

Informed Consent and Patient Information for

Cataract Surgery and/or Implantation of an Intraocular Lens

This information is given to you so that you can prepare for the discussion with your eye surgeon. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want.

**WHAT IS A CATARACT AND HOW IS IT TREATED?**

The natural lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts usually develop from normal aging, an eye injury, or by taking certain medications.

Cataracts may cause blurred vision, dulled vision, ghost images, sensitivity to light, and glare. If the cataract affects your vision to the point where 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.

**HOW WILL REMOVING THE CATARACT AFFECT MY VISION?**

The goal of cataract surgery is to correct the decreased vision caused by the cataract. During the surgery, Dr. Markoff / Dr. Denwood removes the cataract and puts in a new artificial lens in the eye to replace the natural lens. The artificial lens is called an **intraocular lens** (abbreviated **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.

**EXAMINATIONS PRIOR TO SURGERY**

Prior to making a decision for surgery you will undergo a complete eye examination. This may include an examination to determine your eyeglass prescription to determine your best corrected vision, measurement of your vision with and without glasses, measurement of the pressures inside your eye, microscopic examination of the front part of your eye, and an examination of the retina of your eye with your pupils dilated.

If you agree to have cataract surgery you will have other special tests performed on your eyes such as measurement of the curvature of your cornea, ultrasonic measurement of the length of your eye (A-Scan) and intraocular lens calculation to determine the best estimate of the proper size and power of IOL that you will have implanted at the time of surgery.

**MORE INFORMATION ABOUT AN INTRAOCULAR LENS**

While the method used to calculate the power of the IOL is very accurate in most patients, the final result may be different from what you and your surgeon planned. As the eye heals, the IOL can shift very slightly toward the front or the back of the eye. The amount of this shift is not the same in everyone, and it may cause different vision than predicted. If the eye’s visual power after surgery is considerably different than what was planned, surgical replacement of the IOL might be considered. It is usually possible to replace the IOL and improve the situation. Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had corneal refractive surgeries are especially difficult to measure precisely for an IOL.

**PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY**

Presbyopia is a condition caused by aging that develops when your eye loses its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance vision without glasses. Presbyopic individuals require bifocals or separate 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. This is probably the most important decision you need to make about your cataract surgery, so please take the time to review the following options and ask questions.

* **GLASSES**. You can choose to have a monofocal (single focus) IOL implanted for distance vision and wear separate reading glasses, or have the IOL implanted for near vision and wear separate glasses for distance.

* **MONOVISION**. Your surgeon can implant IOLs with two different powers, one for near vision in one eye, and one for distance vision in the other eye. This combination of a distance eye and a reading eye is called monovision. If you would prefer not to have to wear glasses for quick tasks like looking at your cell phone, a menu, a computer, or an invoice, then you might be interested in monovision. Most monovision patients will often be more comfortable wearing glasses to balance their vision for prolonged reading tasks, for driving at night, or for sports like tennis or golf, so you will most likely still need to wear glasses at time even with monovision. If you have been wearing contacts lens for monovision, you will most likely be happy with this option after cataract surgery. Although many patients will adjust well to monovision, some may find it uncomfortable. For those patients, the monovision can usually be reversed by elective laser vision correction, but this surgery will be an additional charge and will not be covered by your medical insurance. Many patients who wear contacts or who have had refractive surgery have monovision and are happy with it. Your surgeon will discuss and demonstrate this option to see if it might work for you.
* **MULTIFOCAL IOL**. The ophthalmologist could implant a “multifocal” IOL. This is a newer, “deluxe” type of IOL that provides correction for distance vision and also provides correction for some intermediate vision and some near vision. Choosing this option will usually lead to higher out-of-pocket expenses since most insurance companies only pay for a monofocal (single focus) lens.

**INFORMATION ABOUT TREATING ASTIGMATISM**

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 change in shape can make your vision blurry. There are several treatment options for astigmatism: 1) you can have an IOL for near or distance vision and continue to wear glasses or contact lens for the astigmatism; 2) you can have a toric IOL placed in your eye, 3) you can have refractive surgery called LASEK or PRK, or 4) your surgeon can perform a procedure before, during, or after cataract surgery called a limbal relaxing incision. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. More than one incision may be required. Additional fees will apply for astigmatism correction.

