Eye Surgeons of Indiana

The difference is clear

Co-Management Information Booklet

317.841.2020

eyesurgeonsofindiana.com

Eye Surgeons of Indiana

TABLE OF CONTENTS

Eye Surgeons of Indiana

January 2025

Thank you for choosing Eye Surgeons of Indiana for the medical and surgical needs of your patients. Our goal has always been to develop a surgical practice that is patient-centered and results-oriented. Your patient's best interest is always kept in mind.

What to expect from Eye Surgeons of Indiana:

- A designated "Referral Concierge" who can expedite scheduling the appointment for your patient and answer questions from you and your staff.
- The best in patient care and services - we've designed our clinics, Indianapolis, Lafayette, and Muncie surgery centers, and LASIK center to minimize wait times while providing the latest diagnostic and therapeutic technology.
- Clinic services include:
  - Cataract surgery (basic surgery, advanced laser-assisted, astigmatism treatment, presbyopia-correcting IOL options, and Light Adjustable Lens)
  - YAG laser capsulotomy
  - Femtosecond LASIK
  - PRK
  - Refractive Lens Exchange
  - EVO
  - Glaucoma evaluation and treatment, including MIGS, SLT, and YAG peripheral iridotomy
  - Comprehensive cornea services, including PK, DSAEK, DMEK, and Corneal Cross-Linking
  - Ocular surface disease treatment, including IPL, LLLT, and thermal therapies for MGD
  - Medical retina care, including intravitreal injections and laser treatment
  - Lid lesion evaluation and removal
  - Eyelid surgery
  - Emergency care at all 7 office locations
- We have representatives who can arrange a tour of our state-of-the-art facilities, clinic observation, surgery observation, staff training, and answer any questions that you may have. We strongly encourage all doctors in our referral network to come visit us.

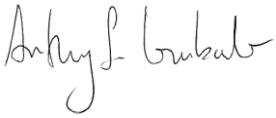
We strive to provide you with the resources to help make you successful in delivering exceptional patient care. If we can be of any assistance to you in the future, please do not hesitate to contact us at any time.

- Damon Dierker, OD, FAAO - Director, Optometric Services
  - damon.dierker@esi-in.com; m 317.690.0840
- Melissa Melott, OD - Director, LASIK Center
  - melissa.melott@esi-in.com; m 317.509.0701
- Lynn Zollner, COA - Physician Liaison
  - lynn.zollner@esi-in.com; m 317.459.7793
- Matt Kiemeyer - Physician Liaison
  - matt.kiemeyer@esi-in.com; m 317.529.8422

Sincerely,


Kaitlyn Baskerville, OD


Michael Hodkin, MD


Anthony Lombardo, MD, PhD


Ahmar Sajjad, MD


Christine Bolton, OD


Patrick Hopen, MD


Melissa Melott, OD


Branden Shaffer, OD


Paul Cacchillo, MD

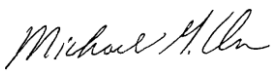

Jessica Hults, OD


Nathan Morrow, OD, FAAO


Karen Skurner, OD


Lauren Davis, OD


Jan Hummer, OD, MD


Michael Orr, MD


James Stewart, OD, FAAO


Damon Dierker, OD, FAAO


Wade Kimmell, OD


Kennedy Reed, OD, FAAO

Eye Surgeons of Indiana

CATARACT SURGERY QUICK SUMMARY

Preparing Your Patient for Success

- Review your role as co-managing doctor
- Identify and aggressively manage ocular surface disease
- Advise patient to leave SCL out 1 week prior to surgical consult (3 weeks for RGPs)
- Call concierge at 317.841.2028 to schedule surgical consult
- Fax referral form to 317.579.7435

Glossary

- Presbyopia-correcting IOL: any multifocal, trifocal, or Extended Depth of Focus IOL
- LENSAR: state-of-the-art femtosecond laser platform used for refractive cataract surgery
- Arcuate incisions (aka "AI"): corneal treatment of astigmatism using LENSAR
- Laser-assisted: any use of LENSAR during cataract surgery (capsulorrhexis, lens fragmentation, arcuate incisions)

Advanced Laser Cataract Surgery

- Laser-assisted w/ astigmatism treatment (arcuate incisions or toric IOL)	$ 1900
- Laser-assisted w/ presbyopia-correcting IOL	$ 3800

Light Adjustable Lens (LAL)

- Light adjustable IOL w/ PO refinement utilizing UV light delivery system	$ 4500

Typical Post-Op Drop Schedule

- Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks (available for purchase at surgical consult)
- Alternative:
  - Ofloxacin qid x 1 week
  - Durezol bid or prednisolone acetate qid x 4 weeks
  - Ilevro qd or ketorolac qid x 4 weeks

CATARACT POST-OP CARE

Cataract Day 1 After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target or presbyopia-correcting IOL)
- Intraocular pressure
- Slit lamp exam
- Assessment and Plan
- Review post-operative drop instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

1 Week Between Eyes

- Uncorrected distance vision
- Uncorrected near vision (if near target or presbyopia-correcting IOL)
- Refraction on operated eye* (no charge if refractive co-managed)
- Intraocular pressure
- Slit lamp exam
- Assessment and Plan
- Review post-operative drop instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

*Refraction is important in order to choose the correct power of the IOL for the second eye.

Cataract 2-4 Weeks After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target or presbyopia-correcting IOL)
- Refraction (no charge if refractive co-managed)
- Intraocular pressure
- Slit lamp exam
- Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- Assessment and Plan
- Review post-operative drop instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

ADVANCED LASER CATARACT SURGERY POST-OP CARE

100 Day Check

- Uncorrected distance vision
- Uncorrected near vision (if near target or presbyopia-correcting IOL)
- Refraction (no charge)
- Intraocular pressure as needed
- Slit lamp exam w/ careful assessment of posterior capsule
- Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- Assessment and Plan
- Fax report to 317.579.7435 or email to referrals@esi-in.com

LAL POST-OP CARE

1 Week Check After Second/Only Eye

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Refraction (no charge)
- Intraocular pressure
- Slit lamp exam
- Assessment and Plan (confirm refractive endpoint goal)
- Fax report to 317.579.7435 or email to referrals@esi-in.com

100 Day Check

- Uncorrected distance vision
- Uncorrected near vision (if near target or presbyopia-correcting IOL)
- Refraction (no charge)
- Intraocular pressure as needed
- Slit lamp exam w/ careful assessment of posterior capsule
- Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- Assessment and Plan
- Fax report to 317.579.7435 or email to referrals@esi-in.com

Eye Surgeons of Indiana

CATARACT SURGERY OPTIONS

BASIC CATARACT SURGERY

Procedure:	Cataract surgery w/ monofocal IOL
Expectations:	Glasses or contact lenses after surgery to optimize vision at all distances
Includes:	Manual surgery w/ monofocal IOL
Cost:	Basic cataract surgery charges billable to Medicare/commercial insurance
Co-manage:	Available w/ patient consent – OD to file w/ Medicare/commercial insurance

ADVANCED LASER CATARACT SURGERY

Astigmatism | Custom Vision

Procedure: Laser-assisted cataract surgery w/ astigmatism treatment

Expectations: Excellent uncorrected vision at one focus point – will need glasses or contact lenses for some activities

Includes: LENSAR w/ arcuate incisions and monofocal IOL (<0.75 corneal cylinder)

LENSAR w/ toric IOL (≥0.75 corneal cylinder)

One bottle of Pred-Moxi-Nepaf drops

Extended refractive PO care (days 91-180)

LASIK/PRK enhancement up to 1 year

Cost: $1900/eye
plus basic cataract surgery charges

Co-manage: Available w/ patient consent

Multifocal | Active Lifestyle

Procedure: Laser-assisted cataract surgery w/ presbyopia-correcting IOL

Expectations: Reduced dependence on glasses and contact lenses for most activities

Includes: LENSAR w/ any presbyopia-correcting IOL

Astigmatism treatment if needed

One bottle of Pred-Moxi-Nepaf drops

Extended refractive PO care (days 91-180)

LASIK/PRK enhancement up to 1 year

Cost: $3800/eye
plus basic cataract surgery charges

Co-manage: Available w/ patient consent

Eye Surgeons of Indiana

LIGHT ADJUSTABLE LENS (LAL)

Procedure:	Cataract surgery w/ light adjustable IOL and PO refinement utilizing UV light delivery system
Expectations:	Excellent uncorrected vision at one focus point (monovision option available)
Includes:	One bottle of Pred-Moxi-Nepaf drops Extended refractive PO care (days 91-180) LASIK/PRK enhancement up to 1 year
Cost:	$4500/eye plus basic cataract surgery charges
Co-manage:	Available w/ patient consent

Eye Surgeons of Indiana

CATARACT SURGERY COSTS

Advanced Laser Cataract Surgery

Laser-assisted with astigmatism treatment (arcuate incisions or toric IOL)	$ 1900 per eye*
Laser-assisted with presbyopia-correcting IOL	$ 3900 per eye*

Light Adjustable Lens (LAL)

Light adjustable IOL	$ 4500 per eye*

Basic Cataract Surgery

Cataract Surgery (Non-laser with monofocal IOL)	$ 0 per eye (copay and/or deductible apply)
Self-Pay Cataract Surgery (Non-laser with monofocal IOL)	$ 3000 per eye

Eye Surgeons of Indiana

CORNEAL CROSS-LINKING (CXL)

The Science

Chemical reaction between riboflavin (a photosensitizer) and ultraviolet-A light (365 nm wavelength). This photochemical reaction induces formation of new covalent bonds to sufficiently enhance tissue stiffness, slowing down keratoconus (KCN) progression. Riboflavin has dual purpose:

» Photosensitizing agent to propagate CXL chemical reactions

» Tissue protector by reducing UV transmittance beyond intended treatment depth

Efficacy

90-95% success rate in halting or slowing down the progression of corneal ectasia or KCN

Candidates for CXL Utilizing Avedro KXL System (Glaukos)

» 14 years of age or older

» Confirmed diagnosis of post-surgical ectasia or progressive KCN

» Minimum stromal thickness of 400um

Must Document at Least One of the Following for Insurance Approval:

» Increased K_{max} of 1D or more over any time

» Change in base curvature of contact lens

» Change in refractive spherical equivalent of 1 diopter or more

» Change in refractive cylinder of 0.50D or more

» Failed conservative treatment (ex. Glasses or Rigid Contact Lenses)

Referring Doctor Consult (Please list on referral sheet)

» Manifest Refraction + BCVA

» Topography imaging or K readings

» h/o refractive surgery?

» h/o rigid contact lens wear?

