

OPTHALMIC
CONSULTANTS OF
BOSTON

EXCELLENCE IN EYE CARE

Cataract Surgery



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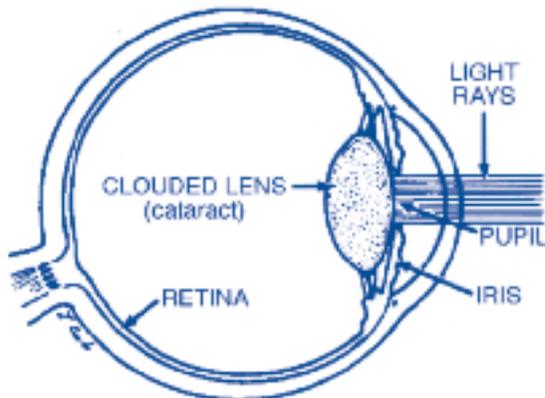
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I. INTRODUCTION

This booklet has been written to acquaint you with cataracts and cataract surgery. If you, a friend or family member has a cataract, we hope this booklet will help you to understand the nature of this common problem and the remarkably safe and effective methods we have of treating it.

II. WHAT IS A CATARACT?

A cataract is a clouding of the eye's natural lens. Depending on the degree of cloudiness, a cataract can cause a little blurring or severe loss of vision. The rate at which a cataract progresses is highly variable. It is not a tumor or growth. It is not a film over the eye that can be peeled away. Vision can only be restored by surgical removal of the lens. One out of every fifty people will find it necessary to have this cloudy lens removed. More than three million cataract operations are done each year in the United States.



III. CAUSES

The majority of cataracts form later in life as part of the aging process. Some people develop cataracts earlier than others without any other eye problems. Cataracts can develop as a result of injury, eye disease, systemic problems (such as diabetes), side effects from certain medications, and in some rare cases babies are born with them. Cataracts are not caused or worsened by reading, watching too much television, sewing, or any other visual activity. Limiting your visual activity will not slow down the progression of a cataract.

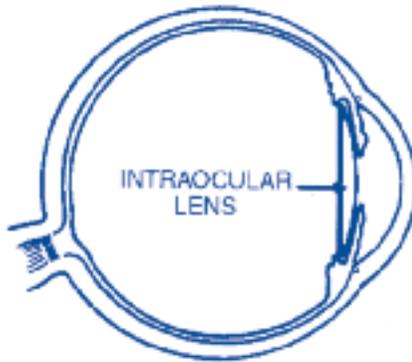
IV. TREATMENT

The only treatment at present for cataracts is surgical removal. There are no medications that can be taken to stop cataract formation. There are several ways of removing a cataract. Today, due to advances in microsurgical instrumentation and techniques, phacoemulsification is the preferred method in most instances. This type of operation retains the thin clear capsule surrounding the cataract to help protect the retina and support an intraocular lens, which is placed at the time of surgery.

In phacoemulsification, ultrasound energy gently fragments the large hard center (nucleus) of the cataract and allows it to be aspirated through a small instrument. Because the incision is very small (about 2-3 mm), it can be surgically constructed as a self sealing valve. Often no stitches are required to close the incision. The small incision greatly speeds up the rate of healing after surgery and permits a rapid, full recovery. Recently, the femtosecond laser has been approved to perform parts of the cataract surgery along with the ultrasound machine to improve safety and outcomes.

Once the natural lens is removed, a new artificial intraocular lens (IOL) must replace it to focus the eye and provide clear vision.

In the last 40 years, tens of millions of implants have been implanted. Under normal circumstances, an intraocular lens never needs to be replaced. It affords vision that is closest to natural and is used for the vast majority of our patients. However, even with an IOL, most patients still need to rely on spectacles or contact lenses for some distances.



V. HISTORY OF THE INTRAOCULAR LENS

Because of the problems associated with spectacles and contact lenses, many ophthalmologists in the past sought a more optically effective means of correcting vision after cataract extraction. In 1949, the English surgeon Dr. Harold Ridley suggested that an effort be made to replace cataracts with a man-made lens. During World War II, he observed that aviators with bits of windshield plastic embedded in their eyes as a result of combat tolerated the plastic quite well. Although Dr. Ridley's methods are now outdated, his concept and technique provided the basis for further research and development over the next half of a century.

VI. INTRAOCULAR LENS OPTIONS

After age 40, most people need reading glasses when their distance vision is corrected. This is because of a condition called presbyopia, or aging in the lens of the eye that causes your eye to lose the ability to shift focus from distance to near. When cataract surgery is performed and the lens inside the eye is removed, you have options available to allow you to achieve near and/or distance vision after surgery. Not all options are available to all patients, so you and your doctor will discuss the best IOL for your eye.

Glasses: You can decide to have a single-focus distance IOL implanted in both eyes. You would need to wear glasses for reading. Alternatively, you could have the single-focus IOL implanted for near vision in both eyes and wear distance glasses. Insurance covers the single-focus IOL cost.

Monovision: You could decide to have one eye focused at distance with a single-focus IOL, and the other eye focused for near. This is called “monovision”. After adapting, some people do well with monovision while others prefer to wear glasses some of the time for distance or reading with monovision. Insurance covers single-focus IOLs for monovision.

Presbyopia-Correcting IOL (Multifocal or Accommodating): This type of IOL is intended to decrease the reliance on glasses for distance, and some near vision. While these types of IOLs do decrease the dependence on glasses, most patients will still require glasses for certain conditions. The IOL may require adaptation for up to two years after surgery, and some people have glare or halos from this type of IOL. If you are a candidate for a presbyopia-correcting IOL, your doctor will discuss the specific advantages and disadvantages associated with these types of IOL. Insurance does not cover this type of lens or the additional testing that is required prior to surgery.

