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HELPING THOSE WHO HELP OTHERS

Boon or Boondoggle?

Unraveling Medicare Part D

By Paula McCarron

Editor's Note: *America is on the eve of the most sweeping changes in its 40-year-old Medicare program. Foremost among the changes is introduction of a first-time drug coverage program for the elderly. But the program is vast and complex, with many providers and plan options.* **Boon or Boondoggle—21st Century Medicare** *is a three-part series beginning this month, examining the program to educate caregivers to help their seniors make the best decisions.*

Some 43 million elderly and disabled Medicare beneficiaries are on the verge of deciding if they should enroll in the new Medicare prescription drug coverage plan known as Medicare Part D. But an alchemic mix of confusion, frustration and speculation surrounding Part D is leaving many scratching their heads and wondering whether this newest federally sponsored program will prove to be a boon or a boondoggle.

On the surface, the program seems to be a good deal. Medicare Part D will provide the opportunity for Medicare beneficiaries to purchase a Medicare-approved insurance plan from a private company in order to obtain financial assistance with prescription drug costs.

Certainly, everyone would like to think that enrollment in the program will reduce and/or limit the amount of money they spend on prescription ▶

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Unraveling Medicare Part D *Continued from page 1*

medications. But getting through the paperwork and red tape is causing many seniors and their caregivers to have second thoughts.

"It's going to take a Philadelphia lawyer to figure out how this thing works," says Frank Flynn, an 80-year-old retiree living in Lowell, Massachusetts. "For an old guy like me, I've got all I can do to figure out how to run my television."

If you think Flynn's frustration is exaggerated, consider the fact that there are 44 drug coverage plans approved by Medicare being sold by 17 different companies.

If misery loves company, then Flynn can take comfort in the fact that he is not alone. Medicare beneficiaries across the country are asking: How does Part D work? And what plan should I choose, if any?

Although all Medicare-approved plans meet a certain set of minimum standards, the plans vary considerably in a number of ways including, but not limited to which drugs are covered by each plan as well as which pharmacies are listed as preferred providers, variations in premiums and cost-sharing plans. While some plans are being sold nation-wide, others are only available in particular states.

The federal government, state advocacy programs, senior centers and private companies are now engaged in a major effort to educate seniors about the drug coverage plans, but the complexity of how Medicare Part D works may require more study and research than many seniors and caregivers want to do or feel capable of doing.

But this is exactly where family caregivers can be invaluable allies in helping their aging loved ones gain a better understanding of how Part D works and how to choose a plan. With that goal in mind, here is a listing of questions and answers about Medicare's new drug coverage program from the perspective of family caregivers:

Who is eligible to enroll in Medicare Part D and when does it go into effect?

Any person who has Medicare Part A and/or Medicare Part B is eligible to enroll for the new drug coverage program. Enrollment is voluntary but not automatic. The enrollment period begins on November 15, 2005, and ends on May 25, 2006. The program goes into effect January 1, 2006.

How much will it cost to buy a prescription drug coverage plan?

At present, the average monthly premium ranges from $2 – $30. Medicare beneficiaries with limited incomes and assets may be eligible for financial assistance in obtaining coverage. Applications can be made through the Social Security Administration at (800) 772-1213.

If your loved one has Medicaid drug coverage, he or she will automatically get comprehensive prescription drug coverage under Medicare, starting on January 1.

If your loved one has limited income and assets, but is not on Medicaid, he or she may be eligible for special financial assistance to enroll in Medicare Part D. To apply for extra help, contact Social Security at (800) 772-1213 or go to www.socialsecurity.gov.

Can a person choose *not* to enroll?

Yes. Enrollment is voluntary, however a decision not to enroll may prove costly. Here's why: If a Medicare beneficiary does not enroll in Part D by the deadline date of May 15, 2006, they cannot enroll until the next enrollment period, which is slated for the latter months of 2006.

While late enrollment is an option, late enrollment comes at a price. Late enrollees will pay a penalty of 1% of the national average premium for each month they delay enrollment and for as long as they are enrolled in a Medicare drug coverage plan. For example: If the national average premium is $35 a month, and if your loved one delays enrollment for two years, then he or she will pay $8.40 a month above the cost of the premium for as long as he or she is enrolled in the program. And as one might expect, as the cost of premiums rise, so will the amount of the penalty.