» Documentation of CXL insurance approval criteria (if established patient and available)

Patient Counseling and Expectations

- Medically indicated procedure
- Treatment is not intended to eliminate or reduce dependence on refractive correction
- Regular eye exams will still be required to assure ocular stability

CXL Protocol (FDA-approved Avedro/Glaukos system)

- Removal of central 9mm of corneal epithelium through standard aseptic technique
- Photrexa Viscous (riboflavin) is applied in two-minute intervals for 30 minutes
- Saturation within the corneal stroma is confirmed prior to UV emission
- Ultrasound pachymeter used to assess corneal thickness. A minimum of 400 um is required prior to the UV exposure phase. Additional Photrexa solution is administered if cornea needs to be thickened.
- UV light is administered for 30 minutes. Photrexa Viscous continues to be applied in two-minute intervals
- Program KXL UV device for 30 mins of continuous emission ($3mW/cm^2$) with a calibrated total
- Bandage contact lens placed

Typical Post-Op Drop Schedule

- Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks (available for purchase at surgical consult)
- Alternative:
    - Ofloxacin qid x 1 week
    - Durezol bid or prednisolone acetate qid x 4 weeks
    - Ilevro qd or ketorolac qid x 4 weeks

CROSS-LINKING POST-OP CARE

4-Day Post-op Visit at Eye Surgeons of Indiana

» Check VA (likely near or at baseline)

» Remove BCL

» Slit lamp exam assuring complete re-epithelialization

» Assessment and Plan

» Review post-operative drop instructions

1,3,6,12 Month Post-op Visit (no global period)

» Check VA + Manifest Refraction (VA at or near baseline)

» Topography + pachymetry (if available)

» Slit-lamp exam looking for corneal haze

» Recommend holding on specialty contact lens fit until at least 3-month visit. Habitual CL wear can begin at one month.

» Fax report to 317.579.7435

Recovery Period

» Expect visual fluctuations for at least 1-3 months

» Early minor corneal steepening

» Patients' K values will flatten by approximately 2D (on average) in the first year

» Most patients will still require contact lenses to achieve best visual outcome

» Habitual contact lens wearers may resume lens wear as early as four weeks after the procedure

» Recommend deferring any changes in contact lens prescription until at least three months after the procedure

Eye Surgeons of Indiana

Corneal Cross-Linking Referral Form

Patient Name: _____ **DOB:** _____

Patient Phone: _____ **Referral Date:** _____

Medical Insurance/Member ID: _____

Referring Doctor: _____

Practice Location: _____

☐ **Appointment Made**

Date: _____

☐ **Please Call Patient To Schedule Appointment**

Keratoconus: ☐ Diagnosed ☐ Suspect

If available, please list two prior refractions with BCVA supporting disease progression.

Please list date refraction was performed.

1.)

2.)

If available, please list two prior keratometry readings supporting disease progression.

Please list date keratometry readings were taken.

1.)

2.)

History of: ☐ RGP lens wear ☐ Scleral lens wear ☐ Refractive surgery

Recommendation for Corneal Cross-Linking? ☐ Yes

If available, please fax prior topography imaging with this form to our office at 317.579.7435.

Comments:

Please submit completed form to our Referral Concierge by fax or email.
Fillable PDF form available for download on our website under the Referring Physicians tab.
Fax: 317.579.7435 | Ph: 317.841.2028 | Email: referrals@esi-in.com

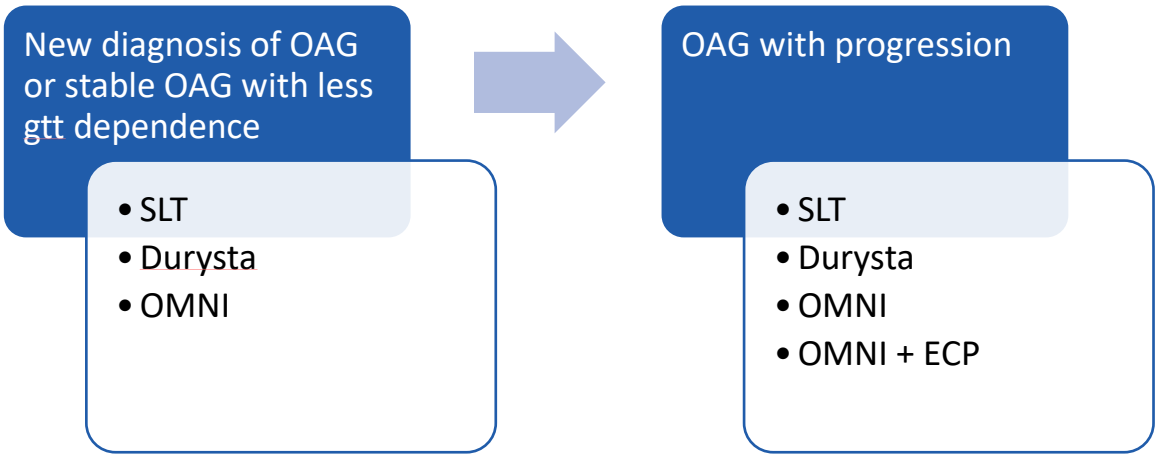
Eye Surgeons of Indiana

INTERVENTIONAL GLAUCOMA

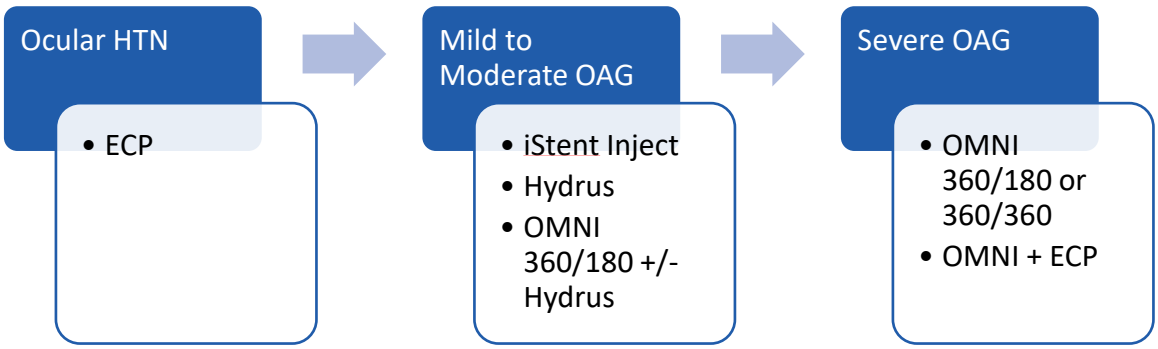
What is Interventional Glaucoma?

Interventional glaucoma is a way for eye care providers to take control of our patient's glaucoma treatment. With interventional glaucoma, we can better predict what our patient's IOP should be at follow up visits. The procedures listed below help reduce the issues that patients have with their drops. Some of these issues include compliance, ocular surface disease, cost burden, instillation difficulties, and prolonged follow up visits. The algorithm below is a general outline that we use at Eye Surgeons of Indiana.

Standalone Procedure



Cataract Surgery + MIGS



SELECTIVE LASER TRABECULOPLASTY (SLT)

The Science

Selective laser trabeculoplasty (SLT) utilizes a 532nm frequency-doubled Q-switched Nd:YAG laser to selectively target pigmented cells within the trabecular meshwork (TM) with radiation energy. The selected power and duration of each laser spot avoids collateral thermal damage to the tissue, making it a safe and repeatable procedure. The primary mechanism of intraocular pressure (IOP) reduction is via increased aqueous outflow through the TM. The pathophysiology is not completely understood; however it is theorized to work by recruiting macrophages in the TM that cause remodeling of the extracellular matrix allowing increased aqueous outflow. [1]

Efficacy

- 20-30% IOP reduction with single treatment
- Effective in about 80% of patients
- Effect lasts 2-3 years for most patients and can last up to 5 years
- Maximum effect after 6 weeks

Candidates

- Primary or adjunctive therapy
- Poor compliance/intolerance to drops
- Indicated for open-angle glaucoma or ocular hypertension
- Contraindicated in neovascular glaucoma, acute angle closure glaucoma, chronic angle closure glaucoma (must be able to visualize TM via gonioscopy)

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Primary vs. adjunctive vs. drop replacement therapy
- We offer a consult with same day procedure

Patient Counseling and Expectations

- Minimal to no pain during procedure
- No restrictions before or after procedure
- Overall safe procedure
    - May have mild redness, photophobia, or discomfort
    - Mild risk of anterior chamber reaction or IOP spike
    - Rare complications include cystoid macular edema, peripheral anterior synechiae, and transient corneal changes

Procedure

- <5 minutes
- Pre-operative proparacaine and pilocarpine drop
- Latina SLT goniolens or similar with coupling gel
- Treat 360 degrees of TM, ~100 spots
- Power 0.3-2.0mJ
- Check IOP 45 minutes to 1 hour after procedure

Post-Op Schedule

- Diclofenac QID x 5 days
- 10-day global period
- 6 week visual acuity and IOP check

References

1. Alon S. Selective Laser Trabeculoplasty: A Clinical Review. *J Curr Glaucoma Pract*. 2013;7(2):58-65. doi:10.5005/jp-journals-10008-1139

BIMATOPROST INTRACAMERAL IMPLANT (DURYSTA)

The Science

Durysta is an FDA-approved intracameral sustained release prostaglandin analog implant developed by Allergan. Durysta has the same mechanism as bimatoprost prostaglandin analog drops, lowering IOP by increasing uveoscleral and trabecular outflow. The implant is administered via a preloaded single-use applicator under a sterile setting. The implant consists of 10mcg of bimatoprost, which is equivalent to about 1 drop of bimatoprost.[1]

Efficacy

- 33% decrease in IOP from baseline[1]
- Similar results to bimatoprost drop
- Duration lasts 6-24 months, longer in some cases

Candidates

- Phakic or pseudophakic
- Poor compliance/intolerance to drops
- Family member/nursing home helping administer drops
- Safe to use before or after SLT

- Contraindicated with moderate-severe Fuchs' Dystrophy, previous corneal transplant, actively receiving ocular injections, absent/ruptured capsule (safe to use after YAG capsulotomy)

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Adjunctive or replacement treatment
- Great option for patient that has had previous SLT that needs additional treatment

Patient Counseling and Expectations

- Hyperemia for a few days afterwards due to the betadine preparation
- Quick and painless procedure
- Discontinue current prostaglandin drops after the procedure (if currently using)
- FDA approved for single use (at this time)

Procedure

- Performed in operating room at Eye Surgeons of Indiana
- Betadine prep
- ~30 second procedure
- Patient to remain upright for 1 hour after administration

Post-Op Schedule

- No post-op drops
- 10-day global period
- Typically 1-4 week visual acuity and IOP check

References

1. DURYSTA™ [Prescribing Information]. Irvine, CA: Allergan, Inc.; 2020.

iSTENT INJECT W

The Science

The first generation iStent was the first FDA-approved MIGS device. Eye Surgeons of Indiana currently utilizes the iStent inject W, which is the latest generation of iStent, developed by Glaukos. The device consists of 2 surgical-grade titanium microbypass stents that help restore the natural outflow of aqueous to lower IOP. The iStents are designed to bypass the trabecular meshwork, which is the primary source of resistance to aqueous outflow.

