EAGLE EYE SURGEONS

LASER VISION CORRECTION

LENS REPLACEMENT PROCEDURES
CUSTOM VISION CORRECTION

GET THAT EAGLE EYE VISION

PATIENT INFORMATION BOOKLET

A state of the art Refractive Surgery and Ophthalmology Centre servicing the people of the Lower North Shore, Sydney and its surrounds.

Explore our laser vision correction options and come and optimize your vision with our fellowship trained surgeons and friendly staff.

CONTENTS:

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Emergencies: 02 7227 5515
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Email: admin@eagleeyesurgeons.com.au
Address: Suit 1/357 Military Road, Mosman, 2088

Why choose Eagle Eye Surgeons for your procedure?

Improve your vision and live life on your own terms: Your journey to better vision begins here

Welcome to Eagle Eye Surgeons.

A decision to undergo vision correction is an important one and we want to ensure that you are fully prepared before proceeding. Like most of our patients you may be feeling excited about reducing the need for wearing glasses or contacts, however, you may have questions about the procedure. In this booklet you will find answers to some of the questions you may have about this life-changing procedure, along with information detailing the benefits, potential complications and the steps you will take along your path to clearer vision.

Please read all the information carefully in this booklet. Remember we provide this material in addition to, but not as a replacement for, direct discussions with your eye care professional. You may also find it helpful to consult our website www.eagleeyesurgeons.com.au or contact one of our team members should you have any questions.

Also please keep in mind that our patient care representatives are not trained to give a medical diagnosis or to determine the specific price of the surgery. Pricing will vary depending on the condition of your eyes and the lens chosen. Specific pricing will be provided following a series of tests at your pre-operative consultation.

Benefits of our service:

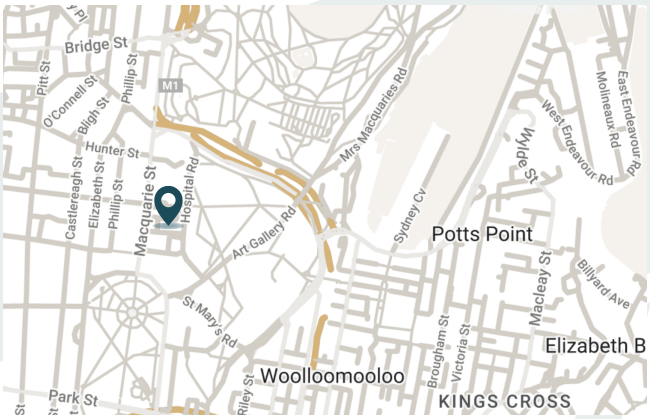
- Highly qualified specialists, fellowship trained.
- Central convenient state-of-the-art practice location with an on site laser suite and the latest diagnostic equipment.
- After-hours phone number monitored 24/7 for convenience for referrers & patients.
- Laser procedures, refractive and emergency clinic offered on select Saturdays.
- Friendly, approachable and multidisciplinary team offering a personalized approach to your eye surgery and care.

We have the latest diagnostic tools to ensure that you receive the most appropriate customized treatment including:

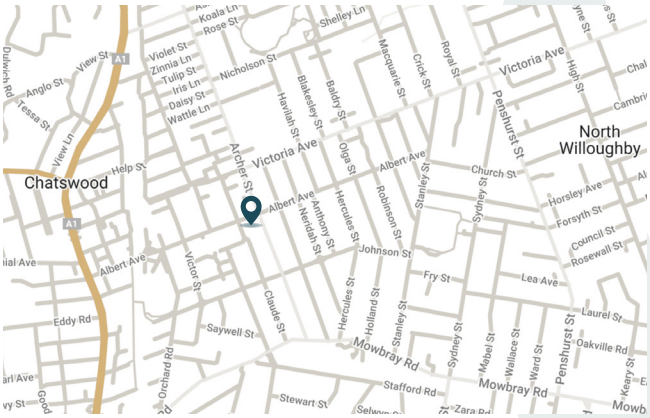
- Osiris and MS39 - Aberrometer, Anterior segment OCT, epithelial mapping, pupillography and ectasia screening, CSO Technologies, Italy.
- Pentacam HR® - Corneal tomography and ectasia screening (specifically the Belin Ambrosio enhanced ectasia screening), OCULUS, Germany.
- IOLMaster 700 - Ocular biometry, ZEISS, Germany.
- ATLAS topographer 500 - Corneal topography, ZEISS, Germany.
- Cirrus 6000 - OCT/OCTA scanning of the macula and optic nerve, ZEISS, Germany.
- Clarus 700 - Ultra-widefield, high resolution, true color retinal imaging, ZEISS, Germany.
- NIDEK CEM-530 Specular Microscopy - Endothelial cell count, NIDEK, Japan.

We have three convenient and central operating location for our lens based procedures:

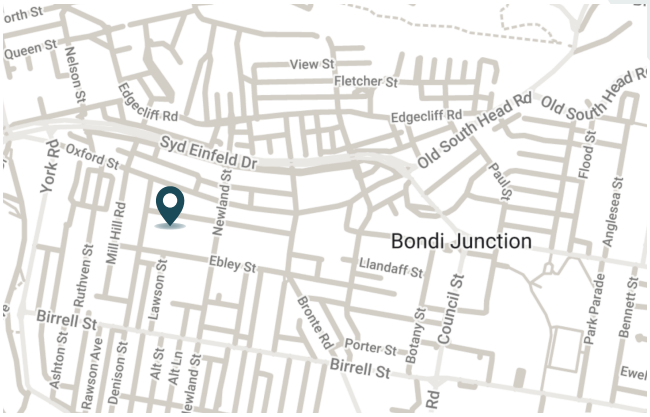
Sight Foundation Theatre
3rd Floor, Clinical Services Building
Sydney Eye Hospital, 8 Macquarie Street
Sydney NSW 2000



Chatswood Private Hospital
Unit 1/38B Albert Ave, Chatswood NSW 2067



Bondi Junction Private Hospital
Level 1/21 Spring St, Bondi Junction NSW 2022



EAGLE EYE SURGEONS

Our Eagle Eye Surgeons are experienced in the preoperative, operative and post-operative management of vision correction procedures. Throughout your Eagle Eye Surgeons experience you will interact with all our highly trained staff including our surgeons, optometrist, patient care representative, technicians and receptionist.

Optometrist: Your optometrist has completed four years of optometry school, with full accreditation from the Optometry Council of Australia and New Zealand (OCANZ). They are trained in diagnosing and treating refractive errors by non-surgical means and have experience in providing post-operative care following vision correction procedures. Our optometrist collaborates closely with our surgeons to ensure the best possible surgical result for you.

