



CONSENT TO CATARACT SURGERY WITH INTRAOCULAR LENS IMPLANTATION

Cataracts may cause blurred or dulled vision, sensitivity to light and glare, and ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Modern cataract surgery is a short, outpatient procedure in which the cloudy natural lens is removed and replaced with a clear intraocular lens (IOL).

ANTICIPATED BENEFITS OF THE SURGERY

The goal of cataract surgery is to correct the decreased vision caused by the cataract.

LIMITATION OF CATARACT SURGERY

By correcting for the cataract, all patients will lose the ability to see up close without glasses after surgery including patients who are naturally near-sighted. Most people still need to wear glasses or contact lenses after cataract surgery for either near and/or distance vision and astigmatism.

Cataract surgery does have limitations, and a good outcome cannot be guaranteed. Cataract surgery will NOT correct other causes of decreased vision such as glaucoma, diabetes or macular degeneration.

Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely which may result in a need to wear glasses or contacts after surgery to obtain your best vision.

ALTERNATIVES TO CATARACT SURGERY

Cataract surgery is an elective procedure. You may decide not to have cataract surgery at this time. The cataract will not improve on its own and your visual symptoms may worsen.

RISKS OF THE SURGERY – may require additional surgery or other treatment at the expense of the patient

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death. There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. Additional treatment is not included in the fee for this procedure.

RISKS AND COMPLICATIONS

- Loss of vision.
- Retinal detachment, which could worsen your vision.
- Retinal swelling (macular edema), which could worsen your vision.



- Capsular complications, resulting in possible: prolonged surgery and recovery time; difficult or impossible IOL implantation; retained lens pieces, and worse vision. It may be necessary to use a different IOL than planned, and additional surgery may be required involving another ophthalmic surgical practice.
- Iritis (inflammation inside the eye).
- Increased eye pressure.
- Increased symptoms of dry eye.
- Cloudy vision after surgery due to capsular opacity. This can occur months or years following cataract surgery, can be treated with an in-office laser treatment, and is not included in the fee for cataract surgery.
- Other common risks include but are not limited to: droopy upper eyelid; corneal swelling; bleeding; removal, replacement or reposition of the IOL; and anesthesia-related complications.

This is not intended to be a list of every possible complication of the surgery. By signing this informed consent for cataract surgery and/or implantation of an IOL, I am stating I have been given a copy, I fully understand the possible risks, benefits and complications of cataract surgery, have read this informed consent or it has been read to me and have had my questions answered satisfactorily.

I elect:

Right Eye with: Standard____ Symphony____ Symphony Toric____ Toric____
 Crystalens____ Trulign____ Manual AK____
 FEMTO with/without AK____ Monovision Aim ____
 Call with my choice 10 business days from evaluation____

Left Eye with: Standard____ Symphony____ Symphony Toric____ Toric____
 Crystalens____ Trulign____ Manual AK____
 FEMTO with/without AK____ Monovision Aim ____
 Call with my choice 10 business days from evaluation____

 Patient (or person authorized to sign for patient)

 Date

 Print Name of Responsible Party

 Patient's DOB