Commonwealth Eye Care Informed Consent
Cataract Extraction and/ or Intraocular Lens Implantation

A cataract operation is usually indicated when you cannot function satisfactorily due to decreased vision caused by a cataract. Reducing or eliminating one's dependence on eyeglasses is a secondary goal of cataract surgery that may be desired by some patients however is not the primary reason to undergo cataract surgery. After your doctor has confirmed that you have a visually significant cataract, you may elect or not to have a cataract surgery.

Lens Biometry: While biometry, the method used to calculate the power of the IOL, is very accurate in the majority of patients, the final result is not 100% accurate and a mild or moderate eyeglass prescription may be still required. Patients who have extremely dense cataracts or who are highly nearsighted or farsighted have the greatest risk of discrepancies between planned and actual outcomes. If an eyeglass prescription is required to see clearly after cataract surgery, laser vision correction such as LASIK or PRK may be considered to reduce or eliminate the need for eyeglasses.

Post-operative options for correcting the refractive errors after lens implant surgery may include any, or all, of the following:

1. Wearing glasses (most common option) or contact lenses.
2. Opting for refractive cornea procedures to reduce the eye's prescription (never covered under insurance).
3. Inserting additional IOL to reduce refractive error (piggy back lens).
4. Removing the implant and replacing it with one that more closely correct the eye's prescription.

Should this happen, your doctor will discuss the risks and benefits of each option above and help chose which is your best option.

Risk of Cataract Surgery: All procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. There is no guarantee that cataract surgery or astigmatism reduction 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.

The major risks of cataract surgery include, but are not limited to:

1. Complications from removing the natural lens may include hemorrhage (bleeding), rupture of the capsule that supports the lens, perforation of the eye, damage to the cornea causing clouding which may need correction with corneal transplant, swelling in the retina (cystoids macular edema), inability to remove the entire lens from the eye which may require additional retinal surgery, infection, injury to parts of the eye and nearby structures from the anesthesia ,retinal detachment, uncomfortable or painful eye, droopy eyelids following surgery, high eye pressure, increased astigmatism, glaucoma and double vision.

2. Complications associated with the IOL may include glare and/or halos from lights at night. Such problems are reported to occasionally occur with standard IOLs and more often with presbyopic IOLs. IOL dislocation can also occur. In addition, IOLs can produce double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. The IOL power chosen may lead to significant farsightedness or nearsightedness which can be corrected with eyeglasses or laser vision correction.

3. Complications associated with local anesthesia injections around the eye are rare but can include hemorrhage behind the eye, perforation of the eye, destruction of the optic nerve, interference with circulation of the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems and very rarely brain damage or death. The sedation that is administered alone with the injections can cause respiratory problems, drug reaction, paralysis, brain damage or even death. Topical anesthesia administered significantly decreases but does not eliminate such side effects.

4. Complications associated with high degree of hyperopia/ myopia: If you have been informed that you have a high degree of hyperopia (farsightedness) and/ or that the axial length of your eye is short, you are at risk for a complication known as a non-ophthalmic choroidal hemorrhage. This complication could result in difficulties completing the surgery and implanting a lens or even result in irreparable damage to the eye. If you have been informed that you have a high degree of myopia (nearsightedness) and/ or the axial length of your eye is long, you are at risk for a complication known as a retinal detachment. Retinal detachments can usually be repaired with additional surgery but may lead to vision loss or blindness.

5. Previous Surgery: Cornea surgery changes the shape of the front of your eye. Current biometry technology (measurements) and calculations to predict IOL power are not as accurate or precise for a cornea with previous surgery. This can lead to the insertion of implants whose power is either stronger or weaker than intended. With

previous cornea surgery (LASIK, PRK, RK, Epi-LASIK, cornea transplant) or trauma, there is a greater likelihood that the desired outcome may not be achieved from lens implantation surgery alone.

6. Other Eye Disease including, but not limited to, glaucoma, diabetic retinopathy, age-related macular degeneration, or your individual healing ability may affect the visual outcome of cataract surgery.