Astigmatic IOL: If you have astigmatism, your doctor may discuss using an IOL that corrects some or all of your astigmatism. This type of IOL will reduce, but not eliminate, the need for glasses. Your doctor will explain the specific risks associated with this type of IOL. Insurance will not cover an astigmatic IOL or the additional testing that is required prior to surgery. There are other alternatives to correcting astigmatism that may be considered (see below).

For all IOL options, your doctor will explain the advantages, disadvantages, and any risks to help you decide on the best lens for you. There are no IOLs currently available that will allow you to be completely free of glasses after cataract surgery, though some options require less frequent use of glasses.

VII. VISION CORRECTION AFTER CATARACT SURGERY

There are many variables that can affect the outcome of your surgery. At OCB we use the most advanced technology available to measure your eye and calculate the best IOL power for you. However, machines can only estimate the best power intended for your eye, and sometimes the predicted result is not achieved due to patients' anatomy or other concomitant eye diseases.

A patient may still need vision correction for astigmatism, hyperopia (far-sightedness), myopia (near-sightedness) and/or reading. This can usually be done simply with glasses. Occasionally, glasses may not be the best solution and your surgeon may discuss laser vision correction or even exchange of the IOL. For all these situations, your surgeon wants the best possible vision outcome for you.

Residual Astigmatism: If you have astigmatism, the front surface of your eye (the cornea) has two different curvatures. Usually, this is

genetic; other times astigmatism can be from injury or surgery. Often, glasses or contact lenses can correct astigmatism. Alternatively, an astigmatism correcting IOL, an incisional procedure called an astigmatic keratotomy (AK), limbal relaxing incision (LRI), or corneal laser refractive surgery can correct the astigmatism and reduce your dependence on glasses. Your surgeon will discuss the alternatives with you and the advantages and risks. Insurance generally does not cover astigmatism treatment unless the astigmatism is due to injury.

Anisometropia: If you are very nearsighted or farsighted, and have a cataract in just one eye, the IOL choice is difficult. If your doctor eliminates the eyeglass error in the cataract eye, your eyes may not work together. When one eye has a large eyeglass error and the other does not, this is called anisometropia (an-i-so-met-ropia). If you choose to have an IOL that eliminates your eyeglass error, you may be able to wear a contact lens in the unoperated eye to reduce anisometropia symptoms until your second cataract is removed. If you do not have cataracts in both eyes, you may elect to have surgery in your "good" eye to balance your vision. If you had previous cataract surgery that has led to anisometropia now, you may be able to have a laser treatment called Lasik or PRK to correct the imbalance. Sometimes it is possible to remove the first implant and replace it with an IOL that will balance your vision. Your doctor will discuss your options with you. Insurance may cover treatment for serious focusing imbalances caused by anisometropia.

If you ever have a problem with your vision after cataract surgery, it is important you call your doctor right away. Your doctor will be your best resource for addressing any questions or concerns you may have.

VIII. PREPARATION FOR CATARACT SURGERY

Once you and your doctor have decided to remove your cataract, a surgery date will be scheduled that is convenient for you. A list of pre-operative instructions will be given to you at that time.

If you and your doctor have decided to use an intraocular lens as a means of improving your vision, other special testing, such as ultrasound evaluation, will be performed at our office. You will be given prescriptions for eye drops to minimize the risk of infection and inflammation. You will also need a history and physical examination by your primary care doctor.

IX. ULTRASOUND EVALUATION AND KERATOMETRY

The appropriate intraocular lens power will be determined by measuring the curvature of your cornea and the length of your eye. These measurements will be taken by one of our highly skilled technicians. This information is entered into an in-office microcomputer programmed to calculate your correct implant power. The computer formulations used in our office are the most accurate way of determining IOL implant power. Our doctors personally review the test data to be sure the IOL measurements and calculations will result in the best outcome for you. (See Section VIII.)

X. INTRAOPERATIVE ABERROMETRY

Determining the correct power of the IOL to be implanted in the eye can be difficult in various conditions. Patients who have undergone corneal laser refractive surgery have altered corneal curvatures. Because of this, the corneal power measured with

traditional methods of manual keratotomy and noncontact optical biometry can be incorrect. Also, certain corneal diseases interfere with proper corneal power measurements and can lead to the incorrect power determination.

Intraoperative aberrometry is a new technology that can be used to determine the true refractive power of the cornea including the posterior surface. The machines employ Talbot-Moire interferometry to determine a wide range of powers from high myopia to aphakia. This measurement is performed in the operating room and enhances the accuracy of the measurements.

XI. DAY OF SURGERY

In the “old days” cataract surgery involved prolonged hospitalization and immobilization. Many people remember their grandparents undergoing this type of operation and are unnecessarily alarmed about surgery. With today’s advanced techniques, you will be able to recover in the comfort of your own home.

On the day of surgery, you will check into the surgical facility. Shortly after check-in, you will go to the pre-operative area where a small intravenous tube (I.V.) will be started and heart monitors applied. This is all routine, standard medical care. You will receive eyes drop to dilate your pupil and medication to relieve any anxiety. A small injection may also be given below the eye to anesthetize it for surgery or the eye may be numbed with the application of eye drops. After the medicine takes effect your cataract surgery will be performed in an operating room. After surgery you will spend a brief time in the recovery room prior to returning home, where you will be able to eat, drink, and be with your family. We require you have a friend or family member drive you home from surgery because of the anesthesia you will have received.

