

INTRODUCTION

The purpose of this informed consent is to fully inform you of the goals, risks, side effects, and limitations of the proposed surgery. It is important to understand that it is impossible to perform any form of surgery without the patient accepting a certain degree of risk and responsibility. This consent form is our attempt to make you aware the known and unknown issues involved in making a decision to have your natural lens removed and replaced with an artificial lens. It is not our intention to frighten or scare you into not having this surgery. It is our intention to describe the known and potential risks to all surgery candidates so they can be better prepared to deal with any anticipated side effects or unexpected complications that may arise or so they may elect not to accept the risks associated with the surgery. The only way to avoid all surgical risk is by not proceeding with the surgery.

INDICATIONS FOR CATARACT SURGERY

The primary goal of cataract surgery is to remove the cloudy lens (the cataract) and replace it with a clear lens (the intraocular lens [IOL] or “implant”). Replacing the cloudy lens with an implant allows the eye to regain its potential for vision. In order to get the best vision after cataract surgery, it is often necessary to wear glasses or contact lenses.

A secondary goal of cataract surgery is to reduce your dependence on glasses and contacts. Because of recent advances in IOL technology as well as technology used to measure the eye and plan surgery, we can often make our patients less dependent on glasses. Some patients are able to eliminate glasses entirely, although **it is impossible to guarantee with any of these technologies that you will be able to function without glasses for all tasks.**

After you have had cataract surgery and your vision is fully corrected for distance, you will no longer be able to focus on near objects. By removing the natural lens inside your eye and replacing it with an artificial lens, you will lose the ability to adjust focus on objects at different distances. There are three ways to deal with this problem:

1. Aim for Distance Vision in Each Eye Using a Monofocal Lens

The simplest approach is to correct each eye for distance with your artificial lens and to use reading glasses for your near vision. This is the option that most of our patients choose. It uses the tried and true technology of monofocal IOLs that has been developed with great success for over 50 years. Using the sophisticated technology along with third generation formulas to calculate lens powers, well over 90% of our patients with otherwise healthy eyes will achieve vision that is 20/40 or better — good enough to pass a drivers’ license test without glasses in any state in the country.

Patients with monofocal lenses and good distance vision generally require reading glasses or bifocals to see up close. Reading glasses have the virtue of being inexpensive (generally around \$10) and readily available without a prescription. Wearing reading glasses of some kind is very common after cataract surgery.

Monofocal lenses are covered by Medicare and private insurance. If you also have astigmatism and wish to have it corrected at the time of surgery, this can be done. **Understand that Medicare and most private insurers do not cover the costs of surgery for astigmatism and that this represents an additional expense.**

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2. Aim For Monovision With Monofocal Lenses

Monovision is a common technique to reduce your dependence on glasses or contacts. One eye is corrected for distance with the correct artificial lens power, and the other eye is corrected for near by using a lens that is slightly too strong. Therefore, one eye sees better distance and the other eye sees better near. Together they see well at all distances, though most people still need some help for some visual tasks such as reading for long periods of time or for night driving.

The disadvantage of monovision is that both eyes no longer work together for distance or near vision. Some patients, realizing the advantage or increased freedom from glasses and contacts, tolerate this disparity extremely well. Other patients are unable to tolerate the imbalance between the two eyes. It is important that a patient go through a trial with monovision contact lenses before having monovision permanently implanted in the eye.

The monofocal lenses used to create surgical monovision are covered by Medicare and private insurance. If you also have astigmatism and wish to have it corrected at the time of surgery, this can be done. **Understand that Medicare and most private insurers do not cover the costs of surgery for astigmatism and that this represents an additional expense.**

3. Aim For Both Near and Distance Vision in Each Eye With Enhanced Lenses

Multifocal and Accommodating lenses offer the best potential for reducing your dependence on glasses or contacts after cataract surgery. These lenses work by providing simultaneous near and distance vision in each eye, thus allowing both eyes to work together for both distance and near. There are three enhanced IOLs, and each of these designs has relative strengths and weaknesses as follows:

	ReZoom	ReSTOR	crystalens
Distance	Excellent	Good	Excellent
Intermediate	Very Good	Fair	Very Good
Near	Good	Excellent	Good

Weaknesses inherent in all multifocal/accommodating IOL designs include aberrations that can cause glare and halos, especially at night. About 1 in 20 patients describe the glare and halos with multifocal lenses as “severe.” Multifocal lenses work best with *binocular vision* (both eyes working together), therefore, you will not get the full effect of multifocal vision until you have had surgery on your second eye.

Although multifocal/accommodating lenses may represent your best option for reducing your dependence upon glasses and contacts, it is impossible to guarantee that you will be able to throw away your glasses. Reading glasses, for instance, will always magnify near objects and make them easier to see, even with multifocal or accommodating lenses.

