or eyelashes.
- To pull down your lower lid, touch the cheekbone (don't press on the eye).
- After surgery, also avoid rubbing or pressing on the eye when putting drops in.

# Your Care Before Surgery

## Keeping your eyes clean and healthy before surgery

**Cleansing.** The rare infections after cataract surgery are usually caused by bacteria from the patient's own eyelids. Starting three days before surgery, clean your eyelids and eyelashes daily: hold a hot compress over both eyes for three minutes, use the warm washcloth to gently scrub the eyelashes (removing any crusting or discharge), then wipe cleanser on your closed eyelids. The wipes in your eye kit are gentle if any gets in your eyes and effective at killing bacteria.

**Eye makeup.** Remove all eye makeup the day before; no makeup on surgery day or for five days after.

## Blood thinning medications

If you take blood-thinning medications (e.g., aspirin, Coumadin, Plavix, Eliquis, Xarelto), you usually do not need to stop them — confirm at your pre-operative visit. Warfarin (Coumadin) patients: get an INR check one week before surgery; no adjustment is needed if it's in the normal therapeutic range.

## GLP-1 medications (for diabetes or weight management)

If you take a GLP-1 medication (examples include Ozempic, Wegovy, Mounjaro, Zepbound, Rybelsus), please follow these instructions:

*Oral GLP-1:* hold three days before surgery.

*Injectable GLP-1:* hold one week prior to surgery.

## SGLT2 medications

If you take an **SGLT2** medication (examples include Jardiance, Farxiga, Steglatro, Invokana, Inpefa, Brenzavvy, or combination pills like Synjardy, Xigduo, or Glyxambi), **stop your medication at least 3 days before surgery** — 4 days for Steglatro (ertugliflozin). When combined with fasting, these drugs can cause a dangerous buildup of acid in the blood, even when blood sugar looks normal. Restart the day after surgery once you are eating and drinking normally.

If you are not sure whether one of your medications is on this list, contact your prescribing doctor or our office before your surgery date. We would rather adjust your medications than cancel your case.

## For patients with artificial joints or heart valves

Some patients who have artificial joints or artificial heart valves are advised to take an oral antibiotic when they go to the dentist. This is not necessary with cataract surgery, as there is not a high risk of bacteria infiltrating the bloodstream with cataract surgery.

## For patients with a pacemaker or implanted cardioverter-defibrillator (ICD)

Pacemakers usually require no special care before cataract surgery. However, many patients have combination devices (pacemaker + defibrillator) and aren't always sure of the specifics. **If you have any implanted cardiac device, we'll request information from your cardiologist before your procedure.** Patients with an ICD may need a visit with their cardiologist before surgery; if you've had your ICD evaluated recently, Dr. Dale can request the information directly.



# Your Care On Surgery Day

## At home before surgery

- Nothing to eat for eight hours prior to surgery.
- You may drink clear liquids up to two hours prior to your check-in time. It is good to stay hydrated during this period as it makes it easier to place your IV and helps you recover more quickly from the light sedation. Black coffee or tea with sugar (but no cream or milk), apple juice, cranberry juice and water are the only allowed clear liquids, and can be taken up until 2 hours prior to check in.
- Please take your usual prescription medications with water, with the following exceptions:
  - If you take insulin, take your evening dose as normal and hold your morning dose. Do bring your insulin with you to the surgery center.
  - If you take oral medication for diabetes (examples: metformin, glipizide, glyburide), skip your usual morning dose.
  - If you take a diuretic ("water pill," e.g., hydrochlorothiazide, furosemide/Lasix), it is okay to take it as you normally do. The surgery is about 20 minutes or less in most cases, so simply using the restroom in advance is sufficient for most people.
  - GLP-1 medications: see "Your Care Before Surgery" for hold instructions (varies by oral vs. injectable form).
  - SGLT2 medications (Jardiance, Invokana, Farxiga, Steglatro): see "Your Care Before Surgery" for hold instructions (timing varies by drug).
- Leave valuables such as jewelry and cash at home.
- Do bring your ID and your Insurance Card, as well as a credit or debit card.
- Do shower prior to surgery.
- Do take your first morning dose of your prescription eye drops.

