



Parameters for Post Operative Care

Cataract Surgery

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