

## INFORMED CONSENT FOR 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 the operation.

Except in unusual problems, a cataract operation is indicated only when you have a functional impairment due to poor sight produced by the cataract. You must remember that the natural lens within your own eye even with a slight cataract although not perfect, 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. This is based on your own visual needs, and medical considerations.

### METHODS OF RESTORING SIGHT

I understand 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 250/0 and clear vision is obtained through the central part of cataract spectacles, which means you must learn to turn you 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.
2. Contact lens – a hard or soft contact lens increases the apparent size of objects only 8%. Handling of a contact lens is difficult for some individuals. Most lenses must be inserted and removed daily and not everyone can tolerate them. For near tasks, eyeglasses (not cataract spectacles) may be required in addition to contact lenses.
3. Intraocular lens – this is a small artificial lens 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 the possible implantation of an intraocular lens in my eye, I declare and I understand the following information:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by surgery. In order 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. If an intraocular lens is implanted, it is done by a surgical method. It is intended that the small artificial lens will be left in my eye permanently.
3. The results of surgery 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.
5. Complications of surgery to remove the cataract: as a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may include hemorrhage (bleeding), loss of corneal clarity, infection, detachment of the retina, glaucoma, and/or double vision. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision or loss of the eye.
6. Specific complications of lens implantation: Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases complications may develop during surgery from implanting the lens or days, weeks, months or even years later. Complications may include loss of corneal clarity, infection, uveitis, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, dislocation of the lens and retinal detachment.
7. At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.
8. Complications of surgery in general: As with all types of surgery, there is the possibility of other complications due to anesthesia, drug reactions or other factors which may involve other parts of my body, including a possibility of brain damage or even death. Since it is impossible to state every complication that may occur as a result of surgery, the list of complications in this form is incomplete.

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. I understand that periodic visits to the doctor by me will be required for at least one year to assess the results of the operations. In signing this informed consent for cataract operation, and/or implantation or intraocular lens, I am stating I have read this 3 page 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 surgery.

I AGREE TO HAVE THE TYPE OF OPERATION LISTED BELOW WHICH I HAVE INDICATED BY MY SIGNATURE:

I wish to have a cataract operation with insertion of an Intraocular lens.

on the RIGHT Eye \_\_\_\_\_  
Signature Date

LEFT Eye \_\_\_\_\_  
Signature Date

Patient's name (printed) \_\_\_\_\_

I have explained the nature, purpose and anticipate benefits as well as any possible alternative methods of treatment, the risks that are involve, and the possibility of complications of the proposed operation/procedure to the patient. I have provided the patient with an opportunity to ask any questions about the proposed operation/procedure.

This patient understands and accepts these risks.

Doctor's signature: \_\_\_\_\_  
Date