
INFORMED CONSENT FOR CATARACT SURGERY

Name:
Surgeon:

Date of Birth:
Eye:

PATIENT CONSENT

Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an IOL to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the IOL implantation or before IOL implantation.

The basic procedures of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks, and possible complications of cataract surgery have been explained to me by my eye care provider. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction.

I recognize that, during the course of the operation, additional or different procedures other than those described above may be necessary. I authorize such procedures as are in my surgeon's professional judgment desirable to my health, including attempts to remedy any conditions that are not known at the time the operation has begun.

In signing this informed consent for cataract operation and/or implantation of an IOL, I am stating that I understand that a copy of this consent is available to me and I fully understand the possible risks, benefits, and complications of cataract surgery.

CHOOSE ONE OF THESE OPTIONS:

1. MONOFOCAL (SINGLE VISION) CONVENTIONAL IOL/ GLASSES (NO ADDITIONAL CHARGE)
2. PREMIUM TORIC - ASTIGMATISM-CORRECTING IOL (ADDITIONAL CHARGE \$1,450.00)
3. PREMIUM RESTOR - PRESBYOPIA-CORRECTING IOL (ADDITIONAL CHARGE \$2,700.00)

MY INTRAOCULAR LENS IMPLANT CHOICE IS: _____

I agree to proceed with Cataract Extraction and Intraocular Lens implantation in my _____ eye.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you need to make your decision about signing this informed consent document. You have the right to ask any questions you might have about the operation before agreeing to have cataract surgery.

A cataract operation is indicated when you cannot function adequately due to poor sight caused by the cataract, except in rare and unusual situations. After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation, based upon your own visual needs and medical considerations. **YOU MAY DECIDE NOT TO HAVE A CATARACT OPERATION AT THIS TIME.** If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens (IOL) implant in order to restore your vision. This is an artificial lens, usually made of plastic, silicone, or acrylic material, surgically and permanently placed inside the eye. Eyeglasses may be required in addition to the IOL for best vision.

ANESTHESIA AND PROCEDURE

Your surgeon or the anesthesia team will make your eye numb with either drops or an injection (local anesthesia). The anesthesia team provides sedation during the procedure to make your experience comfortable. A small incision, or opening, is then made in the eye. The natural lens in your eye is then removed by a type of surgery called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces that are gently suctioned out of your eye, and the IOL is placed inside your eye. In rare cases, it may not be possible to implant the IOL you have chosen or any IOL at all.

ALTERNATIVES TO SURGERY

As cataract surgery is not usually an emergency, the alternative to cataract surgery is no surgical intervention. However, an untreated cataract will lead to decreased vision.

PLANNING FOR ACCURATE BIOMETRY

Biometry is the method used to measure the eye components and to calculate the power of the IOL. The accuracy of these calculations exceeds 90%. **Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes.** **Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely.** If the eye's visual power after surgery is considerably different than what was planned, a laser or surgical treatment may be considered in some cases.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

As we age, we develop an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses or bifocals become necessary, typically after age 40, even for people who have had excellent distance and near vision without glasses in their youth. Presbyopic individuals require either bifocals or separate (different prescription) distance and reading glasses in order to see clearly both in the distance and at close range. Patients who have cataract surgery, have their human cataractous lens removed and an artificial lens (an IOL) implanted that also creates this presbyopic condition. There are several options available to you to achieve distance and near vision after cataract surgery.

- **GLASSES**

You can choose to have a monofocal (single focus) Conventional IOL implanted. Bifocal glasses are usually prescribed after surgery. This lens choice is covered by your insurance, however you will be responsible for a deductible and co-payment.

- **ASTIGMATISM-CORRECTING IOL**

A Premium Toric Intraocular Lens corrects astigmatism (distortion) and allows clearer vision for distance without glasses. You will still need glasses for reading and for intermediate vision, such as computer work. This lens is not covered by your insurance. This lens is offered at the personal cost of **\$1450.00** per eye, in addition to any deductible and co-payment.

- **PRESBYOPIA-CORRECTING IOL**

These Food and Drug Administration (FDA) approved IOLs, provide distance vision AND restore some or all of the near vision ability of the eye. The "multifocal" description means they correct for both distance vision and other ranges, such as near or intermediate. This lens choice is not covered by your insurance. This choice is offered at the personal cost of **\$2700.00** per eye, in addition to any deductible and co-payment.

