



Regional Eye Associates

# Dr. Goel's Cataract Education Packet 2024



**LearnAboutCataracts.com / ProtectingSight.com**

- All patients:**     Intraocular Lens Overview, Options & Informed Consent
- Presbyopia:**      PanOptix Trifocal IOL  
                           Vivity Extended Depth of Focus (EDOF) IOL  
                           Tecnis Symphony OptiBlue Extended Depth of Focus (EDOF) IOL
- Astigmatism:**    Tecnis Eyhance Toric IOL & Alcon Toric IOL
- Glaucoma:**       Minimally Invasive Glaucoma Surgery (MIGS) - iStent and Kahook Dual Blade (KDB)
- Live Surgery:**    Dr. Goel narrates a cataract surgery case (OPTIONAL)

Dr. Goel's surgery dates	ASI Washington Twp Femto LASER	WillsEye Cherry Hill	WillsEye Cherry Hill	WillsEye Cherry Hill	WillsEye Cherry Hill
Day of Week	1st Monday	1st Tuesday	2nd Wednesday	3rd Tuesday	4th Tuesday
February 2024	—	February 6	February 14	February 20	---
March 2024	March 4	March 5	March 13	March 19	March 26
April 2024	April 1	April 2	April 10	---	April 23
May 2024	May 6	May 7	---	May 21	May 28
June 2024	June 3	June 4	---	June 18	June 25
July 2024	July 1	July 2	July 10	July 16	July 23

(Dates may change without notice)



Wills Eye Surgery Center of Cherry Hill  
408 Route 70 East  
Cherry Hill, NJ 08034

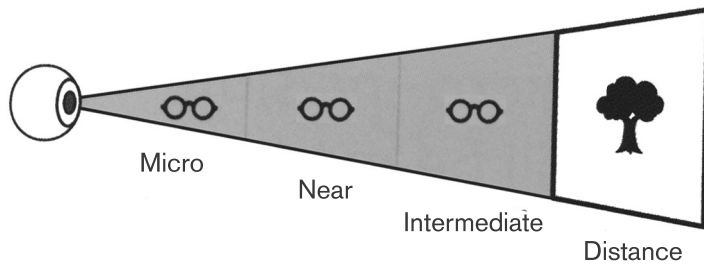


Advanced Surgical Institute  
556 Egg Harbor Rd. #B  
Sewell / Washington Twp, NJ 08080

741 Marlton Pike West, Cherry Hill, NJ 08002

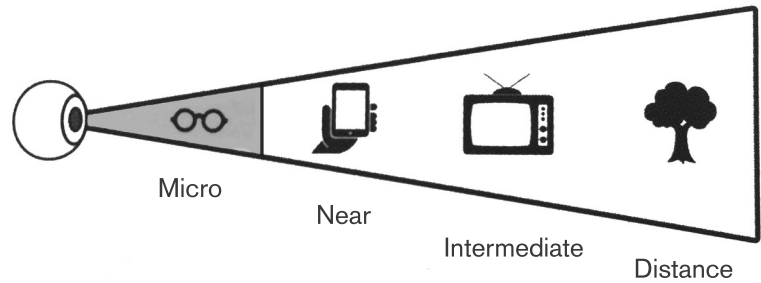
856-795-8787 | [www.reanj.com](http://www.reanj.com)

# Monofocal IOL



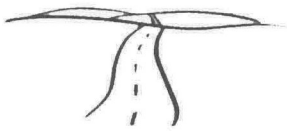
Monofocal IOLs are used to restore vision for one area of focus - usually distance. Reading glasses will still be needed for intermediate and near activities.

# EDOF IOL

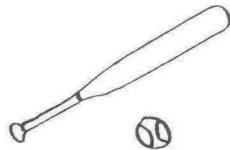


Extended depth of focus IOLs provide high-quality continuous vision for activities without glasses overall - from near to intermediate and distance. Reading glasses may still be necessary for very small print.

## Distance Activities



Driving



Live Sports



Large Television

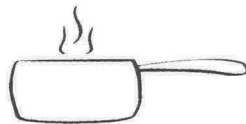


Concerts and Theatre

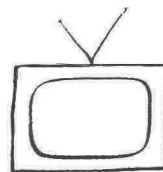
## Intermediate Activities



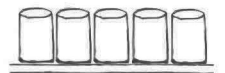
Computer



Cooking

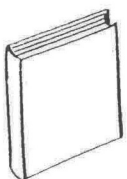


Smaller Television



Grocery Shelf

## Near Activities



Magazines



Mobile Phone



Tablet



Knitting

## When is the Right Time to Have Cataract Surgery?

Nearly 25.7 million Americans over age 40 have cataracts and the number is projected to increase to 45.6 million by 2050. While the only way to remove cataracts – a clouding of the eye’s lens – is surgery, the right time to have surgery depends on the individual patient.

