

Uday Devgan, MD, FACS, FRCS

Board Certified Ophthalmologist - Specialist in Cataract Surgery & Laser Vision Correction
11600 Wilshire Blvd., Suite 200, Los Angeles, CA 90025, telephone: 1-800-337-1969, Fax 310-388-3028
www.DevganEye.com

Informed Consent for Cataract Surgery / Lens Replacement and/or Implantation of an Intra-Ocular Lens

NAME: _____

DOB: _____

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 document. You have the right to have all your questions answered before you sign this document. You are welcome to contact Dr Devgan to answer any questions at any time before or after signing this document. His personal email is devgan@gmail.com

I understand and agree to the following:

Nature of the Procedure

A cataract is an opacity or cloudiness in the natural lens. Cloudiness in the natural lens impairs its ability to focus light, causing blurred vision. Vision can be restored by removing the hazy natural lens and replacing it with a clear artificial lens called an intra-ocular lens (IOL). The surgery is called cataract surgery. If you don't yet have a significant cataract, you can still undergo this procedure to exchange your human lens for a man-made lens and address the refractive (focusing) issues which we call refractive lens exchange or RLE. Your eye will be numbed, and you may also be given sedation through an IV. A tiny opening is made in the eye and a vibrating probe is inserted through the incision to break the natural lens up into small pieces. These pieces are gently suctioned out of your eye. After the natural lens is removed, the IOL is placed inside the eye.

Potential Benefit

Removing the cloudy lens may restore crisp, clear vision, allowing you to function better in your normal activities. Except for unusual situations, a cataract surgery is indicated only when you cannot function satisfactorily due to decreased vision caused by the cataract. You may decide not to have a cataract surgery at this time. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or retina problems like age-related macular degeneration.

Alternative Treatments

The alternative to cataract surgery now is to do nothing or delay the surgery. Your vision may get worse over time, but cataract surgery can be done in the future if your vision worsens. In the great majority of patients, no harm comes to the eye from delaying cataract surgery. There is no pressure or urgency in performing cataract surgery now; you may wait until you feel that you are ready.

Risks, Limitations and Side Effects of Cataract Surgery / Lens Removal

Like all surgical procedures, cataract surgery is not absolutely 100% guaranteed safe. The following paragraphs list possible risks, limitations, and side effects of this procedure. As a result of the surgery or associated 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. Depending upon the type of anesthesia, other risks are possible, including cardiac, stroke or respiratory problems, and, in very rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is very low.

Complications of removing the natural lens may include hemorrhage (bleeding); rupture of the capsule that supports the IOL; perforation of the eye; clouding of the outer layer of the eye (corneal edema), which may require correction with a corneal transplant; swelling in the central area of the retina (called cystoid macular edema); retained pieces of lens in the eye, which may need to be removed surgically; infection; detachment of the retina (which occurs more commonly if you are highly nearsighted); droopy eyelid; increased astigmatism; glaucoma; and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. There may be unknown complications of cataract surgery. Additional surgery may be required to treat these complications.

Complications associated with the IOL may include increased night glare and/or halo, double or ghost images, and slippage of the IOL inside the eye. In some cases, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

Complications associated with local anesthesia: For the vast majority patients, the eye can be anesthetized with eye-drops or other solutions without the need for anesthetic injections around the eye. In rare cases an injection of anesthetic around the eye is needed and risks include perforation of the eye, destruction of the eye nerve, interference with the circulation of blood flow in the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems, and in rare situations, brain damage or death.

The selection of the proper IOL, while based upon sophisticated measurements and computer formulas, is not an exact calculation. After your eye heals, you may be more nearsighted or more farsighted than was intended. Patients who are highly nearsighted or farsighted before surgery have a greater risk that the eye's prescription is different than planned. Patients who have had LASIK or other refractive surgeries are also difficult to predict precisely. Additional surgeries such as IOL exchange, placement of an additional IOL, or vision correction surgery may be needed if you are not satisfied with your vision after cataract surgery. You may need to wear glasses or contact lenses after surgery to obtain your best vision. While cataract surgery has the potential to restore excellent vision, perfect vision is not a realistic expectation since nothing is as good as youthful, healthy eyes.

You should be able to resume your normal activities within 24 to 48 hours, and your eye will usually be stable within 3 to 4 weeks, at which time glasses or contact lenses can be prescribed if needed.