**BENEFITS OF CATARACT SURGERY**

* The goal of cataract surgery is to improve vision that has been decreased due to the cataract. Having the cataract surgery may enhance vision needed for daily activities such as driving, reading, watching television, working, etc.
* After cataract surgery there is an improved view of the retina for ophthalmological exams. A good view for examination is particularly important if you have diabetes, glaucoma, or retinal abnormalities.
* Most often after cataract surgery color vision is improved, depth perception is improved, and glare is reduced.

**RISKS AND POSSIBLE COMPLICATIONS OF CATARACT SURGERY**

Cataract surgery, like all operations and procedures, is risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. There is no way to list all possible risks of cataract surgery. Some of the major risks include but are not limited to:

1. Mild discomfort. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain is extremely unusual and should be reported immediately to the surgeon.

2. Complications of removing the natural lens may include bleeding (hemorrhage); rupture of the capsule that supports the IOL; perforation of the eye; clouding of the cornea; swelling in the central area of the retina (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. The cost for additional surgery is not included in the price you pay for the cataract surgery.**

3. Complications associated with the IOL may include increased night glare and/or halos, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems, so you should think carefully about how these problems might affect your job, your hobbies, and your daily life. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

4. Complications associated with local anesthesia injections around the eye include a hole (perforation) of the eye, injury to the optic nerve, interference with the circulation of the retina, droopy eyelid, breathing problems, low blood pressure, heart problems, and in rare situations, brain damage or death. At Mountain Eye Associates we use subtenons (non-needle type of block) which helps to minimize these complications.

5. If a monofocal (single focus) IOL is implanted, either distance or reading glasses or contacts will be needed after cataract surgery for adequate vision.

6. Monovision may result in problems with impaired depth perception. Once surgery is performed, it is not always possible to undo what was done, or to reverse the distance and near eye without some loss of visual quality.

7. Multifocal (multiple focus) IOLs may reduce dependency on glasses but might also result in less sharp vision, which may become worse in dim light or fog. This type of IOL 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 lot 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. 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. Additional treatment and/or surgery may be necessary**.**

8. 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. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability; and, if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.

9. Your ophthalmologist will use special equipment and computer formulas to select the best IOL for you, but the result may be different than what was planned. You may need to wear glasses or contact lenses after surgery to obtain your best vision.  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.

10. Regardless of the IOL chosen, you may need laser surgery (a YAG capsulotomy) to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.

11. If your ophthalmologist has informed you that you have a high degree of farsightedness, your risk for a complication known as nanophthalmic choroidal effusion is increased. This complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye.

If your ophthalmologist has informed you that you have a high degree of nearsightedness, your risk for a complication called a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness.

12. 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 eyeglasses 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 2 to 4 weeks, once the first eye has stabilized.

13. There is no guarantee that cataract surgery 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 understand that I have a cataract in my RIGHT / LEFT eye. I feel that the cataract is significantly interfering with my vision and lifestyle. After discussing the alternative treatments (including doing nothing), I have decided that I want cataract surgery in my RIGHT / LEFT . Dr. Markoff / Dr. Denwood has discussed the methods, possible benefits, risks, and complications with me. I understand that my cataract will be removed by either the phacoemulsification or extracapsular method of removal, whichever Dr. Markoff / Dr. Denwood feels is safest for my eye. I understand that an intraocular lens will be placed in my eye at the time of surgery if it is safe to do so. I understand the risk involved with this surgery and that no results can be guaranteed. I have had a chance to ask questions, and my questions have been answered.

1. I wish to have a cataract extraction with a monofocal intraocular lens implant in my RIGHT / LEFT eye.

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Patient Signature Date

1. I wish to have a cataract extraction with a multifocal intraocular lens implant in my RIGHT / LEFT eye.

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Patient Signature Date

1. I wish to have a cataract extraction with a toric intraocular lens implant in my RIGHT / LEFT eye.

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Patient Signature Date

1. Since my cataract was previously removed and I have been informed by the doctor that my RIGHT /  LEFT eye is medically acceptable for lens implantation or exchange of intraocular lens implantation, I wish to have a secondary / exchange using a monofocal / multifocal / toric intraocular lens. I understand that the same risks apply as outlined above for the cataract surgery with an intraocular lens implant.

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Patient Signature Date

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness to Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have explained the possible benefits, risks, and complications of this procedure and the anesthesia to the patient. The patient had a chance to ask questions and the patient’s questions were answered. The patient desires this surgery. No guarantees were given.

 Physician Signature Date