



Harry H. Huang, M.D.
Russell Huang, M.D.

Office: 301.897.3322 Fax: 301.897.3292
huangmd.com
5630 Shields Dr, Bethesda, MD 20817

Cataract Packet

Friendship ASC

YOU MUST READ
THIS INFORMATION
TWO WEEKS
PRIOR TO YOUR
CATARACT SURGERY



Cataract Checklist:

- You will need to see your primary care doctor for a physical **no more than 6 weeks** before surgery.

- For 2 weeks**, do not swim or undergo elective medical, dental, or surgical procedures unless you talk with us

- Pickup the **Prednisolone Acetate 1%** prescription from your pharmacy before surgery. You will start taking this on the day of surgery after you leave the surgery center. If you have diabetes or retinal issues you may have an additional eyedrop sent to your pharmacy.

- Please return your surgical paperwork with your decision on which lens (standard or high-technology) you have selected to Cathy at the office office **at least one week** prior to surgery. The standard lens is covered by insurance. If you are a candidate for a high-technology lens, there is an out of pocket cost that is not covered by your medical insurance.

Please read through and complete the cataract packet and ensure your cataract surgery checklist is complete prior to surgery.



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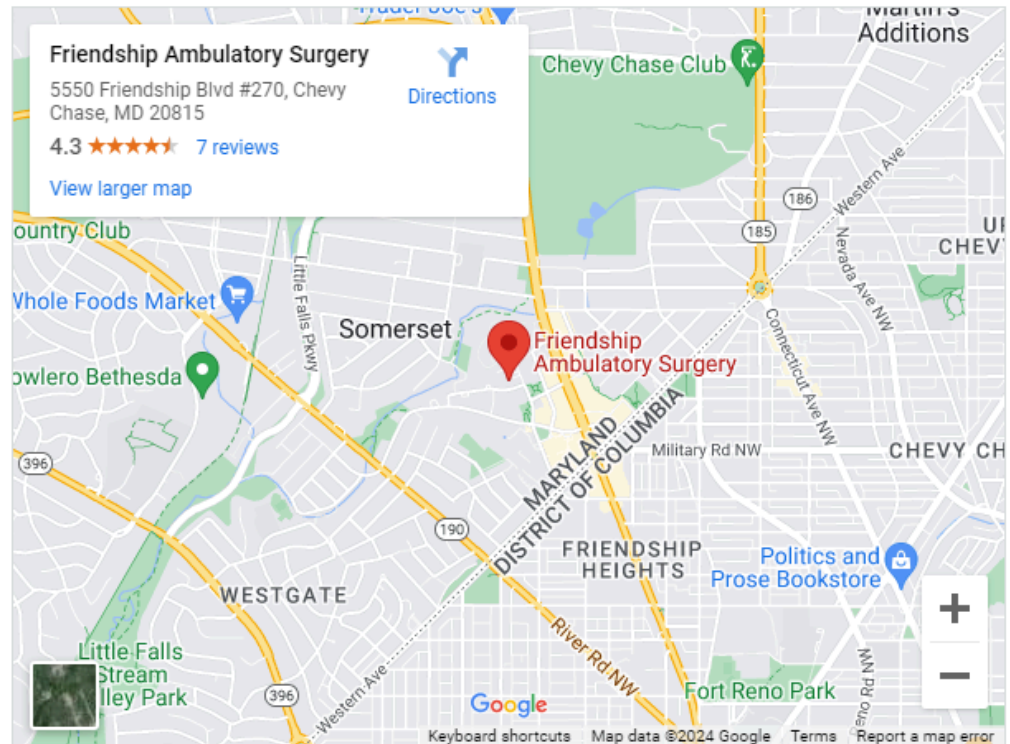
Surgery Date: _____

THURSDAY

Time to Arrive: _____

Location:  **Friendship Ambulatory Surgery**

5550 Friendship
Blvd #270
Chevy Chase,
MD 20815



- If you have any trouble or questions regarding surgery or decide that surgery needs to be canceled on short notice **call Cathy at the office**
- The office number is (301)-897-3322 or email Cathy at cathy@huangmd.com
- Any questions you have about travel should be discussed with Cathy **before** surgery. You will need to be accompanied by a friend/family member (you cannot take an unaccompanied Taxi or Uber)
- Make sure you make an appointment with your primary care doctor for a preoperative physical **no more than six weeks prior to the surgery date**. Please provide them with the enclosed letter on the next page regarding the pre-op examination instructions.



Dear

RE:

I am writing to ask you to medically clear our mutual patient for cataract extraction with intraocular implant. I have scheduled this procedure for _____ at the Friendship Surgery Center on an outpatient basis under local anesthesia with MAC sedation. I asked the patient to make an appointment to see you. The Friendship Surgery Center Anesthesia department requires the following:

The Friendship Surgery Center uses these guidelines.

1. The history and physical should be done within **four (4) weeks** of the surgery.
2. Required preoperative diagnostic studies (minimum requirement).