XII. RECOVERY

You will see the doctor one day after surgery. Eye drops will be prescribed to use post-operatively and instructions will be given before you go home. These medications are intended to lessen inflammation, prevent infection, aid comfort, and promote normal healing. All medications should be taken as prescribed by your doctor. **Always bring your medications and your instruction sheet to all post-operative visits.**

Depending on your type of surgery and your specific situation, complete post-operative recovery ranges from approximately a few weeks to three months. The average length of time for recovery is three to four weeks. At the end of this time, a final refraction, or measurement for glasses will be done. The eye may continue to heal even past this time, making small refinements in glasses occasionally necessary.

Normal daily activities may be resumed within a day or so following surgery. Heavy or strenuous physical activity should be avoided for the first week; this includes extreme bending or lifting of more than 10-25 pounds. Swimming and eye makeup should also be avoided for the first week. Your surgeon will give you specific information.

After surgery, you should avoid touching or rubbing the eye. Sunglasses may be helpful for bright days. You will be given a metal or plastic shield to wear while sleeping, and sometimes a patch is worn on the day of the operation. In many cases, your eye will be open and you will have vision immediately after surgery. Your vision will be blurry at first but improves in the course of days to weeks.

XIII. COMPLICATIONS

An element of risk exists in any surgical procedure and complications (for example, blockage of blood vessels, retinal detachment, corneal swelling, macular swelling, bleeding, and infection) can occur during surgery or in the healing phase after surgery, despite the best care. It is impossible to predict in which patients these complications will occur.

No operation of any sort can ever be performed without risk. A very rare complication is the possibility that the intraocular lens will require removal or repositioning. After cataract surgery, well over 90% of patients will see significantly better. If patients who are known to have retinal diseases are excluded from this group, the success rate is even higher, approaching 98%. Your doctor will be discussing with you risks specific to your care prior to surgery.

XIV. FAQ

What is “small incision cataract surgery?”

In modern microsurgical cataract surgery, the opening for the surgery is 3mm or less (less than 1/8 inch). In previous techniques, a typical wound was at least 10 mm wide — more than 3 times longer. A small wound is safer both during surgery and after. Full activity can be resumed quickly because the “valve” design of the small wound is self-sealing. A small wound also means less inflammation in the eye after surgery because less tissue needs to heal.

What is a lens implant?

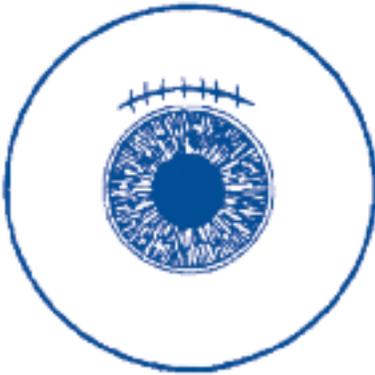
A lens implant (intraocular lens or IOL) is a man-made, tiny plastic lens which is placed inside the eye at the time the cataract is removed. It replaces the natural lens and remains permanently within the eye.

How can the new lens implant be inserted through a small incision?

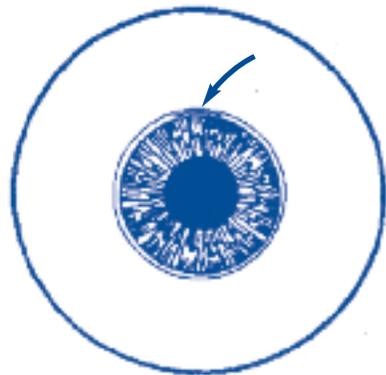
The incision may be less than 3mm, yet the optical portion of the implant lens is about 6mm. The surgeon uses a microsurgical folding instrument that compresses the lens small enough for insertion. Inside the eye, the implanted lens gently unfolds back to its full size.

Will there be stitches in my eye after surgery?

Often, none. The small incision is usually self-sealing. In some cases, your surgeon may place one or two stitches for extra security. Some types of cataract surgery require more stitches. Most stitches do not require removal, although some stitches may be removed postoperatively. This is a painless process performed during a routine office visit.



In the early days of surgery, a large cataract incision was closed with many stitches. It was up to 1/2 inch in length.



Modern cataract surgery uses a self-sealing small incision that is only 1/8 inch wide and may not require any stitches.

What is “topical anesthesia”?

In suitable cases, the eye can be made numb and comfortable with the use of anesthetic drops and the placement of a small amount of sterile anesthetic in the operating room. Not all patients are candidates for topical anesthesia. When topical anesthesia is employed your eye is open and has some vision immediately after surgery.

Will my vision be perfectly clear immediately after surgery?

Some patients have useful vision within hours after surgery. It usually is not perfectly clear. It may take several weeks for the incision in the eye, which was made to remove the cataract, to fully heal and stabilize.

How soon after surgery may I use the operated eye?

If topical anesthesia is used, you will be using your eye immediately after surgery. If a numbing injection is used, your eye will be patched or taped closed for part or all of the day of surgery. Your eye may be used when the patch is removed. Your eyelid may be slightly droopy and you may have slight double vision until the anesthetic entirely wears off.

What type of cataract surgery will I have?

Your surgeon will discuss the type of surgery best for you based upon the clinical state of your eye. Your surgeon will be able to tell you the planned procedure. Occasionally, developments occur during surgery and a different approach is used.

What will my eye feel like during the first few days after surgery?

It is normal for you to feel some minor irritation for a few days to a few weeks after surgery. As the tissues of the eye heal, this foreign body sensation will diminish and finally disappear. If necessary, pain relievers can be taken to relieve the irritation.

What about physical activity after surgery?

