

**INFORMED CONSENT  
CATARACT REMOVAL WITH  
INTRAOCULAR LENS  
IMPLANTATION**

PATIENT LABEL HERE

*Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision-making process. This form will acknowledge your consent to treatment recommended by your physician.*

**INTRODUCTION**

As a person ages, the lens of the eye becomes cloudy and is called a cataract. Symptoms of a cataract include blurred vision, increased glare, and dull colors. Usually, cataract surgery is indicated when you cannot function satisfactorily and the cataract interferes with your daily activities. Surgery is the only way to remove a cataract, and if you choose not to have surgery, the cataract will continue to worsen.

Removing a cataract and replacing the lens is an elective procedure. The goal of cataract surgery is to improve vision. When your doctor removes your cataract, a new artificial intraocular lens (IOL) implant will be placed in your eye. Cataract surgery does not correct vision loss related to other eye diseases such as glaucoma, diabetes, or age related macular degeneration. You and your doctor are the only ones who can determine if or when you should have cataract surgery based on your own visual needs and medical considerations.

**WHAT TYPES OF IOLs ARE AVAILABLE?**

Your ophthalmologist will help you decide on the most appropriate type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia) and farsightedness (hyperopia). These single focus lenses are called monofocal IOLs and provide either near or distance vision. Patients will need to wear glasses for their best vision with this type of IOL.

Some newer IOLs can provide for astigmatism correction (in addition to treatment of myopia or hyperopia). IOLs that treat astigmatism are called Toric IOLs. There are also IOLs that can correct near, intermediate, and distance vision. These multiple focus lenses are called Presbyopia correcting IOLs. There are additional out of pocket fees for both Toric and Presbyopia correcting IOLs.

You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision. This is only recommended for select patients who naturally have monovision or have a history of successful monovision contact lens use.

## **ALTERNATIVE TREATMENT**

You may decide not to have a cataract surgery at this time. If you choose to not have cataract surgery, a new prescription for glasses or contact lenses may help to clear your vision to some degree. However, because the cataract will still be present, you will still have symptoms of a cataract, even with new glasses or contact lenses.

## **POSSIBLE RISKS AND COMPLICATIONS OF CATARACT SURGERY**

There are risks associated with any type of procedure or surgery. The incidence of complications with cataract surgery is low. Major potential risks of cataract surgery include but are not limited to:

- hemorrhage (bleeding)
- clouding of the cornea
- retained pieces of cataract in the eye
- infection
- rebound or excessive inflammation
- tear or detachment of the retina with loss of vision
- uncomfortable or painful eye
- droopy eyelid
- glaucoma (increased pressure in the eye)
- double vision, impaired depth perception, night glare, halos, starbursts, flickering, shadows, or ghost images which may usually improve over time, but in some cases, may not
- need for additional surgery or treatment

In some cases, complications may occur weeks, months, or even years later. These and other complications may occur regardless of which intraocular lens is implanted and can result in poor vision, partial or total loss of vision or even loss of the eye in rare situations.

Rarely, additional surgery or procedures may be required should one of these complications occur. This additional treatment is not included in the fee for this procedure. Risks of anesthesia administered during cataract surgery are extremely low and include potential cardiac and respiratory problems, and in rare cases, may result in death.

The results of cataract surgery cannot be guaranteed. You will likely need to wear glasses or contact lenses after surgery to obtain your best vision.

## **PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING OF RISKS**

Although these risks and complications may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure. Although most procedures have good results, there is no guarantee that surgery will improve your vision. I acknowledge that no guarantee has been made to me about the results of this procedure.

I also understand that it is impossible for the doctor to inform me of every possible complication that may occur.

I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my physician and other qualified medical personnel to perform such treatment or procedures as required.

I give permission for my ophthalmologist to record on video or photographic equipment my procedure for purposes of education, research, or training of other health care professionals.

I certify that I have read or had read to me the contents of this form. I have read or had read to me and will follow any patient instructions related to this procedure. I understand the potential risks and complications involved with any medical or surgical treatment or procedure and have decided to proceed with this procedure after considering the possibility of both known and unknown risks, complications and alternatives to the procedure. I declare that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

By signing below, I agree that my surgeon has answered all my questions to my satisfaction and I therefore request and authorize Dr. \_\_\_\_\_ to perform a cataract removal with intraocular lens implantation in my \_\_\_\_\_ (state "right" or "left") eye.

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient Signature (or person authorized to sign for patient)

I have been given a copy of this consent for my personal records and to review at home.

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient Signature (or person authorized to sign for patient)

Witness Name (PRINT): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_