

INFORMED CONSENT FOR CATARACT SURGERY

WHAT IS A CATARACT AND HOW IS IT TREATED?

The focusing lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will continue to get worse.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

WHAT TYPES OF INTRAOCULAR LENSES (IOLs) ARE AVAILABLE?

Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This can make your vision blurry. In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which some physicians perform at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could still result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

All operations and procedures carry some risk and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from

the anesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid.

The possible risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.

Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. The ophthalmologist might not be able to put in the IOL you choose at the time of surgery. In addition, the IOL may later need to be repositioned or replaced with a different IOL.

Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or 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. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

I elect to have the following type of implant:

_____ Monofocal (Single Vision Implant)

I elect to have cataract surgery on my _____ (state **“right” or “left” eye**) with a Monofocal implant set for _____ (state **distance, intermediate or near**) vision. I understand that it is my physician’s goal to reduce my dependence on glasses for _____ (state **distance, intermediate or near**) but I may still need glasses for some or all of my vision ranges.

_____ Monovision (Different focal length in each eye)

I wish to have cataract surgery with two different-powered implants to achieve monovision.

I wish to have my _____ (state **right or left**) eye corrected for _____ (state **distance, intermediate or near**) vision. I wish to have my _____ (state **right or left**) eye corrected for (state **distance, intermediate or near**) vision. I understand that it is my physician’s goal to reduce my dependence on glasses but I may still need glasses for some or all of my vision ranges.

_____ **Crystalens HD® Presbyopic Correcting Implant**

I wish to have cataract surgery with the Cystalens HD Presbyopic Correcting implant on my _____ (state **right or left**) eye. I understand that I may still need to wear glasses for one or more of the following: distance vision, near vision and/or intermediate vision.

_____ **ReSTOR® Multifocal Implant**

I wish to have cataract surgery with the ReSTOR Multifocal implant on my _____ (state **right or left**) eye. I understand that I may still need to wear glasses for one or more of the following: distance vision, near vision and/or intermediate vision.

_____ **Toric monofocal implant - Option for Astigmatism Reduction**

I wish to have cataract surgery with a Toric monofocal IOL on my _____ (state **right or left** eye). I understand this option is to help reduce astigmatism but I may still need to wear glasses for one or more of the following: distance vision, near vision, and/or intermediate vision.

_____ **Limbal Relaxing Incision for Astigmatism Reduction (Dr. Sarkos only)**

I wish to have this procedure done on my _____ (state **right or left** eye) in addition to the cataract surgery. I understand this procedure is done to reduce astigmatism and that I may still need to wear glasses for one or more of the following: distance vision, near vision, and/or intermediate vision.

PATIENT'S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery.

Signature of Patient
(or person authorized to sign for patient)

Printed Name of Patient

Date

Signature of Surgeon

Printed Name of Surgeon

Date