Surgeons: All our surgeons have obtained fellowship through the Royal Australian College of Australian and New Zealand Ophthalmologists (RANZCO). They have completed higher degrees along with subspeciality training in the form of fellowships. The pathway your surgeon has taken to reach this point includes over 15 years of dedicated training: completion of medical school, several years of general medical training, followed by five years of ophthalmology training and then additional study in the form of subspecialty fellowships.

Learn more about your Eagle Eye Surgeons below:

Dr Erica Darian-Smith:

Ophthalmic Surgeon
Refractive, Cataract, Corneal & General Ophthalmology
FRANZCO, MMed, GradDipRefCatSurg, MBBS.

Fellow of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)
Graduate Diploma in Cataract and Refractive Surgery (GradDip, University of Sydney)
Master of Medicine (MMed, Ophthalmic Sciences, University of Sydney)
Bachelor of Medicine and Surgery (MBBS, University of Tasmania)
Clinical Lecturer, University of Sydney, Save Sight Institute.

Dr. Erica Darian-Smith is an ophthalmologist who specializes in refractive, cataract and corneal surgery. Dr. Erica completed her training in ophthalmology at Prince of Wales hospital in Sydney. Afterwards, she undertook an intensive, world renowned, two-year fellowship in corneal, refractive surgery and external eye diseases in Toronto, Canada where she gained subspecialty expertise in laser eye surgery and treatment of all corneal diseases, including corneal transplants.

Dr. Darian-Smith earned her Bachelor of Medicine and Bachelor of Surgery (MBBS) from the University of Tasmania in 2014, graduating with Clinical Distinction. She then pursued a Master of Medicine (Ophthalmic Sciences), as well as a Graduate Diploma in Cataract and Refractive Surgery at the University of Sydney. Dr. Erica was a recipient of the 2022 American Society of Cataract and Refractive Surgery (ASCRS) Foundation Resident Excellence Award. In 2019, she was awarded the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Filipic Greer Medal for overall excellence in performance at the RANZCO Ophthalmic Pathology examination. Most recently, she was awarded the RANZCO Trevalyn-Smith Travelling Scholarship to subsidize overseas study.

As an accomplished researcher Dr. Darian-Smith's work has been published widely in high quality medical journals, including the American Journal of Ophthalmology, the Journal of Cataract and Refractive Surgery, the European Journal of Ophthalmology and Clinical and Experimental Ophthalmology. Erica has also written a book chapter and has had the opportunity to present her research at various international and national conferences. Dr. Erica is appointed as a Clinical Lecturer in the Discipline of Ophthalmology at the University of Sydney, Save Sight Institute and regularly contributes to ongoing teaching in her area of subspeciality.

Dr Mitchell Lee:

Ophthalmologist and Vitreoretinal Surgeon
Retina, Cataract, Complex Anterior Segment, Refractive and General Ophthalmology
FRANZCO, MMed(Critical Care), MBBS(Hons), BSc

Fellow of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)
Master of Medicine (Critical Care Medicine, University of Sydney)
Bachelor of Medicine and Surgery with 1st Class Honours (University of Sydney)
Bachelor of Science (Anatomy and Immunology, University of Sydney)

Dr Mitch is an Ophthalmologist who specialises in vitreoretinal surgery, as well as complex anterior segment, cataract, and lens surgery. Dr Lee studied medicine through the University of Sydney Medical School and Royal Prince Alfred Hospital. He completed his training in Ophthalmology through the Prince of Wales Hospital training network in Sydney.

Following his general Ophthalmology training, Dr Mitch undertook further training in complex anterior segment surgery and medical retina under the tutelage of Professor Minas Coroneo at the Prince of Wales Hospital and the Centre for Eye Health at the University of New South Wales. He then completed a fellowship in vitreoretinal surgery at Westmead Hospital, the largest Hospital in the Southern hemisphere, and one of the busiest centres in the world for diabetic retina surgery. There he trained in all aspects of surgical management for retinal disease, as well as gaining further experience in middle segment surgery, and complex anterior segment surgery. Alongside this clinical training, Dr Mitch was one of the inaugural Sarks Medical Retina Research Fellows at St Vincent's Hospital in Sydney. Continuing the pioneering research legacy of John and Shirley Sarks in the early detection and characterisation of age-related macular degeneration.

Dr Mitch is committed to the provision of eye care and surgery in regional and remote communities, having undertaken training with the Outback Eye Service established by Professor Fred Hollows. During the COVID pandemic he volunteered to spend 6 months locked down in Broken Hill as the sole Ophthalmologist serving this highly isolated community. Dr Mitch continues to serve this community as a Visiting Medical Officer at Broken Hill Hospital, traveling to this remote community several times a year to provide subspecialty expertise in medical and surgical retina, and to contribute to training the next generation of eye surgeons. Dr Mitch also makes regular visits to Bathurst to provide these same services to the rural and remote communities of the Bathurst region.

Dr Mitch advocates a minimally invasive approach to surgery and ophthalmic care, using the latest developments in the field to ensure optimum outcomes for his patients. As an expert in vitreoretinal surgery, he is experienced in dealing with many of the most serious and vision-threatening conditions encountered in Ophthalmology. Dr Mitch is dedicated to preserving and restoring as much vision as possible to all of his patients.

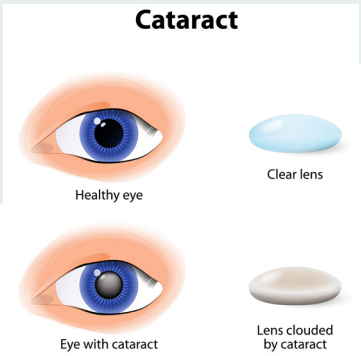
SECTION 2:Understanding the different types of Lens Replacement Procedures

2A: Cataract Surgery

Cataracts

Cataracts are a common age-related eye condition that can cause: blurred vision, visual disturbances such as glare and halos, sensitivity to light and difficulty seeing at night, fading of colors, double vision in one eye and the need for brighter light for reading. They occur when the natural lens of the eye becomes cloudy, leading to a decrease in vision quality. Cataracts develop slowly over time, but they will eventually require surgical intervention to restore clear vision. Most cataracts are age-related and can develop in two ways:

a. clumps of protein reduce the sharpness of the image reaching the retina
b. the clear lens slowly changes to a yellowish-brownish color, adding a brownish tint to vision.



