



INFORMED CONSENT FOR: CATARACT SURGERY AND/OR IMPLANTATION OF AN INTRAOCULAR LENS AND/OR INTRAOCULAR LENS EXCHANGE

INTRODUCTION

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision. You have the right to ask any questions you have before the surgery. Except for unusual situations, a cataract operation is indicated when you cannot function satisfactorily due to decreased vision caused by the 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 to not 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 implant (IOL) 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 afterward for best vision.

VISUAL FREEDOM AFTER SURGERY

Patients who have cataracts may have, or will eventually develop, an age-related condition known as presbyopia, or "Focusing Dysfunction", in which reading glasses become necessary, typically after age 40, even for people who have excellent distance vision without glasses. Patients with focusing dysfunction require bifocals or separate (different prescription) reading glasses in order to change focus from distance to near. There are 3 main options to achieve distance and/or near vision after cataract surgery.

1. **Glasses** – You can choose to have a basic monofocal (single focus) IOL and wear bifocals or progressive glasses.
2. **Astigmatism Correction** – If you have astigmatism in your eye, you can choose to have your astigmatism corrected at the time of cataract surgery with laser and/or an astigmatism-correcting intraocular lens. This would generally result in good distance vision without glasses and needing glasses only for near tasks like reading. While cataract removal is generally covered by insurance, this option is **not** covered by insurance.
3. **Advanced IOLs (Accommodating, Multifocal, or Extended Depth of Focus)** – If you would like the most freedom from glasses or contacts, advanced IOLs can correct astigmatism and give vision at both distance and near. These IOLs can split the light for distance and near, or move within the eye to help change focus.. Depending on the technological features of the IOLs, they may be described as "accommodating", "extended depth of focus", or multifocal". If you are interested in this technology, discuss with your doctor your activities and lifestyle that are important to you, and reach a joint decision about the lens that is best for you. While cataract removal is generally covered by insurance, this option is **not** covered by insurance.

Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK, PRK, RK 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, surgical replacement of the IOL or a touch-up procedure (e.g., laser, astigmatism correction) might be considered. It is usually possible to replace the IOL or perform a touch-up and improve the situation.

ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

The ophthalmologist or the anesthesiologist/nurse anesthetist will make your eye numb with either drops or an injection (local anesthesia). You may also undergo light sedation administered by an anesthesiologist or nurse anesthetist, or elect to have the surgery with only local anesthesia. An incision, or opening, is then made in the eye. This is at times self-healing, but it occasionally needs small stitches which will gradually dissolve over time. The natural lens is removed by phacoemulsification, which uses a vibration and vacuum to remove the cataract, followed by placement of the IOL. After the surgery, your eye will be examined the next day, and then at times determined by your surgeon. You will place drops in your eyes for about two to four weeks. You should be able to resume your normal activities within two or three days, and your eye will usually be stable within three to six weeks, at which time glasses could be prescribed.

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 cause 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 extremely unusual and should be reported immediately to the surgeon.

As with any surgery, there are risks, including loss of vision or loss of the eye due to bleeding or infection. Depending on the type of anesthesia, other risks are possible including cardiac and respiratory problems, and in rare cases, death. However, the incidence following cataract surgery is low, but never zero. Risks include:

1. Infection, bleeding, rupture of the capsule that supports the IOL; swelling of the cornea or retina, retained pieces of lens in the eye, retinal detachment, dry eye, uncomfortable or painful eye, droopy eyelid, increased astigmatism, glaucoma, and double vision. **Additional surgery may be required to treat these complications.**
2. Complications associated with the IOL may include increased night glare and/or halo, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems in some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.
3. Still needing glasses for certain tasks
4. Needing additional surgery or touch-up surgery
5. Complications associated with monovision may include problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the "wrong way around". Once surgery is performed, it is not always possible to undo what is done, or to reverse the distance eye and near eye without some loss of visual quality.
6. Complications associated with multifocal IOLs while a multifocal IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a considerable amount at night, or perform delicate detailed, "up-close" work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL.
7. *If complications occur at the time of surgery, the doctor may decide not to implant an IOL or the chosen IOL from options 2 and 3 above in your eye, based on the technical characteristics of the surgery.* If you have chosen option 2 or 3 and the upgraded IOL cannot be inserted, the surgeon will make every effort to insert a basic IOL.
8. Other factors may affect the visual outcome of cataract surgery; including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration, the power of the IOL, your individual healing ability, and if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.
9. Additional surgeries such as IOL exchange, placement of an additional IOL, or touch up laser surgery may be needed if you are not satisfied with your vision after cataract surgery. If you choose to have an advanced IOL removed, you would then receive a basic IOL and lose the benefits of the advanced IOL.
10. The results of surgery cannot be guaranteed. If you choose a advanced IOL, it is possible that not all of the near and intermediate focusing ability of your eye will be restored, and that you might need glasses for certain tasks. Regardless of the IOL chosen, you may need laser surgery to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.

PATIENT ACKNOWLEDGEMENT OF FINANCIAL OBLIGATIONS

My ophthalmologist has informed me that if I have Medicare or other insurance coverage for this cataract surgery, there are additional charges for options 2 and 3 (astigmatism correction or advanced intraocular lenses). I acknowledge that I am responsible for payment of that portion of the charge for options 2 and 3 and associated services that exceed the charge for insertion of a conventional monofocal IOL following cataract surgery. My ophthalmologist has informed me about the coverage, deductible, and copayment amounts if a private insurance is paying for this procedure.

Patient initials: _____

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. If my cataract was previously removed, I have been informed that my eye is medically acceptable for IOL implantation.

Patient initials: _____

My physician has explained to me in a way that I understand the following:

1. The above treatment or procedure to be undertaken.
2. There may be other alternative procedures or methods of treatment.
3. There are risks of the procedure or treatment proposed.

By signing below, I agree that my physician has answered all of my questions to my satisfaction and I give consent to have a cataract extraction with intraocular lens implant procedure on my: _____ (Right or Left) eye.

CHOOSE ONE OF THESE OPTIONS

1. Monofocal IOL/Glasses option

- a. I wish to have a cataract operation with a monofocal IOL on my **right left both** eye/s and wear glasses (bifocals, progressives, or distance and near glasses) afterward

2. Astigmatism Correction option

- a. I wish to have a cataract operation with astigmatism correction on my **right left both** eye/s.

3. Advanced IOL Option

- a. I wish to have a cataract operation with a _____ advanced IOL implant (state name of implant) on my _____ (state "right" or "left") eye.

4. Monovision Correction option

- a. I wish to have a cataract operation with monovision correction.
 - i. I wish to have my _____ (state "right" or "left") eye corrected for **distance** vision.
 - ii. I wish to have my _____ (state "right" or "left") eye corrected for **near** vision.

Patient Signature

Date

Printed Name

Date of Birth

Physician Signature

Date