



## Informed Consent for Cataract Surgery

This information is given to you to help you make an informed decision about having cataract and/or lens implant surgery. **You will live with the vision resulting from your decisions for the rest of your life, so please read the following explanations carefully.** Once you have read this Informed Consent, you are encouraged to ask any questions you may still have about the procedure. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want.

### WHAT IS A CATARACT?

The natural lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. As a cataract develops, it blocks and scatters light, reducing the quality of vision. Cataracts may cause blurred vision, dull vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract may continue to get worse.

### HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

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 age-related macular degeneration. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and typically puts in a new artificial lens called an Intra-Ocular Lens (IOL).

### UNDERSTANDING THE MAJOR RISKS OF CATARACT SURGERY

1. **RISKS OF THE SURGERY:** All operations involve risk and may have unsuccessful results, complications, or injury. Problems with cataract surgery are very rare. There are complications in **FEWER** than 1 in 1,000 of cataract surgeries. Complications may occur weeks, months or even years after surgery.

Problems, while extremely rare, include, but are not limited to, discomfort or pain, droopy eyelids, bleeding; infection; clouding of the outer part of the eye (called the cornea); swelling of the inside layer of the eye (called the retina); detachment of the retina from the eye; increased eye pressure which is also called "glaucoma"; damage to the tissue that supports the lens placed into the eye; and retained pieces of cataract that remain in the eye after surgery. If complications occur, the doctor may decide not to implant the lens in your eye and additional surgeries may be needed. These problems may lead to worse vision, total loss of vision, or even loss of the eye in rare situations.

Dextenza ([www.Dextenza.com](http://www.Dextenza.com)) is an FDA approved, preservative free, dissolvable, implant, which may be used for certain patients during cataract surgery to reduce pain and/or swelling. Use of Dextenza may help reduce the length of time required for surgical eyedrops to be used postoperatively / after cataract surgery.

Depending on the type of anesthesia, other risks are possible, just like any other surgery, including heart and breathing problems, and, in extremely rare cases, death.

Additional surgery may be necessary, even when there are no complications with cataract surgery. You may need a laser surgery to correct clouding of the capsule directly behind the lens (also called a YAG).

At some future time, the lens in your eye may move as a result of the natural aging of the eye, and, although rare, may need to be repositioned with an additional surgery.

2. **ISSUES ASSOCIATED WITH THE IMPLANT:** Prior to cataract surgery, your eye must be measured to determine the strength of the lens that you require. While this test is very accurate for the majority of patients, some inaccuracies may occur. This problem occurs in only a small percentage of patients, but it would cause the prescription of the eye after cataract surgery to be different than what was expected. Wearing eyeglasses or contact lenses usually solves this. In extremely rare situations, the lens may need to be replaced to correct the strength of the lens.

After cataract surgery it is not uncommon for vision to have some dark shadowing or an “arc” of light in the outer part of the vision. This is called a “dysphotopsia”. It is usually temporary and usually resolves on its own. Depending on the type of lens implanted, you may have higher rates of night glare or halos, double vision, impaired depth perception, blurry vision, or trouble driving at night.

3. Cataract surgery is performed one eye at a time. During the time between surgeries, there can be an imbalance between the eyes that can make glasses not work well. This imbalance can cause eye strain and tired eyes. Surgery in the second eye can fix this.

4. There are other eye problems that can affect vision after surgery, like glaucoma, diabetes in the eye, macular degeneration, or your individual healing after surgery. The results of surgery cannot be guaranteed. There is no guarantee of “20/20 vision.”

### **UNDERSTANDING HOW VISION CORRECTION OF THE EYE WORKS**

The human eye is a complex system, and understanding the following terms may help guide you in your cataract decision. Once you have decided that your vision is bad enough to require surgery, you will have to decide on what style of lens implant you want at the time of surgery. The style of the implant you choose will determine how you will see “forever” after surgery and what you may or may not need for corrective lenses after surgery.

**MYOPIA (NEAR SIGHTED)** is a condition in which people need glasses to see in the distance. Depending on your age and how much myopia you have, you can typically see well up close without your glasses, but you can't see in the distance until you put your glasses on.

**HYPEROPIA (FAR SIGHTED)** is a condition in which people need glasses to read and to see in the distance. Typically, these people wear bifocals, trifocals or progressive glasses full time.

**PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY** - Presbyopia is a condition caused by the aging eye losing its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate reading glasses in order to see clearly at close range. There are options available to you to achieve distance vision, near vision, or both after cataract surgery. If you choose not to have an implant that corrects for presbyopia, you will need glasses for near vision, distance vision or both.

**ASTIGMATISM** - Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This shape can make your vision blurry without correction. This extra correction can be accomplished with glasses or with lens implants during cataract surgery.

**GLARE AND HALOS** - Depending on the type of lens implant you and your surgeon agree upon, there may be glare and halos around lights after surgery. In many cases they can resolve over time, but as with any implant, there may be permanent glare and halos. Some lens types like multifocal and extended depth of focus lenses come with higher rates of glare and halos than other lens implant options.

### **LENS IMPLANT OPTIONS AND VISION AFTER CATARACT SURGERY**

When selecting your lens implant style for cataract surgery, you will have 4 choices. Consider the following options and decide which best describes what you would like your vision to be after cataract surgery:

**CHOICE #1 - I want to wear glasses full time.**

Best lens option = Standard / Basic lens implant.