Efficacy

- 75.8% of patients with iStent inject W had a ≥20% reduction in IOP at 2 years after surgery[1]
- 7.0mmHg decrease in IOP from baseline at 2 years in unmedicated IOP[1]
- Mean medication use decreased from 2.5 to 0.8 medications at 3 years[2]
- May be combined with other MIGS procedures

Candidates

- Approved for mild to moderate glaucoma
- Performed only during cataract surgery
- Need to be able to visualize trabecular meshwork and confirm normal anatomy

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Great option if patient is already on one or more IOP-lowering medications

Patient Counseling and Expectations

- No pain during procedure
- Risks are no greater than cataract surgery alone
- Although rare, complications include hyphema, IOP spike, and increased inflammation post-operatively
- The iStent is not visible to the naked eye after implantation

Procedure

- 1-2 minutes to perform
- Both iStents come preloaded in a single use sterile inserter
- Inserted nasally 2 to 3 clock hours apart
- Gonioprism used to help visualize iStent placement through a clear corneal incision
- Performed before or after phacoemulsification

Post-Op Schedule

- Same post-op timeframe and drops as cataract surgery without MIGS
- Global period is 90 days
- Adjust post-op appointments if complications arise

References

1. Samuelson TW, Sarkisian SR, Lubeck DM, et al. Prospective, randomized, controlled pivotal trial of an ab interno implanted trabecular micro-bypass in primary open-angle glaucoma and cataract. Ophthalmology. Jun 2019;126(6):811-821.

2. Hengerer FH. Personal experience with second-generation trabecular micro-bypass stents in combination with cataract surgery in patients with glaucoma: 3-year follow-up. ASCRS 2018 Presentation.

HYDRUS MICROSTENT

The Science

The Hydrus Microstent is a MIGS device developed by Ivantis to reduce IOP via the eye's natural aqueous outflow. The implant is made of nitinol, which is a mixture of nickel and titanium alloy. The microstent is placed in Schlemm's canal and spans 90° or 3 clock hours within the eye. The mechanism includes bypassing the trabecular meshwork to Schlemm's canal, in addition to creating a scaffold to dilate Schlemm's canal.

Efficacy

- 66% of patients that received Hydrus Microstent were IOP medication free for 5 years after surgery[1]
- 61% reduction in risk of needing an invasive secondary glaucoma surgery for 5 years after surgery[1]
- 77.2% of patients had ≥20% IOP reduction at 2 years after surgery[2]
- May be combined with other MIGS procedures

Candidates

- Approved for mild to moderate glaucoma
- Performed only during cataract surgery
- Need to be able to visualize trabecular meshwork and confirm normal anatomy

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Great option is patient is already on one or more IOP-lowering medications

Patient Counseling and Expectations

- No pain during procedure
- Although rare, risks include hyphema, IOP spike, endothelial cell loss, focal peripheral anterior synechiae, iridodialysis, cyclodialysis cleft, and increased inflammation post operatively
- The Hydrus Microstent is not visible to the naked eye after implantation

Procedure

- 1-2 minutes
- Hydrus Microstent comes preloaded in a single use applicator
- Inserted nasally
- Gonioprism used to help visualize the Hydrus Microstent placement through a clear corneal incision
- Performed before or after phacoemulsification

Post-Op Schedule

- Same post op timeframe and drops as cataract surgery without MIGS
- Global period is 90 days
- Adjust post-op appointments if complications arise

References

1. Ahmed, I.K. (2021, Mar. 4-7). 5 Year Follow Up from the HORIZON Trial. American Glaucoma Society Virtual Annual Meeting.
2. Samuelson TW, Chang DF, Marquis R, et al; HORIZON Investigators. A Schlemm canal microstent for intraocular pressure reduction in primary open-angle glaucoma and cataract: The HORIZON Study. Ophthalmology. 2019;126:29-37.

OMNI SURGICAL SYSTEM

The Science

OMNI Surgical System is an implant free MIGS procedure that targets three points of aqueous outflow resistance. These key areas of resistance include the trabecular meshwork, Schlemm's canal, and the collector channels. The OMNI device is used to perform both a canaloplasty followed by trabeculotomy.

Efficacy

- 28% reduction in IOP from baseline at 12 months with standalone procedure[2]
  - 38% of patients were medication free[2]
- 27% reduction in IOP from baseline when combined with cataract surgery[1]
- 41% reduction in IOP with a starting IOP >22mmHg[1]
- May be combined with other MIGS procedures

Candidates

- Approved for mild, moderate, and severe glaucoma
- Performed as a standalone procedure or during cataract surgery
- Need to be able to visualize trabecular meshwork and confirm normal anatomy

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Great option is patient is already on one or more IOP-lowering medications

Patient Counseling and Expectations

- No pain during procedure
- Although rare, risks include hyphema, peripheral anterior synechiae, iridodialysis, cyclodialysis cleft, IOP spike, and increased inflammation post-operatively
- There is no visible change to the appearance of the eye
- No implant is used

Procedure

- <5 minutes
- OMNI Surgical System includes 1 single use device
- Gonioprism used to help visualize the canaloplasty and trabeculotomy through a clear corneal incision
- Performed before or after phacoemulsification, or as standalone
- Canaloplasty involves inserting a microcatheter 360° in Schlemm's canal while delivering a controlled amount of viscoelastic to dilate Schlemm's canal and the collector channels. The next step is a trabeculotomy that incises the trabecular meshwork for 180° or 360°

Post-Op Schedule

- Same post op timeframe and drops as cataract surgery
- Global period is 90 days
- Adjust post-op appointments if complications arise

References

1. Brown RH, Tsegaw S, Dhamdhere K, Lynch MG. Viscodilation of Schlemm canal and trabeculotomy combined with cataract surgery for reducing intraocular pressure in open-angle glaucoma. *J Cataract Refract Surg*. 2020;46(4):644-645.

2. Vold SD, Williamson BK, Hirsch L, Aminlari AE, Cho AS, Nelson C, Dickerson JE Jr. Canaloplasty and Trabeculotomy with the OMNI System in Pseudophakic Patients with Open-Angle Glaucoma: The ROMEO Study. Ophthalmol Glaucoma. 2021 Mar-Apr;4(2):173-181.

ENDOSCOPIC CYCLOPHOTOCOAGULATION (ECP)

The Science

ECP is a cyclodestructive procedure that utilizes an 810nm wavelength diode laser probe targeted at the ciliary processes. Ablating the ciliary processes decreases the amount of aqueous produced, which inevitably lowers IOP. The probe also consists of a light source and an image guide for visualization of the ciliary processes.[1]

Efficacy

- Statistically significant results found across multiple studies
  - One prospective study in particular found a decrease of IOP from 18.1mmHg to 16.0mmHg at 2 years, with medication decreased from an average of 1.5 to 0.4[1]
- May be combined with other MIGS procedures

Candidates

- Mild, moderate, severe glaucoma or ocular hypertension
- Performed as standalone procedure or during cataract surgery

Referring Doctor Consult

- Documentation of glaucomatous findings including visual field
- Great option is patient is already on one or more IOP medications

Patient Counseling and Expectations

- No pain during procedure
- Although rare, risks include hyphema, IOP spike, zonular damage, cystoid macular edema, hypotony, and increased inflammation post-operatively
- There is no visible change to the appearance of the eye
- No implant is used

Procedure

- <5 minutes
- Performed after phacoemulsification, or as standalone
- Probe inserted through clear corneal incision and treats 270° of ciliary processes
- Surgeon views the progress through a video monitor

Post-Op Schedule

- Same post op timeframe and drops as cataract surgery
- Global period is 90 days
- Adjust post-op appointments if complications arise
    - More prone to increased inflammation than other MIGS procedures

References

1. Francis BA, Berke SJ, Dustin L, Noecker R. Endoscopic cyclophotocoagulation combined with phacoemulsification versus phacoemulsification alone in medically controlled glaucoma. *J Cataract Refract Surg.* 2014;40(8):1313–1321.

FAQ

Can a patient have MIGS performed with laser-assisted cataract surgery or other advanced technology IOL's?

» Yes - MIGS devices do not limit patients from having customized vision after cataract surgery. One thing we do consider is that glaucoma is known to reduce contrast sensitivity. Normal contrast sensitivity is desired for best outcome with a multifocal IOL. Therefore, glaucoma is a relative contraindication for a multifocal IOL.

I sent my patient over for cataract surgery without having diagnosed them with glaucoma, and they returned with a MIGS device. Why is this?

» As part of our cataract evaluation protocol, each patient receives a screening OCT scan. The OCT provides data for macular pathology as well as the ganglion cell complex (GCC). Thinning on a GCC scan may suggest early signs of glaucoma, which help us identify patients with mild glaucoma that may not have a typical glaucomatous appearing optic nerve. When patients have GCC loss, we consider their IOP, family history, pachymetry, nerve fiber layer OCT, and visual field to determine if they would benefit from a MIGS device. Most MIGS are only approved for use in conjunction with cataract surgery, which means that this is the patient's opportunity to treat mild glaucoma and potentially prevent them from ever needing topical IOP medications.

Can you perform multiple MIGS procedures during the same surgery?

» Yes - We frequently will combine multiple procedures to enhance IOP lowering effect and/or decrease the amount of IOP medications for patients.

Is it possible for a patient to have SLT and Durysta?

» Yes - In fact, this is a great option for someone with poor compliance or is intolerant to drops. The procedures are not performed on the same day but can be performed a week apart if needed.

What should I be looking for at the post-operative visits for someone that has had a MIGS procedure?

» For a patient that receives an implant (iStent inject or Hydrus), the implants will be placed nasally. The implants are minimally visible at the slit lamp without a gonioscopy lens. A gonioscopic view provides visualization of the implants in the nasal quadrant to ensure they are placed properly at the site of the trabecular meshwork and peripheral anterior synechiae has not formed over the stent. Visualizing the implant is not necessary at each post-operative visit. It generally can be assumed the implant is in the correct position, as our surgeons will promptly abort the implantation if there is suspicion the implant is not in the correct position. Inflammation, IOP spike, and hyphema are rare complications of MIGS procedures. However, they should be noted along with adjusting the follow up timeframe based on these findings.

