



Regional Eye Associates

Dr. Goel's Cataract Education 2026



Please visit LearnAboutCataracts.com →

ProtectingSight.com/cataract-videos

- All patients:** Intraocular Lens Overview, Options & Informed Consent
 Robotic LASER Cataract Surgery vs. Manual Cataract Surgery
- Presbyopia:** Multifocal and Extended Depth of Focus (EDOF) Premium IOLs
- Astigmatism:** Tecnis Eyhance Toric IOL & Alcon Toric IOL
- Glaucoma:** Minimally Invasive Glaucoma Surgery (MIGS) - Kahook Dual Blade (KDB)
 Selective Laser Trabeculoplasty (SLT) - SLT is performed in the office
- Live Surgery:** Dr. Goel narrates a cataract surgery case (OPTIONAL)

1. 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)

2. 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)



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

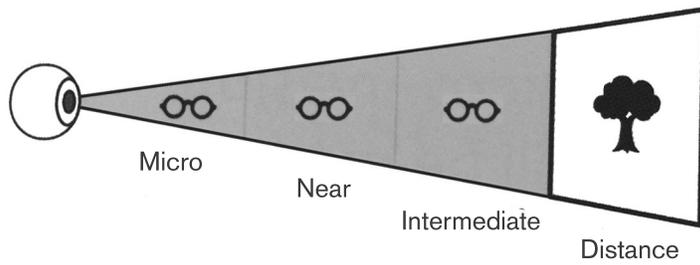


Wills Eye Surgery Center
408 Route 70 East
Cherry Hill, NJ 08034

741 Marlton Pike West, Cherry Hill, NJ 08002

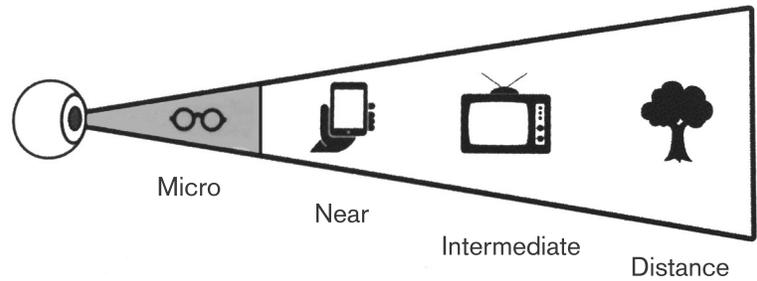
856-795-8787 | www.reanj.com

Monofocal IOL



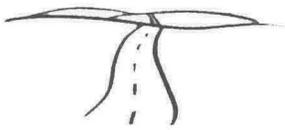
Monofocal IOLs are used to restore vision for one area of focus - usually distance. Reading glasses will still be needed for intermediate and near activities.

EDOF IOL

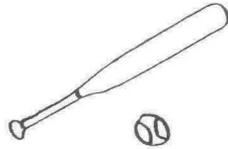


Extended depth of focus IOLs provide high-quality continuous vision for activities without glasses overall - from near to intermediate and distance. Reading glasses may still be necessary for very small print.

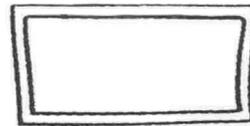
Distance Activities



Driving



Live Sports



Large Television

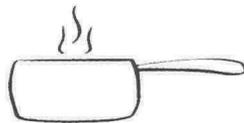


Concerts and Theatre

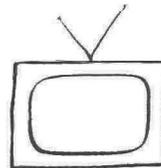
Intermediate Activities



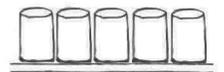
Computer



Cooking

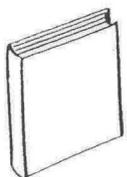


Smaller Television



Grocery Shelf

Near Activities



Magazines



Mobile Phone



Tablet



Knitting

3 Eye-Opening Differences

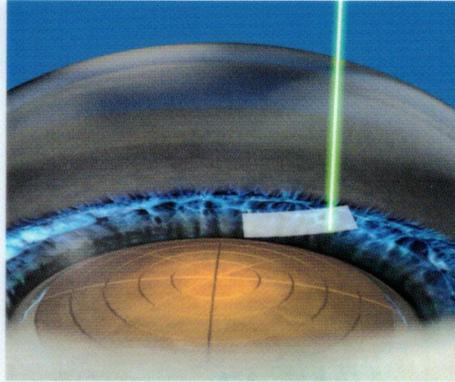
Laser vs Manual Cataract Surgery



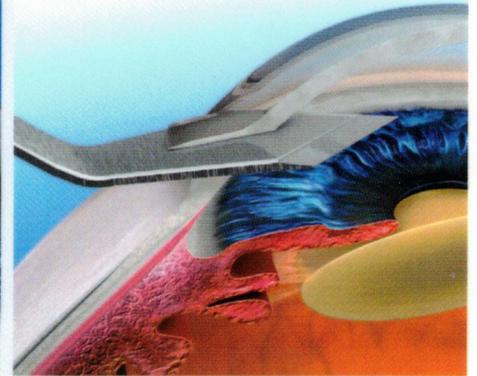
Laser-assisted cataract surgery uses the precision and accuracy of a laser to provide you with the most advanced cataract procedure available.

Incisions

Laser incisions for managing astigmatism and removing your cataract can help optimize your visual outcome because they are made with the highest levels of precision and accuracy.



