

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. You have the right to ask any questions about the operation before agreeing to have it. **IT IS IMPORTANT INFORMATION - YOU NEED TO READ AND UNDERSTAND ALL OF IT BEFORE UNDERGOING THE PROCEDURE.**

You will undergo a comprehensive eye exam prior to surgery. Except for unusual situations, a cataract operation is indicated only when you cannot function satisfactorily due to decreased vision caused by the cataract. Based upon your own visual needs and medical considerations, you may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens implant (IOL) in order to restore your vision. This is an artificial lens permanently placed inside the eye. Eyeglasses may still be required for best vision.

Presbyopia and alternatives for near vision after surgery

Patients who have cataracts may have, or will eventually develop, an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate (different prescription) reading glasses in order to see clearly at close range. There are several options available to you to achieve distance and near vision after cataract surgery.

- **GLASSES:** You can choose to have a monofocal (single focus) IOL implanted and wear separate distance and/or reading glasses.
- **MONOVISION:** You can choose to have monofocal IOLs implanted with two different powers, one for near vision, and other for distance vision. This combination of a distance eye and a reading eye is called monovision, and would allow you to read without glasses. Under no circumstances should you consider undertaking cataract surgery with monovision correction before you are convinced it will be right for you.
- **MULTIFOCAL IOL:** The ophthalmologist could implant a “multifocal” IOL. These IOLs, more recently approved by the Food and Drug Administration (FDA), provide distance vision AND restore some of the focusing (accommodating) ability of the eye. Depending upon the technological features of the IOLs, they may be described as “accommodating,” “diffractive,” or “presbyopia-correcting.” All of these lenses are “multifocal,” meaning they correct for both distance vision and other ranges, such as near or intermediate.

Anesthesia, Procedure, and Postoperative Care

Your eye will become numb with either eyedrops or an injection (local anesthesia). You may also undergo light sedation administered by an anesthesiologist or nurse anesthetist, or elect to have the surgery with only local anesthesia.

An incision, or opening, is then made in the eye. This is at times self-sealing but it may require closure with very fine stitches (sutures). The natural lens in your eye will then be removed by a type of surgery called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces that are suctioned out of your eye. The IOL is then placed inside your eye. In rare cases, it may not be possible to implant the IOL you have chosen or any IOL at all.

After the surgery, your eye will be examined the next day, and then at intervals determined by your surgeon. During the immediate recovery period, you will place drops in your eyes for about 4 weeks, depending on your individual rate of healing. You should be able to resume your normal activities within 1 week, and your eye will usually be stable within 3 to 6 weeks, at which time glasses or contact lenses could be prescribed.

Risks of Cataract Surgery

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain would be extremely unusual and should be reported immediately to the surgeon.

As a result of the surgery and associated 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. Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is low.

Risks of cataract surgery include, but are not limited to:

1. Complications of removing the natural lens may include hemorrhage (bleeding); rupture of the capsule that supports the IOL; perforation of the eye; clouding of the outer lens of the eye (corneal edema), which can be corrected with a corneal transplant; swelling in the central area of the retina (called cystoid macular edema), which usually improves with time; retained pieces of lens in the eye, which may need to be removed surgically; infection; detachment of the retina, which is definitely an increased risk for highly nearsighted patients, but which can usually be repaired; uncomfortable or painful eye; droopy eyelid; increased astigmatism; glaucoma; and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. **Additional surgery may be required to treat these complications.**
2. Complications associated with the IOL may include increased night glare and/or halo, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.
3. Complications associated with local anesthesia injections around the eye include perforation of the eye, destruction of the optic nerve, interference with the circulation of the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems, brain damage or death.
4. Complications associated with multifocal IOLs. While a multifocal IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a considerable amount at night, or perform delicate, detailed, "up-close" work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL.
5. It is intended that the small plastic, silicone, or acrylic IOL will be left in the eye permanently.
6. If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.
7. The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, its visual power may be different from what was predicted by preoperative testing. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.
8. The results of surgery cannot be guaranteed. If you chose a multifocal IOL, it is possible that not all of the near (and intermediate) focusing ability of your eye will be restored. Regardless of the IOL chosen, you may need laser surgery to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged.

9. Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so you will either temporarily have to wear a contact lens in the non-operated eye or will function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within 1 to 4 weeks, once the first eye has stabilized.

Patient Acknowledgement of Financial Obligations

I have been informed that if I have Medicare coverage for this cataract surgery, the “presbyopia/astigmatism correcting” IOL’s and/or femtosecond laser assisted surgery and their associated services are only considered partially covered. With the **Advanced Beneficiary Notice of Noncoverage (ABN)**, I have been informed and acknowledge that I am responsible for payment of that portion of the charge that exceeds the charge for insertion of a conventional monofocal IOL and manual ultrasonic lens removal for cataract surgery. I have been informed about the coverage, deductible, and copayment amounts if private insurance is paying for this procedure.

Patient Consent

The basic procedure of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks, and possible complications of alternative treatments have been explained to me at LaserVue Eye Center and in this document. Monovision has been discussed with me, and my doctor has either demonstrated it to me with glasses or contact lenses, or offered to do so. 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.

I have been offered the opportunity to seek a second opinion concerning the proposed procedure. I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform procedures different from, or in addition to, the procedure described. I authorize and consent to the performance of such additional or different procedures as are considered necessary and advisable.

By signing this Informed Consent for cataract operation and/or implantation of an IOL, I am declaring that I have read this Consent (or it has been read to me by _____), and I fully understand it. I have been offered a copy of this document, I fully understand the possible risks, benefits, side effects, and complications that can result from Cataract Surgery. I am also confirming that I have had all of my questions answered to my satisfaction.

I wish to have Cataract Surgery performed by: Jay Bansal, MD

CHOOSE ONE OF THESE OPTIONS

1. Monofocal IOL

Monofocal Toric IOL

I wish to have a lens removal operation with a monofocal IOL on my: right eye left eye

For: distance vision near vision

2. Multifocal IOL Option

I wish to have a lens removal operation with a multifocal IOL implant on my: right eye left eye

3. Femtosecond Laser Assisted Option

I wish to have a lens removal assisted with a Femtosecond Laser on my: right eye left eye.

Patient Signature (or person authorized to sign for patient)

Date

Patient Name (Print)

Witness Signature

Patient Initials _____