

Mr Aasheet Desai
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Financial Costs for procedures directly under care of Mr Desai.

It is important to have a clear understanding of finances well ahead of any consultation.

Mr Desai understands that money can mean very different things to different people. There are some who have argued that the financial costs for private eye surgery are less than what one would spend on car tyres over their life! While others argue that the costs are exorbitant.

The costs cannot be negotiated as per GMC guidance (as it can be viewed as an inducement to surgery). But if you can show that there is financial difficulty in paying for consultation and surgery and do not want to avail of monthly financing options, Mr Desai is willing to consult on a non profit basis: £40 (to cover hospital and administration costs) and £300 per eye for surgery to cover indemnity and other incidental fixed costs). Please ask Mr Desai's secretary if there are any financial hardships which prevent you from accessing healthcare.

It is extremely important to understand that **there is no correlation between clinical care and financial costs.**

Mr Desai's professional Fees

For Cataract/ Refractive lens surgery:	£1,400 per eye
Out Patient consultation: New patient:	£200
Follow up consultation:	£150
YAG capsulotomy:	£300 per eye.

Hospital Charges are separate and in addition: (please clarify with the hospital if the rates are current and accurate.)

Unilateral cataract operation: (code C7122)	£1527
Bilateral Cataract Operation: (code C7125)	£2318 (having both eyes on the same day) (£1159 per eye)

If having Multifocal IOLs there will be a surcharge which the hospital charges based on the manufacturer and brand of lens. Approximately £300 to £800 per lens.

In Summary the total cost would be. (assuming hospital doesn't change prices) (this excludes any hospital charges for premium lenses)

- If having both eyes on the same day (bilateral) the cost would be **£5,318**
 - this includes all consultation, surgery, follow up care for a year.
- If having operation on separate days (Unilateral) the cost would be **£6,054**
- If only one eye being operated: total cost would be **£3,127**

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The following are potential additional costs that can be incurred in addition:

- 1) "enhancement surgery by means of Laser vision correction of piggy back IOL" or lens exchange (potential risk of approx. 2 to 5% of patients)

If the patient wishes to be spectacle free, then it is important to understand that there can be a "refractive surprise" To explain this in lay man's terms, the machine and formulae are standardised for the population and makes recommendation on which IOL to insert. The outcomes are normally extremely accurate and we seem to get the results that we want to achieve, however there is always going to be some residual refractive error, including astigmatism which is almost impossible to correct completely. For practical purposes, the vision is extremely good (not perfect) for all practical purposes. Literature is varied and about 10-15% of population get a refractive error of more than 1D and this is significant enough to need spectacles permanently, unless topped up with laser vision or piggy back IOLs.

Though the literature suggests 10-15% refractive error of >1D this might not be strictly true with modern machines, and published literature and established guidelines are normally out of date by a few years. Mr Desai's experience from informal review of notes is that the number is approx 5 to 7%

Mr Desai does not do Laser vision correction and if needed, the patient will have to fund their own laser surgery with an independent provider. (NHS hospitals or private hospital that Mr Desai works for do not have the equipment to perform laser vision correction)

- 2) Dropped lens. The incidence of this complication in published literature is 1:700. Mr Desai operates on over 3000 eyes per year. Informal review of notes seem to suggest that Mr Desai's complication rates are significantly lower (1/4th) of published evidence. If this were to occur, it would be an urgent/emergency operation and the NHS would normally be involved. (very few NHS hospitals and private hospitals have facilities to undertake this)

- 3) Multifocal IOL exchange to monofocal lens. (odds are 1:100 or less)

If you do opt for multifocal IOLs, the rings/ridges in the multifocal IOL (which help you to see for near) would also cause symptoms of glare, haloes, dysphotopsia and other quality of vision issues. 1:100 feel these side effects are so bad that they just cannot tolerate and prefer to have the lenses removed and replaced.

Mr Desai would not charge surgeon fees if this is needed, but there would be hospital costs and IOL cost which might need to be borne by the patient. The hospital does not have a code and set price for this, but would be approximately £900 per eye at stepping hill hospital.

- 4) YAG capsulotomy: Mr Desai will not charge surgeon fees, if this is required in the first year, but you will need to pay the hospital fees (approx. £300 per eye) the need for YAG capsulotomy is not common in the first year, but it can also be done as part of NHS treatment if you wish to choose this path as it is not urgent and a clinical need.
- 5) Contact lens trials. Contact lens trials are normally provided free of cost for trial purposes to most optometrist by the contact lens manufacturers. Most optometrists would provide contact lenses for free if necessary.

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- 6) Post op investigations. In case there were problems following surgery. (post operative cystoid macular oedema being the most common at 2% incidence rate) there may be a need to get an OCT scan done. The hospitals normally charge this if you were to continue as a private patient, however you may choose to be seen as part of NHS patient as well.

While the above are the common reasons for additional costs, the list is not exhaustive, but the general principle is that Mr Desai's services will be free for one year from surgery, but the cost of any other provider, diagnostics, investigation etc will be the patients responsibility.

Though most patients do not need to see Mr Desai again after surgery, there is a small but finite risk of having problems following surgery which the hospital or other providers may charge.

Though there are no firm figures on quantifying the risk. This probably stands at approximately 1-2% of patients.

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