

INFORMED CONSENT FOR CATARACT SURGERY

WHAT IS A CATARACT AND HOW IS IT TREATED?

The 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 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. 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) and astigmatic keratotomy (AK) which can treat astigmatism. Both procedures can be done 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. Astigmatic Keratotomy (AK) is an arcuate incision made with a femtosecond laser and may be more precise than an LRI. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

I have read and understood this page. Patient's initials _____

WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

All operations and procedures are risky 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 major risks of a limbal relaxing and astigmatic keratotomy 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 the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

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. In addition, the IOL may later need to be repositioned or replaced.

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.

Please write in your handwriting the following two statements to confirm that you have understood and accept that cataract surgery is an elective procedure and as with all surgical procedures, the result cannot be guaranteed. That you acknowledge that although vision-threatening complications are quite rare, it is possible that partial or complete loss of vision may be produced as a result of a surgical or healing complication. That the procedure may not eliminate all of your presbyopia, myopia, hyperopia or astigmatism and that additional correction with glasses, contact lenses or further surgery may be required.

I understand "there are risks that my vision could be made worse"

I understand that "Glasses may be needed for distance vision or near vision or both".

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. I have checked my choice for astigmatism correction and type of IOL based on my discussion with my doctor.

I have read and understood this page. Patient's initials _____

Monofocal IOL/Glasses Option

I wish to have a cataract operation with a monofocal IOL on my _____ eye and wear glasses for near and/or distance vision based on the surgeon's plan.

Monofocal IOL/with Laser Astigmatic Keratotomy (AK) Option

I wish to have a cataract operation with a monofocal IOL/with Laser AK on my _____ eye and wear glasses for near and/or distance vision based on the surgeon's plan.

Toric Monofocal IOL/Glasses Option for Astigmatism Reduction

I wish to have a cataract operation with a toric monofocal IOL on my _____ eye and wear glasses for near and/or distance vision based on the surgeon's plan.

Monovision (one eye for distance/one eye for near) Option (may still need glasses)

I wish to have a cataract operation with two different-powered IOLs implanted to achieve monovision.

I wish to have my _____ eye corrected for **distance** vision.

I wish to have my _____ eye corrected for **near** vision

Presbyopia-Correcting IOL Option (may still need glasses)

I wish to have a cataract operation with a **MULTIFOCAL / VIVITY** IOL on my _____ eye.

Presbyopia-Correcting AND Astigmatic Reduction IOL Option (may still need glasses)

I wish to have a cataract operation with a **MULTIFOCAL TORIC / TRULIGN** IOL on my _____ eye.

Patient Full Name: (print): _____

Patient Signature: _____ **Date:** _____
(or person authorized to sign for patient)

Surgeon Signature: _____ **Date:** _____

I have read and understood this page. Patient's initials _____

Witness to Patient Consent

I, _____, hereby certify that I have discussed and explained the cataract surgical procedure, the possible risks and benefits and alternative treatments, as outlined in the consent form, with _____. The patient has confirmed to me that (s) he has received the explanation of those surgical procedures, possible risks and benefits and alternative treatments. Furthermore, the patient has confirmed to me his/her understanding of the information contained in the consent form. I believe that the patient understands the explanations and answers, and freely and knowingly consents to the performance of the cataract surgery procedure.

Witness Signature _____ **Date:** _____

Addendum to Cataract Consent Form
for Prior Refractive Surgery Patients

The patient understands and accepts that cataract surgery and the calculations for intraocular lens implants are not “an exact science.” The goal of your surgeon is to safely remove the cataract and place an implant into your eye to allow for recovery of functional vision with minimal dependence on glasses. The patient must accept prior to going into cataract surgery that there is a possibility of the need for subsequent surgeries such as an intraocular lens exchange, intraocular lens reposition, subsequent refractive surgery, addition of a second lens implant and/or the need to wear contact lenses or glasses after the cataract surgery.

The surgeon will make every effort pre-operatively to choose an implant with good predictive value for the patient’s visual outcome.

I have read the above addendum to the cataract consent form and have had a discussion with my surgeon and/or his representative about this matter. I agree with the above statements and have signed as below on the date listed.

Patient’s Signature

Date

Witness’ Signature

Date

Surgeon’s Signature

Date

I have read and understood this page. Patient’s initials _____