



Dr. Hitesh K. Patel

Dr. Himanshu Shah

INFORMED CONSENT FOR CATARACT SURGERY AND/OR IMPLANTATION OF AN INTRAOCULAR LENS

INTRODUCTION

This information is being provided to you so that you may 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 ask any questions you might have about the operation before agreeing to have it.

Except for unusual situations, a cataract operation is indicated when you cannot function satisfactorily due to decreased vision caused by the cataract. Problems may include decreased distance or near vision, night glare, double vision, or changes in depth or color perception. After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation, based upon your own visual needs and medical considerations. You may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens implant (IOL) in order to restore your vision. This is an artificial lens, usually made of plastic, silicone, or acrylic material, surgically and permanently placed inside the eye. Eyeglasses may be required in addition to the IOL for best vision.

EXAMINATIONS PRIOR TO SURGERY

If you agree to have the surgery, you will undergo a complete eye examination by Dr. Patel or Dr. Shah. This will include an examination to determine your glasses prescription (refraction), measurement of your vision with and without glasses (visual acuity), measurement of the pressures inside your eye (tonometry), measurement of the curvature of your cornea (keratometry), ultrasonic measurement of the length of your eye (axial length), intraocular lens calculation (biometry) to determine the best estimate of the proper power of the implanted IOL, microscopic examination of the front part of your eye (slit-lamp examination), and examination of the retina of your eye with your pupils dilated.

NEED TO STOP WEARING RIGID CONTACT LENSES PRIOR TO SURGERY

If you wear contact lenses, you will be required to leave them out of the eyes for a period of time prior to having your preoperative eye examination and before your surgery. This is done because the contact lens rests on the cornea, distorting its shape, and this distortion will have an effect on the accuracy of the doctor's measurements of the power of surgical correction needed.

Discontinuing contact lens use allows the corneas to return to their natural shape. Soft contact lens wearers should leave lenses out of the eyes for at least one week. Rigid (including gas permeable and standard hard lenses) contact lens wearers should leave lenses out of the eyes for at least three weeks. Rigid contact lens wearers usually experience fluctuating vision once their



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lenses have been discounted due to changes in the shape of the cornea. Although the cornea usually returns to its natural state within three weeks, this process may take longer, and you will need to remain contact lens free until stabilization is complete.

After the surgery, your eye will be examined the next day, and then at intervals determined by your surgeon. During the immediate recovery period, you will place drops in your eyes for about 2 to 4 weeks, depending on your individual rate of healing. If you have chosen monovision or a multifocal IOL to reduce your dependency on glasses or contacts, they may still be required either for further improvement in your distance vision, reading vision, or both. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 3 of 6 weeks, at which time glasses or contact lenses could be prescribed. Sometimes the recovery can be prolonged up to two months.

RISKS OF CATARACT SURGERY

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical but severe pain would be extremely unusual and should be reported immediately to the surgeon.

As a result of the surgery and 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 and respiratory problems, and, in rare cases death. Although all of these complications can occur, their incidence following cataract surgery is low.

Risks of cataract surgery include, but are not limited to:

1. 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 lens of the eye (corneal edema), which may be corrected with a corneal transplant; swelling in the central area of the retina (called cystoid macular edema), which usually improves with time; retained pieces of lens in the eye, which may need to be removed surgically; Infection; detachment of the retina, which is definitely an increased risk for highly nearsighted patients; but which can usually be repaired; uncomfortable or painful eye; dry eye; 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. Additional surgery may be required to treat these complications.
2. Complications associated with the IOL may include increased night glare and or halo,



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- double, or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.
3. Complications associated with local anesthesia injections around the eye include perforation of the eye, destruction of the optic nerve, interference with the circulation of the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems and in rare situations, brain damage or death.
 4. If a monofocal IOL is implanted, either distance or reading glasses or both will be needed after cataract surgery for adequate vision.
 5. Complications associated with monovision. Monovision may result in problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the “wrong way around”. Once surgery is performed; it is not always possible to undo what is done, or to reverse the distance and near eye without some loss of visual quality.
 6. Complications associated with multifocal IOE-s. While a multifocal 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 mere noticeable in 'areas with less light. Driving at night maybe affected. ·If you drive a considerable amount at night, or perform delicate, detailed, "up-close" work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time-of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL.
 7. If an IOL is implanted, it is done by a surgical method. It is intended that the small plastic, silicone, or acrylic IOL will be left in the eye permanently.
 8. If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.
 9. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma" diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability; and, if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.
 10. The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, its visual power may be different from what was predicted by preoperative testing. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.
 11. The result of surgery cannot be guaranteed. If you chose a multifocal-IOL, it is possible that not all of the near (and intermediate) focusing ability of your eye will be restored.



