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Consent for Cataract Extraction

This information is given so that you can make an informed decision about having eye surgery. You have the right to ask questions about any procedure before agreeing to have it.

Except for unusual circumstances, a cataract operation is indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. The natural lens within your own eye, even with a slight cataract, has some distinct advantages over any man-made lens.

Initials _____

Alternative Treatments

Since cataract surgery is elective in most instances, I understand that I may decide not to have a cataract operation at all. However, should I decide to have an operation, I understand these are the three methods of restoring useful vision after the cataract is removed.

1. Spectacles (glasses)
2. Contact lens
3. Intraocular lens: this is a small plastic artificial lens made of acrylic or silicone, surgically placed inside the eye, permanently. Conventional eyeglasses are usually required in addition to an intraocular lens. **This is the standard procedure for restoring vision after cataract surgery.**

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 declare I understand the following:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by surgical technique. In order for an intraocular lens to be implanted in my eye, I understand that I must have cataract surgery performed before a synthetic lens can be implanted.
2. If an intraocular lens is implanted, it is done by a surgical method. It is intended that the small plastic lens will be left in my eye permanently.
3. The results of the surgery cannot be guaranteed.
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.

Complications of 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 the following:

Hemorrhage (bleeding) into the eye or orbit

Infection

Lifetime increased risk of retinal detachment

Corneal or retinal swelling, which may require additional surgery or procedures

Worsening of diabetic retinopathy

Glaucoma (loss of vision due to optic nerve damage)

Chronic eye pain

Pupil abnormalities/changes in shape

Double vision

It is likely that you will need glasses or contact lenses to see your best after surgery.

The above list is not complete. Any of the above complications, or other unforeseen complications, may result in permanent loss of vision (worse than your current vision) or loss of the eye. Rarely, the lens implant may move or migrate where further procedures may be required.

If an injection is used to numb the eye, additional complications may occur, which include: drooping of the upper eyelid, orbital bleeding, perforation of the eye, respiratory depression, decreased blood pressure, interference with retinal blood circulation, and damage to the optic nerve.

The basic procedure of cataract surgery, the advantages and disadvantages, risks and possible complications have been explained to me by my doctor. Although it is impossible for my doctor to inform me of every possible complication that could occur, the doctor has answered all my questions to my satisfaction. In signing this informed consent for cataract surgery and/or implantation of an intraocular lens, I am stating I have read this informed consent (or it has been read to me), and I fully understand it and the possible risks, complications, and benefits that can result from the surgery.

I agree to a cataract extraction of the _____ **EYE** with an intraocular lens implant.

_____ I have watched/listened to the cataract educational video and video consent.

_____ I have received a copy of the post-operative instructions and they have been explained to me.

_____ I understand that cataract surgery does not eliminate the need for glasses.

X

Patient signature

_____ Date _____

Witness _____ Date _____

Guardian Cataract Extraction Consent Statement

As parent, guardian, caretaker, next-of-kin, or other legal representative responsible for the patient, _____, I have read this informed consent and explained the consent and its terms to the patient. I understand the patient's condition will be followed for many years to assess the long-term effect of the intraocular lens.

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 this informed consent.

Guardian _____ Date _____

Relationship to patient _____