



EYE CONSULTANTS
OF TEXAS

**STEP BY STEP PROCESS FOR
CATARACT CO-MANAGEMENT**

1. The referring optometrist educates the patient regarding the process of cataract surgery and that you are referring them to Eye Consultants of Texas for the procedure.
2. The referring optometrist discusses the typical co-management treatment plan and explains what care will be provided by the ophthalmic surgeon and the optometrist (**Patient Handout: Cataract Patient Co-Management Treatment Plan**). It is also very important to explain the optometrist's role in co-managing postoperative care.
3. The referring optometrist sends their Examination Clinic Notes and patient contact information to Eye Consultants of Texas via fax at (817) 251-6261, email at comgmt@eyecontx.com, or they may upload exam notes to Leading Reach.
4. The Referral Coordinator at Eye Consultants of Texas will contact the patient and schedule an appointment for a consultation. Notes will be requested from the referring optometrist if we have not yet received them.
5. The patient is examined by the surgeon and a determination of medical necessity for cataract surgery is made. The patient is educated on which procedure best suits the patient's needs and the patient is educated on all possible lens implant options. Examination notes from the consultative visit are sent to the referring optometrist for their records.
6. The patient meets with our Surgical Counselor and is scheduled for surgery and any necessary pre-operative testing. Eye Consultants of Texas will provide educational materials on the procedure and lens implant options. Patients will also be given instructions related to post-op care and information regarding fees. The patient will complete and sign an Informed Consent and any other necessary forms. If the patient desires to have post-surgical care co-managed, the patient will sign the **Informed Consent for Co-Management**, which is then sent to the referring optometrist.
7. The Referral Coordinator will contact the co-managing optometrist's office to communicate the patient's day of surgery and will schedule the patient's first follow-up visit with the optometrist.
8. When deemed medically appropriate (typically after the initial post-operative visit but consistent with the patient wishes), his/her referring optometrist's preference, and stability of the patient determined by the operating surgeon or qualified associate(s), the surgeon completes the **Co-Management Transfer of Care Form**, which is then sent to the co-managing optometrist along with surgical findings and post-operative examination notes.
9. Following each post-operative visit, the co-managing optometrist will send their examination findings to Eye Consultants of Texas, either via fax, email, or Leading Reach. Depending on the preference of the optometrist, he/she will perform the post-operative follow-up, refraction, and prescribe glasses, if necessary.
10. The co-managing optometrist will submit the appropriate claim to third party payers or prepare patient billing for their portion of the post-operative treatment. If the co-managing optometrist is a participating provider with Medicare, they will bill to and be paid directly by Medicare. See "Co-Management Billing" for more information regarding billing the optometrist's portion of the co-managed care.

Eye Consultants of Texas will communicate with the referring provider for any matter regarding their patients, including procedure outcomes and any follow-up care provided by the surgeon.

We look forward to a partnership with our affiliated co-managing doctors in which we can offer our cataract and implant patients the best and most convenient available care!



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**PRE-OPERATIVE CO-MANAGEMENT:
CATARACT/CLEAR LENS EXCHANGE SURGERY**

1. **Pre-Consultation Evaluation:** *please complete the following and send your examination notes to our office prior to their consultation.*
 - **Full Routine Examination:** *a thorough pre-operative exam and treatment of any existing problems may prevent complications from occurring as a result of Refractive Surgery.*
 - Cycloplegic refraction OU
 - Tear film assessment: TBUT or Schirmer's test OU
 - Topography (if available) OU
 - **Complete Medical and Ocular History:** *understanding the patient's overall health prior to surgery can help chart the strategy for the procedure. It can also help prevent potential complications and explain the prognosis and course of recovery. It is especially important to include the following in your documentation:*
 - Any autoimmune diseases such as lupus, rheumatoid arthritis, and diabetes.
 - Ocular history of trauma, surgery, corneal ectatic disease (keratoconus, pellucid marginal degeneration), history of Shingles (HZV), or herpetic infection.
 - Medications and Allergies
 - Pregnancy
2. **Pre-Consultation Instructions**
 - Instruct patients who wear contact lenses that they need to be out of their contacts prior to their biometry testing. Patients are given the option to have their biometry testing performed at their initial consultation or when they return for their pre-operative visit.
 - **Hard contact lenses:** 2 weeks prior to biometry testing
 - **Soft contact lenses:** 3 days prior to biometry testing
3. **Schedule Consultation**
 - Call our office at 817-416-7907 to schedule the patient's consult visit.