7. The Selection of the Proper IOL, while based upon sophisticated equipment and computer formulas, is not 100% accurate. After your eye heals, its visual power may be different from what was predicted by preoperative testing. You may need to wear eyeglasses or contact lenses after surgery to obtain your best vision. Refractive laser surgery such as LASIK or PRK and rarely an IOL exchange may be needed if you are not satisfied with your vision without eyeglasses after cataract surgery. There will be a charge for LASIK, PRK or IOL exchange (not covered by medical insurance) performed after cataract surgery.

8. YAG Laser Procedure: Regardless of the IOL chosen, you may need YAG laser procedure to correct the clouding of vision that may occur at a later date.

9. Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia).

Should any of these complications occur during surgery, your doctor will discuss them with you immediately following your surgery.

Limbal Relaxing Incisions (LRI): As a courtesy, your doctor may perform LRI to reduce mild astigmatism on appropriate candidates with visually significant astigmatism. The major risks of a LRI are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.

IOL Selection Choices: Based on your individual visual needs, desires and optical properties;

(1) **Standard (distance only) Monofocal IOL:** With this lens, your vision will be clearest at distance and may not require glasses. You will require reading glasses for all near targets. Residual cornea astigmatism may also require glasses as well.

(2) **Monovision/ Blended Vision IOL Implantation**: With this lens, one eye (your dominant eye) is selected for a distant target and the non-dominant eye is set at a near target. This will allow you to become less dependent on reading glasses. It does not eliminate glasses for near work completely as different near tasks utilize precise near focal lengths. Residual cornea astigmatism may require glasses as well.

(3) **Toric (Distance Only) IOL Implantation:** The reduction of significant astigmatism can be achieved with the use of a Toric IOL. This will function in that distance correction will be the desired target. Alternatively, near range targets can be selected for the non-dominant eye which will function as a monovision implantation selection.

(4) **Monovision/ Blended Vision Toric IOL Implantation:** The reduction of significant cornea astigmatism can be achieved with the use of a Toric IOL. This will function in that distance correction will be the desired target for the dominant eye and a near target will be selected for the fellow eye. This will allow you to become less dependent on reading glasses. It does not eliminate glasses for near work completely as different near tasks utilize precise near focal lengths. Residual cornea astigmatism may require glasses as well.

(5) **Presbyopic IOL implantation:** There are 3 types of presbyopic lens options: Multifocal, Accommodating, and Extended Depth of Focus IOLs. This technology will improve your ability to see both distance and near targets. This lens does not eliminate glasses but can further reduce dependency. "Task work" glasses may be needed to help with specific focal lengths or jobs. If you drive considerable amount at night, or perform delicate, detailed, "up close" work requiring closer focus other than conventional reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you.

Specific Ricks Associated with Lens Selection:

(1) **Standard Monofocal IOLs:** Complications include, but not limited to, lens dislocation, a shift in anticipated refractive result as the lens settles and anterior or posterior lens opacification. The development of posterior capsular opacities (PCO) is typical in 30% -40% of all uncomplicated cataract surgery. These risks are associated with all other IOL selections as well.

(2) **Monovision/ Blended Vision Selection:** In addition to those explained above, monovision may result in problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the "wrong way around". Following monovision implantation, some patients will not like the disparity of the two eyes. This can be corrected with glasses. Once surgery is performed, it is not always possible to reverse the distance and near eye without some loss of visual quality.

(3) **Toric IOL Implantation:** Complications include but not limited to, off axis placement of the lens, shifting of the lens or the inability to adequately correct for all astigmatism which may result in decrease vision. Moreover, should the lens shift in the future or the astigmatic curvature of the eye change for whatever reason, the lens may not function properly.

(4) **Presbyopic IOL Implantation:**

a) **Multifocal IOLs** may cause increased night glare and/ or halos, double or ghost images and, if the IOL de-centers, blurring of vision can occur. In some instances, corrective spectacle or surgical repositioning/ replacement of the IOL may be necessary for adequate visual function following cataract surgery. Refractive laser enhancement is another means of improving refractive results following multifocal lens implantation. Residual cornea astigmatism may require refractive surgical enhancements.

b) **Accommodating IOLs:** Complications associated with accommodating lens implantation include, but are not limited to, settling of the lens at a focal lens other than desired or loss of their accommodating power thereby reducing the ability to focus at near targets. If this were to occur, the lens would function similar to a standard monofocal IOL. Halos around lights are also found with this lens however at lower rates than with the multifocal implants described above.

c) **Extended Depth of Focus (EDOF) IOLs** are the newest technology in presbyopic IOL technology. These IOLs attempt to reduce glare and halos experienced with previous generations of IOLs. EFOD technology can still cause glare and halos at night and may require some spectacle correction for distance or near vision.