## At the Surgery Center

- Nurses will bring you back to prepare for surgery. Plan on the pre-op time taking more than 30 minutes. You'll meet the anesthesia provider, who reviews your overall health and answers any anesthesia questions.
- The surgery center will confirm you have a driver. We ask that this person be available to pick you up within 30 minutes of being called. You must have a responsible adult available to pick you up after any sedation, even mild sedation. Otherwise, the surgery center will not be able to release you.
- A routine cataract surgery case generally takes less than 20 minutes, although every case is unique.
- After your surgery, the nurses will care for you to ensure that your vital signs are good, and you are tolerating small amounts of food and drink.





## Your Care After Surgery

It's normal for vision to be blurry and for the eye to feel gritty on the day of surgery. The eye may also be red, sometimes with broken blood vessels on the white part of the eye. These look concerning but are nearly always harmless and resolve over a week or so.

### Eye drops and medications

- Resume your prescription eye drops when you return home. Follow the eye drop worksheet provided at your pre-op consultation, and bring it to each visit so we can update your regimen as you heal.
- Use preservative-free artificial tears as often as you need for irritation or scratchiness. They're available at any drugstore or in our offices.
- For tips on putting drops in effectively, see the "All About Your Eye Drops & Cataract Surgery" section earlier in this packet.
- It's okay to take Tylenol or other over-the-counter pain relievers. If you have significant pain or new symptoms, please call us so we can discuss your symptoms.
- Eyes commonly feel drier for the first few months after surgery. Keep using artificial tears as needed. Symptoms include fluctuating vision, irritation, grittiness, and watering (counterintuitively, dry eyes can flood with tears in response). If symptoms are inadequately controlled, let us know — there are many treatment options beyond artificial tears.

### Activity

- Plan to relax at home the day of and day after surgery. Many patients feel tired, and the eye may feel gritty, scratchy, or mildly tender for the first 24 to 48 hours.
- For the first five days: avoid strenuous activity, heavy lifting (>20 lbs), straining, bending with your head below your heart, and eye makeup.
- Avoid dusty or dirty environments for five days after surgery.
- Be gentle — do not rub or press on your eyes.
- It's okay to read, watch TV, walk, cook, and perform light activity.
- You may shower the day after surgery; avoid submerging the eye in water (no swimming or hot tub use) for two weeks.
- If you're seeing clearly, you can drive starting the day after surgery.
- You may return to work one to two days after surgery if you feel ready and your job doesn't involve heavy lifting, strenuous activity, or a dirty/dusty environment.

# Your Care After Surgery (continued)

## Eye Protection & Glasses

Your long-term need for glasses after cataract surgery depends on the lens you choose with Dr. Dale (see Designing Your Vision on page 14). The bullets below cover the immediate healing period — what to wear, when, and how to see comfortably while your eyes settle.

- Wear your eye shield when you sleep for the first five days following surgery.
- During the day, wear glasses, sunglasses, or your shield to protect your eye.
- Light Adjustable Lens Patients: wear your special UV-protective indoor and outdoor glasses (provided at the surgery center) full-time until light treatments are complete.
- About new glasses after surgery. Your prescription will change with cataract surgery —sometimes a little, sometimes a lot. We typically wait about 4 weeks after surgery before prescribing new glasses, to allow the cornea to stabilize.
- In the meantime, you have options to see comfortably during healing. These can include over-the-counter readers for near tasks, wearing your current glasses temporarily, a clear "blank" lens placed in one side of your existing frames, a temporary soft contact lens, or an early prescription. Dr. Dale will discuss the best option for your situation at your pre-op visit, and our opticians can help you carry out the plan.
- Visit our opticians anytime — no appointment needed. We can research your vision benefits, help you evaluate or replace your frames, and apply our 20% discount for cataract surgery patients on new eyewear (sunglasses, computer or reading glasses, progressive lenses, sport goggles, and more). Many patients enjoy pre-selecting frames during early post-op visits so the glasses are ready as soon as your prescription is finalized.

