

INFORMED CONSENT FOR CATARACT OPERATION AND/OR IMPLANTATION OF INTRAOCULAR LENS

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 about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

Except for unusual situations, a cataract operation is indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, has some distinct advantages over any man-made lens.

After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation based on your own visual needs and medical considerations.

Alternative Treatments

You may decide not to have a cataract operation at this time. However, should you decide to have an operation, you need to know that there are three methods of restoring useful vision after the operation:

1. **Intraocular Lens:** In the United States, an intraocular lens is by far the most common form of restoring vision after cataract surgery. This is a small artificial lens, usually made of plastic, silicone or acrylic material, surgically and permanently placed inside the eye. Objects are seen at their normal size. Conventional eyeglasses (not cataract spectacles) may be required in addition to an intraocular lens for best vision.
2. **Spectacles (glasses):** Cataract spectacles required to correct your vision are usually thicker and heavier than conventional eyeglasses. Cataract spectacles increase the size of objects by about 25%. Clear vision is obtained through the central part of cataract spectacles, which means you must learn to turn your head to see clearly on either side. Cataract spectacles usually cannot be used if a cataract is only in one eye (and the other is normal) because they may cause double vision.
3. **Contact Lens:** A hard or soft contact lens, placed on the outside of your cornea each day, increases the apparent size of objects only about 8%. Handling of a contact lens is difficult for some individuals. Most lenses must be inserted and removed daily and not everyone can tolerate them. For near tasks, reading glasses may be required in addition to the contact lenses.

Consent for Operation

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

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.

2. Complications of surgery to remove the cataract: As a result of the surgery and local anesthesia injections around the eye, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months or even years later. Complications may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, 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 in rare situations.
3. Specific complications of lens implantation: Insertion of an intraocular lens may induce complications which otherwise might not occur. In some cases, complications may develop during surgery from implanting the lens or days, weeks, months, or even years later. Complications may include loss of corneal clarity, infection, uveitis, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, increased night glare and/or halo, double or ghost images, dislocation of the lens and retinal detachment. In rare instances, lens power measurements may significantly vary resulting in the need for corrective lenses or surgical replacement of the intraocular lens.
4. If an intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic, silicone or acrylic lens will be left in my eye permanently.
5. At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given prior permission to do so.
6. The results of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may need laser surgery to correct clouding of vision. At some future time, the lens implanted in my eye may have to be repositioned, removed surgically, or exchanged for another lens implant.
7. I understand that cataract surgery and the calculations for intraocular implants are not "an exact science." I accept that I might need to wear glasses or contact lenses subsequent to surgery to obtain my best vision. There is also the possibility of the need for subsequent surgeries such as, lens exchange, placement of an additional lens, or refractive laser surgery if I am not satisfied with my vision after cataract removal.

The basic procedures of cataract surgery, and 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 operation, and/or implantation of 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 possible risks, complications and benefits that can result from the surgery.

If I decide to have an operation, I agree to have the type of operation listed below which I have indicated by my signature:

I wish to have a cataract operation WITH an intraocular lens implant on my

Right eye _____ Left eye _____.

Patient Signature (or person authorized to sign for patient)

Date

Patient's Name (print)

Date

Witness' Signature

Date

Physician's Signature

Date