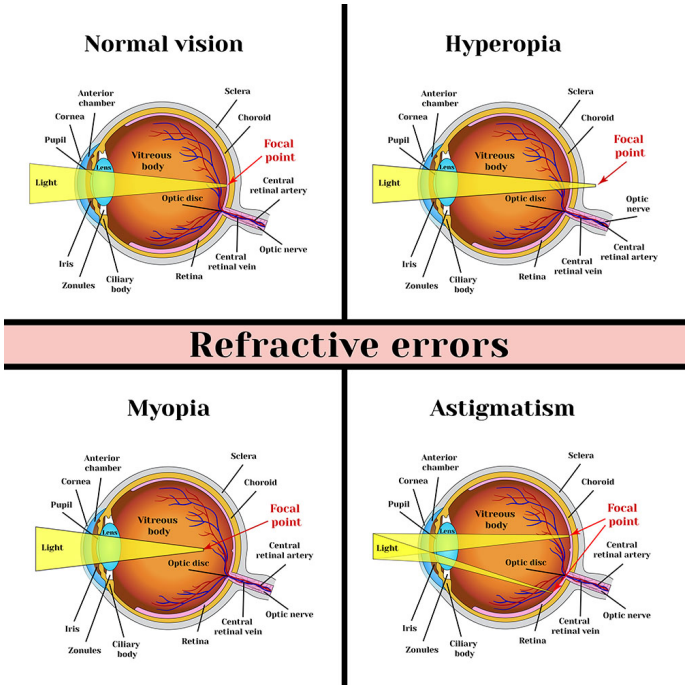
Cataract surgery is a highly effective procedure that involves removing the cloudy lens and replacing it with an artificial lens called an intraocular lens implant (IOL). This surgery is performed as a day procedure and has a high success rate in improving vision. If left untreated, cataracts will continue to worsen with time, and can significantly impact a person's quality of life and ability to perform daily activities such as reading, driving, and recognizing faces.

Understanding Refractive Errors

Refractive errors occur when the shape of the eye prevents light from focusing properly on the retina, resulting in blurred vision. Emmetropia is the state of the normal eye when parallel rays of light are focused exactly on the retina and the vision is perfect. When light does not focus directly on the retina the eye has a refractive error. This means that with either glasses or contacts, incoming light rays become focused onto the retina, producing clear vision.

Common types of refractive errors include:

- Nearsightedness (myopia): Difficulty seeing distant objects clearly. In myopia the eye is longer than normal, preventing the light rays from focusing directly on the retina. The light rays come together at a point in front of the retina and are out of focus on the retina. Distant objects are blurred, while nearby objects can be clear.
- Farsightedness (hyperopia): Difficulty seeing nearby objects clearly. In hyperopia the eye is shorter than normal. The light rays come together at a point behind the retina and are therefore out of focus on the retina. Nearby objects can appear blurry, whilst distant objects are clearer. Very farsighted patients will report that even distant objects appear blurry.
- Astigmatism: Blurred or distorted vision at all distances. In the normal eye, the cornea is curved the same way in both the horizontal and vertical directions, like a soccer ball. When light rays hit the cornea, they focus on a single point. With astigmatism, the curve of the cornea is not the same in the horizontal and vertical directions. The cornea looks like a rugby ball with a steep curve on one side and a flat surface on the other. As a result, light rays entering the cornea do not focus at a single point and instead cause distorted vision. Many people with hyperopia or myopia have some degree of astigmatism.



Advanced cataract surgery techniques (Premium IOLs) and their benefits

Over the years, advancements in cataract surgery techniques have greatly improved outcomes and patient satisfaction. We offer the most up to date techniques and lens options, including use of premium IOLs, including multifocal and toric lenses. Beyond treating the cataract, these highly advanced lenses can correct other vision problems like astigmatism or presbyopia, reducing or eliminating the need for glasses including reading glasses after surgery.

Preparing for cataract surgery - what to expect...

Before cataract surgery, our Eagle Eye Surgeons will conduct a thorough eye examination to determine the severity of your cataracts and the suitability for surgery. They will also discuss the different types of IOLs available and help you choose the one that best suits your needs and lifestyle.

On the day of surgery, you will be given local anesthesia to numb the eye and prevent any pain or discomfort during the procedure. The anesthetist will also give you a sedative to relax you and ensure that you are comfortable.
The surgeon will make a small incision in the cornea and use ultrasound technology to remove the cloudy lens. The artificial IOL will then be implanted with a self-closing incision.

Cataract surgery is usually a quick procedure, typically lasting around 15-20 minutes per eye. Most patients experience minimal pain or discomfort during and after the surgery. Following the procedure, you will be given post-operative instructions and prescribed eye drops to prevent infection and promote healing. At Eagle Eye Surgeons, for suitable candidates, we offer needle free, cataract surgery to BOTH eyes on the same day.

Lens Options

We offer traditional monofocal lens options, as well as the latest premium lens options. Our surgeons will discuss with you the best options to address your specific visual needs and preferences. The key lens options include:

1. Monofocal Lenses (Standard IOLs):
    - Provide clear vision at a single distance (usually either distance or near). This means that correction will be required for the other distances not accounted for with the lens implant.
    - Often chosen for individuals who prioritize optimized vision at a specific range and are willing to use glasses for other distances.
    - Very high quality of vision at the chosen distance.
    - Minimal unwanted visual side effects.
    - Suitable for almost all individuals regardless of other eye conditions
    - Lens replacement ensures no future cataract development.
2. Toric Lenses:
    - Correct astigmatism, a common condition where the cornea is irregularly shaped, leading to distorted vision.
    - Suitable for individuals with both cataracts and astigmatism.
    - Lens replacement ensures no future cataract development.
3. Extended Depth of Focus (EDOF) Lenses (Premium IOLs):
    - Aim to provide a broader range of clear vision without distinct zones.
    - Offer an intermediate vision boost while maintaining excellent distance vision.
    - Generally patients still require glasses for near vision.
    - May cause some unwanted visual disturbances (lens and patient dependant).
    - Are available in toric lens options.
    - Lens replacement ensures no future cataract development.
4. Multifocal Lenses (Premium IOLs):
    - Offer enhanced vision at multiple distances (near, intermediate, and distance) in a single lens.
    - Reduce dependency on glasses for a wide range of activities.
    - May cause some unwanted visual disturbances (lens and patient dependant). Specifically night vision may be impacted with significant haloes or starbursts.
    - Decreased contrast sensitivity in both day and night settings.
    - Near vision glasses may still be required for certain activities.
    - May not be suitable for individuals with other eye conditions such as glaucoma and macular diseases.
    - Are available in toric lens options.
    - Lens replacement ensures no future cataract development.

Common concerns and side effects after cataract surgery

While cataract surgery is generally safe and well-tolerated, there are some common concerns and side effects that patients may experience during the recovery period. These include mild discomfort, itching, redness and temporary changes in vision. These side effects are usually temporary and subside as the eye heals.

In some cases, patients may experience complications such as swelling, or inflammation and in extremely rare instances infection. It is important to report any unusual symptoms or concerns to your surgeon immediately. With proper care and follow-up, the vast majority of patients have a smooth recovery and achieve improved vision after cataract surgery. See our Potential Complications (Section 3) and Informed Consent (Section 6) below to learn more.

Frequently Asked Questions

Is premium cataract surgery right for me?