If you have any questions, please call our Direct Physician Phone Line at **(817) 416-7907** to speak with a technician or doctor. Please fax your exam notes to our office at **(817) 251-6261** for our records. You may also email us at comgmt@eyecontx.com.



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**POST-OPERATIVE CO-MANAGEMENT:
CATARACT/CLEAR LENS EXCHANGE SURGERY**

This is a suggested protocol for postoperative Cataract/CLE care by Eye Consultants of Texas and is not meant to be absolute. Please adjust your post-operative examination dictated by your experience and as patient circumstances indicate.

Schedule of Visits

- 1 day*
- 1 week
- 1 month
- 3 months
- 1 year

**Eye Consultants of Texas will see the patient for their one-day post-op visit unless circumstances dictate otherwise. After this exam, the patient's care may be transferred back to the co-managing doctor. This will be determined on a case by case basis and under no circumstances is this preordained.*

Post-Operative Medication Regimen

- **Oasis Preservative-free artificial tears:** one drop 4 times a day for a minimum of 4 weeks (may use more frequently if desired). We recommend Oasis Tears, which may be purchased at the front desk at Eye Consultants of Texas.
- **PGB (prednisolone/gatifloxacin/bromfenac):** one drop 4 times a day for 3 weeks. These drops are provided to patients in the surgical kit they receive prior to surgery.

Patient Instructions

- **DO NOT RUB YOUR EYE.** As your eye heals it may feel itchy but please refrain from rubbing your eye.
- Wear your eye shield at night while you sleep (or nap) for **1 week**.
- Wear sunglasses while outdoors. Your eye will likely remain dilated for a few days after surgery and will therefore be sensitive to sunlight.
- **No eye make-up for 2 weeks.**
- You may drive after your 1-day post-operative appointment at your own discretion.
- You may watch TV or read. Crystalens/Trulign patients must wear readers (+2.00) while reading for the first 2 weeks.
- You may shower as normal, but avoid getting water in your operative eye.
- No swimming, hot tubs, or lakes for **2 weeks** after surgery.
- No strenuous activity for **2 weeks** after surgery. Walking and mild exercise are fine, but no running, jumping, or bouncing. No golf, yoga, or gardening for **2 weeks**.
- Do not lift anything over 30 pounds for **2 weeks** after surgery.
- It is OK to bend over momentarily, but do not bend over for so long that your face becomes red.

The following symptoms are normal after surgery:

- Mild discomfort. *If you experience discomfort, you may take any pain medication that you normally take (ibuprofen, Tylenol, etc.)*
- Red appearance of the eye
- Sensitivity to light and blurred vision

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- Burning, itchiness, or scratchy sensation. *You may use your Oasis Artificial Tears as often as you would like to help reduce these symptoms.*
- Watering of your eyes for a few days

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POST-OPERATIVE CONSIDERATIONS: **Cataract/Clear Lens Exchange**

1. SUBJECTIVE: History

a) **Document Chief Complaint:** one sentence from the patient (in their words) about surgery

2. OBJECTIVE: Exam (operative eye only)

a) Uncorrected visual acuity

b) IOP

- If IOP > 20 mmHg but < 30 mmHg
 - IF optic nerve C/D ratio normal (≤ 0.4), no significant thinning of RNFL (OCT, GDx, etc.), and no visual field loss: IOP okay to observe
 - IF no abnormalities: If no contraindications, treat with topical beta-blocker (or equivalent) or other med such as alphagan, combigan, etc.
- If IOP > 30 mmHg
 - Instill iopidine drops, beta-blocker BID if needed, oral Diamox 500 mg sequel (if no allergy to sulfa, no history of kidney stones, and no history of sickle cell disease)
 - *When IOP > 30, always recheck IOP 30 minutes after medications are administered and document decreased IOP before discharging a patient from your office. Schedule follow-up IOP check in 24 hours.*

c) Slit lamp examination

● **Lids**

- Erythema (redness)? Ecchymosis (bruising)? Edema? Ptosis?
 - *May be common after periorbital injection anesthetic or secondary to a drug allergy.*