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Additional treatment and/or surgery may be necessary. Regardless of the IOL chosen you may need laser Surgery to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.

12. If Dr. Patel has-informed you that you have a high degree of hyperopia (farsightedness) and/or that the axial length, of your eye is short your risk .for a 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.
13. If Dr. Patel has informed you that you have a high degree of myopia (nearsightedness) and/or that the axial length of your eye is long; your risk for a complication called a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness.
14. Since only one eye will, undergo surgery at a time, you may experience a period of imbalance between the two eyes {anisometropia). This usually cannot be 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-only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within 1 to 2 weeks, once the first eye has stabilized.
15. Iris Damage. Another possible complication is damage to the iris (colored portion of the eye).
16. ***Cataract Surgery can also cause ongoing severe dry eye and/or floaters***

MORE INFORMATION ABOUT MONOVISION

For most people, depth perception is best when viewing with both eyes optimally corrected and "balanced" for distance. Eye care professionals refer to this as binocular vision. Monovision can impair depth perception to some extent, because the eyes are not focused together at the same distance. Because monovision can reduce optimum depth perception, it is typically recommended that 'this option be tried with contact lenses (which are removable) prior to contemplating monovision correction involving two IOLs.

Ocular dominance, and choosing the 'distance' eye correctly: Ocular dominance is analogous to right- or left-handedness. Typically, eye care professionals believe that for most individuals, one eye is the dominant or preferred eye for viewing. Several tests can be performed to determine which eye, right or left, is dominant in a particular person. Conventional wisdom holds, that if contemplating monovision, the dominant eye should be corrected for distance, and the non-dominant eye corrected for near. While this is a good guideline, it should not be construed as an absolute rule. A very small percentage of persons may be co-dominant (rather analogous to being ambidextrous), and, in rare circumstances, a person may actually prefer using the dominant eye for near viewing.



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The methods for testing and determining ocular dominance are not always 100% accurate: there is some subjective component in the measurement process, and different eye doctors may use slightly different methods of testing. It is critical to determine through the use of contact lenses which combination is best for each person (right eye for distance, left for near, or vice versa) prior to undertaking surgical implantation of two different-powered JOLs during cataract surgery. You can imagine how uncomfortable it might be if monovision were to be rendered "the wrong way around." It might be compared to a right-handed person suddenly having to write, shave, apply make-up, etc., with the left hand. Be sure you understand this and have discussed with your surgeon which eye should, be corrected for distance, and which for near. If you have any doubts or uncertainty whatsoever, surgery should be delayed until a very solid comfort level is attained through the use of monovision contact lenses. Under NO circumstances should you consider undertaking cataract surgery with monovision correction before you are convinced it will be right for you. Once surgery is performed, it is not always possible to undo what is done, or to reverse the distance and near eye without some loss of visual quality.

ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

The ophthalmologist or the anesthesiologist/nurse anesthetist will make your eye numb with either drops or an injection (local anesthesia). You may also undergo light sedation administered by an anesthesiologist or nurse anesthetist, or elect to have the surgery with only local anesthesia.

An incision, or opening, is then made in the eye. This is at times self-sealing but it may require closure with very fine stitches (sutures), which will gradually dissolve over time. The natural lens in your eye will then be removed by a type of surgery called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces. These pieces are gently suctioned out of your eye through a small, hollow tube inserted through a small incision into your eye. After your natural lens is removed, the IOL is placed inside your eye. In rare cases, it may not be possible to implant the IOL you have chosen, or any IOL at all.

PATIENT ACKNOWLEDGEMENT OF FINANCIAL OBLIGATIONS

Dr. Patel has informed me that if I have Medicare coverage for this cataract surgery, the "presbyopia correcting" multifocal IOL and associated services for fitting the lens are only considered *partially covered*. I acknowledge that I am responsible for payment of that portion of the charge for the "presbyopia-correcting" multifocal IOL and associated services that exceed the charge for insertion of a conventional, monofocal, IOL or monovision following cataract surgery. My ophthalmologist has informed me about the coverage, deductible, and copayment amounts if a private insurance company is paying for this procedure.