In rare cases, it may not be possible to implant the IOL you have chosen, or any IOL at all. In this situation, the surgeon will select the best option for you as dictated by the surgical situation, which may be different than your selection prior to surgery. The results of surgery cannot be guaranteed. Additional treatment and/or surgery may be necessary. You may need laser surgery after cataract surgery to correct clouding of vision.

If you have a high degree of hyperopia (farsightedness) and/or your eye is smaller than average, your risk for a rare complication known as nanophthalmic choroidal effusion is increased. This complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye. If you have a high degree of myopia (nearsightedness) and/or your eye is larger than average, your risk for a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness. Other factors may reduce the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration, or your individual healing ability.

Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eye surgeries. This usually cannot be fully corrected with spectacle glasses because of the marked difference in the prescriptions, so you will either temporarily have to wear a contact lens in the non-operated eye or will function with the eyes having different vision. In the absence of complications, surgery in the second eye can usually be done one or two weeks later.

Off-label use: While all products that we use, including the lens implants, are FDA approved, many possible applications of these lens implants are not specifically FDA approved. These are called "off-label" uses. Implanting an FDA approved lens implant in a patient without significant cataracts is an "off-label" use while implanting the same lens in a patient with significant cataracts is usually an FDA "on-label" indication. Many of the treatments that we do are off-label. The physician will use the most appropriate treatment for my condition, regardless of its FDA label status.

My vision will be foggy right after the procedure and I may be sedated, so I agree not to drive a car until my vision is safe for driving. Postoperative care is important to a good outcome. I agree to attend all recommended aftercare visits. I may be video recorded during the procedure. These videos will be used for teaching purposes only, and my identity will not be disclosed.

Concurrent Treatment of Pre-Existing Astigmatism

Astigmatism is a condition where the outer focusing portion of the eye, the cornea, is somewhat oval shaped instead of being round or spherical, resulting in blurring of the vision. Large degrees of astigmatism are usually best treated with special toric IOLs, but mild or moderate astigmatism can often be treated at the time of cataract surgery with a technique called a Limbal Relaxing Incisions ("LRI") or even by how the cataract surgery is done.

Limbal Relaxing Incision is a surgical procedure which consists of making fine microscopic arcuate (curved) incisions at the limbus, which is the junction of the clear part of the eye (cornea) with the white (sclera) of the eye. These are made with a specialized diamond or laser for the purpose of flattening the steepest part of the cornea to obtain a more spherical cornea. LRI permanently changes the shape of the cornea. Although the goal of LRI is to improve vision to the point of not wearing glasses, this result is not guaranteed. LRI is an elective procedure and its only purpose is to sharpen your vision. If you decide not to have LRI, there are other methods of correcting your astigmatism. These alternatives include, among others, eyeglasses, contact lenses, and other refractive surgical procedures such as PRK or LASIK which are at an extra cost.

While it is not common, I understand that I may experience incapacitating glare or halos from oncoming headlights or other bright light sources, particularly in the evening or nighttime, for a varying length of time or possibly permanently. I am aware that this may interfere with driving for an indefinite period both day and night, and I understand that I am not to drive until I am certain that my vision is adequate both day and night.

I understand that fluctuations or variation in vision may occur during the day during the initial stabilization period (up to three months or longer). As occurs in all surgical procedures, scarring is the result of making incisions in living tissue. This particular surgery is no exception. My eye will be more susceptible to a blow to the eye during the healing phase and possibly somewhat after healing as the microscopic scar tissue may not be as strong as the normal tissue. Protective eyewear is recommended for all contact and racquet sports where a direct blow to the eye could cause permanent injury to the eye. Additional reported complications include corneal perforation, which could possibly require sutures; incisional inclusions, corneal vascularization, corneal ulcer formation, endothelial cell loss, epithelial healing defects

Choice of Intra-Ocular Lens (IOL) Implant for Cataract Surgery / Lens Removal

There are several options available to you with regards to the intra-ocular lens (IOL) that will be implanted permanently in the eye at the time of surgery.