Note: If your loved one has drug coverage through an employer or other source and if that coverage is at least equivalent to the drug coverage offered under Part D, it may be possible for your loved one to elect late enrollment without penalty.

What is the level of coverage being offered?

After first paying an annual deductible of $250, the plan will cover 75% of the next $2,000 in prescription drug costs. The remaining 25% is a co-payment that will be billed to the Medicare beneficiary. Once costs exceed $2,000, then the so-called "donut hole" in coverage begins.

What is this thing called the "donut hole"?

The "donut hole" is a period of time when Part D stops all payments and the Medicare beneficiary is responsible for 100% of prescription expenses. This coverage "hole"—or gap—begins once Medicare has paid out a total of $1,500. The gap continues until there is a combined total of expense of $5,100—essentially the initial $1,500 paid by Medicare and a total of $3,600 in out-of-pocket expense by the beneficiary.

Once the $5,100 mark has been reached, Medicare once again kicks in with 95% coverage, and the beneficiary pays the remaining 5% co-pay or $2 for each generic drug and $5 for each brand name drug, whichever is higher, for the remainder of the calendar year.

Are these plans really worth all this trouble?

For budget conscious seniors, the cost of the monthly premium and the headache of paperwork may seem more burdensome than helpful. However there is another question to be answered: How would your loved one meet the extra expense of prescription medications if he or she were to experience an unexpected

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4 WAYS TO DIG DEEPER INTO MEDICARE PART D

1. To obtain information about the full range of benefits under Medicare, or to learn more about Medicare Part D or to compare Medicare-approved drug coverage plans, phone Medicare toll free at **(800) MEDICARE** or **(800) 633-4227,** or visit the website at **www.medicare/gov**.

2. AARP has an excellent overview of Medicare Part D that can be found online at **www.aarp.org.** The overview includes a free, downloadable 28-page booklet explaining the program, providing examples of how the program will work and a glossary of frequently used terms.

3. For questions regarding financial assistance for Medicare beneficiaries seeking to obtain a Medicare drug coverage plan, contact the Social Security Administration at **(800) 772-1213** or **visit www.socialsecurity.gov.**

4. The State Health Insurance Assistance Program, or SHIP, is a national program that offers free, one-on-one counseling and assistance for people with Medicare and their families. To learn about the availability of these services in your state, visit SHIP at **www.shiptalk.org** or phone **(800) MEDICARE.**

Rate Lock Introduced

Reverse Mortgages Just Got Better for Some Elderly

While reverse mortgages are gaining favor among the nation's elderly as a way to stay in their homes and free up cash by using the homeowner equity they've built up over the years, lenders are starting to sweeten the pot by making these mortgages more attractive.

For the first time, lenders are offering to lock in interest rates on reverse mortgages, a move that could potentially allow elderly homeowners to access thousands of dollars in additional equity for their living expenses.

This means that the elderly who elect to use the reverse mortgage option will know at the time they apply for government-insured reverse mortgages exactly how much money they can expect to receive when the mortgage closes. In the past, borrowers could only receive an estimate because interest rates could fluctuate before the transaction closed and the elderly borrower would be subject to the swing in rates.

The new lock on reverse mortgages guarantees the interest rate borrowers will receive for 60 days. If the loan doesn't close in 60 days, the prevailing rate on the day of closing is used. If rates decline before the closing, the borrower will still be entitled to get the new lower rate.

The rate lock applies to Federal Housing Administration-insured reverse mortgages, which account for more than 90% of the reverse mortgage market, according to the National Reverse Mortgage Lenders Association in Washington. As an indication of the growing popularity of reverse mortgages, these loans that were once known as the "loan of last resort" for cash-strapped seniors numbered 43,131 during the 12-month period ended September 30—a 14% increase over the previous 12-month period, according to government statistics.

Reverse mortgages allow homeowners 62 or older to sell their homes back to banks in exchange for set monthly payments, a lump sum or a line of credit. If the home is co-owned by spouses, for example, the age requirement applies to the younger owner, not the first one to reach 62. Once a reverse mortgage is taken out, the elderly can continue to live in the home until they die or move out, then the property is either sold or transferred to the bank or other lending institution that financed the last years of the seniors' lives in the home.