Eye Surgeons of Indiana

IN-OFFICE DRY EYE TREATMENT OPTIONS

Rinsada	$ 95 per treatment
NuLids Pro	$ 95 per treatment
ZEST	$ 195 per treatment
BlephEx	$ 195 per treatment
Low Level Light Therapy (LLLT)	$ 195 per treatment
Intense Pulsed Light (IPL)	$ 395 per treatment
NuLids Plus	$ 695 per treatment
LipiFlow	$1500 per treatment
TearCare	$2000 per treatment

Eye Surgeons of Indiana

Cataract Surgery Co-Management Report

Today's Date: _____

Patient Name: _____

Patient DOB: _____

SURGEON/DATE

☐ Paul Cacchillo, MD ☐ Patrick Hopen, MD ☐ Michael Orr, MD
☐ Michael Hodkin, MD ☐ Anthony Lombardo, MD, PhD ☐ Ahmar Sajjad, MD

OD _____ OS _____

SUBJECTIVE

☐ Thrilled with visual improvement ☐ Vision improving ☐ No complaints
☐ Eye discomfort or pain ☐ Vision getting worse ☐ Other _____

☐ Day 1 after surgery
☐ 1 week between eyes
☐ 2-4 weeks after surgery
☐ 100 day check (refractive)
☐ _____

EYE MEDICATIONS

☐ OD ☐ none ☐ Pred-Moxi-Nepaf tid x1 week then bid x3 weeks | ☐ ofloxacin qid ☐ Durezol bid ☐ Ilevro qd ☐ _____
☐ OS ☐ none ☐ Pred-Moxi-Nepaf tid x1 week then bid x3 weeks | ☐ ofloxacin qid ☐ Durezol bid ☐ Ilevro qd ☐ _____

EXAMINATION

VSC
OD 20/_____
OS 20/_____

Near VSC
OD J_____
OS J_____

IOP
OD _____mmHg
OS _____mmHg

REFRACTION
OD _____ 20/_____
OS _____ 20/_____

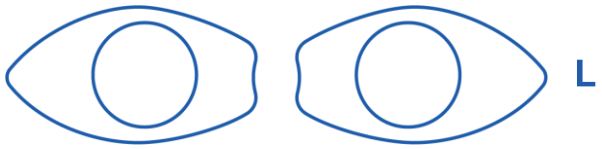
CONJUNCTIVA
OD OS
☐ ☐ white
☐ ☐ mild injection
☐ ☐ subconj heme
☐ ☐ other

CORNEA
OD OS
☐ ☐ clear
☐ ☐ arcuate incision(s)
☐ ☐ edema
☐ ☐ other

ANTERIOR CHAMBER
OD OS
☐ ☐ deep & quiet
☐ ☐ mild debris
☐ ☐ mild cell
☐ ☐ other

IRIS
OD OS
☐ ☐ pupil round
☐ ☐ other

IOL
OD OS
☐ ☐ centered & normal
☐ ☐ other

R  L

POSTERIOR CAPSULE
OD OS
☐ ☐ clear
☐ ☐ fibrosis
☐ ☐ pearls
☐ ☐ other

RETINA
OD OS
☐ ☐ unchanged
☐ ☐ CME
☐ ☐ other

IMPRESSION

☐ Normal post-operative course
☐ Other _____

PLAN

☐ CPM and next visit in _____ week(s) / month(s) / year
☐ Change management _____

_____

_____

_____

_____
CO-MANAGING DOCTOR (PLEASE PRINT)

Please fax to 317.579.7435 or email to referrals@esi-in.com

CM09-0125

GET FORM

Eye Surgeons of Indiana

CO-MANAGING OPTOMETRIST MEMORANDUM OF UNDERSTANDING

☐ I am a licensed optometrist in the state of Indiana.
☐ I received training in co-management of surgical patients.
☐ I received copies and agree to follow post-operative protocols of Eye Surgeons of Indiana.

Name: _____ License #: _____

NPI #: _____

X _____
Signature Date

I acknowledge and agree with the following statements: (please initial)

1. _____ Co-management is a relationship between an operating ophthalmologist and a non-operating practitioner for shared responsibility in the post-operative care when the patient consents to multiple providers, the services being performed are within the providers' respective scope of practice, and there is agreement between the providers to share patient care.

2. _____ It is a patient's decision, in consultation with the operating ophthalmologist, to have post-operative furnished by an eye care professional other than the surgeon.

3. _____ There is no agreement or understanding between the Eye Surgeons of Indiana operating ophthalmologist and a referring non-operating practitioner to automatically send patients back to the non-operating practitioner for post-operative care.

4. _____ Patients have the right to receive treatment from the surgeon at all stages of care.

5. _____ Transfer of care occurs when there is complete transfer of responsibility for a patient's care from one qualified healthcare provider operating within his/her scope of practice to another who also operates within his/her scope of practice.

6. _____ Patients eligible for co-management with Eye Surgeons of Indiana include those undergoing cataract surgery, Refractive Lens Exchange, and EVO.

7. _____ Any delegation of a surgeon's post-operative responsibilities to another non-operating practitioner and any payments to either party will be completely transparent to the patient and only done after obtaining the patient's consent in writing. Co-management and transfer of care agreements will be conducted pursuant to written patient-specific protocols where each of the following criteria are met:

    1. The patient requests and makes an informed decision in writing to be seen by the non-operating practitioner for post-operative care.

    2. The Eye Surgeons of Indiana ophthalmologist or optometrist determines that the operative eye is sufficiently stable for transfer of care or co-management.

    3. The Eye Surgeons of Indiana ophthalmologist or optometrist determines that the transfer of care or co-management arrangement is clinically appropriate.

    4. The non-operating practitioner is willing to accept the care of the patient.

    5. State law permits the non-operating practitioner to provide post-operative care and the non-operating practitioner is otherwise qualified to do so.

    6. The operating Eye Surgeons of Indiana ophthalmologist is familiar with the non-operating practitioner and understands that the practitioner has the adequate training, skills, and experience to accurately diagnose and treatment the conditions that are likely to be present, and to seek advice from the operating ophthalmologist whenever necessary.

    7. There is no agreement or understanding between the Eye Surgeons of Indiana operating ophthalmologist and a referring non-operating practitioner to automatically send patients back to the non-operating practitioner for post-operative care.

    8. The arrangement complies with all applicable federal and state laws and regulations, including anti-kickback, Stark laws, and state laws concerning fee splitting and patient brokering.

    9. The operating Eye Surgeons of Indiana ophthalmologist or appropriately trained optometrist/ophthalmologist is available upon request from either the patient or non-operating practitioner to provide medically necessary care related to the surgical procedure directly or indirectly to the patient.

10. Financial compensation to the non-operating practitioner is consistent with the following principles:

    a. The non-operating practitioner's co-management fees should be commensurate with the service(s) actually provided and should be billed separately by the non-operating provider.

    b. For Medicare/Medicaid patients, the co-management arrangement should be consistent with all Medicare/Medicaid billing and coding rules and should not result in higher charges to Medicare/Medicaid than would occur without co-management.

    c. The patient should be informed of, and consent in writing to, any financial compensation to the non-operating practitioner resulting from the co-management arrangement, and any additional fees that the non-operating practitioner may charge beyond those covered by Medicare/Medicaid or other third-party payers.

    d. For services that are not covered by Medicare/Medicaid, other fee structures may be appropriate, though they should also be commensurate with the services provided, disclosed and consented to in writing by the patient, and otherwise comply with all applicable federal and state laws and regulations.

11. Transfer of care or co-management is documented in the medical record as required by carrier policy.

12. All relevant clinical information is exchanged between the operating ophthalmologist and the non-operating practitioner.

_____ Patients have the right to receive treatment from the surgeon at all stages of care.

_____ The ophthalmologist and optometrist know and comply with coding and billing requirements of Medicare/Medicaid and other payers.

References:

- *Ophthalmic Post-Operative Care – A Joint Position Paper of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery*

- *AAO – Comprehensive Guidelines for the Co-management of Ophthalmic Postoperative Care*

Eye Surgeons of Indiana

CO-MANAGEMENT FEE COLLECTION INFORMATION

Eye Surgeons of Indiana is partnering with CoFi.

With CoFi, patients pay you and Eye Surgeons of Indiana at the same time.

CoFi is like putting your card reader and check deposit app right in the surgeon's office.

- Your patients have one, convenient payment event.
- Each party charges the patient *separately* and collects *directly* from the patient.

Over 4,500 optometrists use CoFi today.

Compliance

Anti-kickback laws and ethics require patients to pay you separately for your work. With CoFi, patients pay you directly.

Visibility & Reporting

With CoFi, you see upcoming procedure dates and past co-management payments.

Earlier Payment

CoFi helps improve your cash flow. You are paid upfront, at the same time as the surgeon.

Happier Patients

CoFi eliminates you having to collect a payment for the patient at their post-op visit.

To get a short, 10-minute demo, email lori@cofimd.com or visit calendly.com/loridipaola

Please call with any questions: 317.459.7793 (Lynn Zollner, Physician Liaison)
317.529.8422 (Matt Kiemeyer, Physician Liaison)

Eye Surgeons of Indiana

UNDERSTANDING CO-MANAGEMENT FOR YOUR CATARACT SURGERY

- **What is Co-Management?**
  Co-management is a collaborative care approach between your optometrist and your surgeon at Eye Surgeons of Indiana. In many cases, your optometrist may be able to manage all or some of your post-operative care, while your surgery will be performed by one of our highly skilled surgeons.

- **Post-Operative Care with Your Optometrist**
  After your surgery, you may choose to return to your optometrist for all or some of your post-operative care. This allows you to stay close to home and receive care from a provider you know and trust. Release for co-management will not occur until it is clinically appropriate as determined by your surgeon and team at Eye Surgeons of Indiana.

- **Co-Management Agreement**
  Co-management requires your **consent**. You must agree to have both your optometrist and Eye Surgeons of Indiana share responsibility for your care. It is your right to decline co-management, as well as your right to return to Eye Surgeons of Indiana for post-operative care for any reason. If there is a complication related to your surgery, your optometrist may refer you back to Eye Surgeons of Indiana for further evaluation and treatment.

- **Insurance Coverage**
  In order for co-management to occur, both your optometrist and Eye Surgeons of Indiana must accept your medical insurance. It's important to confirm with your optometrist that they accept your medical insurance.

- **Billing Insurance for Cataract Surgery**
  Eye Surgeons of Indiana will bill your medical insurance for your cataract surgery. Your optometrist will bill your medical insurance for your post-operative visits.

- **Payment Process for Cataract Surgery with Advanced Technology**
  Advanced Technology options are not covered fully by insurance, therefore, there is an out-of-pocket fee associated. This fee not only covers the technology itself but also includes extended post-operative care to ensure the best possible outcome.

    - **Optometrist Fees:** The fee for your extended post-operative visits with your optometrist will be processed through a third-party company called **CoFi**. This service ensures the funds are paid directly to your optometrist.

        - If your optometrist is not participating in CoFi, you will be required to pay your optometrist **directly** for your extended post-operative care.

    - **Surgeon and Facility Fees:** The fee for your surgery will be processed through CoFi by Eye Surgeons of Indiana.

If you have any questions about co-management or the payment process, please do not hesitate to ask our staff for more details!

