



1540 N. Lindberg Cir., Wichita, KS 67206

INFORMED CONSENT FOR CATARACT SURGERY AND/OR IMPLANTATION OF AN INTRAOCULAR LENS

I am scheduled for outpatient surgery at Waterfront Surgery Center on _____
20____ for cataract extraction with a possible intraocular lens implant in _____ eye by
Dr. _____ and/or any such assistants as may be selected by him.

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 document. You have the right to ask any questions you might have about the operation before agreeing to have it. Except for unusual situations, a cataract operation is indicated when you feel you cannot function satisfactorily due to decreased vision caused by the cataract. After your doctor has told you that you have a cataract, you and your doctor can determine if or when you should have a cataract operation, based upon your own visual needs and medical considerations. You may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens implant (IOL). This is an artificial lens, usually made of plastic, silicone, or acrylic material, surgically placed inside the eye. Eyeglasses most likely will be needed in addition to the IOL for best vision. Removal of the natural lens of the eye and placement of an intraocular lens is an elective procedure. I am aware that having this procedure performed is by choice and by doing so I am taking certain risks. Certain benefits may arise from the procedure, but also I am well aware that complications may arise. I am aware that this consent form is not a comprehensive listing of all complications that may arise if I elect to proceed with this surgery.

Preoperatively eyes are measured to calculate the desired lens implant. If you wear contact lenses, you will need to leave them out for a period of time prior to having your surgery. This is done because the contact lens rests on the cornea, distorting its shape, and this distortion will have an effect on the accuracy of the measurements. Soft contact lens wearers should leave lenses out of the eyes for at least one week prior to measurements. Rigid (including gas permeable and standard hard lenses) contact wearers should leave lenses out for at least three weeks. Corneal measurement and axial length measurements are performed to calculate a predicted lens implant number for a predicted final refraction. Although the technicians and doctors many times can get very accurate predictions, it is possible to have residual refractive error that could be large or small. Much of the time, there is residual refractive error requiring the need for glasses. It is also possible for refractive error measurements to be off so large as to require lens exchange, a second lens being placed, surgery on the other eye to balance, or other surgery deemed appropriate by the surgeon. 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 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 have had LASIK or other refractive surgeries are especially difficult to measure precisely.

Patient Name: _____ **Patient #:** _____

PRESBYOPIA

Accommodation is the natural ability for the lens to change shape. This enables a person to focus at multiple focal lengths such as both distance and near. As we age, people lose the accommodative power, this is called presbyopia. For many people this requires adding a bifocal, trifocal or magnification to their glasses, using reading glasses, taking off their glasses if they are nearsighted, or using two different powered contact lenses. When one elects to have this procedure, any preoperative accommodation that was once present is eliminated. Following surgery I am aware that accommodation will not be possible, and in general it's already reduced or gone preoperatively by the age of 45.

****MONOVISION**

Leaving one eye for distance and one for near, is called monovision. Some patients elect to try to leave one eye nearsighted and one for distance. There are no guarantees that even if a patient and surgeon attempt to do this, that it will occur, as predicting the final refractive outcome can be off significantly. Monovision can impair depth perception.

INTRAOCULAR LENS IMPLANT (IOL) CHOICES:

****MONOFOCAL LENS**

A monofocal IOL has one focal point, and does not have a range of focal points. The standard IOL that is covered by insurance is a monofocal IOL. Receiving a monofocal IOL will result in most likely needing glasses following cataract surgery at either distance, near, or even at all ranges of vision.

****MULTIFOCAL/MULTIFOCAL TORIC LENS**

Multifocal lens implants are available. These lenses have multiple focal points and may provide distance vision and restore some or all of the focusing ability for some near tasks. While a multifocal IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some glare or halos. If electing to proceed with a multifocal IOL, there is a supplemental consent that will be attached and will be signed before proceeding with surgery. Multifocal IOL's are not covered by insurance and patients are responsible for the costs of electing to have this IOL implanted at the time of surgery.

****TORIC LENS**

A toric lens is an astigmatism reducing IOL. Astigmatism is an irregular shape of the cornea and in most cases will be corrected as part of your glasses prescription. This lens is capable of reducing the amount of astigmatism which in return will help reduce the amount of prescription needed after cataract surgery. With this lens, you will still need to have glasses or contact lenses for some or all tasks following surgery. Toric IOL's are not covered by insurance and patients are responsible for the costs of electing to have this IOL implanted at the time of surgery.

****I AM AWARE THAT THERE ARE NO GUARANTEES. I AM ALSO AWARE OF THE PROBABLE NEED TO WEAR GLASSES AFTER THIS PROCEDURE. THIS MAY BE FOR BOTH DISTANCE AND NEAR VISION DESPITE WHICH LENS IMPLANT I HAVE CHOSEN TO HAVE AT THE TIME OF SURGERY****

ADDITIONAL RISKS OF CATARACT SURGERY

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or macular degeneration. The limitations of vision associated with these other causes of eye disease may not be apparent until the cataract is removed.

Sometimes it may be assumed preoperatively, that decreased vision is caused by the cataract, only to find out after cataract surgery that the vision is no better, or even worse due to other eye disease.

An incision is placed in the eye to remove the natural lens. This is often a small incision not requiring the need for suture. If the incision does not self-seal, it may be necessary to place a suture. Other complications can arise requiring the creation of a large incision with multiple sutures. This could induce a significant amount of astigmatism.

