

# Kensington Eye Center

4701 Randolph Road, #G-2

Rockville, MD 20852

(301) 881-5701

[www.KECEyes.com](http://www.KECEyes.com)

Natasha L. Herz, MD

## **INFORMED CONSENT FOR CATARACT OPERATION AND IMPLANTATION OF MULTIFOCAL, ACCOMODATING, OR TORIC INTRAOCULAR LENS**

This information is provided 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 are encouraged to ask questions about any procedure before agreeing to have the operation.

A cataract is a clouding of all or part of the normally clear lens within your eye, which results in blurred or hazy vision. Cataracts are most often found in persons over age 55, but they are also occasionally found in younger people. Except for unusual problems, a cataract operation is indicated only when you cannot function adequately due to poor sight resulting from the cataract.

### **Anesthesia, Procedure, and Postoperative Care**

If you decide to proceed with the surgery, you may undergo light sedation administered by an anesthesiologist or certified registered nurse anesthetist (CRNA), or you may elect to have the surgery with local anesthesia only, without sedation. Your eye will be made numb by your surgeon with either drops or an injection (local anesthesia).

The procedure requires a small incision or opening in your eye. Typically this incision is self-sealing, but it may require closure with very fine stitches (sutures). The natural lens in your eye will be removed by a type of surgery called phacoemulsification, which uses a vibrating needle 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 artificial lens of the power determined during your preoperative examination will then be placed inside your eye. In rare cases, it may not be possible to implant the new lens.

After the surgery, your eye will undergo a series of postoperative exams. These exams will be scheduled for the day following your surgery, at one week, at 3 to 4 weeks, and finally at 3 months. During the immediate recovery period, you will place drops in your eyes for 4 weeks, depending on your individual rate of healing. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 3 to 6 weeks, at which time glasses or contact lenses may be prescribed.

### **Choice of Intraocular Lens (IOL) Implant During Cataract Surgery**

You have been given this information on premium IOLs (accommodating, multifocal and toric) because the condition of your eyes makes you a good candidate for this type of implant. Standard cataract surgery uses a monofocal lens implant to rehabilitate your vision for a single distance only, necessitating glasses for full visual functioning. A secondary goal of modern cataract surgery is to reduce your dependence on glasses and contact lenses. Because of advances in IOL technology with the accommodating, multifocal, and toric IOLs, as well as technology used to measure the eye and plan surgery, we can often make our patients less dependent on eyeglasses. Some patients are able to eliminate glasses entirely, although it is impossible to guarantee with any of these technologies that you will be able to function without glasses for all tasks.

Edited 12-17-08

Pt initials

For best visual function, people generally need to be able to see at three focusing ranges to perform their visual tasks. The first is “distance,” which includes visual tasks such as driving, reading street signs, watching TV from across the room, recognizing faces, etc.



The second visual distance is “intermediate.” Intermediate vision generally extends from approximately 3 feet to 8 feet away and is the visual range that allows people to use a computer, to shop and read price tags, work at a countertop or workbench, and read name tags.

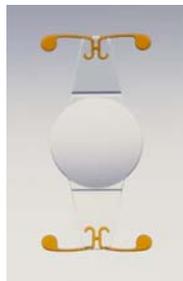
The third distance is “near,” and this is the visual distance at which most people read books, newspapers, periodicals, etc. Near vision generally extends from 1½ to 3 feet away. When considering which of these visual correction options is best for you, you should take into consideration how much time you spend doing intermediate tasks such as computer work, shopping, cooking, working at a workbench, or near tasks such as reading fine print, etc. Below are pictured the standard and premium lenses and information is given on them that will help you understand your four basic options for the surgical implants.

**Standard Implant**

**Accommodating Implant  
(Crystalens HD)**

**Multifocal Implant  
(ReSTOR)**

**Toric Implant**



**Standard Lens Implant**

With standard, single-vision lens implants, you have a choice of an implant that will fix your eye for either distance, intermediate, or near. The majority of patients choose to have both eyes fixed for distance. However, a combination of the above called “monovision” is gaining in popularity where one eye is fixed for distance and the other eye for intermediate. Monovision has been employed quite successfully in about 50% of contact lens patients. Multifocal or accommodating IOLs are often superior to monovision because they usually do not require corrective lenses for either near or far vision following surgery. If you choose a standard lens optimized for distance, you will need glasses for most “intermediate” and “near” activities after your surgery and you will have the additional replacement cost of glasses through the years. Depending on your insurance, this procedure is considered a covered service and reimbursed at the rate specified by your plan.

