



# SKYVISION

C E N T E R S

## INFORMED CONSENT FOR CATARACT OPERATION AND/OR IMPLANTATION OF AN APPROVED INTRAOCULAR LENS

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 indicated when you cannot function adequately due to poor sight caused by the cataract. You must 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 physician has told you that you have a cataract, you and your physician are the only ones who can determine if or when you should have a cataract operation.

## ALTERNATIVE TREATMENTS

I understand that I may decline to have a cataract operation at all. However, should I decide to have an operation, I understand that these are the three methods of restoring useful vision after the operation:

### 1. Cataract Spectacles (Glasses)

Cataract spectacles required to correct your vision are usually thicker and heavier than conventional eyeglasses. They magnify the size of objects by about 25%. Peripheral vision is greatly reduced. Cataract spectacles usually **cannot** be used if a cataract operation is performed 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 approximately 8%. Handling of a contact lens is difficult for some individuals, 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 plastic artificial lens surgically placed **inside** the eye. It is presently the most common method of correcting vision after cataract surgery. With the intraocular lens, there is no apparent change in the size of the objects seen. Eyeglasses (not cataract spectacles) are usually required in addition to an intraocular lens.

## CATARACT OPERATION

### 1. Cataract Surgery

By itself, cataract surgery means removal of the natural lens of the eye by a surgical technique. 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. Lens Implantation

If an intraocular lens is implanted, it is done by surgical method. It is intended that the intraocular lens will be left in the eye permanently.

### 3. Surgical Results

The results of surgery cannot be guaranteed. 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. I understand that I will need a new prescription for eyeglasses after my procedure.

### 4. Complications of Cataract Surgery

As a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months, or even years later. Complications may include hemorrhage (bleeding), loss of corneal clarity, infection, retinal detachment, 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.

### 5. Complications of Lens Implantation

Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases, complications may occur weeks, months, or even years later. Complications may include, but are not limited to, loss of corneal clarity, infection, uveitis, iritis, glaucoma, hyphema (bleeding in the eye), papillary dysfunction, lens dislocation and retinal detachment.

## 6. Future Intervention

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

## 7. 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 the 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.

## CONSENT FOR OPERATION

The basic procedure for cataract surgery and its advantages, disadvantages, risks, possible complications, and alternative treatments have been explained to me by my physician. Although it is impossible for him/her to inform me of every possible complications which may occur, my physician has answered all my questions to my satisfaction. I understand that I may obtain information concerning medical treatment from my ophthalmologist or the American Medical Association.

I agree to have the type of operation listed below which I have indicated by my signature:

1. I wish to have a cataract extraction **with** an intraocular lens implantation:

Patient's Signature \_\_\_\_\_

2. I wish to have a cataract extraction **without** an intraocular lens implantation:

Patient's Signature \_\_\_\_\_

3. Since my cataract was previously removed and I have been informed by my physician that my eye is medically acceptable for lens implantation, I wish to receive an intraocular lens implant:

Patient's Signature \_\_\_\_\_

Patient's Name (printed) \_\_\_\_\_ Age \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_

## AGREEMENT FOR OPERATIN ON BEHALF OF A DISABLED PERSON:

As parent, guardian, caretaker, next-of-kin or other legal representative responsible for the patient whose name appears on the appropriate signature line, I have read this informed consent document and its terms with the patient.

Due to the patient's inability to sign this informed consent, I agree, on behalf of the patient, to sign for the patient and bind him/her to the terms of the informed consent.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

- I understand, and agree to have cataract surgery on my \_\_\_\_\_ eye(s) for distance correction only, and understand that I will need spectacle correction for all near and intermediate tasks.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I understand, and agree to have cataract surgery on my \_\_\_\_\_ eye(s) for near correction, and/or monovision , and understand there will possibly be a need for corrective lenses for distance, near, or both.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I understand that there are no guarantees to any procedure, and understand that there could possibly be a need for spectacle correction for distance, near, and/or both.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I feel that my surgeon has discussed and answered all of my questions and concerns.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_