If the property is sold, the lender is paid back with interest, and if there are still proceeds left over, either the homeowner or their heirs or estate receive the leftover money.

If a reverse mortgage is a viable option for your loved one, there are certain steps you should follow to help them get the best deal. Not the least among them is to ask for a total annual loan cost projection from each lender you shop while searching for the best deal. This will help you make an apples-to-apples comparison of offers for your elderly.

You may find that a reverse mortgage is not a good bet for your parents or other loved ones because of the up-front costs associated with the mortgage, including closing costs. In this case, their cash pinch might be eased by looking into special property-tax relief or home repair assistance programs offered in many states for seniors. Also, while the proceeds from a reverse mortgage won't affect eligibility for Social Security or Medicare, it may hurt your loved ones' eligibility for other state government-sponsored programs, such as Medicaid.

Keep in mind that reverse mortgages are currently experiencing a groundswell of activity as more and more elderly catch on to the benefit. This means you could wait more than a month, and sometimes longer, for the mandatory counseling session required by the federal Housing and Urban Development office for all government-backed reverse mortgages. So, be patient and plan ahead. ■

How Will We Cope?

Not Enough Caregivers, Too Many Elderly

By Paula S. McCarron

In eldercare, reports on drug safety, elder abuse, the rising cost of prescription medications, and the upcoming changes in Medicare all grab national headlines, in print and on TV. But they say nothing of a huge crisis in the making that pits the growing shortage of professional elder-caregivers and the booming elderly population.

If they did, the headline might read: "What Will We Do? National Caregiver Shortage Becoming Acute."

And that may even understate the problem. The fact is that this shortage has the potential to jeopardize not only the care of your aging loved one but could also jeopardize your own ability to receive care in the years to come.

Just what is this crisis-in-the-making? In simple terms, it's the rapidly escalating shortage of a trained, qualified geriatric workforce ready to step in and meet the expanding needs of a growing number of older Americans.

A Perfect Storm

Why is a workforce shortage being described as a problem of crisis proportions? Here are just a few facts to help you gain some perspective on this problem:

- In just eight years, the number of people turning 65 will number 10,000 each day. Fifteen years from now, 50 million Americans will be 65 years of age of older.
- To keep up with the demands of an aging population, an additional 1.5 million trained and qualified home health aides will be needed by the year 2010, a mere five years in the future.
- There is already a shortage of pharmacists, with 8,000 positions going unfilled across the nation today. But in the next 15 years, this number is expected to rise to an overwhelming 140,000 unfilled positions.
- Our nursing corps is aging fast—40% of all RN's currently employed will be 50 years of age or older within the next five years. The graying of the American nursing workforce will pack a triple whammy punch as many nurses will leave the profession either due to retirement or to attend to their own healthcare needs. And this depletion of nurses will occur just as thousands of Boomers will need more healthcare and long-term care services.

Beyond the numbers, there are other reasons why we as a nation are being pushed into a geriatric workforce crisis. Many of these reasons are well known to family caregivers who share many of the same concerns as their paid caregiving counterparts.

Why Don't They Come?

Geriatric care is often emotionally demanding and physically exhausting. Caregivers may receive little or no training, yet they are working with a population whose health needs are medically complex and constantly changing. And one of the "hidden" but very real problems is that reimbursement from Medicare and Medicaid does not allow for competitive wages and benefit packages that aid in the retention of good workers.

To solve a multifaceted problem, most of the experts agree that the solutions need to be multifaceted as well.

One effort toward solving this program is being made in Oregon where local, statewide and national networks are working collaboratively with Portland Community College's Gerontology program. The goal of programs like these goes beyond simply training new workers; it extends into a system-wide change in how geriatric services are organized and delivered. "It's a very exciting time to be in this field, and we're committed to preparing our students to be active agents in the transformation that is occurring," says Jan Abushakrah, PhD and program director.

Barbara Wisnefski, coordinator for the Long-Term Care Division in Kenosha, Wisconsin, believes that building a geriatric workforce will require a tremendous effort in recruitment but that it will also require an equal if not greater expenditure of

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10 REASONS WHY

Here are 10 reasons why America is not ready for the coming age boom, including the shortage of caregivers. This list is taken from "Medical Never-Never Land," a 2002 report of the Alliance for Aging Research:

1. Age denial
2. Marginalization of elders
3. Lack of public awareness concerning the Geriatric Gap
4. Scarcity of academic leaders
5. Lack of academic infrastructure in geriatrics
6. Geriatric medicine under-valued
7. Inadequate reimbursement
8. Lack of coordination within medicine
9. Clinical drug trials do not include the aged
10. Little research on the aging process

effort in building programs to promote worker retention.