Eye Surgeons of Indiana

REFRACTIVE SURGERY GENERAL GUIDELINES

The Science

Today is an exciting time in refractive surgery. At Eye Surgeons of Indiana, our goal is to provide patients with a great experience while recommending the safest and most effective surgical procedure for their eyes. Currently, our refractive services include LASIK, PRK, EVO Implantable Contact Lens (ICL), and Refractive Lens Exchange (RLE)

- Laser Vision Correction (LVC) is a procedure that utilizes an excimer laser of a 193 nm frequency to photoablate corneal tissue with the precision of 1/1000th of a millimeter
  - In PRK, the epithelium is removed, and the excimer laser is applied to the cornea
  - In LASIK, a corneal flap is created using a femtosecond laser, an excimer laser is applied, and flap repositioned
- EVO ICL, also called an Implantable Collamer® Lens, is an additive technology that corrects vision through lens implantation in the posterior chamber, without the removal of any corneal tissue. Typically, this is used for high myopia and thinner corneas
- Refractive Lens Exchange (RLE) is also known as clear lens extraction. In most cases, a multifocal IOL is chosen to reduce the dependency on reading glasses

Efficacy

LASIK, one of the most studied elective procedures, has a large amount of clinical data that confirms the procedure's safety and efficacy. The PROWL (Patient Reported Outcomes with LASIK) studies were done to investigate what patients had to say about their LASIK results and how it impacted daily life. PROWL-1 consisted of 262 Navy personnel and PROWL-2 had 312 civilian participants

- In Prowl 1 and 2, 99% and 96% of patients had a binocular UCVA of 20/20 or better at three months, respectively.
- Both groups reported high satisfaction rates, between 96 and 99 percent while only 27% of patients said they were satisfied with their vision prior to their LASIK procedure.
- For each symptom, up to 30 percent of patients reported new visual symptoms, while 91 percent of patients reported the resolution of symptoms they had prior to LASIK. Thus, three

times more patients reported the resolution of preop visual symptoms than reported new visual symptoms

Refractive Range

Type of Procedure	Refractive Range	Other Considerations
LASIK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D	» adequate pachymetry » normal topography
PRK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D	» thinner pachymetry » younger patients
EVO ICL	-3.0 to -20.0D Cylinder up to -4.0D	» minimum AC depth 3.0mm » 21 years of age » healthy endothelium
Refractive Lens Exchange	All refractive powers	» loss of accommodation in younger patients » proper lifestyle expectations

Contact Lens Protocols

Type of Contact Lens	Minimum Time Out of Lenses Prior to Consultation
Soft Daily, Extended, or Toric	» 1 week
RGP, Hybrid, or Scleral	» 3 weeks*

*Patients are welcome to come in for an initial screening after 3-5 days of CL abstinence to discuss potential options. Definitive candidacy decisions are made with the above guidelines.

Candidate Considerations

Category	Condition	Comments
General Considerations	Age	» FDA approved >18 years. PRK may be preferred in 18–21-year-old patients due to corneal ectasia risks
	Stability	» Less than 0.50D change in one year in sphere/cylinder
Ocular Considerations	Pachymetry <460µm	» No primary LVC, consider ICL or RLE
	Pachymetry <490µm	» No LASIK, consider PRK, ICL, RLE
	Amblyopia BCVA <20/50	» No refractive surgery secondary to risk of loss of CVA in good eye
	Nystagmus	» Considered on case-by-case basis. Typically, if we can obtain preoperative scans, we can successfully treat
	Binocular Dysfunction	» If prism is required in glasses or patient experiences diplopia/focusing issues in CL's, patient takes a risk of needing to wear glasses full-time after surgery
	Dry Eye	» Needs to be controlled prior to surgery due to risk of exacerbation
	Corneal scarring	» PRK may be preferred due to risk of flap complication
	Significant Fuchs Endothelial Dystrophy	» PRK may be preferred due to risk of flap complication
	Significant Basement Membrane Dystrophy or Recurrent Erosion	» PRK may be preferred or treatment with Superficial Keratectomy prior to LVC

	Salzmann's Nodules	» PRK may be preferred. Superficial Keratectomy may be needed prior to LVC
	History of HSK	» Considered case-by-case, >1 year from an episode, minimal recurrences, peri-operative oral antiviral prophylaxis
	History of Varicella Zoster with Ocular Involvement	» LVC contraindicated
	Keratoconus	» Limited options for refractive surgery. Consider corneal cross-linking for progressive disease
	Retinal pathology	» Retinal clearance may be needed. PRK may be preferred due to no suction
	Glaucoma	» Must be deemed mild and controlled. May require clearance from glaucoma specialist
Systemic considerations	Autoimmune/gastrointestinal conditions	» Condition should be under control. May require clearance from rheumatologist
	Diabetes	» Stable prescription with controlled blood sugar levels and minimal retinopathy
	Immunocompromised (HIV)	» Prefer that patient is on HAART therapy and virus levels are not detectable in blood
	Pregnancy/Breastfeeding	» No surgery until 1-3 months after pregnancy/ breastfeeding
	Pacemaker	» May require release from cardiologist

Referring Doctor Consult

- Ocular/Medical history
- Manifest Refraction + BCVA
- Cycloplegic refraction
- Ocular health assessment (manage ocular surface disease)
- Recommendations on procedure and refractive target

Patient Counseling and Expectations

Prior to refractive surgery, patients must understand the benefits and risks of available procedures and be counseled on all available treatment options. Some important factors to be considered in education include the following:

Realistic expectations	» Elective procedure and costs » Risks vs. benefits » Potential of enhancement/wearing glasses/CL » Decrease dependency on glasses
Alternative options	» Spectacles » Contact lenses » Other refractive procedures
Risks	» See specific procedures section for details
Presbyopia	» Reading glasses necessary when both eyes are surgically corrected for distance over 40 » Optional under correction of one eye for reading in patients of presbyopic and prepresbyopic age (prefer CL trial)
Post-op Instructions	» Post-op medicated drops » Lubrication drops » Follow-up visits » Reporting of unexpected symptoms

Post-op Medication Schedule

	Medication	Post-op Schedule	Post-op Stability/Enhancement	Time Off Work
LASIK	» Pred-Moxi-Nepaf tid x 1 week	» 1 day » 1 week » 3 months	» 3 months	» 1 day
PRK	» Pred-Moxi-Nepaf tid x 1 week » Then Prednisolone tid x 1 week, bid x 1 week qd x 1 week	» 1 day » 5-7 days » 1 month » 6 months	» 6 months	» 3-7 days

Eye Surgeons of Indiana

LASIK SURGERY QUICK SUMMARY

Preparing Your Patient for Success

- Review your role as co-managing doctor
- Perform a pre-procedure examination to include manifest refraction with BCVA, cycloplegic refraction (no need to be out of soft contact lenses) and ocular health assessment
  Cycloplegic refraction (using cyclopentolate) is necessary for patients less than 50 years old
- Management of ocular surface disease
- Perform a monovision CL trial if appropriate
- Review elective procedure and out-of-pocket expense
- Educate patient and review of informed consent
- Review CL discontinuation policies (need to be out for consultation)
  - 1 week SCL
  - 3 weeks RGP
- Advise patient that the complimentary consultation will take 1-2 hours
- Call concierge at 317.841.2028 or visit www.eyesurgeonsofindiana.com to schedule surgical consult
- Fax referral form to 317.579.7435

LASIK Surgery

Femtosecond Wavefront Optimized LASIK	$ 2500 per eye*
Femtosecond Topography Guided LASIK	$ 2700 per eye*

*** Lifetime Assurance Plan applies to those that qualify**

Typical Post-Op Drop Schedule

- Pred-Moxi-Nepaf tid x 1 week
- PFAT qid x 1 month

LASIK POST-OP CARE

Day 1 After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Slit lamp exam - flap assessment
- Assessment and Plan
- Review post-operative drop and care instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

1 Week After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Refraction (if needed)
- Slit lamp exam - flap assessment
- Assessment and Plan
- Review post-operative drop and care instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

3 months After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Refraction*
- Intraocular pressure
- Slit lamp exam
- Dilated exam as needed
- Assessment and Plan
- Fax report to 317.579.7435 or email to referrals@esi-in.com

*Refraction is important for tracking outcomes.

LASIK POST-OP GUIDE

Day 1 After Surgery

- Subjective:
  - The patient is comfortable with mild complaints of foreign body sensation, dryness, photophobia, and watering
  - Glare and haloes are expected
  - The patient reports good vision overall with mild haziness and fluctuations
- Visual Acuity:
  - Uncorrected vision is commonly 20/15 to 20/30
- Manifest refraction:
  - Manifest refraction is unnecessary at this visit
- Slit lamp examination:
  - A well-positioned flap is visible
  - Trace interface opacities (meibomian secretions) and flap edema can be present.
  - No inflammation or infiltrate should be present
  - Occasional microstriae (Figure 1) may be present, especially in large corrections, but may not have visual significance

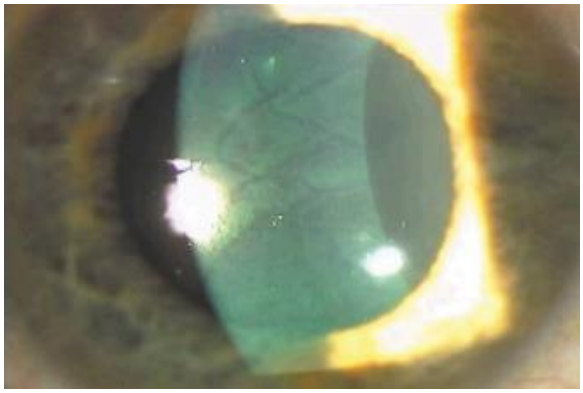


Figure 1

  - Subconjunctival hemorrhages are common
- Management:
  - Post-operative drops should be continued per protocol. Frequent AT use is encouraged
- Pearls:
  - Significant microstriae and dislocated flaps (Figure 2) need to be sent to Eye Surgeons of Indiana LASIK Center for repositioning

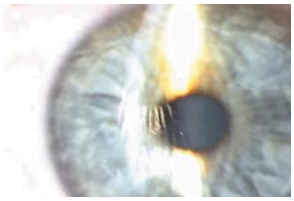


Figure 2

- Diffuse lamellar keratitis (DLK) (Figure 3) requires increased steroid dosing (dosing depends on severity of inflammation). If inflammation is central, contact Eye Surgeons of Indiana LASIK Center for assistance in management

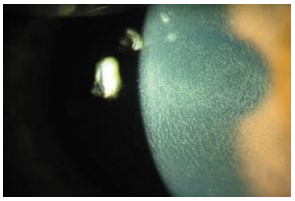


Figure 3

- Corneal epithelial defects should be managed as appropriate (BCL)
- Infectious keratitis needs immediate referral to Eye Surgeons of Indiana LASIK Center

1 Week After Surgery

- Subjective:
  - Patient is comfortable with an improvement in symptoms from Day 1 but still may be experiencing dryness, FBS, and photophobia
  - Vision is good with less haziness and fluctuations
  - Night vision symptoms of haloes and glare are improving
- Visual Acuity:
  - UCVA is typically 20/15 - 20/30
- Manifest refraction:
  - Manifest refraction is performed only as needed
- Slit lamp examination:
  - A clear flap with visible edges is expected
  - Interface opacities, if present, should be unchanged from Day 1
  - No inflammation or infiltrate should be present
- Management:
  - Post-op drops should be discontinued. Frequent PFAT use is encouraged

- Pearls:
  - Significant microstriae (Figure 2) and dislocated flaps (Figure 3) need to be sent to Eye Surgeons of Indiana LASIK Center for repositioning
  - Diffuse lamellar keratitis (DLK) (Figure 4) requires increased steroid dosing (dosing depends on severity of inflammation). If inflammation is central, contact Eye Surgeons of Indiana LASIK Center for assistance in management
  - Infectious keratitis needs immediate referral to Eye Surgeons of Indiana LASIK Center
  - Ocular surface treatment should be expanded if patient is experiencing significant symptoms