Cataracts occur as part of the body’s natural aging process. In the early stages, cataracts may not change vision significantly and minor changes may be improved with prescription glasses. As the cataracts continue to mature, they may cause vision loss that can interfere with daily life.

Although the prospect of cataract surgery can be intimidating, the procedure itself is the most common elective surgery among Medicare beneficiaries in the United States. Multiple studies have demonstrated its association with improved quality of life, reduced risk of falling and fewer car crashes. In addition, one study found that those who had cataract surgery had a 40 percent lower long-term mortality risk than those who did not.

Here are four questions to help determine if you are ready for cataract surgery:

Are your cataracts impacting your daily or occupational activities? **Yes** **No**  
Symptoms of cataracts include dim, blurry or yellowed vision and can even double vision in a single eye. The lack of contrast and clarity can be difficult for those who need clear vision for work, driving or who enjoy hobbies like reading, cooking or sewing.

Are your cataracts affecting your ability to drive safely at night? **Yes** **No**  
Cataracts can cause halos around lights and difficulty seeing in low-light settings, impacting the ability to safely drive at night. Advanced cataracts can even cause enough vision loss to fail the vision test required for a driver’s license.

Are your cataracts interfering with the outdoor activities you enjoy? **Yes** **No**  
Cataracts can also increase sensitivity to glare, which can be especially troublesome for those who enjoy skiing, surfing and a number of other outdoors activities. They can also cause visual differences from one eye to the other, which can affect the distance vision golfers need.

Can you manage your cataracts in other ways? **Yes** **No**  
Those who decide to put off cataract surgery can make the most of their vision with a few simple tools, such as incorporating brighter lighting and contrasting colors in the home. Polarized sunglasses can reduce glare and magnifying lenses can help with reading.

Dr. Goel says, “If cataracts aren’t disrupting your life, you can probably wait and have surgery when they really start to bother you. But for those who are feeling impeded by blurry or dulled vision, the procedure can make a significant beneficial impact.”

Cataract surgery is recommended when the outcome is expected to improve vision.



Tell your doctor how your cataract affects your vision and your life. Your doctor cannot make the decision for you, but talking with your doctor can help you decide.

Please check the statements below that apply to you and share this list with your doctor.

Yes	No	
		I need to drive, but there is too much glare from the sun or headlights.
		I do not see well enough to do my best at work.
		I do not see well enough to do things I need to do at home.
		I do not see well enough to do things I like to do (for example, read, play cards, go out with friends, etc.)
		I am afraid I will bump into something or fall down.
		Because of my cataract, I am not as independent as I would like to be.
		My eyeglasses do not help me to see well enough.


Patient's Name: \_\_\_\_\_


Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Signature: \_\_\_\_\_

PRE-SURGICAL CATARACT PATIENT QUESTIONNAIRE

1. Have you ever had Refractive Surgery? (LASIK, PRK, RK, Surface Ablation) Yes (need records) No
2. Which is your **DOMINANT EYE** ? (ie. Before you were diagnosed with a cataract, which eye did you prefer to see in the distance?) RIGHT LEFT NOT SURE
3. Men: Have you ever been on Flomax, Tamsulosin, Or ANY Medication for Prostate issues? YES NO  
Please list: \_\_\_\_\_
4. Do you have an allergy to Latex gloves? YES NO NOT SURE
5. Do you have an allergy to Iodine, Betadine, or IV Dye ? YES NO NOT SURE
6. Automated implantable cardioverter defibrillator (AICD) or Cardiac Rhythm Management Device (CRMD)? YES (need device card) NO
7. Do you need a Power-of-Attorney to undergo surgery? Yes (need POA copy) No

8.  I viewed videos on: [www.YouTube.com/RaviGoelMD](http://www.YouTube.com/RaviGoelMD)
- Part I – Introduction       Part III – Alcon Restor       Part V – Live Surgery
- Part II – Informed Consent       Part IV – Alcon Toric       Part VI,VII – Post-Restor Vision

9.  I visited [www.geteyesmart.org](http://www.geteyesmart.org) to learn about cataracts YES NO

10. Please list any hobbies you enjoy, lifestyle, work conditions or other visual demands you have. Please also list any additional visual functioning or quality of life symptoms due to your cataracts:

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11. Do you have difficulty with any of these activities? (Please circle all that apply and list additional.)

