

Cataract Preop Checklist

Date: _____



Name: _____

Use this checklist to make sure that you have considered the most important issues prior to your preop. Writing questions down beforehand will help you remember them at the time of your preop. Take this and your refractive questionnaire with you to your preop.

Refractive Questionnaire and Refractive Path

- Refractive Questionnaire performed, attached
- Most likely refractive path (circle) Distance Middle Near

Presbyopia Correction Strategy

- Micro/Mini Monovision strategy reviewed
- Extended Depth of Focus Lens and Multifocal lenses reviewed

Astigmatism

- Astigmatic simulator reviewed
- My estimated postoperative astigmatism (you may need to fill this out at your preop):

Right Eye _____

Left Eye _____

Questions for my surgeon:

Cataract Surgery Refractive Questionnaire

This questionnaire will help you get to know better how you use your eyes and what is important to you. As you go through each section, you may have the experience that one or more sections describes you. If you have a “that’s me” experience from a series of questions, consider requesting that service from your surgeon.

Near to Intermediate Refractive Path

- Y N I spend most of my time sitting down, doing things like computer work and reading.
- Y N I am ok with wearing glasses to drive a car after cataract surgery
- Y N I like crafts like knitting, carving, painting
- Y N I am a musician; reading detailed musical scores is important to me
- Y N I currently read without glasses, and use glasses to drive a car
- Y N I want to read without glasses
- Y N I want to be able to see people’s faces clearly without glasses when I talk with them.

Distance Refractive Path

- Y N Activities that are important to me are driving, hiking, and sports.
- Y N I like to see detail at distance without glasses.
- Y N I am active. I don’t like to sit down.
- Y N I am ok with putting on readers when I work on the computer and read.
- Y N I want to watch movies without glasses.
- Y N I don’t mind keeping a pair of readers in my pocket.
- Y N I currently drive without glasses.

Multifocal and EDOF Lenses

- Y N I want to avoid wearing glasses as much as possible after cataract surgery.
- Y N I do **not** regularly do detailed near work such as making jewelry or carving.
- Y N I am willing to trade some side effects, such as loss of contrast sensitivity at near, for the convenience of getting rid of glasses.
- Y N I understand that wearing glasses is sometimes necessary, even with multifocal lenses.
- Y N I understand that glare, halos, and loss of contrast sensitivity occur to some extent with multifocal and EDOF lenses.
- Y N I am **not** aware of any problems with my eyes such as retinopathy, macular degeneration, or glaucoma.
- Y N I do **not** have a history of corneal refractive surgery.
- Y N I do **not** have a history of lazy eye or patching as a child.

Astigmatic Correction

- Y N I have been told in the past that I have astigmatism.
- Y N I would like to do at least some things without glasses.
- Y N Getting the best optical result from surgery is important to me.
- Y N I do detailed work at near, such as making jewelry, reading music, or drawing.
- Y N I am a detail-oriented person.