Determining whether premium intraocular lens implants are the right fit for you requires a comprehensive evaluation by our Eagle Eye Surgeons. Factors such as your visual needs, lifestyle, overall eye health, and the presence of any underlying conditions will be taken into consideration. Our surgeons will perform a thorough assessment, and help you make an informed decision regarding premium intraocular lens implants and whether they are the right fit for you.

There are certain eye conditions that will limit your suitability for premium lens options. These include:

a. Amblyopia: Or lazy eye, is a medical condition that develops in early childhood in which a person with reduced vision in one eye relies on the other eye to focus. A refractive lens exchange procedure will not reduce or eliminate amblyopia and will not improve vision in the amblyopic eye. If the patient experiences side effects or complications from the procedure in the eye that is able to focus, he or she could experience a loss of vision because that eye would no longer be able to compensate for the other.
b. Strabismus: Is an eye disorder caused by a muscle imbalance in the eyes causing misalignment of the eyes. A refractive lens exchange procedure will not correct, reduce, eliminate or prevent strabismus. Patients with strabismus may develop double vision as a result of or as a side effect of the procedure.
c. Underling intraocular pathology (including but not limited to; uveitis, glaucoma, diabetic eye disease, macular degeneration and previous retinal detachment). These conditions may prevent you from being a candidate for multifocal lenses. Discuss directly with your Eagle Eye Surgeon which lens option works best for you should you have these underlying conditions.

Will I need a general anaesthetic?

It is unusual to need a general anaesthetic for cataract surgery. The vast majority of our patients have surgery with a light “twilight” sedation, for comfort. We can perform the surgery under topical anaesthetic, without any need for a needle in or behind the eye. This means greater comfort and a faster recovery, with no need for an eye patch after the surgery. Because you don’t need an eye patch, you can expect to have some degree of vision the same day as surgery. However, the vision generally won’t be clear until 24 hours or more after the surgery.

How long does it take to recover from cataract surgery?

The recovery time after cataract surgery varies from person to person, but most individuals experience improved vision within a few days to a week. It is normal to experience some mild discomfort, itching, or blurry vision during the initial stages of recovery. However, these symptoms usually subside as the eye heals.
To ensure a smooth recovery, it is important to follow our instructions carefully. Use the prescribed eye drops as directed and avoid rubbing or touching your eyes. During the first week we recommend that you wear a protective shield or eyeglasses to protect your eyes during sleep or other activities. We also recommend that you avoid strenuous activities, swimming, or exposure to dusty or dirty environments during the initial stages of recovery.
It is important that you attend all follow-up appointments with your Eagle Eye Surgeons to monitor your progress and address any concerns or issues that may arise. If required, approximately 4-6 weeks after surgery, your refraction and vision will have generally stabilized and you will be able to see your own optometrist to be fitted for new glasses.

When can I drive after surgery?

The timing for resuming driving can vary but in general, most of our patients are able to drive 48 hours after their surgery, once their vision has stabilized and they feel comfortable behind the wheel.

How much does cataract surgery cost?

The cost of cataract surgery varies, depending upon the type of surgery and lens you choose, and your private health cover level. Premium intraocular lenses such as multifocal or toric lenses, can provide additional benefits but may come at a higher cost. At your appointment we will provide an accurate indication of all surgical costs and any out of pocket costs, before you make a decision to have the treatment.

There are three components to pricing:

1. Surgeon Fee
2. Anesthetist Fee
3. Private Hospital Fee

We provide a thorough financial consent document to all our patients prior to surgery.

Can you get another cataract after cataract surgery?

Once you have had cataract surgery, you cannot get another cataract. Some patients may develop posterior capsule opacification (PCO), which can cause vision to become cloudy or blurred after cataract surgery. This is a condition in which the tissue next to the lens becomes hazy, impairing your vision. This is only a minor concern as the condition can be simply and effectively treated with a quick one-off, in-office laser procedure, called a YAG capsulotomy, which we can provide on-site at Eagle Eye Surgeons. If your vision decreases after cataract surgery it is important that you see our surgeons to determine why, as this is one of the more common causes and is easily treatable.

Will I need glasses after cataract surgery with a standard monofocal lens?

Yes, monofocal lenses only correct the eye for one distance. For the majority of patients we aim for good distance vision which means that glasses will be required for intermediate and near vision following the surgery.

What is monovision and can you offer cataract surgery that simulates this?

Monovision is when one eye (your dominant eye) is corrected for distance vision and the other eye (your non-dominant eye) is corrected for near vision. This gives functional vision for both distance and near vision, at a selected near distance focal point. It is a method of removing the need for reading glasses after cataract surgery. It is important to ensure that you are a candidate for this procedure prior to surgery particularly if you do not have pre-existing 'natural' monovision. To ensure you are a candidate our Eagle Eye Surgeons or in-house optometrist may recommend a contact lens trial to ensure you can tolerate monovision prior to surgery.

Will I need glasses after premium cataract surgery?

Some residual refractive error may occur after cataract surgery and we can not always guarantee that you will be glasses free after lens surgery. Dr. Erica is a fellowship trained laser refractive surgeon- this means that when appropriate Dr Erica can perform a minor corneal laser procedure, called an enhancement, to optimize your vision following surgery, if required. This will achieve freedom from glasses if there is still some persistent refractive error. If this is needed, we will perform this free of charge, up to one year after premium cataract surgery.

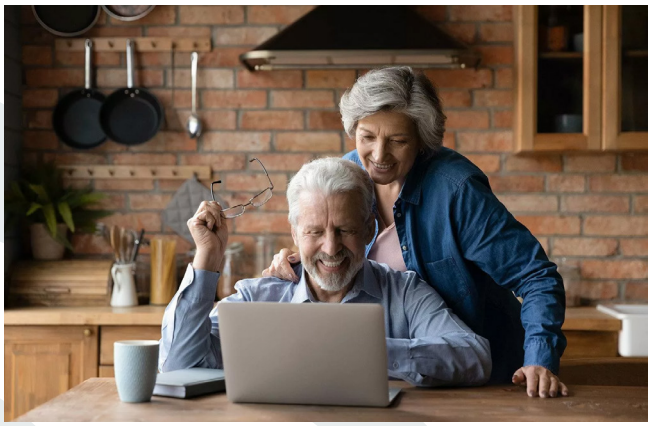
How does a toric lens work?

If a toric lens is inserted, it requires precise alignment to achieve optimal visual outcomes. Our Eagle Eye surgeons will insert toric IOLs at a specific orientation within the eye, this orientation must be maintained for effective astigmatism correction. Our surgeons will carefully calculate the axis of your astigmatism and position the toric IOL accordingly during the cataract surgery, guided by highly accurate surgical microscope technology. This precise positioning ensures that the toric IOLs cylindrical power aligns with the direction of astigmatism, correcting the irregular corneal or lens shape.

2B. Reading Glasses Surgery

Unlocking Clarity: Exploring the Benefits of Lens Based Refractive Surgery

Lens-based refractive surgeries are an alternative to laser surgeries for vision correction and may be a more suitable option in some cases.



