



NORTHWEST EYE SURGEONS

Patient: _____ Eye: Right____ Left____

INFORMED CONSENT FOR CATARACT OPERATION WITH LENS IMPLANT AND LOCAL ANESTHESIA

Your doctor has informed you an operation is necessary to remove the cataract in your eye. A cataract is a cloudiness of the natural lens inside your eye. A cataract operation is most often indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. Sometimes, a cataract operation is indicated when your doctors cannot see through the cataract in order to diagnose or treat other eye conditions. Occasionally, cataract surgery is indicated for other reasons.

Once your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation based on your own visual needs and medical considerations. In most instances, cataract surgery is an elective procedure, and you may decide not to have a cataract operation at this time.

During cataract surgery, a small incision is made in or near the cornea, which is the front clear part of your eye. The natural lens with the cataract is removed from your eye and replaced with a permanent plastic lens implant (intraocular lens). If you have significant astigmatism, your doctor may place incisions on the cornea of your eye to reduce the astigmatism and improve your vision. **Eyeglasses are usually required in addition to the lens implant for best reading vision, distance vision, or both.**

Cataract surgery with lens implant may be followed by complications. Complications could result in poor vision, loss of vision, or even loss of the eye. Some of the possible complications of cataract surgery with local anesthesia are listed below. There could be other complications that are not listed. **The purpose of this form is not to frighten you. The bad complications are unlikely to occur. The purpose of this form is to ensure that your decision to have this operation is not made in ignorance of the risks of cataract surgery with lens implant.**

- 1) Complications of removing the cataract could occur days, weeks, months, or years after surgery and result in decreased vision, loss of vision, or loss of the eye. These complications may include:

- bleeding in or around the eye or eyelids
- drooping of the eyelids
- double vision
- infection
- perforation of the eye
- corneal swelling
- retained pieces of cataract in the eye
- detachment or swelling of the retina
- uncomfortable or painful eye
- increased eye pressure
- glaucoma
- inability to implant the intraocular lens implant.

Initial here

Patient: _____ Eye: Right____ Left____

Initial here

2) Complications associated with the lens implant may require lens exchange or other surgery to improve vision. Some of these complications could occur days, weeks, months, or years after surgery and result in decreased vision, loss of vision, or loss of the eye.

These complications may include:

- glare
- starburst
- halo
- ghost images
- double vision
- shifted or dislocated lens
- inflammation (iritis)
- iris thinning or discoloration
- change in pupil size or shape
- inaccuracy or errors in calculation of lens implant strength.
-

Initial here

3) Complications of anesthetic injections around the eye can lead to cosmetic disfiguration, loss of vision, or severe health problems. These complications may include:

- perforation of the eyeball
- destruction of the optic nerve
- interference with blood circulation of the retina
- bleeding in or around the eye or eyelids
- temporary or permanent drooping of the eyelids
- temporary or permanent double vision
- interference with breathing
- excessively low blood pressure
- seizures

Initial here

Posterior capsule opacification is a relatively common event following cataract surgery with lens implant. There is a membrane inside the eye that helps hold the lens implant in place until the eye is healed. Sometimes this membrane gradually becomes cloudy and produces decreased vision or other symptoms similar to those initially caused by the cataract. This clouding and decreased vision may occur days, weeks, months, or years after cataract surgery. If you cannot function satisfactorily due to poor vision produced by the cloudy membrane, an additional, unrelated laser procedure may be indicated to improve your vision again.

Initial here

Expectations for vision after cataract surgery. The goal of cataract surgery with lens implant is to help provide the best possible vision with glasses. **Most people still require glasses for some or all activities.** Sometimes calculations for the lens implant result in a strong prescription that is not tolerated by the patient. An additional surgical procedure may be required to correct the prescription or to replace the lens implant. Other ocular conditions such as macular degeneration, diabetes, glaucoma, and other eye problems may prevent complete recovery of vision after surgery.

Patient: _____ Eye: Right _____ Left _____

INTRAOCCULAR LENS (IOL) AND VISION ENHANCEMENT OPTIONS FOR CATARACT SURGERY

An Intraocular Lens (IOL) implant is a necessary part of surgery to focus light in the eye. After discussing your visual needs, your surgeon will recommend the most appropriate lens and procedure for you. The options on this page are NOT COVERED by insurance. See next page for insurance covered option.

The options below are NOT covered by insurance:

Initials I choose a **Presbyopia Correcting IOL** implant to reduce **PRESBYOPIA**. This lens implant allows one to see at various near and distance points. It decreases, but does not eliminate the need for glasses. Presbyopia Correcting IOL implants give the best range of vision when both eyes have been implanted.

I choose surgery to reduce **ASTIGMATISM**:

Initials I choose **Toric IOL implant**. This implant is the most effective option to reduce astigmatism, but it does not totally eliminate the need for glasses.

Initials I choose **limbal relaxing incision (LRI)**. LRI can reduce astigmatism, but results are not as reliable as Toric IOL. Glasses will still be worn to fully correct astigmatism.

Initials Vision will not be perfect without glasses or contacts.

Initials Glasses will still be needed for some activities.

Authorization to Perform Non-Covered Services

Initials I choose to upgrade to a Presbyopia Correcting lens implant or surgery to reduce astigmatism. I request my doctor perform this procedure to expand my range of vision. I will still need to wear glasses for some activities. I understand that this is an elective (not medically necessary) procedure that my insurance will not cover. I will be responsible to pay for the additional consultations, testing and cost of the lens implant. I understand that my doctor will bill my insurance company for cataract surgery with a standard lens implant, and I will pay the additional amount for the upgrade to a premium lens or reduction of astigmatism. The amount I will pay for the upgrade is disclosed in the financial information that the surgery coordinator will go over with me.

- This upgrade fee does NOT include additional vision correction surgery after the lens implant. Vision correction surgery is available for an additional fee.
- The premium lens fee for **Presbyopia Correcting IOLs only** includes a lens exchange surgery if I cannot adapt to the new lens.
- I understand that if I choose to co-manage my post operative care with another ophthalmologist or optometric physician then they will bill separately for that care. It is my responsibility to contact my co-managing doctor regarding these fees.

My signature below indicates that I agree to accept responsibility for payment of the additional elective procedure and will not seek payment for the non-covered procedure from my insurance company.

Patient Signature

Date

Witness

Date

Patient: _____ Eye: Right____ Left____

Standard Lens Implant is a covered insurance benefit:

A standard IOL focuses your vision at one point, for example, distance vision (driving) OR near vision (reading), but not both. Glasses must be worn to see all other points. Insurance companies consider a standard IOL as a medically necessary part of your surgery, and cover it according to their usual policy.

_____ I choose to have a **standard** (medically necessary) lens implant.
Initials

I understand that during the course of the proposed procedure(s), unforeseen conditions may arise or be revealed, requiring the performance of additional procedures, and I authorize such procedures to be performed.

I understand that no warranty or guarantee has been made to me regarding the result, cure, or safety of my condition or the proposed procedure.

I have read or had read to me, and understand the consent form. I have watched or listened to the Cataract Surgery video. My questions have been answered, and I authorize my surgeon to proceed with the operation.

My poor vision is interfering with my ability to:

_____.

X _____
Patient or person authorized to sign for patient Date

X _____
Witness Date

I have discussed the nature, purpose, risks, benefits, and alternatives to the surgery. I have offered to answer any questions and have fully answered all such questions.
I believe the *patient* *legal representative* fully understands what I have explained.

_____ _____ copy given to patient _____ original placed in chart
Physician Signature