



INFORMED CONSENT

CATARACT SURGERY AND IMPLANTATION OF INTRAOCULAR LENS

INTRODUCTION

This information is provided so you can make an informed decision about having eye surgery. It discusses cataract methods of treatment, likely benefits and possible complications of cataract surgery. Read it carefully and take as much time as you need to make your decision before signing this consent. You have the right to ask any questions about any procedure before agreeing to have it. You and your doctor are the only ones who can determine if or when you should have cataract surgery. Your decision should be based on your own visual needs and medical considerations.

CATARACTS

A cataract is a clouding of the lens in the eye. The lens is located directly behind the pupil (black hole in the center of the eye). The function of the lens is to focus light rays onto the back of the eye (retina). When the clear lens becomes clouded (cataract) it is unable to clearly focus images on the retina. Cataracts may be the result of aging, injury, or certain diseases of the eye. Currently there is no medical treatment to prevent the formation of cataracts in the otherwise healthy eye.

METHODS OF TREATMENT

- **Non-surgical Treatment:** In its early stages, visual impairment caused by a cataract can be reduced by changing your eyeglasses, using bifocals or other visual devices such as appropriate illumination.
- **Surgical Treatment:** As clouding of the lens progresses, its removal by surgical technique is the only way to restore vision loss due to the cataract. When the clouded lens is removed, its magnifying power is also removed. This magnifying power can be replaced in one of three ways.
 1. Cataract glasses: These glasses are thicker than regular glasses and require you to look through the center of the lens to avoid distortion. Cataract glasses cannot be used if the cataract is removed in only one eye because double vision may occur.
 2. Contact lenses: A hard or soft contact lens, which must be periodically removed and cleaned, daily in some cases. Handling them can be difficult for some individuals and not everyone can tolerate them.
 3. Intraocular lens implant: This is small plastic lens permanently placed in the eye by surgical technique. With the intraocular lens, there is no apparent change in the size of objects. Conventional glasses (not cataract glasses) are usually required in addition to an intraocular lens.

POSSIBLE COMPLICATIONS (include but are not limited to)

- **Surgery:** As a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months or years later. Complications may include hemorrhage, loss of corneal clarity, chronic inflammation, infection, temporary or permanent blurring of vision because of retinal swelling, detachment of the retina, glaucoma, and/or double vision. These and other complications may occur whether or not a lens is implanted, and may result in poor vision, total loss of vision, or even loss of the eye.
- **Lens Implant:** Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases, complications may develop from implanting the lens during surgery

or days, weeks, months or even years later. Other complications may include the inability to dilate the pupil, and dislocation of the lens. At some future time, the implanted lens in my eye may have to be repositioned or surgically removed.

- **Local anesthesia injections:** Local complications of anesthesia injections around the eye include perforation of the eyeball, destruction of the optic nerve, interference with circulation of the retina, drooping of the eye lid, respiratory depression or hypotension.

CONSENT FOR SURGERY

In giving my permission for a cataract extraction and for possible implantation of an intraocular lens in my eye, I declare I understand the following:

- Cataract surgery, by itself means the removal of the natural lens of the eye by surgical technique. In order for an intraocular lens to be implanted in my eye, I must have a cataract extraction performed either at the time of my lens implantation or before lens implantation.
- If an intraocular lens is implanted, it is done by surgical methods. It is intended that the small plastic lens remain permanently in my eye. **The results of surgery cannot be guaranteed.**
- **There is no guarantee that IOL Exchange will improve your vision.** You may still need glasses or contact lenses.
- At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given permission to do so.

IOL SELECTION (Patient to initial next to one option)

1. _____ Monofocal IOL/Glasses

- I wish to have an IOL Exchange operation with a monofocal IOL in my _____ (indicate right or left) eye.
- I will wear glasses for _____ (indicate near or distance) vision.

2. _____ Monovision with 2 IOLs (may still need glasses)

- I wish to have an IOL Exchange operation with two different-powered IOLs implanted to achieve monovision.
- I wish to have my _____ (indicate right or left) eye corrected for **distance** vision.
- I wish to have my _____ (indicate right or left) eye corrected for **near** vision.

3. _____ Multifocal IOL Option (may still need glasses)

- I wish to have an IOL Exchange operation with a _____ multifocal IOL implant (state name of implant) in my _____ (indicate right or left) eye.

4. _____ Toric Monofocal IOL/Glasses Option for Astigmatism Reduction

- I wish to have an IOL Exchange with a toric monofocal IOL in my _____ (indicate right or left) eye.
- I will wear glasses for _____ (indicate near or distance) vision.

PATIENT ACKNOWLEDGEMENT

The basic procedures of cataract surgery, the advantages and disadvantages, risks and possible complications of alternative treatments have been explained to me by the doctor. 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. In signing this informed consent for cataract surgery and/or implantation of an intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it, and the risks, complications and benefits that can result from the surgery.

I understand that no matter what IOL I select, I may still require glasses to achieve the best possible vision.

Patient Name (printed)

Patient Signature

Date

Witness Signature (must be at least 18 years of age)

Date

Medical Provider/Doctor Signature

Date