PATIENT CONSENT

Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an IOL to be implanted in my eye, I understand I must have cataract



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surgery performed either at the time of the IOL implantation or before IOL implantation. If my cataract was previously removed, I have been informed that my eye is medically acceptable for IOL implantation.

The basic procedures of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks, and possible complications of alternative treatments have been explained to me by my ophthalmologist. Monovision has been discussed with me, and my ophthalmologist has either demonstrated it to me with glasses or contact lenses, or offered to do so.

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 operation and/or implantation of an IOL, I am stating that I have been offered a copy, I fully understand the possible risks, benefits, and complications of cataract surgery and:

- I have read this informed consent

I wish to have a cataract operation with Dr. Hitesh K. Patel and I'll discuss my options about the IOL implants with him.



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CATARACT SURGERY INSTRUCTIONS

PRE-OP

- Start pre-op medications 3 days prior to the surgery date
- Do not eat or drink anything after midnight the night before surgery.
- You may take your blood pressure medication the day of surgery with a SMALL SIP OF WATER.
- If you are getting a stent for glaucoma and are taking bloodthinners or aspirin, consult your PCP if you are allowed to stop it 1 week prior to surgery. **Do not stop unless PCP authorizes!**
- Speak to PCP about diabetic medication instructions for the day of surgery
- You can take all glaucoma and pre-operative drops the morning of surgery
- Continue normal light activity.
- For your surgery, you **MUST BE ACCOMPANIED** by someone. You can't come alone.

POST-OP

- You may resume your normal diet after surgery.
- **DO NOT RUB THE EYE**
- Use the plastic shield all day after your surgery.
- While sleeping use the plastic shield for one week after surgery
- You can wear normal sunglasses when outdoors in the sun to help avoid light sensitivity.
- Bring all of your medications with you to your follow up visits and exams.
- You may use Tylenol if you experience any pain. If Tylenol does not relieve pain, discuss with your doctor what you may use.
- You will be checked for glasses at your one-month follow up visit.
- Watching TV and reading is OK.
- **BLURRINESS** is normal for the 1st week after your surgery.
- For one week you should avoid lifting objects over 10 pounds or bending over constantly.
- Do not use any eye drops not approved by your doctor after surgery.
- Do **NOT DRIVE** the first 24 hours following surgery.
- If you need to wash your hair, please lean your head back while facing backwards in the shower to avoid excessive water dripping into your eye, if water is to get into your eye **DO NOT RUB YOUR EYE**

****\$75 NO SHOW FEE FOR ANY SURGERY/PROCEDURE
CANCELLED, WITHOUT 48 HOUR NOTICE****



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EYE DROP INSTRUCTIONS
BEFORE AND AFTER CATARACT SURGERY

1. PLEASE fill your prescription at your local pharmacy, one week before surgery.
2. Make sure to shake bottle before each use.
3. Always wait 5 minutes between drops, avoid touching the tip of the bottle with your hands, eyes, or face.
4. Do not eat or drink after midnight the day before surgery.
5. IF your INSURANCE will NOT cover the name brand you will be given the GENERIC medication instead.

Start the following medication 3 days prior to your surgery AND continue for 30 days after.

NAME BRAND MEDICATION	OR	GENERIC NAMED MEDICATION
<i>KLARITY-C TWICE DAILY</i>	OR	<i>KLARITY 4 TIMES A DAY</i>
PRED-MOXI-BROM: 1st WEEK 4 TIMES A DAY, 2nd WEEK 3 TIMES A DAY, 3rd WEEK 2 TIMES DAY, 4th WEEK ONCE A DAY		

Surgery Location: SSP
Surgical Specialists at Princeton
 136 Main St.
 Princeton, NJ 08540
 (609)799-1130
If using GPS, use this address:
 136 Stanhope St
 Princeton, NJ 08540

Surgery Location:
Campus Eye Group
 1700 Whitehorse
 Hamilton Square
 Hamilton, NJ 08690
 (609)587-2020

Cataract **Left** Eye Surgery on _____
START drops in **Left** eye on _____
STOP drops in **Left** eye on _____

Cataract **Right** Eye Surgery on _____
START drops in **Right** eye on _____
STOP drops in **Right** eye on _____