Wisnefski points to mentorship programs for new workers and leadership training for middle management staff as well as stress management classes for care providers as some of the ways that retention can be improved.

Wages, Respect Are Factors

Along with better training, there is also much attention being drawn to the comparatively low wages of geriatric workers as compared with their professional counterparts. "The issue of a fair wage must be addressed because if workers are not paid fairly, then we as a society will reap what we sow—poor care for the elderly and ill in our country," says Cathy Cress, MSW and lecturer at San Francisco State College's Gerontology Department.

Taking this issue one step further, Dr. Melissa Hardy, director of Pennsylvania State University's Gerontology Program, says, "What we frame as a matter of economics is, at the root, a matter of morality. We need to become more self-conscious about the choices we are making in caring for our older population."

And when it comes to being aware of the choices we are making, Vera Salter, executive director of the National Clearinghouse on the Direct Care Workforce, says that those choices are not just from the government or the healthcare system, but also the choices being made by consumers of healthcare services.

> "…if workers are not paid fairly, then we as a society will reap what we sow—poor care for the elderly and ill in our country," says Cathy Cress, MSW and lecturer at San Francisco State College.

"When consumers hire from the illegal market, it depresses the availability of workers and wages in the legal market," says Salter. For example, a family member or care recipient may choose to hire a friend, neighbor or illegal immigrant who is willing to "work under the table" in order to avoid taxes. But these kind of arrangements even when made with people who have good intentions can place elders at risk when they are left in the care of workers who have no or little training and no supervision.

She does believe consumer-directed programs, whereby care recipients can hire a family member or friend, are beneficial. She says these programs have the potential to create an opportunity for family caregivers and paid caregivers to become allies and to learn from each other. And some family caregivers may then decide to join the ranks of geriatric caregivers, thereby helping to alleviate the workforce shortage.

Government Weighs In

At the 2005 White House Conference on Aging (WHCOA), Dr. Larry Wright presented a slate of proposed actions that could also help fill the ranks of the geriatric care workforce. The conference, which is convened every 10 years, makes policy recommendations to both the President and Congress. Among the proposed solutions this year:

- Create a standardized training program and certification in caregiver education for homecare workers who serve elders.
- Encourage the recruitment of legal immigrant workers by offering classes in caregiving skills and English as a second language (ESL) training.
- Provide tax credits to family members who are faced with the decision of leaving their job to provide care or who are faced with hiring caregivers for homecare services.
- Develop workplace incentives that encourage employers to create elder-care programs or fund these services in the same way that help is currently offered for childcare services.

But while workforce issues may seem to be a problem for the employer, healthcare system or government to resolve, Salter says the true solutions will only be found when family caregivers become vocal advocates with legislators and allies with healthcare providers.

And she adds this caveat: "To truly be successful in managing this crisis, we need to first confront the issue of living in a society which de-values old people and the people who care for them." ■

COMING UP IN NOVEMBER

- **Boon or Boondoggle—21st Century Medicare.** The second installment in our series on Medicare Part D, taken from the caregiver's perspective.
- **Family and Medical Leave Act.** We'll show caregivers how to take advantage of this law in the face of short- or long-term leave from work.
- **Elderly foot care.** Next to basic bodily hygiene, the most important area for elder-caregivers to monitor. We'll give you tips on the care process.
- **Sundowning.** The term can make even the most stalwart Alzheimer's caregiver shudder. We'll give you tips on this agitated state and help you deal with stress associated with this negative behavior.

Oh, My Aching Head!

Dealing with Those Stress-Related Caregiver Headaches

By Kelly D. Morris

Caring for a loved one who is elderly, ill or disabled can be a stressful job, even if it is a labor of love. The challenge can be filled with financial pressure, juggling multiple roles of parent and caregiver with your career, and often adapting to a new lifestyle with Mom or Dad living under your roof. Health concerns—yours and your elderly—often make the caregiving pot boil over.