Because Medicare and private insurance companies generally consider multifocal lenses to represent a luxury technology that is not absolutely necessary for good vision, **multifocal/accommodating lenses are not covered by Medicare and insurance.**

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RISKS OF CATARACT SURGERY

Any eye surgery has risks. We will minimize the risks in every way that we know how to do so, but we cannot eliminate all of the risks. Dozens of our friends, family, and colleagues have surgery of one kind or another at Southern Eye Associates every year. We are confident operating on them because we are able to minimize the risks to them and to you.

You should understand that your physician may discover other or different conditions which require additional or different procedures than those planned. By signing this consent form, you authorize that your physician and such associates, technicians, assistants, and other health care providers to perform such procedures which are advisable in their professional judgement. You should understand that the potential for infection, blood clots in veins and lungs, hemorrhages, allergic reactions, and even death may occur in any surgical, medical, or diagnostic procedure. You should also realize that the following risks and hazards may occur in connection with your procedure: glaucoma, cloudy cornea, macular edema, iris trauma, sensitivity to light, drooping of the upper eyelid, chronic inflammation or infection, and retinal detachment and/or retinal changes that may lead to decreased vision or loss of vision or the eye itself.

The following has been discussed with me and I understand and acknowledge the possible complications or surgery associated with my having:

Gutatta/Fuch's Dystrophy Glaucoma Decreased Super Pinhole Diabetes

You should understand that anesthesia involves additional risks and hazards, but that you require the use of anesthetics for relief and protection from pain during the planned procedure(s). The anesthesia may possibly have to be changed without explanation to you. Complications may result from the use of any anesthesia including respiratory problems, drug reaction, paralysis, brain damage or even death.

The method of sedation I prefer to receive during my surgical procedure is: IV Oral

FOLLOW-UP EXAMINATIONS

It is essential to your short-term and long-term success and satisfaction that you follow the recommendations for regular examinations after your surgery. This is especially true for the first several examinations after your surgery. You can expect several examinations during the first year, and you will need a complete dilated ocular examination at least once a year. If you develop complications from surgery, you will need extra examinations and treatments for these complications.

By choosing to undergo cataract surgery, you attest that you understand the absolute importance of post-operative care to your ocular health. **Minimal follow-up is 1 day, 1 week, 1 month, and 3 months,** and more may be required. Not following up as specified through Southern Eye Associates and/or your eye care provider for your post-operative period places you at risk for later complications.

I have received my pre- and post-operative instructions and eye drop kit which included Acular, Zymar, Pred Forte, sterile eye wash, artificial tears, eye shield, sunglasses, and tape.

I understand my optometrist is qualified to handle my post-operative care, and I prefer to have my follow-up care with: My Optometrist Southern Eye Associates

Patient Initials _____

Regarding Limbal Relaxing Incisions (LRIs):

My doctor has recommended performing an LRI during my procedure in order to treat my low to moderate degree of astigmatism. My surgeon will make one or more incisions on the edge of the cornea to help increase my chance for better vision without eyeglasses.

I understand that my insurance will not cover the cost of a Limbal Relaxing Incision and that I am responsible for the additional fee to be paid in full on the day of my surgery.

Patient defers Patient is not eligible

Special concerns and risks for the Multifocal and Accommodating IOL implant:

Our goal with the multifocal IOL implant is to lessen your dependency on glasses, not to make you free of your spectacles altogether. With the multifocal implant, there is a longer adjustment period and you may experience glare and halos, especially during night driving. If there are any complications during the surgical procedure, your surgeon may not be able to implant the enhanced lens and may opt for a traditional monofocal lens.

I understand that my insurance will not cover the cost of a multifocal lens implant and that I am responsible for the additional lens fee to be paid in full on the day of my surgery.

Patient defers Patient is not eligible and/or implant is not medically recommended

Special concerns and risks for the Post-Refractive patient:

Intraocular lens power calculations following all forms of keratorefractive surgery are, at best, problematic. In spite of our very best efforts, the final refractive result may end up more hyperopic or myopic than expected and the possibility of an IOL exchange or other surgery exists. I accept and understand that cataract surgery and the calculations for intraocular implants are not "an exact science." The goal and aim of my surgeon is to safely remove the cataract and place an implant into my eye to allow for functional vision and visual recovery with minimal dependence on glasses. I must accept prior to going into the cataract surgery that there is a possibility of the need for subsequent surgeries such as an intraocular lens exchange, piggyback intraocular lens, repeat refractive surgery, and/or wearing contact lenses or glasses subsequent to the cataract surgery.

I authorize that I have been given an opportunity to ask questions about my condition, alternative form of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give my informed consent. I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in and that I understand the contents.

I have been presented the opportunity to meet with my surgeon, and I have declined.

My signature below acknowledges that I am making an informed decision in giving my permission to have cataract surgery performed.

Signature of Patient/Responsible Party

Signature of Witness

Date

Printed Name of Patient/Responsible Party

Chart #