## Contact Lenses after Surgery

It is okay to continue wearing contact lenses in the non-operated eye after the first eye surgery. Contact lenses should not be worn in the eye that has had surgery for at least one week unless specifically recommended by our doctor.



## Emergency Contact Information

Call us urgently if you experience increased pain, decreased vision, increased redness, or increased light sensitivity — these can be signs of a problem that needs prompt attention.

**During business hours: call our office directly at (425) 831-2020.** For sudden or severe symptoms, tell the receptionist your symptoms and ask to be placed on hold while she or he consults one of our doctors.

**After hours: you can reach our on-call doctor at the same number: (425) 831-2020.**

In the unusual event that you are unable to reach our on-call doctor or Dr. Dale, proceed to your nearest emergency department.

# Designing Your Vision with Cataract Surgery



The new lens implanted during cataract surgery will change the focus of your eye. The right combination of surgery and lens depends on your vision goals, daily activities, eye health, and how dependent on glasses you'd like to be.

## Standard vs. Laser-Assisted Cataract Surgery

Both are cataract surgery — the cloudy lens is removed and replaced with a clear lens implant.

- Standard: tiny instruments make the incisions and remove the cataract. Proven and effective for decades. Doesn't correct astigmatism.
- Laser-assisted: computer-guided precision in several key steps. Provides consistent, precise incisions (including small incisions to reduce mild astigmatism), breaks the cataract into smaller pieces so less energy may be required for removal, and helps your surgeon position advanced technology lenses with greater precision.

## About astigmatism

Astigmatism is when the cornea is shaped more like a football than a basketball, bending light unevenly and causing blurred focus. Most cataract patients have at least some astigmatism. Correcting it at the time of cataract surgery can provide clearer focus and reduce the need for glasses.

How your astigmatism level affects the discussion:

- Minimal astigmatism. Has little effect on focus. Correction usually isn't recommended just for astigmatism, though advanced lens options may still be considered for other benefits.
- Mild–moderate astigmatism. Can make focus less sharp if left untreated. We usually recommend correction if you want less dependence on glasses, regardless of which lens or focus strategy you choose.
- Moderate–severe astigmatism. Will almost always blur vision if left untreated. Advanced technology options can provide much sharper focus and reduce dependence on glasses. Even if you don't mind glasses, reducing the correction your glasses need can lessen distortion and make vision feel more natural.

## Lens Implant (IOL) Options

**Standard monofocal lenses.** Clear focus at one chosen distance (near, intermediate, or far). Don't correct astigmatism — glasses usually needed for sharpest vision at all distances.

**Toric monofocal lenses.** Like standard monofocals, these provide clear focus at one chosen distance — but they also correct corneal astigmatism. Glasses may still be needed for distances other than the one targeted.

**Range of vision (presbyopia-correcting) lenses.** Multifocal, extended-depth-of-focus (EDOF), or small-aperture designs. Provide a broader range of vision in each eye and reduce dependence on glasses for many daily tasks. Astigmatism correction is included when appropriate. Glasses may still be needed for fine print, low light, or night driving. Some patients notice starbursts or halos around lights.

**Light Adjustable Lens (LAL).** Unique because it can be fine-tuned after surgery. Once your eye has healed and the lens has settled, light treatments adjust the focus and reduce residual astigmatism — refining your visual outcome based on real post-surgery measurements rather than pre-surgery predictions.

## Focal Distance and Monovision

Lens implants come in different powers, and for each eye, we choose where it focuses best — near (reading), intermediate (computer), or far (driving). Both eyes can be set to focus at the same point (with glasses filling in for other ranges), or each eye can be set differently:

- Both eyes at the same focus point. Both eyes targeted at near, intermediate, or far. Glasses are usually used to sharpen the other ranges.
- A small "nudge." Both eyes mostly set for distance, but one eye is set to focus a few feet closer. This extends your sharpness range to about 5–10 feet — useful for things like watching TV across a room or having a conversation across a table. It won't give you reading vision.
- Mini-monovision. A larger offset between eyes: distance/intermediate or intermediate/near.
- Full monovision. One eye for distance, the other for near. Reduces depth perception.

