

# **Patient Informed Consent**

## **Cataract Surgery with the ACRYSOF IOL**

### **Introduction**

This information is being provided to you so that you can make an informed decision about having cataract removal surgery. You have the right and are encouraged to ask your surgeon or a member of our staff questions about any procedure before agreeing to have it.

Your eye functions much like a camera. Your natural lens focuses images onto the back of your eye so you can see clearly, much like the lens of a camera focusing images onto film for a clear picture. At birth, your natural lens is clear but will "yellow" over time. However, as you age, the lens may begin to gradually become "cloudy". This condition is called a cataract, and is usually a result of the natural aging process. As the lens becomes cloudier, your vision slowly becomes more blurred.

A cataract can progress until eventually there is a complete loss of vision in your eye. Surgery is the only way a cataract can be removed. You should consider surgery when cataracts cause enough loss of vision to interfere with your daily activities.

### **What is the surgical procedure to restore my vision?**

Your eye will be measured after you and your surgeon have decided that you will have your cataract removed. This will determine the proper power of the IOL that will be placed in your eye during surgery.

This procedure is performed at the Surgicare Surgery Center. When you arrive on the day of your surgery, you will be given eyedrops and medicines that will help you relax. The eye will be numbed to make the operation painless. To perform surgery, your surgeon will use a microscope to have a magnified view of your eye. Your lens sits in a bag-like structure called the capsule. The capsule is located just behind the colored part of your eye (iris). A small incision is made in the outer surface of the eye (cornea) to reach and remove the cataract. An intraocular lens (IOL) is then placed into the capsule to replace your lens. The IOL will act in the same way as your natural lens once did to focus images clearly onto the back of your eye (retina). You will be ready to go home after a short stay in the outpatient recovery area. Please to have someone else available to drive your home.

### **What types of IOLs are available?**

Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs.

### **What is astigmatism? Are there other treatments for it?**

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This can make your vision blurry. In addition to TORIC IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive

surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

### **Astigmatism Correction:**

Astigmatism causes blurry vision. Normally, eyes are round (like a basketball). With astigmatism, the eye is long (like a football). Many people with cataracts have astigmatism. If you have astigmatism, wearing glasses or contact lenses can help you see more clearly.

There is an option to correct astigmatism during cataract surgery. Your eye surgeon can put a special type of IOL called a TORIC IOL in the eye that has astigmatism.

You have to pay extra for a TORIC IOL. Medicare and private insurance do not pay for these.

As with all surgery and medical procedures, problems can happen. In addition to all the risks of cataract surgery, there are some common or serious risks with Toric IOLs:

- The toric IOL may be placed in the wrong position or may shift position after surgery is over.
- The toric IOL may not correct all of the astigmatism (under-correction).
- It could correct it too much (overcorrection) or change the type of astigmatism you have.
- If you are under-corrected or over-corrected, you may continue to have blurry vision.
- You may need to wear glasses or have another procedure to make your vision clearer.
- Astigmatism may change or come back as you get older and cause blurry vision again.
- You may need to wear glasses after getting a TORIC IOL.

### **Potential Risks**

Surgery risks include reactions to medications and vision changes. Common side effects include redness, scratchiness to the eye, and light sensitivity. There is a small chance that your vision could be made worse by the operation. Possible reasons for this are bleeding, infection, retinal detachment, or inflammation. These risks are rare and may be outweighed by the potential benefits of restoring your vision. This list is not inclusive, these are the most common risks. Your surgeon can discuss other less common risks with you.

### **Warnings**

1. Your surgeon will consider the following points before implanting the ACRYSOFT IOL:
  - a. Your surgeon must choose the appropriate lens power that will give you the best vision after cataract surgery.
  - b. The front surface of your eye may be irregular in shape (astigmatism) before and after cataract surgery. You may require an additional procedure during the course of the surgery to correct this.
2. Contact us immediately if you have any of the following symptoms while using the eye drops prescribed by your surgeon: itching, redness, watering of your eye, or sensitivity to light.
3. You should avoid any activity that could harm your eye while you are recovering from the surgery.
4. You have discussed your desired outcome with your surgeon. If you choose to be less dependent on glasses for reading, you will require them for distance vision. If you have

chosen to be less dependent on glasses for distance, you will need them for reading. While cataract surgery will improve your vision, a monofocal implant is NOT designed to leave you free from glasses after surgery FOR ANY DISTANCE.

### **Presbyopia Correction**

Presbyopia makes it hard for the eye to focus on near vision. This happens to most people as they age. It can also happen after cataract surgery to people of any age if they have a monofocal IOL for distance vision. People with presbyopia might hold a book or menu at arm's length to see it more clearly. Reading glasses can improve vision problems caused by presbyopia.

Your eye surgeon can correct presbyopia during cataract surgery. The goal is to reduce your need to wear eyeglasses. There are two options for correcting presbyopia during cataract surgery.

1) Monovision using two different monofocal (single focus) IOLs. The eye surgeon can correct presbyopia by placing a monofocal IOL for near vision in one of the eyes having surgery. The eye surgeon will put in a monofocal IOL for distance vision in the other eye. The goal is to improve both near and distance vision by having these two IOLs work together. But some patients do not like having two different monofocal IOLs. This is only an option if you've done monovision successfully with contact lenses.

2) Multifocal IOL. Another option to correct presbyopia is for your eye surgeon to put in a multifocal IOL. Multifocal IOLs allow your eye to focus at more than one distance so that you do not have to wear glasses as much. Multifocal IOLs work best if put into both eyes. There are different types of multifocal IOLs. Your eye surgeon can tell you about them and help you decide which is best for you.

You have to pay extra for a multifocal IOL. Medicare and private insurance do not pay for this. As with all surgery, problems can happen. In addition to all the risks for cataract surgery, here are some common or serious risks for presbyopia correction:

- You may see halos and ghost images. Or you could experience glare at night, double vision, or blurry vision.
- You might have trouble with depth perception (seeing which of two objects is closer) or problems driving at night.
- Multifocal IOLs may not work well if you have certain eye problems or large pupils.
- You may need to wear glasses at all times or just for some activities, even after getting multifocal IOLs.

### **Precautions**

1. The bag-like structure (posterior capsule) that your IOL is placed in may become cloudy after cataract surgery. If this condition develops, it may affect your vision and require an in office laser procedure to correct. This is called a YAG laser capsulotomy.
2. As with any surgical procedure, there are risks involved. These risks may include infection, retinal detachment, and an increase in eye pressure. This list is not intended to be inclusive, these are the most common risks. Your surgeon will discuss all risks and benefits with you.
3. Take all prescribed medications and apply eye drops as instructed.
4. Before surgery, you will be asked if you have any eye diseases or swelling. Be sure to tell us if you have any health conditions that may affect your surgery or vision.

### **Postoperative Care**

You will return home after your surgery and your surgeon will examine you at the office the

following day. You will be using medicated eye drops to help speed up the healing process and prevent infection.

It is expected that your vision will greatly improve over four to six weeks. Many patients see better within one to two weeks, or less. This varies and may be different for each patient.

It may take you some time to get accustomed to your new IOL. Consult with your surgeon or a member of our staff if you have any questions or concerns as a result of surgery.

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

The details of cataract surgery with the ACRYSOF IOL have been presented to me in detail in this document and have been explained to me by my surgeon. Although it is impossible for the doctor to inform me of every possible complication that may occur, my surgeon has answered all my questions to my satisfaction. I am stating that I have read this document, fully understand the possible risks, complications, and benefits that can result from the surgery and the alternatives available to me, and hereby give my consent to have surgery using the ACRYSOF IOL in myeye.