Due to advances in microsurgical small incision surgery, your physical activity after cataract surgery is not as restricted as it was in the past. There are no restrictions on regular activities such as walking, riding in a car, or shopping. You should avoid lifting heavy objects, swimming, jogging or doing other vigorous physical exercise until permitted by your surgeon.

What happens before cataract surgery?

After your examination with your doctor, and prior to your surgery, your doctor will determine and order the implant that is best for you. The doctor's team will obtain the results of your physical examination and any other tests to be certain you are physically healthy enough for surgery.

What do I need to know prior to my surgery?

It is important to remember not to eat or drink anything after midnight the day before surgery if your surgery is in the morning. If your surgery is in the afternoon, do not eat or drink anything for 6 hours before surgery. We are careful to identify the proper eye for surgery. The doctor and nurses will confirm with you which eye is having surgery several times.

Before you are taken to the operating room, a small intravenous tube (I.V.) is connected to your hand. Through this tube a sedative is given as needed. This will make you comfortable. Your eye will be made numb with drops ("topical anesthesia") or an injection of anesthetic solution below the eye.

You will be taken to the operating room and the skin around your eye is then cleaned to make it sterile. Sterile plastic drapes are placed around your eye to minimize the chances of an infection occurring. A tube bringing fresh air and oxygen will be right next to your nose under the drapes.

Because of the delicate nature of the operation, your surgeon will use a microscope to do your surgery. The microscope magnifies and illuminates the tiny operating area of your eye.

Who will be in the operating room with me?

Your surgeon and the operating room staff, including the surgeon's assistant, will be in the operating room to manage the various details of your surgery. To assist in your comfort and medical safety an anesthesia nurse or doctor will also be present.

How will I feel and what should I do during the operation?

You should feel comfortable during the surgery. You may be awake or slightly drowsy, you might hear some unfamiliar sounds, and you might see colored bright lights. If there is something that you find uncomfortable, you will be able to tell your surgeon about it, and the problem will be corrected.

How can I help the surgeon?

Your greatest contribution to the success of the surgery will be to relax and remain quiet. If you feel the urge to sneeze or cough, tell your surgeon so that measures can be taken to manage the situation.

How long will the surgery take?

This varies but it usually takes about 10–30 minutes for a typical case. While your family waits for you at the Boston Eye Surgery & Laser Center or the Cape Cod Eye Surgery & Laser Center, they will be able to observe your surgery, via television, as it takes place, if they desire.

How will I feel immediately after surgery?

You may feel little drowsy and may not remember much about the operation, or you may be awake and quite alert. Your alertness partially depends on the type of medication that was used to make you drowsy before the operation. After surgery, most patients are surprised by how easy the whole experience was. Because you will have anesthesia, you must have someone drive you home after surgery.

What can I do immediately after the surgery?

You may eat and drink, sit up in a chair, and also walk and go to the bathroom with assistance. Your family may join you in the recovery area.

When can I resume my driving?

Since the vision in the unoperated eye varies from one patient to another, it is best to ask your surgeon what is appropriate for you. However, if the vision is good in the unoperated eye, you will likely be able to drive the following day after surgery. You cannot drive yourself home after surgery because of the anesthesia you receive.

When can I go back to work?

This depends on the type of work you do. If you have a desk job, you may return to work as early as the next day. If you have a job that involves lifting heavy objects, you may need to wait one to several weeks. Ask your surgeon.

Can I rub or press my eye after cataract surgery?

No, not for at least four weeks.

Can I drink alcohol after surgery?

Yes. Alcohol in moderation is permitted after surgery. However, it is often recommended that you do not drink alcoholic beverages for 24 hours after surgery as it may react with sedatives you received before or during the surgery.

When can I shower and wash my hair?

You may take a shower from the neck down right after surgery. It is important that soap and shampoo do not come in direct contact with the operated eye. This will help avoid irritation of the eye and possible infection. During this time, a family member, friend, or your hair dresser can wash your hair while your are lying back, but you should wear your metal shield and an eye pad over the operated eye. After your first postoperative appointment, you can resume normal showering and shampooing if instructed by your doctor.

Will I have to wear eyeglasses after surgery?

Even though an implant has been placed in the eye, eyeglasses are usually needed to help refine your vision. If you wear eyeglasses now, you will probably need to change the lens over the operated eye.

Can I have an implant if I have glaucoma?

Yes. It is usually safe to put a lens implant in an eye with glaucoma. The presence of an implant in the eye does not make the glaucoma worse.

Will I need to continue to use my glaucoma medication after cataract surgery?

Yes, in most cases.

Is it possible that an implant will not be put into my eye during cataract surgery even though I was told to expect one?

Yes. Your surgeon will use the best judgment at the time of surgery in determining whether an implant should be put in the eye. Even if an implant is not put in during the cataract operation, it is often possible to put one in at a later date.

What is a “secondary implant”?

If a person has a cataract removed without lens implantation, his vision is corrected with cataract eyeglasses or a contact lens. If neither can be tolerated, it is often helpful to put an implant in the eye even years after the cataract is removed. In such an instance, the implant used is called a “secondary implant”.

Will both of my eyes be operated on at the same time?

No. It is best to do one eye at a time, so that you will always have the use of one of your eyes while the other one heals. The second eye can be operated on when the first eye is healed.

Do I need to stop taking aspirin, Coumadin, or other blood-thinners before surgery?

You should ask your surgeon if you need to stop blood thinners such as Plavix, aspirin, Coumadin, Warfarin, or heparin. It is important to tell your surgeon if you take any of these medications or any herbal remedies. Please do not stop these medications without consulting your surgeon and internist.

What if I take Flomax (tamsulosin)?

