

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 for unusual problems, a cataract operation is necessary only when you cannot function adequately due to poor sight produced by the cataract. You must remember that the natural lens within your own eye with a slight cataract, although not perfect, has some distinct advantages over any man-made lens.

After you have been told that you have a cataract, you and the doctor are the only ones who can determine if or when you should have a cataract operation. This decision should be based on your own visual needs and medical considerations, unless you have an unusual cataract that might need immediate surgery.

SURGICAL OPTIONS

You may decline to have a cataract operation all together. However, if you decide to have an operation, you should understand that there are three routine methods of restoring useful vision after the removal of your cataract. Almost always, two (2) of the three (3) methods must be combined for the best vision.

Cataract Glasses

Cataract glasses are used if no man-made lens is placed into the eye. Cataract glasses required to correct your vision have several drawbacks. They are usually thicker and heavier than normal which can irritate the skin of the bridge of the nose where the glasses rest. Cataract glasses increase the size of objects by about 25% - 30%, which can be visually disturbing. Clear vision is obtained only through the central part of the cataract glasses which means that you have to learn to turn your head to see clearly on either side. Cataract glasses usually cannot be used if the cataract is only in one eye (and the other eye is normal) because they may cause double vision. However, cataract glasses have the longest track record and used to be the most common method of correcting vision after cataract surgery. Since they do not touch the eye, they cannot physically damage the eye and therefore, may be considered the safest method.

Contact Lenses

A hard or soft contact lens has the distinct advantage of magnifying the size of objects by only about 7%, which most people can tolerate. If contact lenses are tolerated, this usually corrects visual difficulty that would otherwise occur if one cataract was removed and the other eye was normal. The disadvantages of contact lenses include the necessity for lens care, risk of corneal problems including infection, and long-term cost. In addition, not everyone can tolerate contact lenses. For near tasks, eye glasses (not cataract glasses) may be required in addition to contact lenses.

Intraocular Lenses

This is a small artificial lens with supports which is surgically placed inside your eye permanently. The intraocular lens appears to show no change in the size of the objects you see. Conventional eyeglasses (not cataract spectacles) may be used in addition to an intraocular lens to give you the best vision possible.

Some intraocular lenses (IOL) are investigational devices. Other intraocular lenses have been clinically proven as safe and effective. Your doctor can provide information to help you decide which intraocular lens is right for you, should you choose this method of restoring useful vision after the cataract operation.

The intraocular lens has disadvantages. If complications arise with the intraocular lens inside the eye, the severity of the complications will be greatly magnified. Dislocation of the lens can occur and cause permanent damage to the structures of the eye. Glaucoma, infection, inflammation and hemorrhage can also occur with the intraocular lens and may require removal. Finally, long-term tolerance of the eye to the lens material is not known and it is possible that, in the long run, damage to the eye may occur due to the presence of the intraocular lens.

In giving your permission for cataract extraction and/or implantation of an intraocular lens in your eye, it is very important that you understand the following information:

1. The results of the cataract operation cannot be guaranteed in your or anyone's case.
2. At the time of surgery, your doctor may decide not to implant an intraocular lens in your eye even though you may have given prior permission to do so. Your doctor may also decide to change the type of implant used during surgery if he/she feels it necessary.
3. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in your eye, you must have cataract surgery performed either at the time of the lens implantation or before the lens implantation.

Complications of Surgical Removal of the Cataract

As a result of the surgery, it is possible that your vision could be made worse. In some cases, complication may occur weeks, months or even years later. Complications may include hemorrhage (bleeding), loss of corneal clarity, infection, detachment of the retina, glaucoma, and/or double vision. These and other complications may result in poor vision, total loss of vision or loss of the eye. These types of complications may occur whether or not an intraocular lens is implanted.

Specific Complications of Lens Implantation

Insertion of an intraocular lens may induce complications which otherwise would not occur. Days, weeks, months or even years later a complication may develop from the surgical implantation of this lens. Complications may include loss of corneal clarity, infection, inflammation, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, dislocation of the lens requiring repositioning or surgical removal and retinal detachment.

At some future time, the lens implanted in your eye may have to be repositioned or removed surgically.

General Complications of Surgery

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 and/or implant of lens surgery, advantages and disadvantages, risks and possible complications, and alternative treatments have been explained to me by my physician. 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 follow-up care is necessary. I have been give a copy of this consent statement.

**VALLEY SURGERY CENTER
CONSENT FORM FOR SURGERY AND ANESTHESIA**

I, _____ hereby request and consent to the performance of the following procedure(s):

- 1) **PROCEDURE: Cataract Extraction with Intraocular Implant in the _____ eye**
by, Randal K. Hughes, M.D. / George John, M. D. / Terry W. Talley, M. D. / Thomas A. Brummer
Other _____
- 2) **OTHER PROCEDURE: _____**
by, Randal K. Hughes, M. D. / George John, M. D. / Terry W. Talley, M. D. / Thomas A. Brummer
Other _____
- 3) ANESTHESIA: In addition, I consent to the administration of anesthesia by an Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA), and/or Surgeon or his/her associates. I have had the opportunity to ask questions, and these were answered to my satisfaction. I understand that common complications of anesthesia may include nausea, vomiting, headache, numbness, or tingling. More serious but rare complications include heart and lung problems, heart attack, stroke, and death. My vital signs, including electrocardiogram, blood pressure, oxygen saturation and breathing, temperature, and level of consciousness, will be monitored continually to help ensure my safety. I realize that anesthesia may have to be changed possibly without explanation to me. I have been advised that I will be given:
 Local Anesthesia
 Major/Minor nerve blocks
 Monitored Anesthesia Care with intravenous sedation

The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibilities of complications have been fully explained to me. No guarantee or assurance has been given by anyone as to the results that may be obtained.

I consent to the performance of operations and procedures in addition to or different from those now listed, which may be considered necessary or advisable in the course of the operation.

I consent to photographing or televising of the operations or procedures to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures or by the descriptive texts accompanying them.

For the purpose of advancing medical education, I consent to the admittance of observers to the operating room.

I consent to the disposal by Valley Surgery Center of any tissues or parts which may be removed.

In signing I acknowledge:

- The Valley Surgery Center does not honor advanced directives including living wills.
- I have received a copy of the "Patient's Rights & Responsibilities" and of this consent form.
- I have been informed of my right to change "Specialty Physicians"
- I have been informed of my right to be referred to a payment counselor for service fees or payment policies.
- 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.

Signature of patient

Signature of witness

DATE: _____

TIME: _____