What is presbyopia? Presbyopia occurs when the crystalline lens of the eye loses the ability to change shape and focus on near objects, a process called accommodation. Blurred vision from this condition typically occurs in people aged 40 and over. This progressive loss of function is caused by stiffening of the lens, which results in reduced clarity and near vision loss

Clear Lens Extraction (CLE)

Clear lens extraction (CLE), also known as refractive lens exchange, is a lens-based refractive surgery which involves removing the natural lens and replacing it with an artificial intraocular lens (IOL), customized to the patient's specific vision needs. This procedure not only corrects refractive errors but can also address age-related vision issues such as presbyopia. We offer this surgery to patients 50 years and over, in the absence of cataract. At Eagle Eye Surgeons, for suitable candidates, we offer clear lens extraction surgery to both eyes on the same day.

Benefits of CLE

Addresses Age-Related Vision Issues

Clear lens extraction can be used to treat presbyopia, the need for reading glasses in middle age. We can also treat this with our laser blended vision (PRESBYOND®) laser technique, however, in some patients our surgeons may recommend lens surgery as a more appropriate option. A common reason for this is if there is evidence of early cataract formation, as replacing the ocular lens also preemptively treats the cataract.

Suitable for a Wide Range of Refractive Errors

Unlike laser eye surgery, which is limited in its ability to correct certain refractive errors, non-laser refractive surgery options such as CLE can address a broader range of refractive errors.

Long-Term Solution

Lens based surgery in the form of CLE means that future cataract surgery is no longer required, reducing the need for additional procedures in the future.

Preserves Corneal Thickness and Integrity

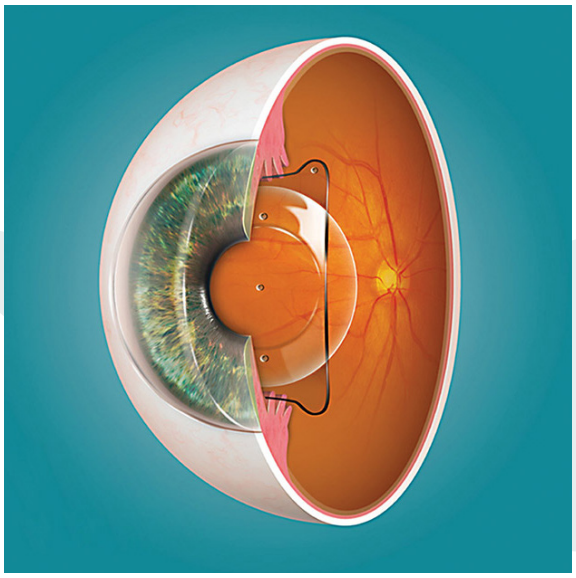
Lens based surgeries work by modifying or replacing the lens, leaving the cornea untouched. Laser surgery involves modifying the contour and thickness of the cornea. This means in patients with thinner corneas, lens based surgeries may be a better option.

Risks and Considerations of Lens based Refractive Surgery

While these procedures are generally safe and effective, as with any surgical procedure, lens based refractive surgeries carry certain risks and considerations which will be discussed in depth at your appointment. See our Potential Complications (Section 3) and Informed Consent (Section 6) below to learn more.

Glasses & contact lenses remain safe traditional alternatives to laser refractive surgery and lens based surgery.

2C. Implantable Collamer Lenses



Implantable Collamer Lenses (ICLs)

Implantable collamer lenses (ICLs) or phakic intraocular lens insertion, is a surgical procedure for correcting refractive error. Unlike laser refractive surgery, which reshapes the cornea, a synthetic lens is placed inside the eye, whilst leaving the natural lens intact. This is different to cataract surgery, where the natural lens is removed and replaced by a prosthetic implant. This procedure can correct a wide range of refractive errors including severe nearsightedness, farsightedness and astigmatism and offers a permanent solution for those seeking long-term vision improvement.

At Eagle Eye Surgeons we use the EVO ICL (STAAR Surgical).

EVO ICL Candidates are:

- Between 21 and 60 years old, generally under 45 years of age.
- Are nearsighted with mild to severe myopia (-0.5D to-20D).
- Are farsighted with mild to severe hyperopia (+0.5D to +10D). For hyperopic patients, an additional laser procedure will be required prior to the operation. Your Eagle Eye Surgeon will discuss this in detail during your initial consultation.
- Have astigmatism (0.5D to 6D). In this setting, select patients can be fitted with a toric EVO ICL option.
- Have a stable prescription (no change of more than 0.5D over a year).
- Are looking for a procedure that doesn't exacerbate dry eye syndrome.
- Are looking for a procedure that may be suitable when they are deemed non-candidates for laser vision correction (e.g. thin corneas, risk of ectasia).

- Pros: Preserves the natural lens, enabling potential adjustments in the future. Suitable for patients with thin corneas or those with high refractive errors where laser surgery is not the preferred option for treatment. The lens can permanently correct your vision, yet it is a reversible procedure and no corneal tissue is altered. The procedure, performed in an operating suite, is generally quick (10 to 15 minutes per eye) and recovery is in a few short days. If in the unlikely event you need or wish to have the lens removed, this can be easily facilitated by our surgeons.
- Cons: Night vision can be impacted with peripheral and/or central haloes and/or starbursts. It does not reduce or eliminate the need for future cataract surgery. For patients with the symptoms of presbyopia, near vision glasses are needed for precise activities. Like all surgical intraocular procedures there are potential risks associated with the operation which are covered in Section 3: Potential Complications.

FREQUENTLY ASKED QUESTIONS:

1. What is the follow-up schedule?

We will review the patient 1-2 hours after the surgery, at day one, one week, one month and three months after surgery.

2. Is the procedure reversible?

One of the main advantages of this procedure is that it is reversible. If your prescription changes or if new technology becomes available in the future, the lens can be easily removed or replaced without any harm to the eye.

3. Will both eyes be performed on the same day?

Generally no, for phakic ICL surgery we perform eye surgery 1-2 weeks apart at minimum. Alternatively a contact lens can be worn in the non-operated eye, and the second ICL can be deferred for an indefinite period.

4. What material are ICLs made from?

ICLs are made from a biocompatible blended material, which is a collagen co-polymer (a mix of purified collagen and the material found in most contact lenses). This ensures that these lenses are safe to put in the eye as the body is unlikely to form an inflammatory response to this specialized material.

5. Do ICL's contain an UV filter?

Yes, this this is important to protect the internal structures of the eye such as the retina from excess UV radiation which can contribute to conditions such as age-related macular degeneration and cataract.

SECTION 3: Potential Complications

Like any surgical procedure, cataract surgery, CLE and ICL involve risks of unsuccessful results, complications or serious injury from unknown and unforeseen causes. Although the vast majority of our patients experience a significant improvement in their vision, neither your surgeon, the clinic or the staff, can promise or guarantee that the procedure will be 100% effective or make your vision better than it was before the procedure.