3 Months After Surgery

- Subjective:
  - Dryness and night vision are improved
  - Vision is good with minimal fluctuations
- Visual Acuity:
  - UCVA is typically 20/15 to 20/30
- Manifest Refraction:
  - A manifest refraction is performed
- Slit lamp examination:
  - A clear flap is expected
- Management:
  - Ocular surface treatment should be expanded if patient is experiencing symptoms
  - If a patient has a residual refractive error, an enhancement may be considered once stable (need 2 consistent manifest refractions 1 month apart)
  - Pearls:
    - Epithelial Ingrowth (Figure 4) is a rare complication of primary LASIK (more common in LASIK enhancement with a cap lift). Send for evaluation

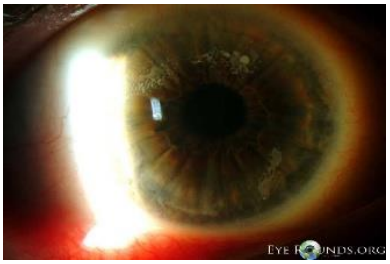


Figure 4

Eye Surgeons of Indiana

PRK SURGERY QUICK SUMMARY

Preparing Your Patient for Success

- Review your role as co-managing doctor
- Perform a pre-procedure examination to include manifest refraction with BCVA, cycloplegic refraction (no need to be out of soft contact lenses) and ocular health assessment
  Cycloplegic refraction (using cyclopentolate) is necessary for patients less than 50 years old
- Management of ocular surface disease
- Perform a monovision CL trial if appropriate
- Review elective procedure and out-of-pocket expense
- Educate patient and review of informed consent
- Review CL discontinuation policies
  - 1 week SCL
  - 3 weeks RGP
- Advise patient that the complimentary consultation will take 1-2 hours
- Call concierge at 317.841.2028 or visit www.eyesurgeonsofindiana.com to schedule surgical consult
- Fax referral form to 317.579.7435

PRK Surgery

Wavefront optimized PRK	$ 2500 per eye
Topography guided PRK	$ 2700 per eye

Typical Post-Op Drop Schedule

- Pred-Moxi-Nepaf tid x 1 week then D/C
- At 1 week, start Prednisolone tid x 1 week, bid x 1 week, qd x 1 week
- PFAT qid x 1 month

Post-op Pain Management

- Take 2 tablets of Advil Dual Action (250mg acetaminophen and 125mg ibuprofen) every 8 hours; not to exceed 4000mg acetaminophen or 3200mg ibuprofen per 24 hours

PRK POST-OP CARE

Day 1 After Surgery

- Uncorrected distance vision
- Slit lamp exam- check BCL
- Assessment and Plan
- Review post-operative drop and care instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

5-7 Days After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Slit lamp exam- remove BCL
- Assessment and Plan
- Review post-operative drop and care instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

1 month After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Slit lamp exam
- Intraocular pressure
- Assessment and Plan
- Fax Report to 317.579.7435 or email to referrals@esi-in.com

6 months After Surgery

- Uncorrected distance vision
- Uncorrected near vision (if near target)
- Intraocular pressure
- Refraction*
- Slit lamp exam- check for corneal haze
- Assessment and Plan
- Fax report to 317.579.7435 or email to referrals@esi-in.com

*Refraction is important for tracking outcomes.

PRK POST-OP CARE GUIDELINES

Day 1 After Surgery

- Subjective:
  - It is common for the patient to experience burning, watering, foreign body sensation, discomfort, and photophobia. This may increase over the first 3-5 days
  - Vision is blurry (and expected to worsen over the first few days) and fluctuating
  - The patient commonly describes glare and haloes
- Visual Acuity:
  - Uncorrected vision is typically 20/30 to 20/100
  - Performing a manifest refraction is difficult, and best corrected visual acuity is limited
- Slit lamp examination:
  - A large epithelial defect is expected
  - A bandage contact lens should be present
  - Mild stromal edema may be noted
- Management:
  - Continue postoperative drops per protocol
  - Encourage frequent preservative free artificial tear use
- Pearls:
  - If BCL is absent or is not fitting properly, place a new BCL
  - If the patient is experiencing significant pain, it may be beneficial to anesthetize the cornea and replace the BCL. Reassurance is key. Also, confirm that they are using an alternating schedule of ibuprofen and acetaminophen for pain management
  - If an infiltrate is present, report to Eye Surgeons of Indiana LASIK Center

5-7 Days After Surgery

- Subjective:
  - The patient is comfortable and symptoms of irritation, dryness, foreign body sensation, and photophobia are improving
  - Vision is blurry, with significant fluctuations, but improving
  - The patient reports glare and haloes

- Visual Acuity:
  - Uncorrected vision can range from 20/30 to 20/100
- Manifest refraction
  - A manifest refraction is highly inaccurate and will show significant astigmatism secondary to irregular epithelium
- Slit lamp examination:
  - A BCL should be present
  - The epithelium is typically closed, however, small epithelial defects can remain
  - Epithelial irregularity (healing line) is often seen
  - No infiltrate should be present
- Management:
  - Remove the contact lens
  - If the epithelial defect is closed, discontinue PMN. Start Prednisolone tid x 1 week, bid x 1 week, qd x 1 week. Encourage artificial tear use
  - If the epithelial defect is not closed, place a new bandage lens, maintain PMN and follow up again in 2-4 days

1 Month After Surgery

- Subjective:
  - The patient is comfortable with mild dry eye symptoms
  - Vision is improving but still may be a bit blurry, with a decrease in fluctuations
  - Glare and haloes are improving
- Visual Acuity:
  - UCVA is typically 20/15 to 20/40
- Manifest refraction:
  - Manifest refraction may still show some residual astigmatism. This will continue to fade over the next few months. BCVA typically has returned to preoperative level at this point
- Slit lamp examination:
  - A clear cornea with little to mild subepithelial haze is expected.
- Management:
  - Discontinue Prednisolone
  - Encourage use of artificial tears

- Pearls:
  - If the patient is waking up with dry eye or erosion symptoms, add an artificial tear ointment to treatment regimen at minimum and monitor closely
  - It is common for acuity to be around 20/30 at this visit. Remember, it takes 3-6 months for full recovery
  - If significant subepithelial haze is present, monitor closely as steroid treatment may be indicated

6 Months After Surgery

- Subjective:
  - Vision is much better, and fluctuations are minimal
  - Patient will report improvement in dry eye symptoms and glare and haloes
- Visual Acuity:
  - UCVA is typically 20/15 to 20/30
- Manifest refraction
  - Perform a manifest refraction which is considered a reliable measurement at this time
- Slit lamp examination:
  - A clear cornea with little to no stromal haze is expected
- Management:
  - Expand ocular surface treatment as needed
  - If a patient has a symptomatic refractive error, an enhancement may be considered once stable (need 2 consistent manifest refractions, 1 month apart)
- Pearls:
  - Stomal haze (Figure 1) is a rare occurrence after modern day PRK. If it occurs, it typically will begin 2 to 3 months after surgery, with peak density at 6-months post-op. It then will tend to stabilize or improve. Topical steroids are the treatment of choice. Please contact Eye Surgeons of Indiana LASIK Center for guidance

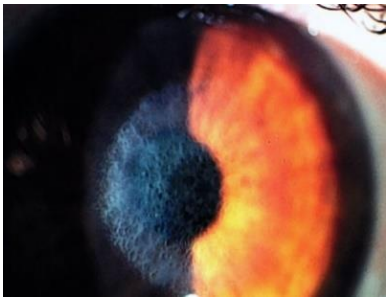


Figure 1

Eye Surgeons of Indiana

LASER VISION CORRECTION TECHNOLOGY

Wavelight Refractive Suite

» The Wave Light® Refractive Suite, the fastest refractive suite platform available in the United States, uses two lasers:

The WaveLight® EX500

» The only excimer laser to operate at 500 Hz; has an average treatment time of 1.4 seconds per diopter

» Incorporates a proprietary *PerfectPulse Technology* ™ *to* help reduce nighttime glare and haloes

» Offers a powerful 1050 Hz-type multi-dimensional eye tracker, synchronized at 500 Hz, that tracks with just 2 milliseconds of latency

The WaveLight® FS200

» The fastest femtosecond laser available in the U.S.; has a standard flap creation time of 6 seconds

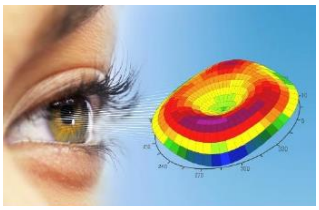
» Uses *PerfectPulse Technology* ™ to ensure precise customizable flaps, including size, depth, and hinge placement

What is Contoura® Vision?

» Contoura Vision is a highly advanced, precise, and individualized LASIK treatment know as TOPOGRAPHY GUIDED LASIK. The advanced technology offers us a detailed mapping of more than 22,000 unique elevation points on the cornea. This data is analyzed and used to create a customized treatment plan specific to corneal aberrations.

How Data is Obtained for Contoura® Vision

» Using the placido-disk based topographer, Topolyzer® Vario, a series of consistent and reproducible maps are obtained that provide accurate height data of the up to 22,000 points of the anterior cornea



» The data is seamlessly sent to the laser and planning station for calculation in the patient's treatment plan

» Limiting factors in accurate capture are tear film and exposure of the ocular surface

Why Contoura® Vision?

