

# Supplemental Consent for Premium Multifocal / Extended Depth of Focus Lens Implants

Premium multifocal and extended depth of focus intraocular lenses (IOL), such as PanOptix, Vivity, ReStor, & Symphony allow for patients to elect for correction for both distance and near vision after cataract surgery. These premium IOL's are capable of providing a range of vision without glasses. I understand that there are differences between a premium lens and the standard monofocal lens implant.

While the majority of patients are satisfied with the results of receiving a premium IOL, I understand that higher incidences in visual disturbances are reported with multifocal lenses when compared to the standard monofocal IOL. I am aware that in addition to all the risks of cataract surgery there are additional risks with receiving a premium IOL. This includes but are not limited to halos, night glare, starbursts, flickering, shadows or ghost images, double vision, blurry vision at one or all ranges of focus, or difficulty with depth perception. If you are electing to receive an astigmatism correcting (Toric) multifocal or extended depth of focus IOL, there is a risk that the IOL can rotate or shift which will cause blurry vision. It is possible that although we intend to place a premium IOL, intraoperative situations can arise which do not allow for this lens placement.

I understand that glasses or contact lenses may still be necessary after cataract surgery for some or all activities even with electing to receive a premium IOL. I also understand that I can choose to have a monofocal lens implant instead.

**By initialing the following statements, I am accepting that I have been informed and understand the risks of a Premium Multifocal / Extended Depth of Focus Intraocular Lens.**

\_\_\_\_\_ I understand there is a possibility that the desired results of the surgery may not be obtained. It is possible that I may require additional surgery at later date or that I could still need to wear glasses or contact lenses after surgery to obtain my best potential vision. I am aware that any additional surgeries to help improve my vision will be at an additional cost to me.

\_\_\_\_\_ I understand that additional risks, complications, and side effects are associated with the premium IOL and I have decided to proceed after considering both the known and unknown risks, complications, side effects, and alternative options.

\_\_\_\_\_ I am aware that the predicted and actual focal points may end up not what we attempted, and vision could be blurry at one or all focal distances.

\_\_\_\_\_ I am aware that this consent is not an exhaustive list of all the risks associated with the procedure. I am aware that I am not required to have this procedure done.

\_\_\_\_\_ I have been given, read, and understand the risks and benefits of the procedure with the premium lens implant. I elect to proceed with having a multifocal / Extended Depth of Focus IOL even after being advised of this information.

By signing below, I agree that all of my questions have been answered to my satisfactory and I give my consent to proceed with cataract surgery with a premium lens implant in my \_\_\_\_\_ eye.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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