



NORTHWEST EYE SURGEONS

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WHATCOM EYE SURGEONS

A Division of Northwest Eye Surgeons of Seattle

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## **Vision Correction 1 with Toric IOL Post-operative Care**

*Visually significant IOL rotation off axis by 10 degrees should be corrected as soon as noted. Typically, we make this correction by rotating the IOL in the capsular bag. Please alert NWES promptly with a phone call.*

### **Day 1 visit**

Tests: UCVA, SLE (wound secure, corneal edema, AC cell and depth, IOL position, other notable findings), IOP.

### **Week 1 visit**

Tests: UCVA, MRx (observing any residual cyl), SLE (see Day 1 note above), IOP, DFE, upon dilation observe and document Toric axis—this is critical at the one week visit.

If contralateral/second eye also has cataract, please fax the following data with your 1-week report to our surgery coordinators:

- Glare data on second eye
- Post-op manifest refraction of first surgical eye

We consider your 1-week findings in planning the second eye surgery, and your prompt response is appreciated.

### **Month 1**

Tests: UCVA, MRx (again observing any residual cyl), SLE, IOP.

Consider dilation to observe Toric axis if unexplained vision change or MRx change is noted.

If vision outcome is not as expected when the patient finishes post-operative drops, please alert NWES and return the patient for evaluation. Also note that pseudophakic CME can develop in the 3-6 week post-op period.

### **Month 4**

Tests: UCVA, MRx, SLE, IOP.

Consider dilation to observe Toric axis if unexplained vision change or MRx change is noted. In addition, please indicate the patient's satisfaction with their surgical outcome on your post-operative records.

### **At 12 months**

We recommend a comprehensive exam and ask that you please fax the results of UCVA and MRX to our clinic.

***Please fax your completed exam notes to Northwest Eye Surgeons.***