There is a small risk that the procedure or a complication arising from it can cause your vision to be blurred, doubled or distorted, or to have haloes or other disturbances, and that these would not be easily corrected with glasses or contact lenses. In the event that this should occur, your surgeon will discuss and offer you advice on further treatment, which may involve medications or further surgical procedures. The outcome can usually be corrected by medications, lens exchange (of which Dr. Mitchell Lee our in-house vitreoretinal surgeon is highly trained) and/or external surface corneal laser surgery.

During your pre-operative examination, the likely outcomes will be shared with you based on your particular situation. Although it is not possible to list every potential risk or complication that may result from the procedure, the most important ones are described below. Please note that very serious complications are extremely rare and that the vast majority of our patients are highly satisfied with the results of their procedure. Patients should ensure that they contact the clinic to report any sudden decrease in vision or new onset of flashes and floaters.

- HALOES, STARBURSTS, GLARE AND GHOSTING

After a procedure some patience may experience an optical effect called halos or starbursts, especially around lights at nighttime or in dim light. These symptoms usually rise from optical aberrations induced by the intraocular lens implanted in the eye. Glares and halos may be permanent in 1-2% of patients. The possibility of functioning difficulty at night is very rare, with only 0.1% of cases reporting this issue post-operatively.

- FLOATERS

New floaters can occur after refractive lens exchange surgery due to a condition called posterior vitreous detachment. The back part of the eye is filled with gel. As we age the gel becomes more liquid and can detach from the back wall of the eye. During this process, floaters can develop as small bits of vitreous gel float around the eye more than previously. Intraocular surgery can sometimes accelerate this process, and more floaters sometimes become evident after surgery. These typically diminish with time. It can take weeks or months to become less noticeable. This condition is benign and does not require corrective surgery. In some rare instances, a sudden shower of new floaters can occur. This can signal a tear in the retina, or even in worst cases early retinal detachment.

- HIGH INTRAOCULAR PRESSURE

High intraocular pressure can occur for several reasons after the procedure. Immediately after the procedure, some eyes react to the medications used during the operation, causing a temporary pressure spike. This can be treated with pills and drops. The steroid drops used during the first weeks after surgery may on rare occasions result in increased pressure to the eye, in certain individuals. This typically drops to normal levels upon cessation of steroid therapy. Inflammation or rarely a retained lens fragment can also increase pressure. If the pressure is significantly elevated, it will need to be closely monitored and may require additional topical and/or oral medications. It is important for you to attend scheduled follow-up visits to allow your eye care professional to monitor your eye pressure, in order to modify the medication schedule as needed.

- POSTERIOR CAPSULAR OPACIFICATION (PCO)

After cataract surgery or CLE, the capsular bag that the new lens is placed in may cloud over, resulting in decreased vision. This is called posterior capsular classification (PCO). This “after cataract” is usually easily corrected using a laser procedure called a YAG capsulotomy, a quick painless in-office procedure, which creates a hole in the posture capsule. This effectively treats the problem and restores vision. There is a 25-30% chance of PCO occurring.

- INFLAMMATION

Some patients may develop temporary inflammation such as arthritis or uveitis. The inflammation is easily treated with steroid drops.

- INFECTION

In less than 0.07% cases a severe bacterial infection and inflammation of the eye can occur in the first few days or weeks after surgery. This condition is called endophthalmitis. If not addressed quickly, it can cause permanent vision loss and in rare instances loss of an eye. Patients receive powerful antibiotics into the eye during surgery and topical drops in the weeks after surgery to help guard against severe infections. If endophthalmitis does occur, additional antibiotics are injected into the eye to help clear the infection. Unusual pain or loss of vision during the first week following the procedure may be symptoms of an infection. If you’re experiencing any of these symptoms, contact Eagle Eye Surgeons immediately or attend an emergency department.

- UNDERCORRECTION OR OVERCORRECTION

In spite of sophisticated equipment and modern surgical techniques, optimal refraction with lens surgery cannot be absolutely guaranteed. Refractive regressions can also occur after surgery, more likely in very high myopic and hyperopic patients. Residual refractive errors are easily corrected by performing laser eye surgery in our onsite laser suite.

- CAPSULAR RUPTURE AND VITREOUS LEAK

An extremely thin membrane, called the capsule, holds the natural lens of the eye in place. During cataract and CLE surgery, the natural eye lens is removed, but the capsule is left in place to hold the new lens implant in the eye in the appropriate position. If the capsule is perforated during the surgery, vitreous gel from the back of the eye may come forward into the front of the eye through the broken capsular membrane. The surgeon may then need to perform an anterior vitrectomy, in which the prolapsed vitreous is removed from the front part of the eye. A different lens implant can usually then be safely placed in the eye. The risk of a vitreous leak or loss is 0.5%, and less than 0.1% of cases lead to serious vision loss.

- RETAINED LENS FRAGMENT

When a capsular rupture occurs, part of the eye's natural lens risks falling into the back part of the eye. This complication is called a retained lens fragment and is usually handled as a capsular rupture. In the unlikely event that this happens, our Eagle Eye Surgeon and vitreoretinal specialist Dr. Mitchell Lee is equipped to manage this uncommon complication. The possibility of this is 0.2%. Only 0.025% of cases risk leading to serious vision loss.

- RETINAL DETACHMENT

Retinal detachment is when the retina peels off the back of the eye. It is more common in patients with pre-existing myopia, who have a 5% risk of it occurring, depending upon the patient's age and severity of their myopia. There is a 1% risk of this occurring in hyperopic patients. If the pre-existing myopia is already quite strong in the patient, there is a higher chance of vision loss and in worst cases blindness. Precautionary steps may be taken to prevent the risk of this complication from occurring in patients with high degrees of myopia (including laser treatment to the periphery of the retina prior to the operation). If the complication is caught and treated early, it can be treated without serious loss of vision. The chance of permanent and significant loss of vision is greater, the longer it is left. If you experience flashes, new floaters, vision loss, or sensation of a curtain over your vision after surgery it is important to immediately contact Eagle Eye Surgeons or attend an emergency department. Our Eagle Eye Surgeon and vitreoretinal specialist Dr. Mitchell Lee is fully equipped to manage retinal detachments.

- RETINAL SWELLING

Retinal swelling, termed cystoid macular oedema, retinal swelling is generally innocuous and occurs in approximately 3% of cases. It involves temporary swelling of the central retina, causing visual distortion. However, it can be treated with additional eye drops and usually can be completely resolved. Only in rare circumstances does this condition cause a permanent decrease in visual acuity. The risk for CME is higher in patients with high hyperopia.

- BLEEDING

Severe bleeding inside or around the eye very rarely happens during routine surgery. However, patients with fragile blood vessels in the back of the eye are at higher risk. The blood vessels may rupture due to a sudden drop in pressure during surgery. This can result in loss of vision and possibly permanent blindness of the eye. Risk is 0.005%.