Pt initials \_\_\_\_\_

## **Accommodating and Multifocal Lens Implants**

Premium technology implants, such as the Crystalens HD and ReSTOR lens implants, are designed to improve your vision to see distance, intermediate and near. Based on FDA clinical data, there is an 80% chance you will be glasses-free for most activities following surgery. The goal of the accommodating and multifocal lenses is to allow you to read the newspaper, prescription bottles, mail and to see many other things near and far without glasses. There is an additional cost for having this new lens implanted and we can discuss this further if you are interested. Medicare will now allow you to pay for the accommodating and multifocal lens upgrade if you choose to do so.

## **Toric Lens Implant**

The toric lens is a single-vision lens implant that is designed to reduce or eliminate astigmatism and significantly improve uncorrected distance, intermediate or near vision. There is an additional cost for having this lens implanted and we can discuss this further if you are interested.

## **A Few Words Regarding Lens Implant Power Calculations**

We make every effort to ensure that our patients' vision without glasses is as sharp as possible following surgery. Although the techniques and technologies that we use to measure the eye and calculate the power of lens implants are state of the art, they are not perfect. There are some inherent limitations of these technologies, and the healing process varies from patient to patient. As a result, a small percentage of patients may have an unpredictable outcome and will not see as well without glasses as they and we expected.

This problem is especially common in patients who have had prior refractive surgery such as RK, LASIK or PRK. Regardless of the option you choose for rehabilitating your vision after cataract surgery, please understand that further surgery such as PRK, LASIK, or intraocular lens exchange may be required to fine tune your vision without glasses.

## **Benefits and Limitations of an Accommodative (Crystalens HD) or Multifocal IOL (ReSTOR)**

The goal of an accommodative or multifocal IOL is to restore some or all of the near (and intermediate, depending upon the lens) focusing ability of the eye.

- There is no guarantee that all of the near (and intermediate) focusing ability of the eye will be restored.
- Other factors affect the visual outcome of cataract surgery, including the power of the lens implant, your individual healing ability, and the overall health of your eye prior to surgery.
- The multifocal lens (ReSTOR) has numerous concentric zones, each of which magnifies a particular distance. While the ReSTOR lens can allow both eyes to focus at distance and at near, glasses for computer work may be necessary. The ReSTOR lens may 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 see an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. About 20% of people in the FDA trials were mildly affected by these side effects and only 5% were severely affected. Less than 1% requested removal of the lens in exchange for a monofocal implant.
- The accommodative lens (Crystalens HD) mimics the focusing mechanism of the natural lens by flexing forward as you change your focus from distance to near. However, it does not have the same amount of focusing power as the young eye does, so a modified 'monovision' is created by leaving your non-dominant eye slightly near-sighted. This will give you excellent distance and computer vision, but you may need glasses for very fine print. Because it does not have concentric rings like the ReSTOR lens, it does not have

Pt initials

the potential problems of glare and halos at night. This is the main reason some people choose the Crystalens HD over the ReSTOR.

- The selection of the proper lens implant, while based upon sophisticated equipment and computer formulas, is not an exact science. There is a possibility that an inaccurate power lens may be placed in the eye.
- Any residual refractive error after the surgery may need to be corrected with eyeglasses, refractive surgery, or repositioning or replacement of the lens itself.
- At the time of surgery, your ophthalmologist may decide not to implant an intraocular lens even though you have given prior permission to do so.
- At the time of surgery, a monofocal lens may need to be placed in your eye instead of an accommodating or multifocal IOL.

### **Consent for Cataract Surgery**

In giving your permission for a cataract extraction and an intraocular lens implant in your eye, we want to make sure that you understand the following information:

1. Cataract surgery is the removal of the natural cloudy lens and replacement of it with a permanent synthetic lens implant in your eye.
2. At the time of surgery, your physician may decide not to implant an intraocular lens in your eye even though you have given permission to do so.
3. With any eye surgery, there is a rare possibility that a loss of best corrected vision or even the eye itself could occur. This could be due to bleeding, loss of corneal clarity, infection, detachment of the retina, swelling of the retina, glaucoma, or double vision.
4. Even if cataract surgery is successful, some patients may not see as well as they would like to. This may be due to eye problems such as macular degeneration, glaucoma, or diabetic retinopathy. Even with these problems, cataract surgery may still be worthwhile as it will give some visual improvement even if it cannot restore all your vision.

### **Signed Consent**

**(Please sign and return all pages to the office prior to surgery.)**

I have read and understand the above information, and have decided to have cataract surgery on the **RIGHT** or **LEFT** eye with the following IOL implant:   standard   Crystalens HD   ReSTOR   toric

Patient's signature: \_\_\_\_\_

Legal guardian's signature: (if indicated) \_\_\_\_\_

Witness signature: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Place of surgery: Washington Adventist Hospital   Montgomery Surgery Center

Date of surgery: \_\_\_\_\_   Time of surgery: \_\_\_\_\_