Tamsulosin (Flomax) and other alpha blockers are used in the symptomatic management of benign prostatic hyperplasia (BPH). These medications increase the risk of intraoperative complications during cataract surgery due to the development of floppy iris

syndrome (IFIS). Unfortunately, stopping these medications does not eliminate this risk. Cataract surgeons have techniques to manage this potential problem, but they need to know. If you have ever taken tamsulosin (Flomax), doxazosin (Cardura), alfuzosin (Uroxatral), terazosin (Hytrin) or other medications for benign prostatic hyperplasia, please inform your cataract surgeon. Do not stop taking your prostate medication without consulting your doctors as this may result in urinary retention.

Should I continue my other medicines until the date of surgery?

Yes. Medicine that you may be taking for conditions such as high blood pressure should be continued until the day of surgery. It is important to tell your surgeon or his/her staff all the medicines you are using so that you can be advised appropriately. This includes herbal medications and over-the-counter pills. Diabetic patients should confirm insulin dosage with their primary care or diabetes physician.

Is a laser used to perform cataract surgery?

Typically cataract surgery is performed with an instrument called a phacoemulsifier, which uses high frequency ultrasound waves to gently fragment the cataract during surgical removal. This instrument has been frequently confused with a laser. Recently, the femtosecond laser has been approved to perform small parts of the cataract surgery, but still cannot perform the entire operation. Months to years after cataract surgery, a different type of laser is often used to improve vision if the clear posterior capsular membrane, purposefully retained during cataract removal, becomes cloudy. This is a common procedure that is needed in up to 50% of patients.

Is research and education being performed in cataract surgery and lens implantation?

Yes, this is an active area of research around the world. The Center for Eye Research and Education, a research and education center established by OCB, provides support for many of the ophthalmologists in our practice who are committed to research in this area. These efforts include new intraocular lenses, instrumentation, and lasers for surgery.

The Center for Eye Research and Education is a nonprofit institution. If you would like to learn more about the Center and its research, please ask your surgeon. Contributions are welcome and are tax deductible.

XV. COST

The majority of cataract operations are covered by most insurance companies. When necessary, we will obtain prior approval to assure a smooth billing process. Our billing staff will be happy to answer specific questions regarding cost and insurance company coverage. You will be responsible for any copay or deductible amounts prior to the day of surgery.

Special IOLs that correct for astigmatism and multiple focal lengths are not covered by insurance and are an out-of-pocket expense.

XVI. CONCLUSION

In skilled hands, cataract surgery can provide the majority of patients with great visual improvement. You can be assured that everything possible will be done by the doctors and staff of Ophthalmic Consultants of Boston to achieve our mutual goal — the restoration of your sight.

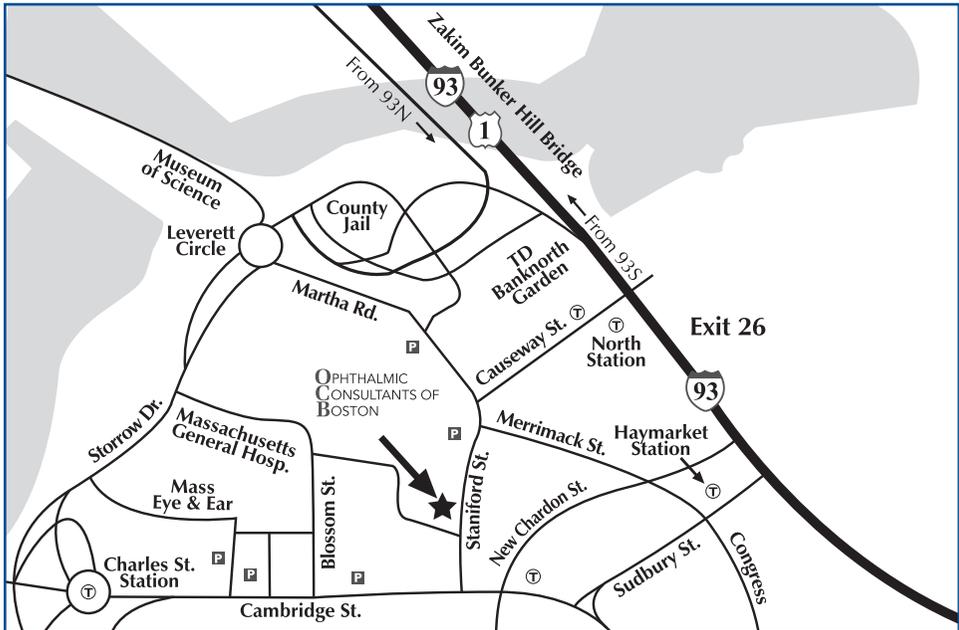
XVII. BOSTON OFFICE

OCB Boston

50 Staniford Street, Suite 600, Boston, MA 02114
Direct: 617-367-4800 • 1-800-635-0489 • Fax: 617-723-7028

From the North Via I-93

Take I-93 South to Exit 26 (Storrow Drive/Cambridge). At the fork stay to the far right and follow the signs to North Station. Bear right past jail and Spaulding Rehabilitation Hospital (you can only go one way). Go straight through one set of lights. Take a left at the next light. At the next set of lights, take a right onto Staniford Street. Go past Charles River Park apartments and a small row of stores on the right. OCB is located in a ten-story building on the right. Parking is available under the building. See other parking options below.



XVII. BOSTON OFFICE (CONTINUED)

From the South Via Route 3, I-93

From the South (I-93). Take 93 North to Exit 26 (North Station/Storrow Drive/MGH). Bear left, following the signs to North Station. At set of lights, stay in the right lane. Bear right past jail and Spaulding Rehabilitation Hospital (you can only go one way). Go straight through one set of lights. Take a left at the second set of lights. At the next set of lights, take a right onto Staniford Street. Go by Charles River Park apartments and a small row of stores on the right. OCB is located in a ten-story building on the right. Parking is available under the building. See other parking options below.

