

# Informed Consent for Cataract Surgery

Patient Name: \_\_\_\_\_

Surgeon: Rizen / Phan

Date of Birth: \_\_\_\_\_

## CONDITION

A cataract is a clouding of the natural lens of the eye. Cataract surgery is typically indicated when you cannot function satisfactorily due to decreased vision caused by cataract. 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. Glasses or contact lenses may still be required for best vision following surgery.

## ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

You will receive light sedation, and the ophthalmologist will make your eye numb with either drops or an injection (local anesthesia). The cloudy lens in your eye will be removed by a technique called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces that can then be gently suctioned out of your eye through a small incision. An artificial intraocular lens (IOL) is then placed inside your eye. Rarely, certain conditions may arise during surgery that prevent implantation of the type of IOL initially planned for, or even more rarely, any IOL at all. If this occurs, an IOL can often be implanted with a second procedure at a later time.

After the surgery, your eye will be examined the next day, and then at intervals determined by your surgeon. During the 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 2 or 3 days, and your eye will usually be stable within 4 to 6 weeks.

## BENEFITS

The procedure will likely improve the vision in your operated eye. Other benefits may include: \_\_\_\_\_

## ALTERNATIVES

You can choose to not undergo cataract surgery if you wish. Your vision loss from the cataract will continue to get worse.

## RISKS

Medicine and surgery are not an exact science. No guarantees can be made regarding the results of your surgery or how much improvement, if any, there will be in your vision. 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. Additional surgery may be required to treat these complications. 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 very low. Risks of cataract surgery include, but are not limited to:

anesthetic and/or drug reaction  
astigmatism  
bleeding  
clouding/swelling of the cornea  
dislocation/malfunction of IOL  
double vision  
epithelial ingrowth  
failure to improve vision  
glare and/or halos  
glaucoma

incorrect IOL power  
increased need for glasses  
infection  
inflammation  
iris discoloration  
loss of the eye  
loss of vision – partial or total  
low eye pressure  
pain  
perforation of the eyeball

ptosis (droopy eyelid)  
pupil abnormality  
retained lens fragment  
retinal detachment  
retinal swelling  
scarring  
vitreous floaters  
vitreous prolapse

## **ADDITIONAL CONSIDERATIONS**

The selection of the proper IOL power, while based upon sophisticated equipment and computer formulas, is not an exact science. 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. 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. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.

Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes. This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so you will temporarily have to 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.

## **CHOICE OF IOL**

Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness, farsightedness, and astigmatism. Standard 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**. There are also IOLs that treat astigmatism called **TORIC IOLs**. You can also have one eye corrected for near vision, and the other for distance vision, a choice called **MONOVISION**.

## **ASTIGMATISM MANAGEMENT**

Patients with nearsightedness or 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. 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 lenses for the astigmatism. 2) You can have a **TORIC IOL** placed in your eye. 3) You can have refractive surgery called **LASIK** or **PRK**. 4) You can have a procedure called a **LIMBAL RELAXING INCISION (LRI)**, which can be done at the same time as the cataract operation, or as a separate procedure. An LRI is a small incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

## **ASTIGMATISM REDUCTION WITH A TORIC IOL**

Standard cataract surgery involves implanting a spherical IOL that does not correct astigmatism, or unequal focusing power on different parts of the cornea. After cataract surgery, if you have uncorrected astigmatism, your vision will still be somewhat blurry at all distances. Glasses or contact lenses would then be required to correct the residual astigmatism and sharpen the vision.

Toric IOLs are available which can correct up to 4 diopters of regular astigmatism. This can reduce but will not eliminate the need for glasses. For example, if a Toric IOL is calculated for you to see well at distance, glasses will still be needed to read.

If more than 4 diopters of astigmatism correction is needed, further correction of astigmatism can be done with glasses, contact lenses, limbal relaxing incisions, or a corneal refractive procedure such as PRK or LASIK.

Complications associated with Toric IOLs: Improper alignment or rotation of the IOL after surgery may result in more residual astigmatism than predicted. This can result in the need for glasses or contact lenses, Limbal Relaxing Incisions, PRK or LASIK. Some patients may require surgical realignment or even explantation (removal) of the toric IOL and replacement with a conventional lens.

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

Patients who have cataracts often 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 or near 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 near vision after cataract surgery:

- **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** The ophthalmologist could implant IOLs with two different powers, one for distance vision, and other for near vision. This combination of a distance eye and a reading eye is called monovision, and would allow you to read without glasses. It has been employed quite successfully in many contact lens and refractive surgery patients. Your surgeon will discuss this option.

Complications associated with monovision: Monovision may result in problems with depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the “wrong way around.” Once surgery is performed, it is not always possible to undo what is done, without some loss of visual quality.

- **MULTIFOCAL IOL** The ophthalmologist could implant a “multifocal” IOL. These IOLs provide distance vision AND restore some or all of the near focusing ability of the eye. These IOLs work best in patients with little or no astigmatism. If you have astigmatism and are interested in a multifocal IOL, the astigmatism will have to be treated either at the time of cataract surgery, or after the eye heals in a second stage refractive procedure such as PRK or LASIK.

Complications associated with multifocal IOLs: While a multifocal IOL can reduce dependency on glasses, it might result in less sharp vision, especially in dim light or fog. It may also cause some visual side effects such as rings or circles around lights at night. Driving at night may be affected. If you drive a considerable amount at night, or perform delicate, “up-close” work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you.

Since multifocal IOLs can reduce contrast sensitivity, they are not recommended for patients with severe glaucoma or with macular degeneration. Although you may not have these condition now, if you develop them later in life, you might have more difficulty with contrast than if you had chosen a monofocal IOL.

**PLEASE INDICATE YOUR CHOICE FOR THE TYPE OF IOL BELOW:**

**Monofocal IOL/Glasses Option**

I wish to have a cataract operation with a monofocal IOL on my \_\_\_\_\_ (state "near" or "distance") vision.

Right eye

Left eye

**TORIC IOL/Glasses Option for Astigmatism Reduction\*\*\***

I wish to have a cataract operation with a TORIC monofocal IOL on my \_\_\_\_\_ (state "near" or "distance") vision.

Right eye

Left eye

**MULTIFOCAL IOL Option (may still need glasses)\*\*\***

I wish to have a cataract operation with a MULTIFOCAL IOL on my \_\_\_\_\_

Right eye

Left eye

Additional surgery which may be needed for my eye includes: \_\_\_\_\_  
and I wish to have this/these additional procedure(s) performed if my surgeon believes it beneficial to me.

**The cost for any additional surgery, either to manage complications that resulted from the initial operation or to fine tune your refractive result, is not included in the price you pay for cataract surgery.**

**\*\*\*There are additional fees, not covered by Medicare or private insurance, associated with both the TORIC IOL and MULTIFOCAL IOL options. If you are interested in one of these advanced technology IOLs and are determined to be a candidate for it, your surgeon will discuss these additional fees with you.**

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**PATIENT CONSENT**

The basic procedures of cataract surgery, and risks, benefits and alternatives have been explained to me by my ophthalmologist. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all of my questions to my satisfaction. If anything is discovered during my surgery which was not anticipated, I permit my surgeon to use his/her best judgment in doing whatever is most appropriate for my care.

In signing this informed consent for cataract operation and/or implantation of an IOL, I am stating that I have read this informed consent (or it has been read to me) and I fully understand and accept the possible benefits and risks of cataract surgery.

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date