- LOSS OF VISUAL ACUITY

Loss of visual Acuity: While extremely rare, all refractive procedures can result in damage to the eye including the loss of visual acuity. In most severe cases, this can cause a loss of visual function.

- WOUND LEAK

In rare circumstances, the small incision created in the cornea during surgery may leak post-operatively. Often, all that is necessary to treat this is to place a contact lens on the eye until it seals. Rarely does it require returning to the operating room to stitch the wound. The risk of this occurring is 0.1%.

- DISPLACED LENS

During cataract and CLE surgery, a new intraocular lens is placed inside the capsular bag. If the intraocular lens becomes dislocated severely while inside the bag, your vision might decrease substantially. A weakness in the fibers that hold the bag as well as any additional trauma to the eye can dislocate the lens. This may require surgical intervention to reposition the lens or possibly glasses to correct the change in your prescription. Risk of this occurring is 0.1%.

- OPTICAL IMBALANCE

If the surgeon performs the procedure of each eye on different days, the eyes may not be able to balance and focus properly until the procedure is performed on both eyes.

- IRIS TRAUMA/PROLAPSE

The iris is rarely impacted during surgery. In the case that it is, it can become floppy and slip out of the corneal incision. This may require further interventions. Post-operatively it might result in a poorly functioning iris or pupil, and can also leave a hole in the iris, leading to minor visual disturbances. The risk of mild iris trauma occurring is approximately 0.1%. For more serious occurrences it is 0.01%.

- CORNEAL BURN

In rare instances, the edge of the phacoemulsification probe which is used to assist removing the natural ocular may become overheated and mildly burn the cornea. This is usually self-limited and heals with time. The risk of this occurring is approximately 0.1%.

- CORNEAL CLOUDING

Termed corneal oedema, this condition occurs when the cornea is unable to pump out water due to damage to the inner corneal layer, called the endothelium. As we age the endothelium becomes less effective in coming out water and intraocular surgery can speed this process up, to the point where the cornea begins to retain water. As a result, it swells and leads to cloudy vision. This is treated with some special eye drops, and very rarely may need a corneal transplant. In the unlikely event that this happens, our Eagle Eye Surgeon and corneal specialist Dr. Erica Darian-Smith is equipped to perform endothelial corneal transplants, specifically DMEK which is the most advanced type of endothelial transplant. The risk of severe corneal oedema is approximately 0.1%.

- EYE DROOP

The eyelids have a natural tendency to droop with age. The eyelid speculum used during surgery may accelerate this process slightly.

- COMPLICATIONS RELATED TO IMPLANTABLE COLLAMER LENS IMPLANTATION (ICL)

Implantable Collamer Lens Implantation (ICL) is placing an additional lens into the eye to correct a refractive error, while preserving the natural lens. This is for patients without cataract, to treat refractive error. Most of the complications that can occur are similar to those with cataract surgery/lens exchange procedures. These are detailed previously in this booklet and include increased intraocular pressure, under or over correction of refractive error, central and peripheral halos, night glare, loss of visual acuity, and infections. Additionally, as the natural lens is not removed, there is a risk of damaging it during surgery. This occurs in less than 1.5% of patients. It can lead to development of cataract, which in serious cases is treated with cataract surgery.

- CORNEAL NEUROPATHIC PAIN (OCULAR PAIN)

Corneal neuropathic pain, also known as ocular neuropathic pain or corneal neuralgia (CN) is a recognized rare complication after the surgery. It is estimated to occur in 1 in 20,000 patients. It is a localized pain condition, thought to be related to the corneal nerves becoming hypersensitive and signaling too much after they heal. The brain interprets the signals as discomfort. With treatment many patients can improve.

Our eye care professionals will explain these uncommon risks at your pre-operative appointment. In the event of any sort of complication arising, our staff is well-trained to provide the necessary treatment and care and can be reached 24/7 on our emergency line.

SECTION 4: The Patient Care Process and Procedure

Preoperative Evaluation

Before undergoing lens based surgery, you will need to undergo a comprehensive preoperative evaluation. This evaluation typically includes a thorough eye examination, measurement of your refractive error, assessment of your corneal thickness, and evaluation of your overall eye health. Based on these findings, your Eagle Eye Surgeon will determine if you are a suitable candidate for the procedure.

Surgical Planning

Once you have been deemed a suitable candidate, your surgeon will work with you to develop a surgical plan tailored to your specific visual needs. This includes selecting the type of lens based surgery that is most appropriate for you, as well as determining the power and type of intraocular lens to be implanted if applicable.

Surgery Day

On the day of the surgery, you will typically be given local anesthesia to numb the eye and ensure your comfort. The surgical procedure will be performed in our selected operating theaters and will vary depending on the specific type of lens based surgery you are undergoing. Your surgeon will guide you through each step of the process and ensure that you are well-informed and comfortable throughout the surgery.

Post-operative Care

Following the surgery, you will be given specific instructions for post-operative care. This will include the use of prescribed eye drops, instructions for avoidance of strenuous activities in the early postoperative period, and regular follow-up visits with your surgeon. It's important to adhere to these instructions to ensure proper healing and optimal visual outcomes.

Laser Touch Ups

Intraocular lens surgery is good but it is not always perfect. Some residual refractive error can occur after lens surgery and although the majority of our patients are glasses free, no eye surgeon can entirely guarantee that you will be glasses free after a lens based operation. Because our surgeons are also experienced laser refractive specialists, when appropriate we also offer a touch-up laser procedure to optimize your vision if needed after lens surgery. This is included if needed, free of charge, up to one year after premium lens based surgery and implantable collamer lens surgery.

The Patient Care Process And Procedure

Step 1- Preparing for your Pre-Operative Assessment

Important information for contact lens wearers

Contact lenses can mold the corneal surface, which changes the corneal curvature and may lead to a change in your prescription. In order to properly calculate the treatment to correct your refractive error, you will have to stop wearing contact lenses at some stage prior to your appointments. In time, the cornea will return to its natural shape and size. Eagle Eye Surgeons is dedicated to providing you with the most accurate treatment, and this can only be achieved if the corneal surface is stable and in its normal shape when planning the surgery.

For the vast majority of patients, the recommended minimum length of time for contact lens removal should suffice. However, the individual rate of corneal-adjusting may vary. If your cornea is still adjusting at either the pre-operative or surgery appointment, you will be required to reschedule your appointment for a later date. This will allow your cornea to return to its natural shape and your refraction to stabilize, thus providing you with an opportunity to obtain the best possible outcome.

TYPE of LENS WORN	
Soft Lenses (Daily or extended wear and toric)	Removed 48 hours prior to initial assessment and surgery.
Hard Lenses and Rigid Gas Permeable (Toric and true/polymethyl methacrylate) Rigid gas permeable	Removed a minimum of 4 weeks (time frame depends on length of wear) prior to initial assessment and surgery.