» More than 98% of Contoura patients would choose to have it again

» It outperformed glasses and CLs in 30% of the eyes in the study

» It redefines quality of vision

» It delivers a customized treatment

» Many Contoura patients report improvement in symptoms of night vision difficulties compared to contact lenses and glasses

Eye Surgeons of Indiana

EVO QUICK SUMMARY

Preparing Your Patient for Success

- Review your role as co-managing doctor
- Identify and aggressively manage ocular surface disease
- Advise patient to leave SCL out 1 week prior to surgical consult (3 weeks for RGPs)
- Advise patient that the complimentary consult will last at least 2 hours
- There is no need for YAG PI's with this technology and both eyes are treated on the same day
- Call concierge at 317.841.2028 to schedule surgical consult
- Fax referral form to 317.579.7435

Candidates

- Age 21-45 with stable refractive history
- -3.0 to -20.0D with up to 4.0D cylinder at spectacle plane
- Usually ≥ -8.0D spherical equivalent
- Patients with contraindications to laser vision correction
    - Thinner corneas
    - Moderate dry eye
- Stable refraction history (0.50D for 1 year prior to implantation)

Phakic IOL

- EVO $ 3800/eye

Typical Post-Op Drop Schedule

- Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks

EVO POST-OP CARE (DAYS 1-180)

Day 1 After Surgery

- Uncorrected distance vision
- Intraocular pressure
- Slit lamp exam w/ attention to:
- ICL vault (50-200% normal)
- Assessment and Plan
- Review post-operative drop instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

2-4 Weeks After Surgery

- Uncorrected distance vision
- Refraction
- Intraocular pressure
- Slit lamp exam w/ attention to:
- ICL vault (50-200% normal)
- Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- Assessment and Plan
- Review post-operative drop instructions
- Fax report to 317.579.7435 or email to referrals@esi-in.com

100 Day Check

- Uncorrected distance vision
- Refraction
- Intraocular pressure
- Slit lamp exam w/ attention to:
- ICL vault (50-200% normal)
- Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- Assessment and Plan
- Fax report to 317.579.7435 or email to referrals@esi-in.com

Eye Surgeons of Indiana

REFRACTIVE SURGERY COSTS

LASIK

Wavefront Optimized LASIK	$ 2500 per eye*
Topography Guided LASIK	$ 2700 per eye*

***Lifetime Assurance Plan applies**

PRK

Wavefront Optimized PRK	$ 2500 per eye*
Topography Guided PRK	$ 2700 per eye*

***Lifetime Assurance Plan applies**

Refractive Lens Exchange

Refractive Lens Exchange (Laser-assisted with any IOL)	$ 5000 per eye*
Light Adjustable Refractive Lens Exchange	$ 5400 per eye*

***LASIK/PRK enhancement included for 1 year.**

Phakic IOL

EVO (High myopia +/- astigmatism)	$ 3800 per eye*

***LASIK/PRK enhancement included for 1 year.**

Eye Surgeons of Indiana

REFRACTIVE SURGERY CO-MANAGEMENT

LASIK	$ 300 per eye
PRK	$ 350 per eye
Refractive Lens Exchange	$ 300 per eye
EVO	$ 200 per eye

Effective 2/1/2025

Eye Surgeons of Indiana

LASER VISION CORRECTION LIFETIME ASSURANCE

What is the Lifetime Assurance Program?

At Eye Surgeons of Indiana LASIK Center, our goal is to help your patients achieve and maintain the best possible vision throughout their lives. The Lifetime Assurance Program is our commitment that if an enhancement is medically advisable, eligible patients will have no charge for the procedure. The cost of pre- and post-operative enhancement appointments are not included in this program and such fees are determined and paid directly to the participating Optometrist.

How Does the Lifetime Assurance Program Work?

Patients are automatically enrolled in the program upon completion of treatment if they meet the eligibility guidelines. To maintain eligibility in the program, the patient will need to complete all follow-up appointments and return annually to an Optometrist for an eye exam. The follow-up visits from the procedure are covered in the co-management fees, up to one year. However, the cost of the annual exam is not covered and is the fiscal responsibility of the patient.

Eligibility

- Initial LASIK/PRK treatment is performed at Eye Surgeons of Indiana LASIK Center
- Myopic pre-op spherical equivalent of less than-10.0D with no greater than 4.0D of astigmatism
- Hyperopia pre-op spherical equivalent of less than +4.0D with no greater than 4.0D of astigmatism
- Any refractive condition of 0.75 diopters greater than the targeted outcome that exists or develops after the procedure may be retreated, provided that the enhancement is deemed medically safe and appropriate
- Completion of post-treatment care, including all follow-up visits, as prescribed by the participating Optometrist and Eye Surgeons of Indiana LASIK Center
- Completion of annual eye exams with appropriate documentation by an Optometrist. These exams are not included in the cost of the procedure and are the responsibility of the patient
- The program does not include the cost of the pre- or post-op visits for an enhancement if needed after the first year. These Optometrist determines the associated fees

- There may be a charge for any enhancements using a new or different technology
- An enhancement performed to bring a targeted monovision outcome to distance is not covered in the program and the patient will incur a fee
- Enhancements related to presbyopia are not covered in the Lifetime Assurance Program

Exclusions

- Patients whose initial procedure was not performed at Eye Surgeons of Indiana LASIK Center
- Patients whose refractive error falls outside of the Eligibility Guidelines (see outlined above)
- Patients with diabetes
- Patients with history of prior refractive procedures, such as RK or ALK
- Patients diagnosed with an ocular disease such as cataract, diabetic retinopathy, or retinal detachment
- Patients who failed to follow the eligibility guidelines for follow up visits and annual exams will be disqualified from the Lifetime Assurance Program and will incur a fee for an enhancement procedure

Eye Surgeons of Indiana

Refractive Surgery Referral Form

Patient Name: _____ **DOB:** _____

Patient Phone: _____ **Referral Date:** _____

Referring Doctor: _____

Practice Location: _____

☐ **Appointment Made**
Date: _____

☐ **Please Call Patient To Schedule Appointment**

Recommendation:

☐ LASIK
☐ PRK
☐ EVO (high myopia, thinner corneas)
☐ RLE (hyperopia/presbyopia)

Refractive Target:

OD ☐ Distance ☐ Near
OS ☐ Distance ☐ Near

Contact Lens History:

☐ None ☐ SCL ☐ RGP
☐ Monovision ☐ Distance eye: ☐ OD ☐ OS
☐ Multifocal
**Please d/c at least 1 week prior to consultation, 3 weeks for RGPs*

Current Clinical Findings:

Significant Ocular/Systemic Conditions: ☐ None ☐ Other _____

Pertinent Slit Lamp/Fundus Findings: ☐ None ☐ Other _____

	OD	**OS**
Contact Lens Rx:	_____	_____
Manifest:	_____	_____
Cycloplegic (1% Cyclogyl):	_____	_____
BCVA:	20/_____	20/_____

Comments:

Please submit completed form to our Referral Concierge by fax or email.
Fillable PDF form available for download on our website under the Referring Physicians tab.
Fax: 317.579.7435 | Ph: 317.841.2028 | Email: referrals@esi-in.com

Eye Surgeons of Indiana

LASIK Co-Management Report

Patient Name: _____

Patient DOB: _____

Co-managing: _____

Procedure: ☐ Primary ☐ Enhancement

Target: OD _____ OS _____

OD	OS
Surgery Date: Month_____ Day_____ Year_____	Surgery Date: Month_____ Day_____ Year_____
Exam Date: Month_____ Day_____ Year_____	Exam Date: Month_____ Day_____ Year_____
Post-op Visit: ☐ 1 day ☐ 1 week ☐ 3 month	Post-op Visit: ☐ 1 day ☐ 1 week ☐ 3 month
HISTORY	
☐ Doing Well ☐ Other _____	☐ Doing Well ☐ Other _____
OCULAR MEDICATIONS	
☐ PMN TID ☐ ATs ☐ None	☐ PMN TID ☐ ATs ☐ None
VISION	
UCVA: 20/_____	UCVA: 20/_____
MR: _____ 20/_____	MR: _____ 20/_____
SLIT LAMP FLAP EVALUATION	
Position: ☐ excellent ☐ striae	Position: ☐ excellent ☐ striae
Clarity: ☐ clear ☐ edema	Clarity: ☐ clear ☐ edema
Interface: ☐ clear ☐ opacities ☐ ingrowth	Interface: ☐ clear ☐ opacities ☐ ingrowth
Other:	Other:
IOP (at 1 month visit): _____mmHg	IOP (at 1 month visit): _____mmHg
IMPRESSION	
☐ Excellent ☐ Other _____	☐ Excellent ☐ Other _____
PLAN	
☐ Continue Present Management ☐ Other	☐ Continue Present Management ☐ Other
☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year	☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year
☐ Refer back to Eye Surgeons of Indiana for evaluation	☐ Refer back to Eye Surgeons of Indiana for evaluation
☐ Striae ☐ Enhancement ☐ Other	☐ Striae ☐ Enhancement ☐ Other
☐ Please Call Patient ☐ Appt Made ____/____/_____	☐ Please Call Patient ☐ Appt Made ____/____/_____

Doctor Signature: _____ Date: _____

GET FORM

Please fax this form to 317.570.7433 to help us continue providing excellent results

CM22-0125

Eye Surgeons of Indiana

PRK Co-Management Report

Patient Name: _____

Patient DOB: _____

Co-managing: _____

Procedure: ☐ Primary ☐ Enhancement

Target: OD _____ OS _____

OD	OS
Surgery Date: Month_____ Day_____ Year_____	Surgery Date: Month_____ Day_____ Year_____
Exam Date: Month_____ Day_____ Year_____	Exam Date: Month_____ Day_____ Year_____
Post-op Visit: ☐ 1 day ☐ 1 week ☐ 1 month ☐ 6 month	Post-op Visit: ☐ 1 day ☐ 1 week ☐ 1 month ☐ 6 month
HISTORY	
☐ Doing Well ☐ Other _____	☐ Doing Well ☐ Other _____
OCULAR MEDICATIONS	
☐ PMN TID ☐ Prednisolone TID/BID/QD ☐ ATs ☐ None	☐ PMN TID ☐ Prednisolone TID/BID/QD ☐ ATs ☐ None
VISION	
UCVA: 20/_____	UCVA: 20/_____
MR: _____ 20/_____	MR: _____ 20/_____
SLIT LAMP EVALUATION	
BCL: ☐ none ☐ in place	BCL: ☐ none ☐ in place
Epi Defect: ☐ none ☐ _____mm	Epi Defect: ☐ none ☐ _____mm
Clarity: ☐ clear ☐ irregular epi ☐ haze	Clarity: ☐ clear ☐ irregular epi ☐ haze
Other:	Other:
IOP (at 1 month visit): _____mmHg	IOP (at 1 month visit): _____mmHg
IMPRESSION	
☐ Excellent ☐ Other _____	☐ Excellent ☐ Other _____
PLAN	
☐ Continue Present Management ☐ Other	☐ Continue Present Management ☐ Other
☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year	☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year
☐ Refer back to Eye Surgeons of Indiana for evaluation	☐ Refer back to Eye Surgeons of Indiana for evaluation
☐ Haze ☐ Enhancement ☐ Other	☐ Haze ☐ Enhancement ☐ Other
☐ Please Call Patient ☐ Appt Made _____/_____/_____	☐ Please Call Patient ☐ Appt Made _____/_____/_____

Doctor Signature: _____ Date: _____

GET FORM

Please fax this form to 317.570.7433 to help us continue providing excellent results

