

# INFORMED CONSENT FOR CATARACT OPERATION AND/OR IMPLANTATION OF INTRAOCULAR LENS

## Introduction

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision about signing this informed consent. We encourage you to ask questions, as we strongly feel that the more you know about the procedure the more we will both benefit.

We can let you know of any unusual circumstances in your eye and help you determine the probability that you will see better after cataract removal and lens implantation. Since each person is a unique individual with different needs and requirements, only you can determine if you are having enough difficulty with your vision to consider having your cataract removed.

Except for unusual situations, a cataract operation is indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, has some distinct advantages over any synthetic lens.

After 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.

## Alternative Treatments

You may decide not to have a cataract operation at this time. Depending on your visual function and lifestyle there are three alternatives available to you.

**Do Nothing.** If the cataract is mild and you are experiencing no difficulties with what you are seeing, there is no need to do anything. Almost everyone will get a cataract if they live long enough. However, many of those cataracts will not progress to the point where the functional vision is sufficiently affected and the patient actually needs something done. Therefore, if you are happy with your vision, don't worry about it. Leave the cataract alone and do nothing.

**Change Your Glasses.** Sometimes just changing your glasses will help in the early stages of cataracts. We will let you know if this is a possibility in your case. Sometimes, we are able to improve your vision a little bit with a change in glasses, but not enough to meet your visual needs. Sometimes, we have reached the point where it is not advised that you change your eyeglasses any more until after the cataract is removed.

**Cataract Removal and/or Intraocular Lens Implantation.** If you are actually having problems seeing to do the things you want to do and if changing your glasses won't give you enough sight, the other alternative is to consider cataract removal and/or intraocular lens implantation. Presently this operation is performed about three million times per year in the United States alone with a very high probability of success.

### Consent for Operation

In giving my permission for a cataract extraction and/or for the possible implantation of an intraocular lens in my eye, I declare I understand the following:

- Cataract removal, by itself, means the removal of the natural lens of the eye by a surgical technique.
- If an intraocular lens is implanted, it is done surgically. It is intended that the small plastic lens will remain in my eye forever.
- No doctor can guarantee the results of cataract removal and/or intraocular lens implantation for me or for anyone else. The results of surgery in my case cannot be, and have not been guaranteed.
- After the cataract has been removed, my surgeon may decide that it is not in my best interest to proceed with implantation of the intraocular lens, even though I may have given you permission to do so.
- Anything is possible when operating on the eye, including infection, hemorrhage, macular edema, retinal detachment, retained portion of cataract, corneal edema, intraocular lens dislocation, inflammation, injury to iris, posterior capsule opening, vitreous loss, glaucoma, posterior capsule clouding, uncomfortable or irritated eye, unwanted visual images, and double vision. It is possible my vision could be worse. I could lose all of my vision or lose the eye. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision (blindness), loss of the eye, or even death.
- Anything is possible with any type of operation, including problems with anesthesia, drug reactions or other factors that may involve other parts of my body including a possibility of brain damage and even death.

- I understand that cataract surgery and the calculations for intraocular implants are not "an exact science." I accept that I might need to wear glasses or contact lenses subsequent to surgery to obtain my best vision.
  - This is true even if I did not wear eyeglasses prior to cataract surgery.
  - This is true even if I had LASIK in the past.
  - This is true even if I had another refractive operation in the past.
  - This is true even if I receive a Premium Lens Implant
  
- At some future time the intraocular lens that has been implanted in my eye may need to be repositioned, removed or exchanged for another one. This will require further surgery.
  
- Clouding of the lens capsule causing loss of vision is common after modern cataract surgery and is generally accepted as a side effect. It may require a brief laser procedure to open a window in the capsule.
  
- Nothing is foolproof. No surgical procedure is without risk. I understand that the only way to avoid all risk is to not have an operation.

The basic procedures of cataract surgery, the benefits, risks, and alternatives have been explained to me. Although it is impossible for me to know of every possible complication that may occur, my questions have been answered to my satisfaction. In signing this informed consent for cataract operation, and/or implantation of intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications, and benefits that can result from the surgery.

I wish to have Doctor \_\_\_\_\_ perform a cataract operation with an intraocular lens implant on my

RIGHT eye

LEFT eye

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name