While a "multifocal" IOL can dramatically reduce dependency on glasses, you may still need to wear glasses after surgery to obtain your best vision, especially for some computer work and detailed "up-close" work. The refractive results of surgery cannot be guaranteed. Additional surgery or refractive laser surgery may be considered for residual refractive error. Some patients with "multifocal" IOLs have complained of decreased vision and sharpness with or without rings around lights while driving at night and difficulties reading in dim light. Also, if complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a "multifocal" IOL despite your decision to have a "multifocal" IOL.

ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION FOR PRESBYOPIA-CORRECTING AND TORIC IOL IMPLANTATION

My care provider has informed me that premium IOL and the associated services for selection and optimization of the lens are **not covered** by Medicare and insurance companies. If I choose to have cataract surgery with implantation of this technology, I acknowledge that I am responsible for payment of the charge for the premium IOL and associated services that exceed the charge for insertion of a conventional, monofocal IOL following cataract surgery.

RISKS OF CATARACT SURGERY

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain would be unusual and should be reported immediately to my surgeon.

As a result of the surgery and associated anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is low.

RISKS OF CATARACT SURGERY INCLUDE BUT ARE NOT LIMITED TO:

- 1. Infection** that is vision threatening occurs in less than 1/1000.
- 2. Bleeding** in and around the eye can occur as a result of the surgery or as a result of the anesthetic shot that may be used to numb the eye. The chance of bleeding sufficiently to result in a decrease in your vision is less than 1/1000.
- 3. Corneal clouding or edema**, which if permanent may require correction with a corneal transplant is required less than 1/1000.
- 4. Rupture of capsule support membranes** that typically hold the IOL in place. In some circumstances, a rupture of capsule support membranes will require the use of an alternate lens design where the IOL is supported by your iris. Your surgeon may elect, rarely, to withhold placing a lens in your eye until a later date. Loss of capsule support requiring an alternate lens design or no lens implantation occurs less than 1/1000.
- 5. Cystoid macular edema** or swelling in the central area of the retina results from a microscopic amount of fluid accumulating in the retina in the back of the eye. This usually resolves on its own or with medications. The chance of this condition causing a noticeable decrease in your vision is about 1/500.
- 6. Retained lens material** in the eye may or may not need to be removed surgically. This occurs in less than 1/1000.
- 7. Retinal Detachment** is a separation of the light-sensitive nerve layer in the back of the eye from the back of the eye that requires surgical intervention for repair. Its rate of occurrence is about 1/500. There is a higher risk in highly nearsighted patients.
- 8. Droopy eyelid** may occur after cataract surgery. While this usually improves with time, needing surgery to repair this occurs in about 1/700.
- 9. Glaucoma** (associated with an elevation in the pressure of the eye) can compromise peripheral and central vision in its latter stages. The use of drops and other means of controlling the pressure may be required. An existing glaucoma condition may worsen as a result of cataract surgery. This occurs in less than 1/1000.
- 10. Double vision** may occur because of injury to the muscles that move the eyeball such that there is difficulty using both eyes together. This usually goes away on its own but if it is persistent, may be able to be corrected with prisms though in some cases may require eye muscle surgery. The risk for this surgery induced double vision is about 1/500.
- 11. Irregular Pupil** The pupil is the black hole in the brown or blue part of your eye. The chance of this becoming irregular is about 1/500. The chance of this irregularity affecting your visual outcome is less than 1/1000.
- 12. Secondary/After Cataract** There is a fine clear transparent membrane that is left behind at the time of surgery. This membrane can become cloudy in about 1 in 10 patients between an average of 2 months to 2 years after surgery. If this were to blur your vision, a 5 minute YAG laser procedure would be performed to create an opening in the membrane and improve your vision. There are rare complications associated with the use of the YAG laser.
- 13. Iritis** is an inflammation in the eye that may require steroid eye drops or shots to control. This occurs in about 1/700.
- 14. Wound leak** requiring an operation to repair the wound occurs in about 1/700.
- 15. Diabetic Eye Disease** may progress after surgery even if not evident before surgery. While this may have occurred even if surgery was not performed, the likelihood of this progressing depends on the duration of diabetes and to what extent your eye has been affected by diabetes.
- 16. Cyst formation** that develops after surgery on the white of the eye may lead to eye irritation enough to require minor surgery to remove it in 1/1000.
- 17. Removal of the intraocular lens** is rarely required after surgery and the chance of needing this and not replacing it with another IOL is less than 1/1000.
- 18. Complete loss of vision or vision worse than prior to surgery** is a risk with cataract surgery. As stated above, this is very rare and occurs in less than 1/1000.
- 19. Anisometropia** (unequal refractive errors in the two eyes). Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes. This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so you may temporarily have to wear a contact lens in the non-operated eye or function with only one clear eye for distance vision. Surgery in the second eye can usually be done within 4 weeks, once the first eye is stabilized.