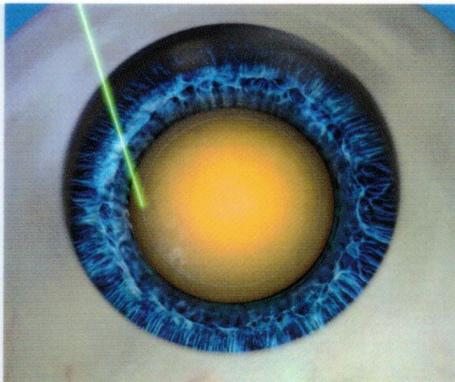
Laser



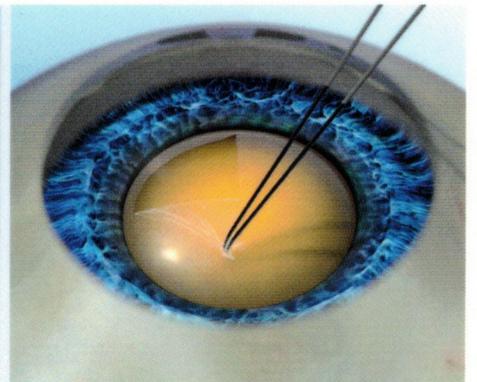
Manual

Access

Using a laser to create an opening in the capsule can help give you your best visual outcome by optimizing the position of your lens implant.¹



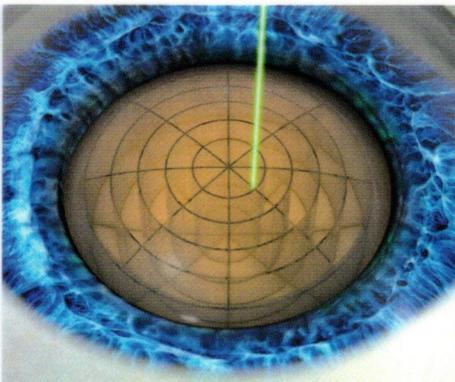
Laser



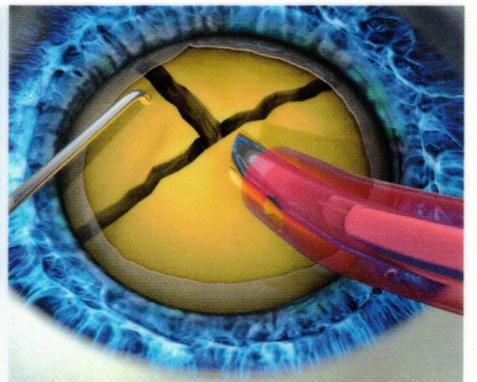
Manual

Fragmentation

Laser fragmentation softens the lens and can reduce certain risks and healing time by reducing the energy needed to remove your cataract.



Laser



Manual

¹ Data on file. LENSAR, Inc.

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Regional Eye Associates

Visual Function Assessment

Please let us know how your cataract affects your activities of daily living.

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, sports, travel, etc.)
		I am afraid I will bump into something or fall down.
		I am not as independent as I would like to be.
		My eyeglasses do not help me to see well enough.

2. Please list any additional hobbies, work conditions, visual demands, or quality of life issues which may be affected by your cataracts:

3. Which eye is your DOMINANT EYE? Right Eye Left Eye Not Sure
The dominant eye is the eye that provides more accurate information about an object's location and that you may have seen better with before cataracts.

4. Have you ever had Refractive Surgery? Yes No
(Lasik, PRK, RK, SMILE, etc.)

Patient Name: _____

Date: / /

Patient's Signature: _____



Restore Your Vision with Robotic Precision

	Package 1 Standard Cataract Procedure	Package 2 Robotic Laser Cataract Surgery™ with Mild Astigmatism Correction	Package 3 Robotic Laser Cataract Surgery with Moderate to High Astigmatism Correction	Package 4 Robotic Laser Cataract Surgery with Astigmatism & Presbyopia Correction
This may be right for you if:	<ul style="list-style-type: none"> You do not want to reduce your need for glasses 	<ul style="list-style-type: none"> You want to reduce your need for glasses for certain tasks You have mild astigmatism 	<ul style="list-style-type: none"> You want clearer distance vision with a reduced need for glasses You have moderate to high astigmatism 	<ul style="list-style-type: none"> You want to see more clearly at all distances with a reduced need for glasses You have astigmatism You have trouble seeing things up close You want your best possible vision
Need for glasses after surgery:	<ul style="list-style-type: none"> Near Intermediate Distance 	<ul style="list-style-type: none"> Near Intermediate 	<ul style="list-style-type: none"> Near Intermediate 	<ul style="list-style-type: none"> Reduced at all distances
What is included:	<ul style="list-style-type: none"> ✓ Cataract removal ✗ Advanced lens ✗ Robotic intelligence ✗ Astigmatism correction ✗ Presbyopia correction ✗ ALLY Robotic Cataract Laser System™ ✗ 	<ul style="list-style-type: none"> ✓ Cataract removal ✓ Advanced lens* ✓ Robotic intelligence ✓ Astigmatism correction ✗ Presbyopia correction ✓ ALLY Robotic Cataract Laser System ✓ 	<ul style="list-style-type: none"> ✓ Cataract removal ✓ Advanced lens ✓ Robotic intelligence ✓ Astigmatism correction ✗ Presbyopia correction ✓ ALLY Robotic Cataract Laser System ✓ 	<ul style="list-style-type: none"> ✓ Cataract removal ✓ Advanced lens ✓ Robotic intelligence ✓ Astigmatism correction ✓ Presbyopia correction ✓ ALLY Robotic Cataract Laser System ✓
Procedure cost:	Covered by insurance, assuming all conditions are met	\$1750 per eye	\$3495 per eye	\$4745 per eye

*Your doctor may be able to correct mild astigmatism using just the robotic laser. In these cases, a standard lens may be used.

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)

PATIENT LABEL

	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

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



When is the Right Time to Consider 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 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 **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.

Are your cataracts affecting your life with **other activities**? **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.