

**INFORMED CONSENT
FOR CATARACT
OPERATION, AND/OR
IMPLANTATION OF
AN APPROVED
INTRAOCULAR LENS**

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. You have the right to ask questions about any procedure before agreeing to have the operation.

Except for unusual problems, a cataract operation is indicated when you cannot function adequately due to poor sight caused by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, has some distinct advantages over any artificial lens.

After your physician has told you that you have a cataract, you and your physician are the only ones who can determine if or when you should have a cataract operation.

I understand that I may decline to have a cataract operation **at all**.

CATARACT OPERATION

1. Cataract Surgery

By itself, cataract surgery means removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.

2. Lens Implantation

If an intraocular lens is implanted, it is done by surgical method. It is intended that the intraocular lens will be left in the eye permanently.

3. Surgical Results

The results of surgery cannot be guaranteed. 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.

4. Complications of Cataract 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 hemorrhage (bleeding), loss of corneal clarity, infection, retinal detachment, glaucoma and/or double vision. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision, or loss of the eye.

5. Complications of Lens Implantation

Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases, complications may occur weeks, months, or even years later. Complications may include, but are not limited to, loss of corneal clarity, infection, uveitis, iritis, glaucoma, hyphema (bleeding in the eye), pupillary dysfunction, lens dislocation and retinal detachment.

6. Future Intervention

At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.

7. Complications of Surgery in General

As with all types of surgery, there is the possibility of other complications due to anesthesia, drug reactions or other factors which may involve other parts of my body, including the possibility of brain damage or even death. Since it is impossible to state every complication that may occur as a result of surgery, the list of complications in this form is incomplete.

CONSENT FOR OPERATION

The basic procedure for cataract surgery and its advantages, disadvantages, risks, possible complications, and alternative treatments have been explained to me by my physician. Although it is impossible for him/her to inform me of every possible complication which may occur, my physician has answered all my questions to my satisfaction. I understand that I may obtain information concerning medical treatment from my Ophthalmologist or the American Medical Association.

I agree to have the type of operation listed below which I have indicated by my signature:
I wish to have a cataract extraction **with** an intraocular lens implantation:

Patient's Signature _____ EYE X _____
Patient's Name (printed) _____
Date _____ Time _____ Place _____
Witness' Signature _____
Physician's Signature _____

I agree to have the type of operation listed below which I have indicated by my signature:
I wish to have a cataract extraction **with** an intraocular lens implantation:

Patient's Signature _____ EYE X _____
Patient's Name (printed) _____
Date _____ Time _____ Place _____
Witness' Signature _____
Physician's Signature _____

AGREEMENT FOR OPERATION ON BEHALF OF DISABLED PERSON:

As parent, guardian, caretaker, next-of-kin or other legal representative responsible for the patient whose name appears on the appropriate signature line, I have read this informed consent document and its terms with the patient.

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 the informed consent.

Signature _____
Name (printed) _____
Address _____ City _____ State _____ Zip _____
Relationship to Patient _____
Date _____ Time _____ Place _____
Witness' Signature _____
Physician's Signature _____