Age 20 and over

I. PHYSICAL & HISTORY within four **(4) weeks** prior to the surgery.

II. EKG within **twelve (12) weeks** prior to the surgery. If the patient has a heart condition, EKG must be done within **four (4) weeks** prior to the surgery.

III. Chest x-ray if the patient has had a recent pulmonary disease or illness.

Failure to provide the requested H&P and EKG **TWO (2) WEEKS** before the above surgery date could result in your patient's surgery being **canceled**.

PLEASE FAX ALL PRE-OPS TO CATHY AT (301) 897-3292

Thank you very much for your assistance.

Sincerely,

Harry H. Huang, M.D.

Russell M. Huang, M.D.



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Friendship Ambulatory Surgery Center

5550 Friendship Blvd Suite 270
Chevy Chase, MD 20815
301-215-7347

- Please follow the rules for not eating or drinking before surgery. Failure to do so may result in cancellation.
No food for 8 hours before surgery. No liquids for 4 hours before surgery. You may have clear liquids, such as water or black coffee, but no drinking four hours before surgery.
- If you have symptoms of illness or fever 100.4, please stay home.
- If you might have Covid, please perform a home (antigen) test the day before surgery.
- Please arrive at the time given to you by Dr. Huang's office. Masks are required of everyone.
- You must have a responsible adult companion take you home. If you are scheduled after 2pm the companion must remain at the Center.
- Wear comfortable clothes, which you will keep on the entire time. Do not wear earrings, necklaces, or turtleneck shirts.
- Bring glasses to read, phone number of your companion, and any cases for the glasses or hearing aids. You may bring a small bag to put your belongings in.
- Parking is available under the building at 5550 Friendship Blvd. Public restrooms are on the second floor. Parking can cost \$9.00-\$12.00.

After surgery, you will stay to recover 15-20 minutes. We ask that your responsible companion come into the Center to escort you to the vehicle.



Day of Surgery Instructions

Diet:

- You can eat a **light breakfast (without dairy or citrus)** up to 8 hours before surgery arrival time. Dry cereal, toast and, crackers are ok. Do NOT eat a large breakfast (no meat) and do not have any milk **including cream with your coffee.**
- You can have sips of **CLEAR** liquids (water and **black** coffee only) up to 4 hours before their surgery arrival time.
- **If you have dairy/citrus the day of surgery, or if you eat within 8 hours of your surgery you will be canceled by the surgery center without exception.**

Medications:

- Take your blood pressure and heart medications the day of surgery.
- Take your Glaucoma medications the day of surgery as prescribed.
- If you take any form of **blood thinners** or **diabetes medications**
 - Injectable diabetes medications must be stopped **one week (7 days)** before surgery, these include:
 - Trulicity, Bydureon/Byetta, Saxenda or Victoza, Adlyxin, Ozempic, Wegovy, Zepbound, Moungaro
 - Oral GLP-1 agonists are to be stopped **24 hours** before surgery
 - Rybelsus, Semaglutide
- If you use an inhaler, please bring it with you.
- Discuss with Cathy if you have any questions

MAKE SURE YOU HAVE SOMEONE TO ACCOMPANY YOU ON THE DAY OF SURGERY.



Post-operative instructions for cataract surgery patients

You may use your eyes as usual to read, to use the phone/computer, and to watch TV. Try to avoid bending your head below your waist for the first 24 hours. You may do light exercise such as walking but avoid any heavy lifting over 10 pounds for the first week. It is normal to have irritation and blurred vision for the first few days after surgery. You may take Ibuprofen or Tylenol following your surgery.

For the first few days be very careful around the eyes and use common sense.

- **DO NOT RUB YOUR EYES!**
- Do not shower or bathe on the day of surgery. Starting the day after surgery, you may carefully bathe/shower but make sure your eyes are completely shut to prevent water from getting in your eyes. To dry off your face, gently dab in the corners (on the bone) rather than pushing on the eye itself.
- You may resume aspirin and other medications
- For 2 weeks, do not swim or undergo elective medical, dental, or surgical procedures unless you talk with your doctor first about it
- Wear the shield while you sleep for 1 week to protect the eye
- If you take glaucoma drops, continue taking them as usual.

Start your eye drops on the day of surgery once you get home:

1) Prednisolone acetate (White or Pink Top)

- One drop four times a day to the operated eye
- Use the eyedrop 3 times on the day of surgery when you get home
- **Shake eye drops well before administering**

Next Post operative appointment: Tomorrow 1 week 10 days Other _____

After hours emergency number: 240-483-2833

Everyday after surgery should feel the same or better. Call **right away** for **worsening redness, light sensitivity, decreased vision, or pain** as these can be signs of an infection. The first week after surgery is the highest risk time for an infection.





