**THE EYE INSTITUTE FOR MEDICINE & SURGERY**

**POLICY/PROTOCOL**

**DR. MCMANUS PATIENTS HAVING YAG PI PRIOR TO CATARACT SURGERY**

02142013

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Applies to: Clinic Leads, Front Office Leads, Dr. McManus Assistants, Surgical Counselors;

Whenever Dr. McManus has a patient that he determines requires YAG PI laser surgery prior to cataract surgery make certain that the following protocol is followed:

1.  All patients having laser PIs are to be returned to see Dr. McManus personally in two weeks.

2.  Patients should be scheduled for pre-op before seeing clinic tech so pre-op/cataract evaluation is pre-oped. ??

3. On the day of the two week  follow up, the patient is to have keratometry, IOL Master, then topography (in this order).

4.  Next, the patient is to be worked up to see Dr. McManus.  This is a follow up evaluation prior to cataract surgery.  As such, the cc/hpi cannot be something like "Patient here for PRE-OP Testing" or "Pt here for PO YAG PI."  The post-op period for YAG PIs is ten days.  The cc/hpi should be something to the effect of "Patient here for follow up DFE due to blurred, decreased vision at distance (and/or near) in his (left, right or both) eyes x \_\_\_\_  months.  Pt states (how is the patient's quality of life being affected) i.e. glare at night in the presence of oncoming headlights, difficulty reading, difficulty driving, difficulty using computer or watching television, etc."   Also include any comments on dryness, itching, burning, tearing, pain, etc.

The cc/hpi information should always include how the patient's decreased vision is affecting his or her lifestyle.  The cc/hpi example noted above is for example only, and is not intended to be used as is except when these are the specific complaints that a patient may have.

When writing a cc/hpi, remember to always include at least four elements, including comments on the vision of both eyes and how quality of life is being affected.  Problems should have location, severity, timining, onset, duration, pain, progression, relief and frequency of each concern noted.

5.  During the work up and after you have measured checked EOMs, Pupils, CFs and measured IOP, check for patency of the PI.  If the PI is open, proceed with dilation.  If you are unsure if the pupil is patient, feel free to ask Clinic Supervisors or Dr. McManus to assist with evaluating the patency of the PI.

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Authorized Signature/Date