Parameters for post operative care.

Cataract surgery

1. Vision: dramatically diminished without cause after pinhole
   a. Endophthalmitis – if there is ANY evidence we need an immediate phone call!
      i. This should always be considered with any decrease in vision
   b. Consider corneal edema, CME, or retinal issues
      i. Patient should still be dilated on day one to check all of this
   c. Large refractive error; patient didn't perform pinhole well
   d. If you cannot find reason please call.
2. Wound/Sutures: If the anterior chamber is flat or if there is any inkling of a Seidels sign, please call
3. Cornea: If there is excessive central stria or edema (>2+)
   a. Educate patient on healing/recovery time
   b. Should subside without changing drop schedule
   c. Recommend you see them back in a few days instead of one week
   d. Many times this is from complicated case/dense cataract or Fuch's endothelial dystrophy
4. Anterior Chamber: If more than 3+ cell
   a. May be from complicated case/dense cataract.
   b. Any hypopyon = call
      i. Endophthalmitis usually occurs 2-10 days after surgery
5. IOL: Decentered and causing symptoms
   a. Patient education
   b. Many times more symptomatic on day one as the patient is still dilated and can catch glare from edge of IOL – should subside once dilation wears off
   c. Dr. Cuevas usually gives "heads up" if he had any issues during surgery that may have a resultant decentered IOL; zonular weakness 2' to pseudoexfoliation syndrome, flomax patients, etc.
6. Posterior Capsule: Dense haze or anterior capsular phimosis
   a. Patient education (20-25% of ALL uncomplicated cataract surgeries will need a Yag capsulotomy)
   b. Yag capsulotomy referral; try to do it outside 90 days p/o (global period) which is usually when it occurs and causes visual detriment
   c. Posterior capsular opacification is more symptomatic on multifocal patients
      i. May require YAG capsulotomy earlier than non-multifocal patients
7. Macula: Suspected CME
   a. Acular-LS QID and Pred Forte BID (combined therapy)
   b. May need retina consult for OCT evaluation if significant decrease in visual acuity or if there is no resolution to the diminished VA in 2-3 months
8. Fundus: Retinal tears/detachments
   a. Make sure to check retina/macula on day one as patient is still dilated typically
9. IOP's:
   a. 20-30mmHg: Topical therapy
   b. 30-40mmHg: Topical therapy
      i. Recheck pressure in 1-2 hours if topical therapy used and call if no improvement
   c. >40mmHg: Potentially use Diamox ….Call

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