● **Conjunctiva/Sclera**

- Injected? Chemosis?
- Subconjunctival hemorrhage?
 - *Not uncommon and rarely of visual significance. Reassure the patient that it will slowly resolve with time*

● **Cornea**

- LRI? Clear? Endothelial folds?
- Abrasion?
 - *Usually resolves itself within 24-48 hours.*
 - *A bandage contact lens is not necessary and best to avoid, if possible, as this can increase the possibility of infection.*
 - *Instruct patient to keep eyes closed as much as possible and, if necessary, to use preservative free artificial tears every waking hour.*
- Edema?
 - *Increase steroid drops to 6-8x/day to help edema resolve.*
- Wound leak?
 - Positive Seidel test? **Contact Dr. Labor IMMEDIATELY**

● **Iris**

- Dilated? Miotic?
- Irregular pupil?
 - *Observe – usually resolves spontaneously with the exception of iris prolapse or mechanical dilation during surgery.*

● **Lens**

- Implant centered? In capsular bag? In sulcus? Posterior capsular wrinkling?

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- **Retina** (per optometrist's preference; not always necessary to view post-op day 1)
 - Poor red reflex? Questions of retinal abnormalities? **Contact Dr. Labor IMMEDIATELY**
- **Fundus** (dilated exam at 2-week post-op visit)

3. ASSESSMENT

a) Document "s/p phaco IOL (OD/OS)" followed by findings (e.g. "doing well", "with corneal edema", etc.)

4. PLAN

a) Include postoperative eye drops:

- Oasis Preservative Free Artificial Tears: 1 gtt QID OU x 4 weeks (minimum). Reinforce that patients should be disposing of the individual droppers after each use (they may use in both eyes before discarding, but must instill in the operative eye first).
- PGK (prednisolone/gatifloxacin/ketorolac): 1 gtt QID OD/OS x 3 weeks
- Patients may be instructed to start Prolensa after the 3 week regimen of PGK: 1 gtt BID OD/OS x 3 weeks. This will be specified in the transfer of care "medications" section.

b) Follow-up: Specify when the patient is to return followed by "or sooner PRN"; this statement ensures that you've told the patient to return if they have any problems.

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CO-MANAGEMENT TRANSFER OF CARE FORM: CATARACT SURGERY

Date: _____

Co-Management Provider: Dr. _____ Fax: _____

Patient Name: _____ DOB: _____

Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Date of Surgery: _____ Date your Postoperative Care Begins: _____

Procedure/Lens: _____

Diagnosis Code: _____ CPT Code: _____

Premium IOL Standard IOL Global End: _____

Post-Op Uncorrected VA: _____ IOP: _____

Notes: _____

Post-Operative Medications

<p>OD:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PGK (prednisolone/gatifloxacin/ketorolac) QID OD x 3 weeks <input type="checkbox"/> PGK (prednisolone/gatifloxacin/ketorolac) QID OD x 3 weeks THEN Prolensa BID OD x 3 weeks <input type="checkbox"/> Artificial Tears QID OU x 4 weeks <input type="checkbox"/> Polytrim QID OD x 2 weeks <input type="checkbox"/> Prednisolone acetate 1% OD x 5 week taper: QID x 2 weeks, TID x 1 week, BID x 1 week, QD x 1 week <input type="checkbox"/> Prolensa BID OD x 8 weeks <input type="checkbox"/> Other: 	<p>OS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PGK (prednisolone/gatifloxacin/ketorolac) QID OS x 3 weeks <input type="checkbox"/> PGK (prednisolone/gatifloxacin/ketorolac) QID OS x 3 weeks THEN Prolensa BID OS x 3 weeks <input type="checkbox"/> Artificial Tears QID OU x 4 weeks <input type="checkbox"/> Polytrim QID OS x 2 weeks <input type="checkbox"/> Prednisolone acetate 1% OS x 5 week taper: QID x 2 weeks, TID x 1 week, BID x 1 week, QD x 1 week <input type="checkbox"/> Prolensa BID OS x 8 weeks <input type="checkbox"/> Other:
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Surgeon Name: Phillips K. Labor, M.D.

Surgeon Signature: _____ Date: _____