*Astigmatism affects vision at all distances — an important factor regardless of which approach you choose.*

### Near



Reading  
14"-20"

### Intermediate



Computer Screen  
22"-30"



Face-to-Face  
2'-4'



Putting  
4'-6'

### Far



Viewing TV  
6'-15'



Driving  
20' - Infinity

*No cataract surgery option can guarantee complete freedom from glasses. Even with advanced technology, many patients still use glasses for some tasks — most often fine print or night driving. Outcomes vary based on healing, lens position, residual astigmatism, and other eye conditions like dry eye, macular degeneration, or glaucoma.*

# *The Plan We Build Together*

Dr. Dale will recommend a plan based on your vision goals, glasses preferences, and overall eye health. Advanced technology options — laser-assisted surgery and premium lenses — are elective and not covered by insurance; we'll review costs at your consultation. The recommendation is a guide; you may ultimately choose a different option. There is no "best" option — just the option that best matches your eyes, your goals, and your life.

The text messages we mentioned at the beginning of this packet are with you throughout — guiding you before consultation, through prep, and into recovery. Please open them; they're how we stay alongside you between visits.

*We Look Forward to Seeing You!*

*—The Arbor Team*



# Your Vision, Your Life

Every patient is unique. Modern cataract surgery means partnering with you to design a plan that reflects your goals and priorities.

At your consultation, we'll build your plan around three things:

1. Your priorities
2. The health and structure of your eye
3. What's possible with today's surgery and lens options

The prompts below are here to help you think through what matters most before we meet. You don't need to write anything down — just consider them. Some patients choose insurance-covered options; others choose advanced upgrades. Both are excellent choices when they fit your life.

## Your Vision Goals

Every patient wants a safe, successful surgery — that's the same goal for all of us. But your vision goal — what your version of success looks like for your everyday vision — will be unique to you.

- What can you not do — or do less easily — than you used to, because of your vision? Are there activities you've stopped, slowed down or hesitated about?
- Is there an activity you would most love to do with confidence again — like driving at night, reading without strain or detailed handiwork?
- What do you currently do *without* glasses that you'd want to keep doing? Many nearsighted patients, for example, take their glasses off to read up close. This can change after cataract surgery, depending on the focus plan we design together. Telling us when you use glasses and when you don't helps us plan better.
- What would make you smile?
  - For some patients, it's simply seeing clearly again with their prescription glasses — getting back what cataracts have taken.
  - For others, it's specific moments *without* glasses: reading a menu, putting around the house in the morning, driving at sunset, watching grandkids' games from the bleachers.
  - Maybe it's the freedom from drugstore readers, or feeling less hassled at the gym or in the pool. No lens gives perfect vision at every distance, so naming your version of success — modest or ambitious — helps us choose well together.

## Practical Considerations

- **Cost and value.** Insurance covers the basics; advanced options are an out-of-pocket investment for less dependence on glasses. What feels worth it to you, and what doesn't? There's no wrong answer.
- **Spreading the cost.** If less dependence on glasses appeals to you but the upfront cost is a concern, would a payment plan help? Many of our patients use CareCredit, which offers no-interest periods to spread the cost over time.
- **The long view.** Cataract surgery is usually once per eye for life — your new lenses will be with you for 20+ years. As you picture the years ahead, does that change how you weigh the options?





# Arbor Eyecare



North Bend | Snoqualmie | Sammamish

**(425) 831-2020 • [see20-20.com](http://see20-20.com)**

## Sammamish

22620 SE 4th St, Ste 110  
Sammamish, WA 98074

## Snoqualmie Ridge

7726 Center Blvd SE, Ste 100  
Snoqualmie, WA 98065

## North Bend

126 E 2nd St  
North Bend, WA 98045