How to prepare for your pre-operative assessment

- Ensure contact lenses are removed and not worn for a sufficient amount of time before the consult, to enable an accurate refraction (see above for timing).
- Fill out the patient information form either online (www.eagleeyesurgeons.com) or in person on the day.
- You may not be able to drive or return to work after the evaluation, and will need someone to drive you to/from your appointment. This is because your pupils will be dilated at the appointment, causing blurred vision for 4-7 hours.
- Your eyes will be sensitive to light while dilated, we recommend that you bring sunglasses to your appointment.
- Avoid smoking on the day of your consultation.
- Expect to spend up to two hours in the clinic at your appointment.

Step 2- Day of Surgery

- You can expect to feel nervous, anxious, and/or excited prior to your procedure. This is a normal response.
- Arrange transportation to/from the procedure as you will not be able to drive on the day.
- Note your eyes will be sensitive after the procedure. This usually reduces within 24 hours.
- Do not use makeup, alcohol based, or scented products on the day of surgery
- Avoid smoking on the day of surgery.
- Wear comfortable clothing and if you have longer hair, keep your hair in a low ponytail or braid which is comfortable when you are lying flat on your back.

After the procedure

Please remember that your follow-up care is as important as the actual procedure.

- Follow the eye drop recommended by your surgeon.
- Attend all follow-up consults and follow any additional recommendations made by your surgeon at these appointments.
- Do not rub your eyes.

Step 3- Post-Operative Care

Recommended activity schedule following uncomplicated surgery, in the first two weeks:

You may	Please avoid
- Shower and wash hair. - Bend over to lift normal objects or put on shoes. - Wipe or clean around your closed eye with water and a clean cloth. - Read, watch television, prepare meals, and do housework. - Eat and drink normally, including tea, coffee and alcohol (in moderation). - Sleep in any position. - Go outside.	- Rubbing your eyes. - Straining or lifting heavy objects. - Touching your eye with dirty hands or dirty towels. - Working in a dirty or dusty environment (such as the garden). - Engaging in strenuous activities or sports that risk eye injury. - Swimming with your head under the water - Travel out of the country for the first week. following surgery, unless your surgeon has pre-approved it. This is in case you require postoperative assistance.
	Do not drive or operate hazardous machinery for the first 48 hours following surgery. Only resume when you feel comfortable with your vision.
After the two week period, you may resume normal activities unless otherwise instructed by your doctor.	

SECTION 5: Understanding our Fees and Payment Options

Lens based refractive surgery cost varies widely depending upon the best lens selected for your needs. There may be additional fees from the day surgery facility and for anesthesia, depending upon your private health coverage. Specific pricing will be provided following a series of tests at your pre-operative consultation.

While glasses may seem like a more affordable solution compared with refractive eye surgery, the cumulative costs of frames, lenses, and regular eye exams can add up significantly over time. Laser eye surgery and refractive lens based surgeries offer a cost-effective, long-term solution that eliminates the need for ongoing optical expenses.

In the unlikely event that the desired refractive outcome isn't achieved we offer complimentary laser enhancements for our refractive lens exchange and premium cataract surgery patients, for up to one year following the initial surgery.

Cost Comparison: Lens Based Refractive Surgery versus Corneal Based Laser Surgery

Non-laser refractive surgeries, such as ICLs and CLE, tend to be slightly more expensive than corneal based laser surgeries. This is primarily due to the additional costs involved in implanting custom synthetic lenses and also because these surgeries are performed in a fully sterile operating theatre environment with an anesthetist.

There are three components to lens based surgery pricing:

1. Surgeon Fee (this includes procedure and lens implant type)
2. Anesthetist Fee
3. Private Hospital Fee

We provide a thorough financial consent document to all our patients prior to surgery.

SECTION 6: Informed Consent

You have the right to consent to or to refuse any treatment or procedure at any time prior its commencement. Consent is a process that involves many steps, involving the patient, the surgeon and Eagle Eye Surgeons staff. Please remember that our friendly and knowledgeable staff are always available to answer any questions and address any concerns that you may have- so please do not hesitate to reach out!

Steps of the Consent Process

1. Eye Exam and Suitability Assessment
   During your pre-operative evaluation we will examine your eyes to determine if you are a candidate for lens replacement procedures according to the criteria established by our Eagle Eye Surgeons. We will then provide you with an explanation of the procedure, the risks, potential complications and expected benefits, the alternatives, if any, and any particular conditions that might affect your decision to undergo the procedure.

2. Surgical Counseling
   Before your surgery, we will ensure that you have read this Patient Information Booklet, that you have a copy of your post-operative care and obligations and that you have read, understood and signed the consent form. We will ask that you review these documents while we are present to address any questions that you may have. After this, we will complete much of the information on the consent form(s) with you in preparation for the signing and witnessing of your signature.

3. Surgeon Meeting
   To assist you in making an informed decision your surgeon will review the risks and complications that are specific to your case. Please notify your surgeon if you have unanswered questions or if you are unsure about something. You will also be given a specific post-operative plan, for which you will also need to provide consent. Your surgeon is not required to explain risks that are extremely unlikely, or those that your surgeon does not know about, even if these become known at a later date. Your surgeon will provide you with information and materials considered necessary for a person in your position to use in deciding whether or not to undergo the procedure.

4. Patient Consent Form
   If, after reading this material and speaking with our optometrist, counselor and your surgeon, you decide to undergo the procedure, you will need to sign the Patient Consent Form. The Patient Consent Form will indicate to us that you have been made aware of the nature of the procedure along with any risks or benefits associated with it. In signing this, you have also been made aware of any alternatives to this procedure and you are thereby making an informed decision to undergo this procedure. You may request a copy of your Consent Form at any time.

CONVENIENT LOCATION

Eagle Eye Surgeons is located at Suite 1, 357 Military Road in Mosman and the main entrance is via Belmont Road access. This location is readily accessible from most parts of Sydney and is only 10 minutes from the city center with easy access to the Harbour Bridge and Harbour tunnel. Our clinic is set up for disabled access and for patients with limited mobility as it is on the ground floor with access via Belmont Road.

Parking

Please contact our reception should you have any queries, parking is available on Parraween Street and other nearby streets. Disabled parking is also available on Belmont Road.

Public Transport

The majority of bus routes stop in front of the clinic. If coming via train, these bus connections can be accessed from Wynyard, North Sydney, St Leonards and Chatswood stations. From the Northern Beaches, take the B-Line service to Spit Junction, which connects to express and non-express bus routes that stop directly outside the clinic.

eagleeyesurgeons.com.au
Main line: 02 7228 3900
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Email: admin@eagleeyesurgeons.com.au
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EAGLE EYE SURGEONS

LASER VISION CORRECTION

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