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Cataract Surgery with IOL (Intraocular Lens)

A cataract occurs when the lens in your eye becomes cloudy. Your eye works like a camera. It contains a lens which focuses light. Unlike a camera lens, the lens inside our eye changes with time and age. The cloudy lens is difficult to see through. Cataracts can cause problems such as blurry or dulled vision, sensitivity to light and glare, and seeing shadows or ghost-like images.

A cataract will get worse if not removed, but the change will occur slowly over time. Most people wait until their vision problems interfere with daily life to have surgery done. You can instead decide not to have your cataract removed.

During cataract surgery, an eye surgeon will remove the cloudy lens. He or she will replace it with an "IOL" (intraocular lens, a clear plastic artificial lens). The most common is a "monofocal" (one focus) IOL. This helps improve vision at mostly just one distance, either near or far. You will probably need glasses to see clearly at other distances.

Cataract surgery only corrects vision problems caused by cataracts. This surgery cannot correct vision problems caused by glaucoma, diabetes, age-related macular degeneration, or other eye illnesses or injuries.

Many patients with cataracts also have astigmatism or presbyopia (eye problems that make it hard to see).

- Astigmatism causes blurry vision. Normally, eyes are round (like baseball).
With astigmatism, the eye surface is warped (like a football).
- Presbyopia makes it hard for the eye to focus on near vision. Most people get this as they age. People at any age who have cataract surgery with a monofocal IOL focused for distance vision will have some presbyopia. People with presbyopia might hold a book or menu at arm's length to try to see it more clearly.

Glasses help astigmatism and presbyopia. If you want to wear glasses less often, the eye surgeon can put in a special IOL or do an extra procedure during cataract surgery to treat these eye problems.

You have to pay extra for special IOLs or extra surgical procedures.

Medicare and private insurance do not pay for these. Your eye surgeon will let you know if you have astigmatism or presbyopia. Your eye surgeon will give you more information if you are interested in these treatments. You will be asked to sign another consent for them.

Cataract surgery is usually safe and successful. As with all surgery, there are risks (problems that can happen) with cataract surgery. While the eye surgeon cannot tell you about every possible risk, here are some of the common or serious risks:

- Risks from cataract surgery include vision loss, blindness, or not getting the result you want. You could also have bleeding, infection, a droopy eyelid, or glaucoma (high eye pressure). You could get a detached retina. This is when the retina, at the back of the eye, pulls away from where it is attached. You may need surgery to fix the detached retina. Your eye may be injured by surgery or anesthesia. You may need another surgery later to take out pieces of the cataract that were not removed during the cataract surgery.
- Risks from an IOL. The IOL may be too weak or too strong. The eye surgeon might not be able to insert the IOL of your choice. The eye surgeon may need to replace or reposition your IOL months or years after surgery.
- Problems during surgery that need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this new problem.
- Anesthesia can cause heart and breathing problems. Very rarely, it can cause death. Anesthesia can also injure your eye and cause vision loss or double vision.
- Other risks There is no guarantee that cataract surgery will improve your vision. It is possible that cataract surgery or anesthesia may make your vision worse, cause blindness, or even the loss of an eye. These problems can appear weeks, months, or even years after surgery.
- You may need to wear glasses after cataract surgery.

Consent By signing below, you consent (agree) that:

- You read this form, or someone read it to you.
- You understand the information in this form.
- You want cataract surgery.
- The eye surgeon or staff offered you a copy of this form.
- The eye surgeon or staff answered your questions about cataract surgery.
- Your eye surgeon or staff have discussed presbyopia following cataract surgery and ways to treat it.
- If you have astigmatism, the eye surgeon or staff discussed ways to treat it.
- You understand that you may need to wear glasses after surgery.

I want to have cataract surgery with an IOL (intraocular lens) in my _____ (state "right" or left") eye.

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision anymore, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now? Circle: YES or NO

The risks, benefits, and alternatives of cataract surgery have been explained to me, and my questions about the surgery answered, and I wish to proceed. Circle: YES or NO

Signature: _____ Printed: _____

Date: _____