From Points West (Mass Pike)

Take the Massachusetts Turnpike East to Exit 18 (Cambridge/Allston). Bear right onto the Cambridge exit ramp. Go straight through first set of lights. At next set of lights, (less than 25 yards past first), turn right onto Storrow Drive. Exit at Government Center/Downtown Boston ramp. This is Cambridge street. At the fifth set of lights, take a left onto Staniford Street. OCB is located on the left side of the street. See parking options below.

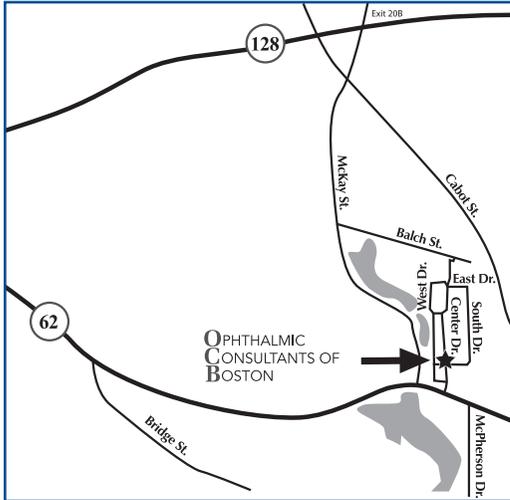
Public Transportation

OCB is also convenient by the MBTA 'T' by the Red Line (Charles/MGH), the Orange Line (North Station), the Green Line (North Station) and the Blue Line (Bowdoin), as well as the commuter rail at the North Station.

Parking at our Boston Office

OCB recognizes that parking may sometimes be difficult. The Longfellow Garage, which is located underneath our building, is the most convenient, but expensive. The Garden Garage is located on Lomasney Way. You may walk through the garage to OCB. The Charles River Plaza parking lot is located on Cambridge Street around the corner from our offices.

XVIII. BEVERLY CUMMINGS OFFICE



OCB Beverly Cummings

100 Cummings Center, Suite 136P

Beverly, MA 01915

Direct: 978-524-0050

1-800-635-0489

Fax: 978-524-0051

From the South/West

Take Route 95/128 to Exit 45 (Route 128 North, exit on left). Take Route 128 North to Exit 22 (Route 62). Go east on Route 62. Follow Route 62 East for just over two miles. Soon after entering Beverly, you will see the Cummings Center on your left. Enter the Cummings Center, go straight past the guard shack, then over 4 speed bumps. OCB's entrance is on the right, entrance 135Q. OCB is the first office on the left, suite 136P.

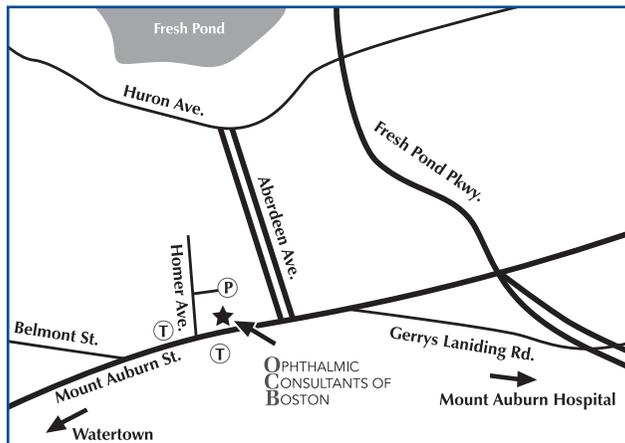
From the North (New Hampshire)

Take Route 95 South to Exit 50 (Route 1 South/62 Danvers Exit). Go east on Route 62. Follow Route 62 East for about five miles. Soon after entering Beverly, you will see the Cummings Center on your left. Enter the Cummings Center. Go straight past the guard shack, then over 4 speed bumps. Our entrance is on the right. Enter at 135Q. We are the first office on the left, 136P.

From the East

Take Route 128 South to Exit 22 (Route 62). Go east on Route 62. Follow Route 62 East for just over two miles. Soon after entering Beverly, you will see the Cummings Center on your left. Enter the Cummings Center, go straight past the guard shack, then over 4 speed bumps. OCB's entrance is on the right, entrance 135Q. OCB is the first office on the left, suite 136P.

XIX. CAMBRIDGE OFFICE



OCB Cambridge

625 Mount Auburn Street
Suite 100
Cambridge, MA 02138
Direct: 617-354-3130
1-800-635-0489
Fax: 617-354-3764

From Mount Auburn Hospital

Take Mount Auburn St. west, crossing Fresh Pond Parkway and passing the entrance to the Mount Auburn Cemetery, to Homer Avenue at the entrance to the Star Market parking lot (about 0.7 mile), just past the office building. Turn right on Homer Avenue, then right again to enter the parking lot for 625 Mount Auburn St.

