

INFORMED CONSENT FOR CATARACT OPERATION AND IMPLANTATION OF AN INTRAOCULAR LENS

Introduction

This information is given to you so that you can make an informed decision about having cataract surgery. Take as much time as you wish to make your decision about signing this informed consent. We encourage you to ask any and all questions you may have about the procedure before agreeing to have it done.

Except for unusual situations, a cataract operation is indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. Remember that the natural lens within your own eye, even with a slight cataract, 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 based on your own visual needs and medical considerations. You may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an artificial intraocular lens in order to restore your vision. This is a small synthetic lens, usually made of plastic, silicone, or acrylic material, surgically and permanently placed inside the eye. Conventional eyeglasses will be required in addition to an intraocular lens for best vision.

Consent for Operation

In giving my permission for a cataract extraction and/or for the possible implantation of an intraocular lens in my eye, I understand the following:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. Implantation of an intraocular lens at the time of cataract surgery is nearly always the best way to restore visual function when a cataract is removed.
2. **Complications of surgery to remove the cataract and insert the intraocular lens:** Although very unlikely, it is possible that my vision could be made worse as a result of the surgery or (if used) local anesthesia injections around the eye,. 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 extremely unlikely, loss of the eye.

a. Complications of removing the cataract may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of

cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, 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 even loss of the eye in rare situations.

b. Complications associated with the intraocular lens may include increased night glare and/or halo, double or ghost images, and dislocation of the lens. In some instances, corrective spectacle lenses, surgical replacement of the intraocular lens, or laser refractive surgery may be necessary for adequate visual function following cataract surgery.

c. Very rare complications of Anesthesia may include risk of severe allergic reaction, stroke, loss of vision, paralysis or even death.

3. If an intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic, silicone, or acrylic lens will be left in my eye permanently.

Unexpected conditions may arise during surgery that cause the surgery plan to be changed to include additional procedures and I consent to having my doctor make such changes according to her best judgment.

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. The results of surgery cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may later need laser surgery to correct clouding of vision. At some future time, the lens implanted in my eye may have to be repositioned, removed surgically, supplemented with a second intraocular lens, or exchanged for another lens implant. Refractive laser surgery may be necessary to adjust the optical power of the eye in some cases. Typical recovery times and symptoms have been explained, and I realize recovery sometimes takes longer than expected.

I understand that cataract surgery and the calculations for intraocular implants are not "an exact science." My options for near and far vision have been explained, as well as various intraocular lens implant options for vision correction. I accept that I am likely to need to wear glasses or contact lenses subsequent to surgery at least some of the time to obtain my best vision. Photographs and or videotaping may be done during my surgery in such a fashion that I will not be identifiable. These images would be intended for educational or scientific purposes rather than as part of the permanent medical record.

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The basic procedures of cataract surgery, and the advantages and disadvantages, risks and possible complications and 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. In signing this informed consent for cataract operation, and/or implantation of intraocular lens, I am stating I have read this informed consent (or it has been read to me because I am unable to read it) and I fully understand this consent form and the possible risks, complications and potential benefits that can result from the surgery. I wish to have a cataract extraction **with** an intraocular lens implant on my RIGHT LEFT (circle one) eye by Dr Shimokaji

_____ Patient (or person authorized to sign for patient) Date _____

Patient's Name (print) _____

Witness' Signature Time _____

On ___ / ___ / ___, this form was read to the patient by:

_____, Whose relation to the patient is:

_____. This was necessary because the patient was unable to read or speak English.