Lifestyle Questionnaire

Circle the following activities you do on a regular basis and underline the activities you would like to do without glasses if possible:

Read newspapers, books	Read medicine bottles	Needlepoint
Drive daytime	Drive nighttime	Golf
Tennis	Hunt or Fish	Paint/Art
Cook	Musician	Play Cards/Dominoes
Bicycle	Computer	Cell Phone
Paperwork/Writing	Photography	Spectator Sports
	Watching TV	

- What occupational, recreational or other activities do you currently engage in that are not listed above:

- Place an "X" on the following scale to describe your personality as best as you can

Easy Going | Perfectionst

Have you ever had refractive eye surgery? NO YES

If yes specify: LASIK PRK RK OTHER

Before refractive surgery what was your prescription? Myopic Hyperopic _____



Lifestyle Vision Questionnaire

We recognize that your eyes are very important to you. We would like to know how you use your eyes on a daily basis. Along with your eye exam, this info will assist us in recommending the best options for your eyes based on your personal lifestyle.

- Do you wear glasses now? ___No If Yes: ___All the time ___Sometimes
___Only for distance ___Only for reading ___Only for computer
- How important is it for you to read or use the computer without glasses?
___Very Important ___Important ___Not important
- How many hours per day do you read? _____. use a computer?_____.
- Where do you hold a book when reading? ___Close to face
___chest level ___in your lap
- How do you feel about wearing glasses?_____.
- If it were possible to go without glasses most of the time, would you like to do that? ___No ___Yes
- Do you drive at night? ___No
If Yes: ___ Occasionally ___ Nightly ___ Occupation

Print Patient Name

Patient Signature

Date



Pre-Surgical Cataract Patient Questionnaire

Do you have difficulty, even with glasses, with the following activities?		
	Yes	No
1. Reading small print, such as labels on medicine bottles, telephone books, or food labels?	<input type="checkbox"/>	<input type="checkbox"/>
2. Reading a newspaper or book?	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading a large-print book or large-print newspaper?	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognizing people when they are close to you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing steps, stairs, or curbs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading traffic signs, street signs, or store signs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Doing fine handwork like sewing or knitting?	<input type="checkbox"/>	<input type="checkbox"/>
8. Writing checks or filling out forms?	<input type="checkbox"/>	<input type="checkbox"/>
9. Playing games such as bingo, dominos, or card games?	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking part in sports like bowling, tennis, or golf?	<input type="checkbox"/>	<input type="checkbox"/>
11. Cooking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Watching television?	<input type="checkbox"/>	<input type="checkbox"/>

Have you been bothered by:		
	Yes	No
1. Poor night vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Seeing rings or halos around lights?	<input type="checkbox"/>	<input type="checkbox"/>
3. Glare caused by headlights or bright sunlight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Hazy and/or blurry vision?	<input type="checkbox"/>	<input type="checkbox"/>



SYMPTOMS (continued)

YES NO

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| 5. Seeing well in poor or dim light? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Poor color vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Double vision? | <input type="checkbox"/> | <input type="checkbox"/> |

DRIVING

1. Have you ever driven a car? YES (continue) NO (stop)
2. Do you currently drive a car? YES (continue) NO (stop)
3. How much difficulty do you have driving during the day because of your vision?
 No difficulty A moderate amount of difficulty
 A little difficulty A great deal of difficulty
4. How much difficulty do you have driving at night because of your vision?
 No difficulty A moderate amount of difficulty
 A little difficulty A great deal of difficulty
5. When did you stop driving?
 Less than 6 months ago 6-12 months ago More than 1 year ago

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

YES NO

Patient Signature _____

Date _____

Witness _____

Date _____



CATARACT IMPLANT SELECTION AND CHARGES

Cataract surgery will be billed to your insurance company through three separate charges:

1. Surgeon fee from Harry H. Huang. MD, PA
2. Facility fee from Friendship Ambulatory Surgery Center (“FASC”)
3. Anesthesia fee from Anesthesia Department at FASC

In addition, cataract surgery requires an intraocular lens implant (“IOL”) to be placed inside the eye at the time of surgery. The patient can select a Standard IOL, which is covered by insurance as part of the FASC Facility fee. Alternatively, the patient can select a High-Technology Alternative (Crystalens, Trulign, Toric, Panoptix, Odyssey, Vivity, PureSee, etc.) depending upon each individual patient’s ocular anatomy and vision preference. The High-Technology Alternative seeks to provide the patient with less dependence on eyeglass correction for far, middle and/or near vision than would be achieved using a standard IOL.

The High-Technology Alternative is not covered by insurance and will require an out-of-pocket cost to the patient, over and above the three charges listed above. Since this additional charge is elective, and not considered to be medically necessary by insurance, this charge will not be submitted to the patient’s insurance company. Payment will be due from the patient prior to surgery.

The total cost per eye cost for the high-technology alternative recommended for your cataract surgery is:

\$ _____

This amount will be divided into two payments

1. One payment to Friendship Surgery Center (\$650 for Toric, \$1050 for all other lenses)
2. One payment of the remaining balance to our office

Please initial one of the choices below:

_____ I wish to receive a Standard IOL.

_____ I wish to receive the High-Technology Alternative. I understand that this is an additional fee for which I will be responsible and which will not be submitted to my insurance.

Print Patient Name

Patient Signature

Date