With all lens implantation, should intra-operative or post-operative complications arise, your doctor may elect to change the course of action. The results of cataract surgery cannot be guaranteed. Additionally, your eye can undergo natural changes which may alter the effectiveness of the implanted lens.

Associated Costs with Surgery:

Depending on your insurance plan and the type of lens you select, your surgery may or may not be covered in full. Most insurance plans pay us a reduced fee for the surgery and then require you to pay co-payments, co-insurances or deductibles. If your insurance plan requires you to pay these fees we will collect them 1-week prior to your surgery**.**

- **Presbyopic or Toric IOLs are not covered by Insurance Companies. ****Once implanted, the upgrade purchase of each presbyopic correcting or Toric IOL is final.
- When a Presbyopic or Toric lens has been implanted, should <u>unpredicted refractive error occur</u> post-operatively, laser vision correction may be performed.
- Should significant residual post-operative error or astigmatism be <u>anticipated prior to surgery</u>, refractive enhancement following cataract surgery will not be covered under the initial cost of your presbyopic or Toric lens payment; **additional costs will apply.**
- When a standard IOL has been implanted, should <u>unpredicted refractive error occur post-operatively and a patient desires enhancement</u>, laser vision correction may be performed; **additional costs will apply.**

Commonwealth Eye Care Informed Consent Signature Page
Cataract Extraction and/ or Intraocular Lens Implantation

Patient's Name: _____ **MR#:** _____**D.O. B:** _____
DIAGNOSIS: CATARACT **PROPOSED PROCEDURE:** CATARACT EXTRACTION WITH INTRAOCULAR LENS IMPLANTATION

Eye: Right eye Left eye

In order to avoid any confusion with lens selection, please check the lens option which you would like to have implanted during your cataract surgery

☐ **Monofocal Standard IOL (glasses option): IOL Target ☐ Distance OR ☐ Near**

I wish to have cataract surgery with a monofocal IOL implantation.
I understand I will have to wear glasses post operatively.
Either I am electing not to have or am not a good candidate for the premium lens options below based on my eye examination.

☐ **Monovision (monofocal)/ Blended Vision IOL (may still need glasses):**

I wish to have cataract surgery with a two different powered lens implants to achieve monovision/ blended vision. By choosing this option, I would like to become less dependent on, but not eliminate, the use of glasses.

☐ I wish to have my _____ eye corrected for **DISTANCE** vision.

☐ I wish to have my _____ eye corrected for **NEAR** vision.

☐ **Toric Lens (glasses option with astigmatism reduction) IOL Target ☐ Distance OR ☐ Near:**

I wish to have cataract surgery with a Toric lens implantation on my _____ eye. I understand I will have to wear glasses post-operatively.

☐ **Toric Lens Implantation/ Monovision (may still need glasses with astigmatism reduction):**

I wish to have cataract surgery with a two different powered Toric lens implants to achieve monovision/ blended vision.

☐ I wish to have my _____ eye corrected for **DISTANCE** vision.

☐ I wish to have my _____ eye corrected for **NEAR** vision.

☐ **Premium IOL for presbyopia (may still need glasses):**

1. I wish to have cataract surgery with a presbyopic premium IOL implantation on my _____ eye. By choosing this option, I would like to become less dependent on, but may not eliminate, the use of glasses.

2. I wish to choose (check one):
   - ☐ ***Symfony*** Extended Depth of Focus IOL
   - ☐ ***Crystalens*** Accommodating IOL
   - ☐ ***Panoptix*** Multifocal IOL

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing this final page, I attest that I had the opportunity to read the full consent, agree that my doctor and/or his staff has answered all of my questions, that I have been offered a copy of this consent form (available at www.commonwealtheye.com), and I understand and accept the risks, benefits, and alternatives of cataract surgery.

_____ _____
Patient/Legal Guardian **Witness**

Date: _____ **Date:** _____