As a result, it's probably no surprise to you that stress can trigger all sorts of conditions, foremost among them splitting headaches. Caregiver headaches are common and can occur often and last a long time.

They are triggered or made worse by fatigue, poor diet and physical and emotional strain—common conditions for caregivers who have trouble finding the time to get proper rest and prepare healthful meals. And keeping long hours, caring for a loved one who needs help with walking or other physical care, and extra housework all put extra wear and tear on your body.

"It feels like there's a thundering herd of elephants running through my head," says Mike Andrews, who experiences frequent stress-related headaches. Mike, owner of a popular pizzeria, cares for his wife who is clinically depressed.

There is good news, though. There are things you can do about stress-related headaches.

You've probably heard this advice at least a dozen times, but it still holds true: Do everything you can to get enough rest. Eat regular meals, and avoid sugary foods, caffeine, and alcohol. Try to get a little exercise every day—yes, every day.

Belinda Daniels was exhausted from caring for her terminally ill daughter. After weeks of getting only a few hours of sleep each night, she arranged to have in-home care for her daughter a few days a week. Getting a little more sleep helped more than any pain medication, she says.

Different Types of Headaches

Not all headaches are created equally. Different types of headaches have different causes and respond to different kinds of treatment.

The most common type of headache is the tension headache. A tension headache is just what it sounds like: a headache caused by tension in the muscles of your upper back, head, and neck. The physical tension in your muscles is often caused by emotional stress.

If you feel a tension headache coming on, take a moment to do some neck and shoulder rolls. Massage your neck, scalp and forehead. Take some deep breaths and remind yourself to relax.

Over-the-counter painkillers can help. For the greatest relief, try to take these as soon as a headache begins instead of waiting until the pain becomes unbearable. Be careful about taking these medications on a regular basis, however, because that can actually lead to more headaches, warns Dr. John Krusz, a headache expert. These headaches, known as rebound headaches, can be especially frustrating for caregivers.

If you frequently experience tension headaches, some additional measures may be in order. Relaxation techniques like yoga and meditation may prevent or reduce tension headaches. Chiropractic treatment may also help. Consider joining a caregivers' support group or seeing a counselor to learn other stress management techniques and get some support.

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

WHEN IS A HEADACHE SERIOUS?

While many headaches are more aggravating than serious, caregivers should be alert to the signs of a serious headache and quickly consult a doctor for treatment in such cases. Look for these indications of a possibly serious problem:

- Your headaches seem to be getting worse
- You think your headaches might be migraines
- A severe headache comes on very suddenly
- You have other symptoms like visual disturbances, speech problems, or problems with your balance
- Your headaches are preventing you from performing everyday activities, like going to work or caring for yourself and your family.

OTHER POSSIBLE CAUSES OF HEADACHES

Not all headaches are caused by stress. Here are a few other factors to consider:

- Sometimes headaches are an indication of high blood pressure, which is often associated with stress. See your doctor to have your blood pressure checked, or visit your local pharmacy and ask if you can have it checked there.
- Low blood sugar, which can occur if you skip meals, can also cause headaches. Eating regularly and avoiding foods high in sugar will help keep your blood sugar at an even level.
- Caffeine may cause headaches, and it can also be addictive, thereby causing headaches if you don't get your regular morning cup of coffee. Caffeine also triggers migraines in some people. Try switching to decaffeinated drinks or cutting back on the amount of caffeine you consume.
- Environmental allergies, such as allergies to smoke, dust, and pollen can cause headaches. Avoiding such allergens can make a huge difference for those who suffer headaches.

The Dreaded Migraine

Migraine headaches are less common than tension headaches and often misunderstood, says Dr. Fred Sheftell of the New England Center for Headache. Migraine pain often occurs on only one side of the head and may be accompanied by nausea, visual disturbances, and extreme sensitivity to light. While migraine pain is often very severe, it should be noted that not all severe headaches are migraines. Migraines are caused by dilation (expansion) of the blood vessels in the head, while most headache pain is actually caused by constriction (narrowing) of blood vessels.

Migraines can be triggered by a number of factors including humidity, certain foods, alcohol, environmental allergies—and stress. Migraine triggers can vary from individual to individual, and identifying these triggers is a major component of migraine prevention.

Migraine headaches can last anywhere from a few hours to a few days. They can be quite debilitating and often do not respond to over-the-counter medications. While migraines can be more difficult to treat than other types of headaches, there is hope.

