



OPHTHALMOLOGY

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Informed Consent For Cataract Surgery and/or Implantation of an Intraocular Lens

Introduction

The following information is given to you so that you can make an informed decision about having eye surgery. Please take as much time as you wish to make your decision about signing this informed consent. You have the right to ask any questions you make have about any procedure before agreeing to have the operation.

Except for unusual problems, a cataract operation is usually indicated when you cannot function adequately due to poor visual acuity produced by the cataract. You and your doctor are the only ones who can determine if or when you should have a cataract operation. Your decision should be based on your own visual needs and medical considerations, unless you have an unusual type of cataract that may require immediate surgery.

Alternative Treatments

- 1) **Observation-** the doctor will continue to monitor the cataract until which time you feel you are ready to proceed with cataract surgery, or it becomes medically necessary to proceed with this surgery.
- 2) **Continue with the planned cataract surgery without insertion of intraocular lens implant.** Without insertion of the lens implant, I understand that I will need one of the following methods of restoring useful vision after the operation:
 - A) **Spectacles (glasses)-** Cataract spectacles that are used in place of an intraocular lens implant are much thicker and heavier than conventional glasses. Cataract glasses magnify the size of objects by about 25% and clear vision is obtained through the central part of the cataract spectacles. This means that 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, because they may cause double vision.
 - B) **Contact lens-** A hard or soft contact lens magnifies 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 their use. For near tasks, eyeglasses may be required in addition to contact lenses.
- 3) **Continue with planned cataract surgery with insertion of an intraocular lens implant.** An intraocular lens implant is a small plastic lens surgically placed inside the eye on a permanent basis. There is no apparent change in the size of objects visualized. Conventional eyeglasses (not cataract spectacles) are usually required in addition to an intraocular lens. There are FDA approved lenses, as well as other types of investigational lenses available.

Possible Complications

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks related to the performance of the surgical, medical, and/ or diagnostic procedure planned for me. I realize that common to surgery procedures is the most potential for infection, blood clots in veins or lungs, hemorrhage, allergic reactions, and even death. I also realize that the additional risks may occur in connection with this procedure:

(It is impossible to list every possible complication that may occur as a result of surgery. The list of complications in this form is incomplete)

- Bleeding and/or infection inside or outside of the eye
- Red or painful eye
- Ptosis (drooping of eyelid)
- Irregular pupil
- Loss of depth perception, blurring of vision, double vision or blindness
- Loss of the eye
- Swelling of the layer under the retina (choroidal effusion)
- Change in focus, requiring new spectacle lenses
- Wrinkling of the retina (macular pucker)
- Swelling of the center of the retina (cystoid macular edema)
- Loss of night vision, peripheral vision, distortion of vision, blind spots, or complete loss of vision
- Swelling of cornea (corneal edema) and need for transplant to correct
- Loss of corneal clarity
- Infection
- Uveitis
- Iris atrophy
- Glaucoma
- Inability to dilate pupil
- Glare and haze around lights is normal and common after cataract surgery

Intraocular Lens Calculations

While biometry, the method used to calculate the power of the IOL, is very accurate in the majority of patients, the final result may be different from what was 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. 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. If the eye's visual power after surgery is considerably different than what was planned, surgical replacement of the IOL might be considered.

Complications of cataract surgery and lens implantation may develop during surgery, days, weeks, months, or even years later.

I understand that anesthesia involves additional risks but I request the use of anesthetic for the relief and protection from pain during the planned and additional procedures, if any. I realize the anesthesia may have to be changed without explanation to me.

Prognosis if no Treatment

A person who has a cataract and does not have surgery will likely have a slow or rapidly progressing decrease in vision. Cataracts that become very advanced are often more difficult to remove surgically. A cataract that is allowed to completely advance can cause glaucoma, and lead to the need for immediate surgery.

Consent for Surgery

The basic procedures of cataract surgery and the advantages and disadvantages, risks, benefits, and possible complications of alternative treatments have been explained to me by the doctor and his staff.

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 acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I understand that periodic visits to the doctor by me, as well as proper use of my medications will be required to help assure the results of the operation.

In signing this informed consent for cataract surgery and/or implantation of an intraocular lens, I am stating that I have read this informed consent (or it has been read to me) and that I fully understand the possible risks, complications, and benefits that can result from surgery.

I have decided to have an eye operation on my **RIGHT LEFT** (circle one) eye, on _____ . I agree to have the type of listed below, which is indicated by my signature.

- I wish to have a cataract operation with an intraocular lens implant:

Patient Signature: _____

Printed Name: _____

Date: _____

- I wish to have a cataract operation without an intraocular lens implant:

Patient Signature: _____

Printed Name: _____

Date: _____

- Cataract surgery has been previously performed, and I wish to have an intraocular lens implanted at this time:

Patient Signature: _____

Printed Name: _____

Date: _____

Physician signature: _____

Date: _____

By marking this box you will receive a copy of the signed consent.