



Informed Consent

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. You have the right to ask questions about any procedure before agreeing to have it.

Except for unusual problems, a cataract 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 man-made 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

Since cataract surgery is elective in most instances, I understand that I may decide not to have a cataract operation at all. However, should I decide to have an operation, I understand these are the three methods of restoring useful vision after the operation.

1. **Spectacles (glasses):** Cataract spectacles required to correct your vision are usually thicker and heavier than conventional eyeglasses. Cataract spectacles increase the size of objects by about 25%. Clear vision is obtained through the central part of cataract spectacles, which means you must learn to turn your head to see clearly on either side. Cataract spectacles usually cannot be used if a cataract is only in one eye (and the other is normal) because they may cause double vision. However, cataract spectacles have been the most common method of correcting vision after cataract surgery in the past.
2. **Contact Lens:** A hard or soft contact lens increases the apparent size of objects only about 8%. Handling a contact lens is difficult for some individuals. Many of these lenses must be inserted and removed daily and not everyone can tolerate them. For many visual eyeglasses (not cataract glasses) may be required in addition to contact lenses.
3. **Intraocular Lens:** This is a small plastic artificial lens (some with plastic, nylon, or other supports) surgically placed inside the eye, permanently. With the intraocular lens there is no apparent change in the size of objects seen. Conventional eyeglasses (not cataract spectacles) are usually required in addition to an intraocular lens.

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 that I understand the following:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by surgical technique. For an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.
2. In an intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic lens (perhaps with plastic, nylon, or other supports) will be left in my eye permanently.
3. The results of surgery in my case cannot be guaranteed.
4. At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given prior permission to do so.

Complications of Surgery in General

Because of the surgery, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months, or even years later. Complications may include hemorrhage (bleeding), loss of corneal clarity, chronic inflammation, infection, temporary or permanent blurring of vision because of retinal swelling, detachment of the retina, glaucoma, and/or double vision. These and other complications may occur whether a lens is implanted or not and may result in poor vision, total loss of vision, or loss of the eye.

Specific Complications of Lens Implantation

1. Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases, complications may develop from implanting the lens days, weeks, months, or even years later. Complications may include loss of corneal clarity, infection, chronic inflammation, glaucoma, bleeding in the eye, inability to dilate the pupil, and dislocation of the lens.
2. At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.

Complications of Local Anesthesia Injections

Local complications of anesthesia injections around the eye include perforation of the eyeball, destruction of the optic nerve, interference with circulation of the retina, possible drooping of the eyelid, respiratory depression, or hypotension.

The basic procedures of cataract surgery and the advantages and disadvantages, risks and possible complications of alternative treatments have been explained to me by the doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. In signing this informed consent for cataract operation and/or implantation of intraocular lens, I am stating that 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.

Additional Comments

If I decide to have an operation, I agree to have the type of operation listed below which I have indicated by my signature.

- 1. I wish to have a cataract operation WITHOUT an intraocular lens.

Patient's signature _____

- 2. I wish to have a cataract operation WITH an intraocular lens implant.

Patient's signature _____

- 3. Since my cataract was previously removed and I have been informed that my eye is medically acceptable for lens implantation, I wish to have an intraocular lens implant.

Patient's signature _____

Agreement for Operation on Behalf of Minor or Disabled Person

As a parent, guardian, caretaker, next-of-kin, or other legal representative responsible for the patient whose name appears above on the appropriate patient signature line, I have read this informed consent and to the limit of the patient's understanding, I have discussed this informed consent and its terms with the patient. I understand the patient's condition will be followed for many years to assess the long-term effect of the intraocular lens.

Due to the patient's inability to sign this informed consent, I agree on behalf of the patient to sign for the patient and bind him/her to the terms of this informed consent.

Signature _____ Name (print) _____

Street Address _____

City _____ State _____ Zip _____

Relationship to the Patient _____ Date _____

Witness _____ Date _____