Use this guide to help you prepare for your next appointment

Visit moretosee.org to learn more about cataract surgery and your lens choices.

Ophthalmologist (Eye Surgeon) Name and Contact Information: _____________________________________________
_________________________________________________________________________________________________

Next Appointment: __________________________________________________________________________________

DISCUSSING YOUR VISION GOALS:
Refractive lens exchange (RLE), is an optional surgical procedure designed to correct nearsightedness, farsightedness, or astigmatism. RLE will replace your natural lens with an artificial intraocular lens or IOL. As with any surgery, RLE has its risks. Be sure to speak with your eye care professional about the risks associated with RLE surgery.

The type of lens you choose can greatly impact how you will see following surgery.

Your answers to the questions below will help your eye surgeon to provide you with the information you need to make the best decision for your vision.

CHOOSING A LENS:
Available ranges of vision without glasses

<table>
<thead>
<tr>
<th>My Lens Preference</th>
<th>Near</th>
<th>Intermediate</th>
<th>Distance</th>
<th>Astigmatism</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Monofocal</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>Y/N</td>
</tr>
<tr>
<td>□ Bifocal</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Y/N</td>
</tr>
<tr>
<td>□ Extended Depth of Focus Lens</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Y/N</td>
</tr>
<tr>
<td>□ Trifocal (80 cm)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Y/N</td>
</tr>
<tr>
<td>□ Trifocal (60 cm)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

QUESTIONS FOR YOUR OPHTHALMOLOGIST:

1. Which lens would you recommend for me?
2. Do I have other eye pathologies/symptoms which might influence this choice?
3. What will my vision be like after surgery?
4. Will I still need to wear glasses or contacts after the procedure?
5. What are the risks of surgery?
6. How long does surgery take?
7. How should I prepare for the procedure (e.g., do I need to stop any of my medications)?
8. How do I care for myself after surgery?
9. When can I return to my usual activities?
10. Other: _______________________________________________________________________________________

Notes: ___________________________________________________________________________________________

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