- **PREMIUM SINGLE-FOCUS IOL WITH READING GLASSES REQUIRED:** You can choose to have a premium, aspheric, single-focus IOL implanted and have refractive vision correction at the same sitting to give good distance vision without glasses. This option gives the highest quality distance vision, the best night vision, and only requires the use of glasses for intermediate and near tasks like computer, reading, cell phone, and the like.
- **PREMIUM EXTENDED DEPTH OF FOCUS IOL AND LESS NEED FOR GLASSES:** You can choose to have a premium, extended depth of focus IOL (like the Alcon Vivity IOL) implanted and have refractive vision correction at the same sitting to give good distance vision and intermediate (about 20 inches away) without glasses. This option gives good distance vision and computer range vision but requires the use of reading glasses for close near tasks like reading, cell phone use, applying make-up, and more. To extend the depth of focus, this IOL decreases some of the contrast, which may be noticed at night.

- **PREMIUM MULTI-FOCAL IOL AND MOSTLY GLASSES-FREE:** These lenses are “multi-focal,” meaning they correct for both distance vision and other ranges, such as near or intermediate. An example of this is the Alcon PanOptix Trifocal IOL. These IOLs have multiple zones on the lens surface which look like concentric rings to provide distance vision and restore some or all of the near focusing ability of the eye. However, additional prescription glasses may be needed at times to enhance either distance, intermediate or near vision. A multi-focal IOL can allow you to read up close and see far away without glasses in good lighting. If you chose a multi-focal IOL, it is possible that not all of the near and intermediate focusing ability of your eye will be restored. However, it may reduce your clarity of vision somewhat, and will cause some night glare. While a multi-focal IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected.
- **STANDARD SINGLE-FOCUS IOL AND FULL-TIME GLASSES:** For the rare patients unable to pay for vision correction at the same time as cataract surgery, they can choose to have a standard IOL implanted and then be required to wear glasses for all activities, day and night, including, distance vision, intermediate (computer) vision, and reading vision. This type of lens is not intended to provide freedom from glasses, rather it is simply used as a replacement lens after the cataract is removed. With this standard lens, after cataract surgery you will need full-time prescription glasses, for near, intermediate, and far ranges.

A portion of our patients choose monovision which is having one eye for distance vision and the other eye for near vision. These patients have typically been doing this already for many years with contact lenses or prior LASIK surgery. Because the eyes are focused differently, the imbalance between the eyes may be disturbing. Monovision may result in problems with impaired depth perception or balance between the eyes. A small percent of patients who have always had good near vision may choose to keep near vision which then means glasses would be needed for far vision. Once surgery is performed, it is not always possible to fully undo what is done, or to reverse the distance and near eye without some loss of visual quality.

Patient Consent

The procedure of cataract surgery, the reasons for the type of IOL chosen for me, the advantages and disadvantages, risks, and possible complications of alternative treatments have been explained to me in detail. 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 surgery and/or implantation of an IOL, I am stating that I have read this informed consent (or it has been read to me), and I fully understand it and the nature and possible complications of a cataract surgery and/or implantation of an IOL. I have decided that I wish to undergo cataract surgery / refractive lens exchange.

Choose only one of these 4 options by initialing it, and then cross out the others:

(1) Premium Single-Focus IOL Option

I wish to have surgery with a premium, single focus IOL. Most patients will then need to wear reading glasses for optimum near vision (reading) and intermediate vision (computer). A few patients may choose mono-vision or to retain near vision and their glasses requirements will differ.

My RIGHT EYE / LEFT EYE << circle one and initial here: _____

(2) Premium Extended Depth of Field IOL Option

I wish to have surgery with the premium extended depth of field IOL implanted in order increase my range of vision without glasses. My distance and computer vision will be good and I will still need to wear reading glasses for up close and fine print:

My RIGHT EYE / LEFT EYE << circle one and initial here: _____

(3) Premium Multi-focal IOL Option

I wish to have surgery with a premium multi-focal IOL implant to give the widest range without glasses. It may cause glare and halos, particularly at night, and it will usually allow distance, intermediate, and near vision (16 inches), all without glasses.

My RIGHT EYE / LEFT EYE << circle one and initial here: _____

(4) Standard Single Focus IOL with Full-Time Glasses Option

I wish to have surgery with a standard, single focus IOL and I will then need to wear prescription glasses full time, day and night, for all ranges of vision, on:

My RIGHT EYE / LEFT EYE << circle one and initial here: _____

I give permission to Uday Devgan, MD, FACS to perform a cataract surgery, astigmatism treatments, other necessary procedures, and/or implantation of an IOL as indicated above:

Patient's Signature _____ **Date** _____

Witness' Signature _____ **Date** _____