CM23-0125

Eye Surgeons of Indiana

EVO Co-Management Report

Patient Name: _____

Patient DOB: _____

Co-managing: _____

Procedure: ☐ Primary

Target: OD _____ OS _____

OD	OS
Surgery Date: Month_____ Day_____ Year_____	Surgery Date: Month_____ Day_____ Year_____
Exam Date: Month_____ Day_____ Year_____	Exam Date: Month_____ Day_____ Year_____
Post-op Visit: ☐ 1 day ☐ 2-4 week ☐ 3 month	Post-op Visit: ☐ 1 day ☐ 2-4 week ☐ 3 month
HISTORY	
☐ Doing Well ☐ Other _____	☐ Doing Well ☐ Other _____
OCULAR MEDICATIONS	
☐ PMN TID ☐ PMN BID ☐ ATs ☐ None	☐ PMN TID ☐ PMN BID ☐ ATs ☐ None
VISION	
UCVA: 20/_____	UCVA: 20/_____
MR: _____ 20/_____	MR: _____ 20/_____
SLIT LAMP FLAP EVALUATION	
Cornea: ☐ clear ☐ edema	Cornea: ☐ clear ☐ edema
AC: ☐ deep & quiet ☐ other	AC: ☐ deep & quiet ☐ other
Vault: ☐ _____	Vault: ☐ _____
Other:	Other:
IOP: _____mmHg	IOP: _____mmHg
IMPRESSION	
☐ Excellent ☐ Other _____	☐ Excellent ☐ Other _____
PLAN	
☐ Continue Present Management ☐ Other	☐ Continue Present Management ☐ Other
☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year	☐ RTC _____ ☐ day(s) ☐ week(s) ☐ month(s) ☐ year
☐ Refer back to Eye Surgeons of Indiana for evaluation	☐ Refer back to Eye Surgeons of Indiana for evaluation
☐ Enhancement ☐ Other	☐ Enhancement ☐ Other
☐ Please Call Patient ☐ Appt Made _____/_____/_____	☐ Please Call Patient ☐ Appt Made _____/_____/_____

Doctor Signature: _____ Date: _____

GET FORM

Please fax this form to 317.570.7433 to help us continue providing excellent results

CM24-0125

Eye Surgeons of Indiana

ADVANCED CATARACT SURGERY QUICK SUMMARY

Preparing Your Patient for Success

- ☐ Review your role as co-managing doctor
- ☐ Identify and aggressively manage ocular surface disease
- ☐ Educate your patient on cataract surgery options
- ☐ Surgical consult will take at least 2 hours
- ☐ Surgery will usually be scheduled a few weeks after the consult
- ☐ If both eyes need surgery, these are typically scheduled 1-2 weeks apart
- ☐ Advise patient to leave SCL out 1 week prior to surgical consult (3 weeks for RGPs)

Cataract Surgery Options

Basic Cataract Surgery

- Manual surgery w/ monofocal IOL (glasses or CL expected full-time post-op)

Advanced Laser Cataract Surgery

- Laser-assisted w/ astigmatism treatment (arcuate incisions/monofocal or toric IOL)
- Laser-assisted w/ presbyopia-correcting IOL (diffractive or EDOF IOL)

Light Adjustable Lens (LAL)

- Light adjustable IOL w/ PO refinement (customized, personalized vision)

How to Refer Your Patient

» Call Referral Concierge at 317.841.2028 to schedule surgical consult
» Submit completed Patient Referral form to our Referral Concierge by fax or email
  - Fillable PDF form available on our website under the Referring Physicians tab
  - Fax: 317.579.7435 | Email: referrals@esi-in.com

Typical Post-Op Drop Schedule

» Pred-Moxi-Nepaf tid x 1 week then bid for 3 more weeks
» Available for purchase at surgical consult

Questions? Need More Information? Downloadable Forms?

» Damon Dierker, OD, FAAO | damon.dierker@esi-in.com | cell 317.690.0840
» Melissa Melott, OD | melissa.melott@esi-in.com | cell 317.509.0701
» Lynn Zollner, Physician Liaison | lynn.zollner@esi-in.com | cell 317.459.7793
» Matt Kiemeyer, Physician Liaison | matt.kiemeyer@esi-in.com | cell 317.529.8422
» Visit eyesurgeonsofindiana.com and click on the Referring Physicians tab

Eye Surgeons of Indiana

CATARACT POST-OP CARE

Cataract Day 1 After Surgery

» Uncorrected distance vision
» Uncorrected near vision (if near target or presbyopia-correcting IOL)
» Intraocular pressure
» Slit lamp exam
» Assessment and Plan
» Review post-operative drop instructions
» Fax report to 317.579.7435

Cataract 2-4 Weeks After Surgery

» Uncorrected distance vision
» Uncorrected near vision (if near target or presbyopia-correcting IOL)
» Refraction (no charge if refractive co-managed)
» Intraocular pressure
» Slit lamp exam
» Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
» Assessment and Plan
» Review post-operative drop instructions
» Fax report to 317.579.7435

ADVANCED LASER CATARACT SURGERY POST-OP CARE

100 Day Check

» Uncorrected distance vision
» Uncorrected near vision (if near target or presbyopia-correcting IOL)
» Refraction (no charge)
» Intraocular pressure as needed
» Slit lamp exam w/ careful assessment of posterior capsule
» Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
» Assessment and Plan
» Fax report to 317.579.7435

Eye Surgeons of Indiana

REFRACTIVE SURGERY QUICK SUMMARY

Preparing Your Patient for Success

- ☐ Review your role as co-managing doctor
- ☐ Identify and aggressively manage ocular surface disease
- ☐ Educate your patient on refractive surgery options
- ☐ Complimentary surgical consult at our Indianapolis LASIK Center will take 1-2 hours
- ☐ Surgery will usually be scheduled a few weeks after the consult
- ☐ Advise patient to leave SCL out 1 week prior to surgical consult (3 weeks for RGPs)

Surgery Options

LASIK	
○ Wavefront Optimized	$ 2500*
○ Topography Guided	$ 2700*
PRK	
○ Wavefront Optimized	$ 2500*
○ Topography Guided	$ 2700*
EVO	$ 3800**
REFRACTIVE LENS EXCHANGE (RLE)	$ 5000**
LIGHT ADJUSTABLE LENS (LAL)	$ 5400**

*Lifetime Assurance Program included for those patients that qualify
** LASIK/PRK enhancement included for 1 year

Care Credit options are available to use for all procedure costs

How to Refer Your Patient

» Call Referral Concierge at 317.841.2028 to schedule surgical consult
» Submit completed Refractive Surgery Referral form to our Referral Concierge by fax or email
  ○ Fillable PDF form available on our website under the Referring Physicians tab
  ○ Fax: 317.579.7435 | Email: referrals@esi-in.com

Questions? Need More Information? Downloadable Forms?

» Melissa Melott, OD | melissa.melott@esi-in.com | cell 317.509.0701
» Lynn Zollner, Physician Liaison | lynn.zollner@esi-in.com | cell 317.459.7793
» Matt Kiemeyer, Physician Liaison | matt.kiemeyer@esi-in.com | cell 317.529.8422
» Visit eyesurgeonsofindiana.com and click on the Referring Physicians tab

Eye Surgeons of Indiana

CLINICAL GUIDELINES

Candidate Considerations

Age	LASIK/PRK FDA approved >18 years. PRK may be preferred in 18–21-year-old patients due to ectasia risk
Stability	Less than 0.50D change in one year in sphere/cylinder
Pachymetry <460µm	No primary LVC, consider EVO or RLE
Pachymetry <490µm	No LASIK, consider PRK, EVO, or RLE
Amblyopia BCVA <20/50	Refractive surgery generally not advised
Dry Eye	Needs to be controlled prior to surgery due to risk of exacerbation. This is less of an issue with EVO
History of HSK	Surgery considered case-by-case, >1 year from an episode, minimal recurrences, peri-operative oral antiviral prophylaxis
History of HZV	LVC contraindicated, careful consideration for EVO or RLE
Pregnancy/Breastfeeding	No surgery until 3 months after pregnancy/breastfeeding

Contact Lens Protocol

Patients to discontinue contact lens wear prior to consultation at Eye Surgeons of Indiana LASIK Center
Soft Lenses (Dailies, Torics, Extended Wear): 1 week
RGP's: 3 weeks

Refractive Range

LASIK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D
PRK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D
EVO	-3.0 to -20.0D Cylinder up to -4.0D
RLE	All refractive powers

PRK Pearls

- Remove BCL once epithelium healed, typically 5-7 days after surgery
- Recommend 2 tablets Advil Dual Action every 8 hours for pain prn

Post-Op Medications

LASIK	Pred-Moxi-Nepaf tid x 1 week
PRK	Pred-Moxi-Nepaf tid x 1 week then Prednisolone tid x 1 week, bid x 1 week, qd x 1 week
EVO	Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks
RLE	Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks

Post-Op Schedule

LASIK	1 Day, 1 week, 3 month
PRK	1 Day, 5 Day, 1 month, 6 month
EVO	1 Day, 2–4 week, 100 day
RLE	1 Day, 2–4 week, 100 day

Enhancements

- Must be s/p LASIK at least 3 months, PRK 6 months
- Must have 2 stable refractions at least 1 month apart

Eye Surgeons of Indiana

DOCTORS

Kaitlyn Baskerville, OD
kaitlyn.baskerville@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Indianapolis - Greenfield - Greenwood

Michael Hodkin, MD
michael.hodkin@esi-in.com

Cataract - Glaucoma
Refractive Lens Exchange

Muncie

Christine Bolton, OD
christine.bolton@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Lafayette

Patrick Hopen, MD
patrick.hopen@esi-in.com

Cataract - Glaucoma - LASIK
Refractive Lens Exchange

Indianapolis - Greenwood - Lafayette

Paul Cacchillo, MD
paul.cacchillo@esi-in.com

Cataract - Glaucoma - LASIK
Refractive Lens Exchange

Indianapolis - Greenfield

Jessica Hults, OD
jessica.hults@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Indianapolis - Greenfield

Lauren Davis, OD
lauren.davis@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Indianapolis - Greenfield - Greenwood

Jan Hummer, OD, MD
jan.hummer@esi-in.com

Medical Retina

Indianapolis - Greenfield - Anderson

Damon Dierker, OD, FAAO
damon.dierker@esi-in.com

Cataract - Cornea
Dry Eye/Ocular Surface Disease
Glaucoma - Retina

Indianapolis

Wade Kimmell, OD
wade.kimmell@esi-in.com

Cataract - Cornea
Dry Eye/Ocular Surface Disease
Glaucoma - Retina

Lafayette - Anderson

Eye Surgeons of Indiana

DOCTORS

Anthony Lombardo, MD, PhD
anthony.lombardo@esi-in.com

Cataract - Cornea - EVO ICL
Glaucoma - LASIK/PRK
Refractive Lens Exchange

Indianapolis - Anderson - Greenwood - Muncie

Ahmar Sajjad, MD
ahmar.sajjad@esi-in.com

Cataract - Cornea - Glaucoma
Refractive Lens Exchange

Indianapolis - Greenfield

Melissa Melott, OD
melissa.melott@esi-in.com

EVO ICL - LASIK/PRK
Refractive Lens Exchange

Indianapolis

Branden Shaffer, OD
branden.shaffer@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Indianapolis - Greenwood - Lafayette

Nathan Morrow, OD, FAAO
nathan.morrow@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Indianapolis - Anderson - Greenwood

Karen Skurner, OD
karen.skurner@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Kokomo - Muncie

Michael Orr, MD
michael.orr@esi-in.com

Cataract - Glaucoma
Refractive Lens Exchange

Lafayette

James Stewart, OD, FAAO
james.stewart@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Muncie

Kennedy Reed, OD, FAAO
kennedy.reed@esi-in.com

Cataract - Cornea - Glaucoma
Retina

Muncie