The cornea often becomes temporarily hazy during the phacoemulsification procedure. Corneal decompensation does occasionally occur, and can lead to blurry vision for an extended period of time. It is possible for the cornea to never fully recover and require corneal transplantation, because of permanent scarring or haze.

The lens is typically removed in its entirety while leaving the capsular sac of the natural lens in place to secure the lens implant. Occasionally, the sac is weak and will not support the intended lens implant, requiring placement of the lens in front of the sac, or a different style lens supported by the iris. The doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so. Also if the posterior capsule (back aspect of the sac) were to rupture, it is possible to have additional added complications. All, or some fragments of the natural lens could fall to the back of the eye, requiring additional surgery by a retinal specialist. Occasionally after surgery, residual lens material (part of the cataract) which was not fully removed, or not visible at the time of the surgery, appears. This may require additional surgery to remove it, or it may be watched as it often can dissolve on its own. The vitreous jelly normally present in the back portion of the eye can come forward through the sac, requiring a special clean-up technique called a vitrectomy. The style of lens implant may be different one eye from the other based on surgeon preference at the time of surgery.

Infection following lens removal is not common but can be devastating if it occurs. Antibiotics are used, but occasionally an infection can cause complete blindness and even complete loss of the entire eye itself.

Following successful lens implantation, it is common for the capsular sac to haze over. Clearing of this haze can usually be accomplished with a laser.

The iris may be manipulated or stretched during surgery. This may be necessary in order to adequately remove the cataract. This may result in a permanently dilated pupil or an abnormally shaped, not round pupil.

Although rare, it is possible for the lens implant to migrate out of position, or to be traumatically dislodged, at any time after the surgery.

Glare, halos, starbursts, shadows in the periphery, and difficulty with night vision are often occurrences hard to describe and quantify. Some people have issues with these prior to any surgery. It is possible to have greater difficulties following surgery. Light rays may pass through a well centered lens and cause reflection. It is possible for an implant to migrate, be decentered, and exacerbate glare and halos.

Difficulties with the retinal tissues can cause vision loss. Retinal problems can arise as a direct result of this surgery.

Macular edema (swelling of the macula) can cause a decline in best attainable vision. Often this can be treated and resolved, but permanent problems at the cellular level of the macula can cause permanent loss in vision and distortion. The risk of a retinal detachment may be increased with this surgery. If there is vitreous loss, this further increases the chances of a retinal detachment.

I understand that surgical and/or diagnostic procedures performed on me at the Center will be done on an outpatient basis. If my attending practitioner or any other qualified physician in his/her absence, shall find it necessary or advisable to transfer me from the Center to a hospital or other health care facility. I consent and authorize the employees of the Center to arrange for and effect the transfer.

I acknowledge that I have, to the best of my ability, informed my surgeon of all known allergies, unusual reactions to medications, radiopaque and radioactive media and anesthetic agents. I have listed all prescription medication, over the counter medication, herbs and vitamins taken by myself. I have been informed and understand that any failure to give an honest and complete medical and medication history (legal and/or illegal) has the potential to result in serious illness or even death for myself, the patient.

I understand that if I am pregnant or if there is any possibility I may be pregnant, I must inform the facility immediately due to the scheduled procedures potentially causing harm to my unborn child or myself.

I authorize and consent to any blood tests deemed necessary by my surgeon/anesthesia provider. I additionally specifically authorize withdraw of and/or testing of my blood for serious blood and body fluid transmittable diseases (AIDS, hepatitis) in the event of a health care worker involved in my care is exposed to my blood and body fluids. Such testing will be done at no cost to me. I will, however, authorize the release of any data necessary to process the testing and any insurance claim filed for such testing by Waterfront Surgery Center.

Teeth and/or dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, especially if loose or in poor repair regardless of the care provided. By signing this consent, you are acknowledging that neither your physician, anesthesia provider, nor the facility will be responsible for any dental damage or repair costs.

For the purpose of advancing medical education, I consent to the admission of approved observers to the operating room, as well as the photographing and/or recording of the operation providing my identity is not revealed by the pictures or descriptive text accompanying them.

I consent to the disposal of any tissue which is removed in accordance with accustomed practice and procedure. Following surgery, I will have a responsible adult drive me home as per previous arrangements. I realize that impairment of mental alertness may persist for several hours following the administration of anesthesia, and I will avoid making decisions or taking part in activities which depend upon full concentration or judgment during that period.

Waterfront Surgery Center is an outpatient surgery center that is limited to elective surgery only and performs no high-risk surgical procedures. **Therefore, this surgery center will not acknowledge advance directives of any patient while in this surgery center.** In the event of an emergency, you will be stabilized and transferred to a hospital as soon as possible. For more information on Kansas regulation, go to www.kslegislature.org.

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 was given a copy of my patient rights and responsibilities.

I have read and understand this page. Patient's initials _____ Page | 4

THIS PROCEDURE HAS NUMEROUS RISKS INCLUDING BLINDNESS AND THE NEED FOR MORE SURGERY. THERE ARE NO GUARANTEES.

I have been given an explanation of the procedures and techniques that may be used, as well as the risks, benefits and alternatives and I enter into this contract to consent to the surgery or procedure freely. I have elected to proceed after being advised of this information and having all of my questions answered to my satisfaction.

Patient Signature: _____ **Date/Time:** _____

Witness Signature: _____ **Doctor Signature:** _____