The same stress management techniques that help to prevent tension headaches can also work to reduce migraines. "My neurologist recommended walking every day, and it made a world of difference," says Kelly Eisele, a professional caregiver who has worked for a home health hospice for many years.

There are a number of prescription medications now available to treat migraines when they occur. These are not painkillers, but target the blood vessels that cause the migraine pain. There are also some medications that can help prevent or reduce the frequency or migraines.

While tension headaches can often be successfully treated with home remedies or over-the-counter medication, migraines usually require treatment by a physician. If you think your headaches are migraines, see a doctor. Consider seeing a headache specialist or a neurologist, since migraine headaches are often misdiagnosed.

Most importantly, don't accept stress-related headaches as an inevitable part of caregiving. There are many steps you can take on your own to deal with headaches, and there is also plenty of professional help available. ■

Unraveling Medicare Part D
Continued from page 2

illness, injury or accident?

My loved one already is dealing with serious health problems and high drug costs. Can he be denied coverage under this program?

If your loved one is a Medicare beneficiary, he cannot be denied coverage for this new drug coverage program. The Part D benefit is available regardless of one's health status or income.

My mom says she's getting phone calls from Medicare plan "representatives" who want to sell her a plan. Is this legit?

Be careful here. Private companies selling Medicare-approved plans are allowed to use phone calls and mailings to promote their plans to consumers. Door-to-door solicitations are not allowed.

A good rule of thumb is to never give a Social Security number, Medicare number, bank account number or credit card information to any person who either calls your home or shows up at your door.

Perhaps predictably, there are scammers who are all too willing and prepared to make a quick dollar amidst all the confusion surrounding Part D. Scams range from the "sale" of fraudulent plans to the collection of personal data which could result in identity theft or the draining of one's bank account. If there is a suspicion of fraud, contact the Medicare office at (800) 633-4227 or phone your state attorney general's office.

Last Thoughts

The complexity, terminology and red tape of almost any insurance program can stymie even the most-savvy consumers. While it is often said that "ignorance is bliss," nothing could be further from the truth when it comes to the new Medicare Part D program.

In fact, ignorance about the program and uninformed decision-making about buying a plan could prove to be one of the most costly mistakes your loved one could ever make. ■

Paula McCarron has more than 20 years of experience in healthcare including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.

Cataracts and Caregivers: 7 Points You Should Know

By Paula Tchirkow, MSW , LSW, ACSW

Proper eye care is important at all ages, but the stakes get even higher as we age. If not properly monitored by caregivers, our elderly can develop a wide range of conditions and diseases that can impair their vision, leave them totally blind or cause related health conditions.

By far, the most common major eye disease in the elderly is cataracts. Caregivers should be especially wary of cataracts, which are caused by a clouding of the normally clear lens of the eye. The condition is a normal part of aging, and can affect one's ability to read, drive or even see a facial expression clearly. It is generally not a painful condition.

Here are seven important points you need to know about cataracts and your elderly:

1. Cataracts affect as many as 95% of our elderly. Symptoms are often mild, but your aging loved one should have their eyes checked at least once a year beginning at age 65 to catch the condition early.
2. With age, the transparent lens of the eye becomes cloudy or filmy. Vision becomes impaired if any part of the lens blocks, diffuses or distorts incoming light. Note: If your parent experiences this symptom, schedule a visit with an ophthalmologist immediately.
3. With cataracts, your vision becomes similar to what it would be if you viewed the world through fogged-up goggles. The change to "fog" may be gradual. As the vision changes, even with mild cataracts, eyes become extremely sensitive to light and glare, which may make driving at night dangerous for your elderly parent.
4. When cataracts impair vision to the point it interferes with Mom or Dad's daily tasks, consult their doctor about the possibility of cataract surgery—a relatively painless and simple procedure—and whether it is right for your parent..
5. Surgery lasts about an hour and is usually done on an outpatient basis at an eye care center, doctor's office or hospital. Your loved one can return home the same day.
6. Following implant of the plastic or silicon lens to correct the condition, it is important your parent uses the prescribed eye drops as directed to encourage healing.
7. Realize that eyes recovering from cataract surgery take about a month to heal fully and several more weeks to adjust to the surgical change. Patients can resume light activity during this period. ■

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