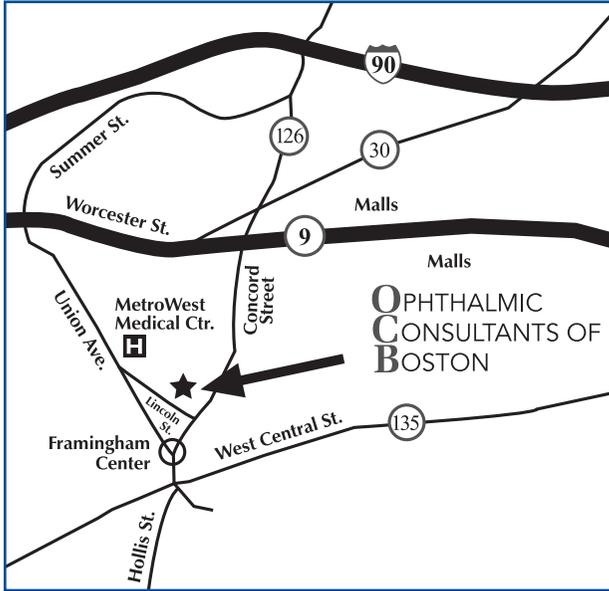
From Boston via Storrow Drive and Soldiers Field Road

Continue west past Harvard Business School and athletic fields, following sign to the right for Routes 2 and 3. Cross Charles River on Eliot Bridge, turning right after bridge, but bear left at first fork for Routes 2 and 3. Just after Mount Auburn Hospital (on right), take left lanes (to Route 16 South) to bear left onto Mount Auburn St. Drive 0.5 mile to 625 Mount Auburn St. on right. Turn right at light (Homer Ave.), turn right again to enter the parking lot for 625 Mount Auburn St.

From the Massachusetts Turnpike

Take Exit 20 toward CAMBRIDGE/SOMERVILLE. Merge onto Cambridge St. Cambridge St. becomes River St. and crosses over Charles River on River St. Bridge. Turn left onto Memorial Dr. (Routes 3 N and 2 W) and go 1.6 miles. Just after Mount Auburn Hospital (on right), take left lanes (to Route 16 South) to bear left onto Mount Auburn St. Drive 0.5 mile to 625 Mount Auburn St. on right. Turn right at light (Homer Ave.), turn right again to enter the parking lot for 625 Mount Auburn St.

XX. METROWEST OFFICE



OCB Metrowest

61 Lincoln Street
Suite 212
Framingham, MA 01702
Direct: 508-875-9787
1-800-635-0489
Fax: 508-872-3476

From the East

Take the Massachusetts Turnpike (I-90) West to Exit 13 (Natick/Framingham). Exit towards Framingham onto Route 30. Turn left at the fifth stoplight (Route 126 South). Turn right at the fourth light immediately after Dunkin' Donuts onto Lincoln Street. Lincoln Medical Center (61 Lincoln Street) is the first multi-story brick building on the right.

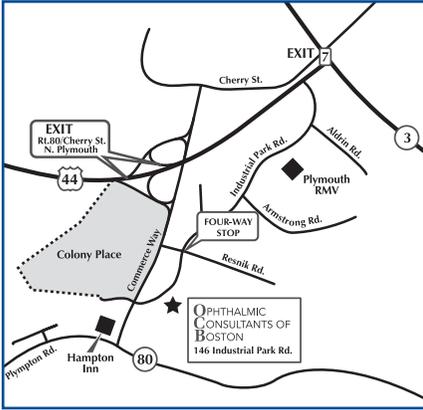
or...

Take Route 9 West to Route 126 South. Turn right at the fourth light immediately after Dunkin' Donuts onto Lincoln Street. Lincoln Medical Center (61 Lincoln Street) is the first multi-story brick building on the right.

From the North

Take Route 128 (I-95) South to the Massachusetts Turnpike (I-90) West to Exit 13 (Natick/Framingham). Exit towards Framingham onto Route 30. Turn left at the fifth stop light (Route 126 South). Turn right at the fourth light immediately after Dunkin' Donuts onto Lincoln Street. Lincoln Medical Center (61 Lincoln Street) is the first multi-story brick building on the right.

XXI. PLYMOUTH OFFICE



OCB Plymouth

146 Industrial Park Road
Plymouth, MA 02360
Direct: 508-833-6000
1-800-635-0489
Fax: 508-534-6060

Going West on 44

Follow Route 3 South to Exit 7 – US-44 W. Take the exit on your right toward MA-80/Cherry St/N Plymouth. Keep right at the fork and merge onto Commerce Way. Turn left onto Industrial Park Road and we are the first driveway on the right.

Going East on 44

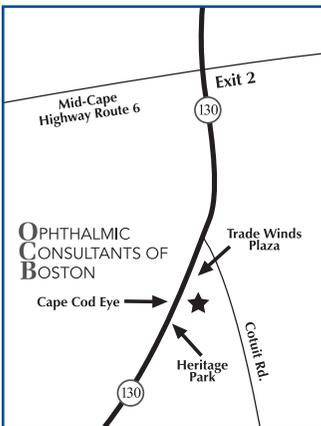
Follow Route 3 North to Exit 7 - US-44 W. Take the exit on your right toward MA-80/Cherry St/N Plymouth. Keep right at the fork and merge onto Commerce Way. Turn left onto Industrial Park Road and we are the first driveway on the right.

Going West on 80

Follow Route 80 West until Commerce Way. Take a right onto Commerce Way and follow until your first right, Industrial Park Road. Take a right onto Industrial Park Road and we are the first driveway on your right.

Going East on 80

Follow Route 80 East until Commerce Way. Take a left onto Commerce Way and follow until your first right, Industrial Park Road. Take a right onto Industrial Park Road and we are the first driveway on your right.