- Reading \_\_\_\_\_
- Writing \_\_\_\_\_
- Walking \_\_\_\_\_
- Driving \_\_\_\_\_
- Television \_\_\_\_\_
- Outdoor activities \_\_\_\_\_
- Night Vision \_\_\_\_\_
- Glare around lights \_\_\_\_\_

# HEALTH SURVEY

Dear Patient:

We at the Wills Surgery Center in Cherry Hill welcome the opportunity to participate in your surgical care. While all patients requiring the services of the Department of Anesthesiology will be seen personally prior to surgery, this Health Survey allows us to better identify those patients who may need specialized instructions. We depend on this survey along with the information provided by your surgeon to provide you with the appropriate care.

Thank you for your help.

Name				
Age	Height	Weight	Home Phone	Daytime Phone

	YES	NO	COMMENT
• Do you have high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have angina or chest pain?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had a cold recently?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have emphysema or bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Can you walk up a flight of stairs without getting short of breath?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have a seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have a weakness of or paralysis of your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had a stroke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had hepatitis or jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you take a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have any implanted device such as a cardiac defibrillator or pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you snore?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have Sleep Apnea?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, Do you use a CPAP machine?	<input type="checkbox"/>	<input type="checkbox"/>	_____

*(Other side please)*



	YES	NO	COMMENT
• Do you have any psychiatric problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you had anesthesia previously?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have you ever had a problem with anesthesia other than nausea or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Has anyone in your family had a problem with anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you smoke presently? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you drink alcohol? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have any loose, false, capped or bonded teeth?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you have any problems with your neck or opening your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Do you take any of the following medications or herbal supplements for prostate, urinary or high blood pressure problems such as: Saw Palmetto, Flomax (tamsulosin), Uroxatrol (alfuzosin), Doxazosin, Hytrin (terazosin), prazosin or minipress? (please circle the supplement/medication)	<input type="checkbox"/>	<input type="checkbox"/>	_____

List all previous surgery: \_\_\_\_\_  
 \_\_\_\_\_

Do you have anything specific you want to discuss with the anesthesiologist? \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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**TO BE COMPLETED THE DAY OF SURGERY**

I certify that I have had nothing to eat or drink since \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

I certify that the following individual will escort me home. Parent/Guardian of children 18 years and under must remain in the facility until patient is discharged.

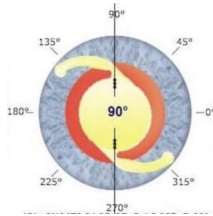
\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Daytime Phone

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



## Intraocular Lens Selection Form

1. Cataract surgery can almost always be safely postponed until you feel that you need better vision. If stronger glasses won't improve your vision, and the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery?

- Yes, I feel that my vision is bad enough that I need to consider cataract surgery now.
- No, my vision is not that bad and I am not ready to consider cataract surgery yet.

2. What is the most important visual function for which you want to be free from glasses?

- DISTANCE (driving, watching television, outdoor activities, or sports)
- MID-RANGE (computer, menus, price tags, cooking, board games, items on a shelf)
- NEAR VISION (books, newspapers, magazines, detailed handwork, iPad/tablet)

3. Which of these describes your visual preferences?

- I want to reduce glasses needs for BOTH distance and near vision
- I would prefer very good distance vision with blurred vision at near.
- I would prefer good distance vision and blurred vision at near (bifocals for reading)
- I would prefer blurred distance vision and good vision at near (bifocals for driving)

4. Please place an "X" on the following scale to describe your personality as best you can:

Easygoing	Perfectionist
<div style="display: flex; justify-content: space-between; width: 100%; border-left: 1px solid black; border-right: 1px solid black;"> <span style="border-right: 1px solid black; width: 50%;"></span> <span style="width: 50%;"></span> </div>	

5. Are you interested in purchasing a **Premium Cataract Surgery** upgrade?

- Yes, I would like to correct a long-standing vision problem.
  - Premium Cataract Surgery - Advanced Technology for Presbyopia**  
TREAT PRESBYOPIA AND ASTIGMATISM (Optimize vision in distance/near)  
**\$2995 per eye** ( patient financing through **CareCredit** available)
  - Premium Cataract Surgery - Advanced Technology for Astigmatism**  
TREAT ASTIGMATISM (Optimize vision in distance, will need reading glasses)  
**\$2095 per eye** ( patient financing through **CareCredit** available)
- No, I'd prefer the simplest and least expensive cataract surgery operation available.  
**basic monofocal lens** (will need bi-focal glasses after surgery)

6. Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(\*IOL pricing may change without notice)