**CHOICE #2 - I want to see clearly in the distance without glasses, and I will wear glasses FOR ALL NEAR AND INTERMEDIATE vision tasks.**

Best lens option = A standard lens implant with an Optiwave for non-astigmatism correction.  
or = A toric lens implant depending on the amount of astigmatism you have.

**CHOICE #3 - I want to see clearly for near vision tasks without glasses, and I will wear glasses FOR ALL DISTANCE AND INTERMEDIATE vision tasks.**

Best lens option = A standard lens implant for non-astigmatism correction.  
or = A standard lens implant with an Optiwave for non-astigmatism correction.  
or = A toric lens implant depending on the amount of astigmatism you have.

**CHOICE #4 - I want to see clearly in the distance AND near with a reduced need for glasses.**

Best lens option = A multifocal lens implant.  
or = An Extended Depth of Focus implant.  
or = Light Adjustable Lens (LAL / LAL+).  
or = Optional monovision for those who are currently successful in wearing monovision correction

**TREATING ASTIGMATISM** - Toric lens implants can be used for correcting high degrees of astigmatism. In addition to toric lens implants, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK OR PRK).

**If you have an astigmatism and choose a standard lens implant, which is not designed to treat astigmatism, you will need to wear glasses for all distance, intermediate and near tasks.**

## PATIENT CONSENT

**Please copy the following sentences, as they appear, prior to the consultation.**

"I understand there are risks of surgery including vision loss."

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"I understand I may need more than one surgery per eye."

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"I understand I may not have 20/20 vision after surgery."

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\_\_\_\_\_  
Patient name (printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If cataract surgery is scheduled, I authorize the following individuals to communicate with the surgical center on my behalf. However, I understand that only I can answer medical questions unless a medical DPOA is active and on file.

_____ Name of person	_____ Relationship to patient	_____ Phone Number
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_____ Name of person	_____ Relationship to patient	_____ Phone Number
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Representatives may be from Coastal Surgical Center, Wentworth Douglass Hospital, Frisbie Memorial Hospital, or Exeter Hospital depending on where my procedure is scheduled.

# Lens Choice and Informed Consent for Cataract Surgery



**- THIS PORTION SHOULD BE COMPLETED WITH YOUR SURGEON -  
PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT**

Please indicate which lens selection you and your doctor have agreed on. **You only have to complete the section that applies to your agreed upon lens choice:**

_____ Initials	<b><u>STANDARD LENS FOR DISTANCE VISION:</u></b> I wish to have cataract surgery with a STANDARD lens for <b>DISTANCE</b> vision on my <i>(check one)</i>		
	_____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

**-OR-**

_____ Initials	<b><u>TORIC LENS FOR DISTANCE VISION:</u></b> I wish to have cataract surgery with a TORIC lens for <b>DISTANCE</b> vision on my <i>(check one)</i>		
	_____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

Patient – please rewrite the following sentence below: **“I will need glasses to see things for all near and intermediate tasks.”**

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_____ Initials	<b><u>STANDARD LENS FOR NEAR VISION:</u></b> I wish to have cataract surgery with a STANDARD lens for <b>NEAR</b> vision on my <i>(check one)</i>		
	_____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

_____ Initials	<b><u>TORIC LENS FOR NEAR VISION :</u></b> I wish to have cataract surgery with a TORIC lens for <b>NEAR</b> vision on my <i>(check one)</i>		
	_____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

Patient – please rewrite the following sentence below: **“I will need glasses to see things for all distance and intermediate tasks.”**

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If you selected either of the STANDARD lens options above/on the previous page:

Initials _____	<b><u>ASTIGMATISM:</u></b> I understand that I have an astigmatism. I understand that if I choose to have a standard lens, which does not correct for this astigmatism, I will likely need to wear glasses or contact lenses after surgery for all tasks. <i>(check one)</i> This also applies to patients with prism.		
	____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

Patient – please rewrite the following sentence below: **“I will need to wear glasses for all tasks after cataract surgery.”**

\_\_\_\_\_

\_\_\_\_\_

Initials _____	<b><u>MULTIFOCAL, EXTENDED DEPTH OF FOCUS LENS, OR LIGHT ADJUSTABLE LENS (LAL/LAL+) FOR DISTANCE AND NEAR VISION:</u></b>		
	I wish to have a MULTIFOCAL, EXTENDED DEPTH OF FOCUS, OR LAL/LAL+ lens for on my <i>(check one)</i>		
	____ Surgeon Initials	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes

Although this option will give me the most freedom from spectacles, it is possible that even after successful cataract surgery, glasses will be required for some, or all, visual tasks.

Patient – please rewrite the following sentence below: **“I may still need to supplement with glasses for reading small print or in dim light.”**

\_\_\_\_\_

\_\_\_\_\_

**PATIENT'S ACCEPTANCE OF RISKS:**

*The main rationale for cataract surgery is to improve the quality of vision. I understand there are no guarantees, and I may still need glasses for all ranges of vision, regardless of my lens choice for surgery.*

Initials \_\_\_\_\_

After meeting with my surgeon: I understand that it is impossible for the doctor to inform me of every possible complication that may occur. In signing below, I acknowledge that I have read the preceding pages and agree that the doctor has answered all my questions to my satisfaction. I understand the risks, benefits, and alternatives complications of cataract surgery, as explained to me by my ophthalmologist, and I have been offered a copy of the consent.

_____ Patient's Name (Printed)	_____ Patient Signature	_____ Date
_____ Ophthalmologist	_____ Date	

**Note:** If you have already chosen a lens for surgery, any changes made within five days prior to your procedure may require rescheduling.