XXII. SANDWICH OFFICE

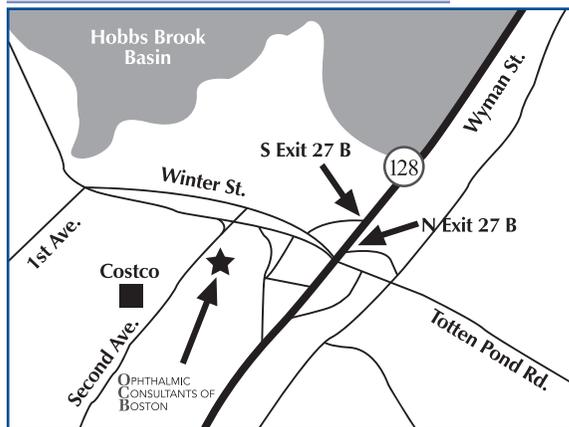
OCB Sandwich

P.O. Box 1022, 282 Route 130
Sandwich, MA 02563
Direct: 508-833-6000
1-800-635-0489
Fax: 508-833-9924

From the Mid-Cape Highway

Take the Mid-Cape Highway (Route 6) to exit 2. At the bottom of the ramp, take a right onto Route 130. Follow Route 130 for two miles and Cape Cod Eye will be on the left between the "Trade Winds" Plaza and Heritage Park.

XXIII. WALTHAM OFFICE



OCB Waltham

52 Second Avenue
Suite 2500
Waltham, MA 02451
Direct: 781-487-2200
1-800-635-0489
Fax: 781-487-5717

From the North

Follow 128/95 South to Exit 27B - Winter Street. Bear right at the top of the exit ramp onto Winter Street. Following the signs for Second Avenue, take your first left (it will seem like a U-turn.) Stay in right lane. Take your second right onto Second Avenue. OCB Waltham is located in the National Grid, which is the third building on the left. If you pass Costco on the right, you've gone too far on Second Avenue.

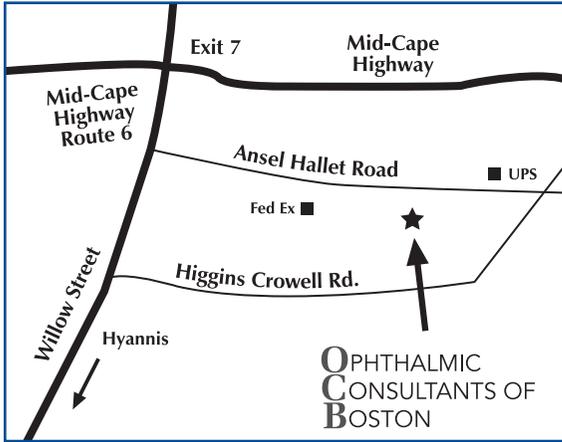
From the South

Follow 128/95 North to Exit 27A/B. The sign reads Third Avenue, Totten Pond Road, Waltham. Once you have exited, stay to the left to exit 27B. At the underpass, move into the right lane to exit at 27B. The sign reads Winter Street, Totten Pond Road. At the light at the bottom of the exit ramp, bear right. Proceed to the top of the hill and take your first right onto Winter Street. Cross over Route 128/95 and proceed through one set of lights. Following the signs for Second Avenue, take your next left (it will seem like a U-turn.) Stay in right lane. Take your second right onto Second Avenue. OCB Waltham is located in the National Grid, which is the third building on the left. If you pass Costco on the right, you've gone too far on Second Avenue.

Parking at Our Waltham Office

There is free parking below the office at 52 Second Avenue. The parking garage is shared between 40 Second Avenue and 52 Second Avenue. Upon entering the garage, keep to the right following the blue signs and park on the first level (G) or go up the ramp to the second level (P3). Enter the building and take the elevators up to the second floor. Follow signs straight to office.

XXIV. WEST YARMOUTH OFFICE



OCB West Yarmouth
88 Ansel Hallet Road
West Yarmouth, MA 02673
Direct: 508-771-4848
1-800-635-0489
Fax: 508-775-4103

From the Mid-Cape Highway

Take Mid-Cape Highway (Route 6) to Exit 7. At the bottom of the ramp, turn left onto Willow Street. Take the second left turn onto Higgins Crowell Road, and then take the first left onto Ansel Hallet Road.

XXV. OCB AFFILIATES

Surgery & Laser Centers

Boston Eye Surgery & Laser Center

50 Staniford Street, Lobby level

Boston, MA 02114

Direct: 617-723-2015

Fax: 617-723-7787

Boston Eye Surgery & Laser Center ~ West

52 Second Avenue, Suite 2500

Waltham, MA 02451

Direct: 781-768-5590

Fax: 781-487-5717

Cape Cod Eye Surgery & Laser Center

P.O. Box 1022

282 Route 130 & Coutit Road

Sandwich, MA 02563

Direct: 508-833-8222

Fax: 508-833-9924

Plymouth Laser and Surgical Center

146 Industrial Park Road

Plymouth, MA 02360

Direct: 508-833-6000

Fax: 508-534-6060

Optical Shops

OCB Optical

50 Staniford Street

Boston, MA 02114

Direct: 617-722-0220

Fax: 617-589-0553

1-800-635-0489

OCB MetroWest Optical

61 Lincoln Street, Suite 212

Framingham, MA 01702

Direct: 508-875-9787

Fax: 508-872-3476

1-800-635-0489

OCB Boston

50 Staniford Street, Suite 600
Boston, MA 02114
Direct: 617-367-4800
Fax: 617-723-7028

OCB Beverly

100 Cummings Center, Suite 136P
Beverly, MA 01915
Direct: 978-524-0050
Fax: 978-524-0051

OCB Cambridge

625 Mount Auburn Street, Suite 100
Cambridge, MA 02138
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Fax: 617-354-3764

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Plymouth, MA 02360
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Fax: 508-534-6060

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CONSULTANTS OF
BOSTON

EXCELLENCE IN EYE CARE

1-800-635-0489

www.eyeboston.com

July 2014