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## INFORMED CONSENT FOR CATARACT SURGERY AND INTRAOCULAR LENS IMPLANTATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### WHAT IS A CATARACT AND HOW IS IT TREATED?

The natural lens in your eye (which helps to focus images) can become cloudy and hard, a condition known as a cataract. Cataracts can cause problems such as blurry or dulled vision, sensitivity to light and glare, and seeing shadows or ghost-like images. If the cataract changes vision so much that it interferes with your daily life, the cataract can be removed. Surgery is the only way to remove the cataract. You can decide not to have the cataract removed or to have it removed at a later time. If you don't have surgery, your vision loss from the cataract will continue to worsen.

### HOW DOES REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new clear artificial lens called an intraocular lens or "IOL". Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, macular degeneration, or other eye illnesses or injuries. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

### WHAT TYPES OF IOLs ARE AVAILABLE?

Your surgeon 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. The most common type of IOL provides either near or distance vision: these single focus lenses are called **monofocal** IOLs. With this IOL, you will probably need glasses to see clearly at other distances. This is the only IOL that is covered by insurance. 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. You can also have one eye corrected for near vision, and the other for distance vision, a choice called **monovision**.

### WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?

Normally, eyes are round (like a baseball). With astigmatism, the eye is shaped more like a football. This can make your vision blurry. Glasses can improve astigmatism. If you want to wear glasses less often, your surgeon can put in a special IOL or do an extra procedure during cataract surgery to treat the astigmatism. **You have to pay extra for special IOLs or extra surgical procedures.** Medicare and private insurance do not pay for these. Your eye surgeon will let you know if you are a candidate for these treatments and will give you more information if you are interested. You will be asked to sign another consent for them.

### WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

**Risks from the cataract surgery:** All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to vision loss, blindness, change in the appearance of your eyes, or not getting the result you want. You could also have bleeding, infection, or a droopy eyelid. You could have high eye pressure, swelling of the front (cornea) or back (retina) of the eye, which could require drops or surgery to correct. You could have a tear or detachment of the retina (the nerve tissue at the back of the eye), which may require surgery to fix. You may have inflammation in the eye, changes in the shape or size of your pupils, or double vision. You may need another surgery later to take out pieces of the cataract that were not removed during the cataract surgery. Some complications may occur weeks, months, or even years after the surgery. Sometimes problems occur during surgery that need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this new problem.

**Risks from the IOL:** Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. The ophthalmologist might not be able to put in the IOL you choose. In addition, the IOL may move out of position

or need to be repositioned or replaced. This may happen months or years after the surgery. The methods for calculating the power of the IOL are very accurate in most patients, but the final result may be different from what was planned. The IOL may be too weak or too strong. This is more common in patients who are very nearsighted or very farsighted, or patients who have had previous refractive eye surgery such as LASIK. Lastly, between 20-50% of cataract patients develop clouding of the posterior capsule which surrounds the IOL, at some point after surgery. This will often decrease the vision. In order to improve vision if this happens, a laser procedure may be needed to open the capsule.

**Risks from Anesthesia:** Depending upon the type of anesthesia, other risks are possible, including heart and breathing problems, and, in rare cases, brain damage or death. Anesthesia can also injure your eye and cause vision loss or double vision.

**Other Risks:** There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. 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 even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

**Need for Glasses After Surgery:** You may need to wear glasses after cataract surgery, even if you choose a presbyopia-correcting or astigmatism-correcting option.

**PATIENT'S ACCEPTANCE OF RISKS**

I hereby authorize Dr. \_\_\_\_\_ to perform cataract surgery and intraocular lens (IOL) implantation on my \_\_\_\_\_ eye. I understand that it is impossible for the doctor or staff to inform me of every possible complication that may occur. By signing below, I agree I have read this consent form (or that someone read it to me), that my doctor or staff has answered all of my questions, that I have been offered a copy of this consent form. I understand and accept the risks, benefits, and alternatives of cataract surgery. I understand my choices for IOLs and understand that I may need glasses after surgery. I have marked my choice for type of IOL below.

**Monofocal IOL/Glasses Option** – I wish to have a cataract operation with a monofocal IOL in my  
 right eye OR  left eye with the goal of correcting that eye for  near vision OR  distance vision.  
I understand that I will at least need glasses for other distances.

**Monovision with 2 IOLs Option (may still need glasses)** – I wish to have a cataract operation with two different-powered IOLs implanted to achieve monovision.  
I wish to have my  right eye OR  left eye corrected for **DISTANCE** vision.  
I wish to have my  right eye OR  left eye corrected for **NEAR** vision.

**Multifocal IOL Option (may still need glasses)** – I wish to have a cataract operation with a multifocal IOL implant on my  right eye OR  left eye.

**Toric monofocal IOL/Glasses Option for Astigmatism Reduction** – I wish to have a cataract operation with a toric monofocal IOL on my  right eye OR  left eye with the goal of correcting that eye for  near vision OR  distance vision. I understand that I will at least need glasses for other distances.

**Limbal Relaxing Incision for Astigmatism Reduction (may still need glasses)**  
I wish to have this procedure done in addition to the cataract operation.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
or authorized person (please state relationship to patient): \_\_\_\_\_

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

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interpreter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_