



Patient Information: Co-management Treatment Plan

*Thank you for choosing Eye Consultants of Texas. We strongly believe in a **team approach** to patient care and our team is committed to providing a smooth patient experience. Our holistic approach enables us to collect unbiased information in order to track our results and help better our surgery outcomes.*

During your appointments at our office, you will be seen by Dr. Labor and **may also be scheduled with his associates and/or cooperating doctors.**

Any surgical procedure contains some element of risk in the postoperative period. For your health and safety, it is imperative that you receive proper follow-up care after your surgery. This fact sheet will explain what follow-up care is, and who is qualified to perform it for you.

Who Is Qualified to Provide Follow-Up Care?

It is critical that your follow-up care be performed by a qualified eye care professional familiar with your case. Several different practitioners are qualified to provide this service. You should understand the roles that each may play in your recovery.

Your Surgeon: Dr. Labor is an ophthalmologist, a medical doctor who specializes in diseases and surgery of the eye. Dr. Labor is not only board certified by the American Board of Ophthalmology, he is certified by the American Board of Eye Surgery and has performed thousands of LASIK, cataract, PRK, and intraocular lens implant procedures over his 30-year career. Dr. Labor will perform your surgery and determine when you can be released from his care to return to your optometrist for further follow-up visits as well as post-operative glasses, if needed.

Your Optometrist: Doctors of Optometry are eye care professionals who are trained, licensed, and fully qualified to provide follow-up care once you are “released” by your surgeon. Most patients find it very convenient to return to their optometrist for post-operative care and services. **Your optometrist is also the vision specialist who will examine and fit you for your glasses, if necessary, after recovery.** In addition, your optometrist may also be qualified to treat other ocular diseases such as glaucoma, dry eye disease, and others. Your optometrist will be in communication with your surgeon following each postoperative visit. If problems develop during the post-surgery follow-up period, your optometrist and your surgeon will communicate regarding your care until these have resolved.

Another Ophthalmologist: If you travel away from home to have surgery and wish to return home soon after surgery, or if you have any other personal reason for not receiving your follow-up care from your surgeon or optometrist, you may decide to see another ophthalmologist for your follow-up care. An ophthalmologist other than your surgeon can perform all of your follow-up care after your initial visit with your surgeon one day after surgery. You must, however, make arrangements with the ophthalmologist and notify your surgeon before having surgery. **Your surgeon will only**



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discharge you from his or her care if he or she has confidence in the professional who will supervise your recovery.

Summary

We hope this summary has helped to explain our team approach to eye care and explain some facts about the surgical process. Your optometrist and surgeon will explain the improvements in your vision that you may enjoy after surgery. If you have any questions or concerns, you may contact your optometrist or your surgeon at any time, before or after surgery.



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Pre-Operative Eye Drop & Lid Scrub Instructions Cataract Surgery



NEW!

1. Oasis Preservative Free Artificial Tears

- Use 1 drop in both eyes **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime (may use more often, if needed).
- Start **2 weeks** prior to your surgery.



2. OCuSOFT Lid Scrubs

- Use to gently clean the upper and lower lids and lashes of both eyes **2 times a day** (one lid scrub per eye): Breakfast and Bedtime
- Start **3 days** prior to your surgery (do not use on the day of surgery)

I have received verbal and written instructions on how to use my preoperative medications and have received a surgical kit for my:

Left Eye **Right Eye** **Both Eyes**

Patient Name (Print) _____

Patient Signature _____

Date _____

Staff Initials _____



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Pre-Operative Eye Drop & Lid Scrubs Schedule

❖ **2 weeks** prior to surgery you will start the following:

- **Oasis Preservative Free Artificial Tears** – 1 drop 4 times a day in **BOTH EYES**.

Oasis	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
Week 1							
Week 2							

❖ **3 days** prior to surgery you will start the following:

- **OCuSOFT Lid Scrubs** – With eyes closed, cleanse upper & lower lids of **BOTH EYES** 2 times a day.

OCuSOFT Lid Scrubs	Saturday		Sunday		Monday	

Pre-Operative Cataract Instructions

- One of the nurses at LoneStar Surgery Center will call you 1-3 days prior to your scheduled surgery date to review your medical history, provide you with complete pre-operative instructions, and let you know what time to arrive for surgery.
- No food or drink **after midnight** the night prior to your surgery unless instructed otherwise. This includes candy, coffee, chewing gum, water, etc.
- Be sure to bring your picture ID and insurance card with you.
- Consider bringing your reading glasses with you since it will be necessary to sign some paperwork when you arrive at the surgery center.
- You will need a driver to bring you to the surgery center on the day of your surgery. We do not require that they remain onsite, but we do ask that they are available within 15-20 minutes of our call letting them know you are ready to be picked up. **The facility will NOT release you to public transportation, including ride share services.**
- Arrive with a clean face (no make-up, face creams, or false eye lashes).
- Do not wear contact lenses or jewelry. Please leave all valuables at home.
- Wear a button down or loose-fitting shirt, preferably short sleeve. You may want to bring a light sweater or jacket as the surgery center can be rather cool.
- No smoking 12 hours prior to surgery and no alcohol 24 hours prior to surgery.
- Do not wear mascara for 48 hours prior to surgery.
- The morning after surgery you will have a follow-up appointment at Eye Consultants of Texas. Since you will have received light sedation within 24 hours of this appointment, you will need a driver to bring you.

****Plan to be at the surgery center for a MINIMUM of 3-5 hours****

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Pre-Operative Eye Drop & Lid Scrub Instructions Cataract Surgery

Wait **2-3 minutes** between instilling each drop.



1. Oasis Preservative Free PLUS Artificial Tears **Multi-dose bottle**

- Use 1 drop in both eyes **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime (may use more often, if needed).
- Start **2 weeks** prior to your surgery.



2. OCuSOFT Lid Scrubs

- Use to gently clean the upper and lower lids and lashes of both eyes **2 times a day** (one lid scrub per eye): Breakfast and Bedtime
- Start **3 days** prior to your surgery (do not use on the day of surgery)



3. PGK (Prednisolone/Gatifloxacin/Ketorolac)

- Use 1 drop in operative eye only **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime
- Start **3 days** prior to your surgery.

I have received verbal and written instructions on how to use my preoperative medications and have received a surgical kit for my:

Left Eye Right Eye Both Eyes

Patient Name (Print) _____

Patient Signature _____

Date _____

Staff Initials _____



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Pre-Operative Eye Drop & Lid Scrubs Schedule

- 2 weeks prior to surgery you will start the following: Oasis Preservative Free Artificial Tears - 1 drop 4 times a day in BOTH EYES.

Table with 8 columns (Oasis, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, Monday) and 2 rows (Week 1, Week 2).

- 3 days prior to surgery you will start the following: OCuSOFT Lid Scrubs - With eyes closed, cleanse upper & lower lids of BOTH EYES 2 times a day.

Table with 4 columns (OCuSOFT Lid Scrubs, Saturday, Sunday, Monday) and 2 rows.

- 3 days prior to surgery you will start the following: PGK (Prednisolone/Gatifloxacin/Ketorolac) - 1 drop 4 times a day in OPERATIVE EYE ONLY.

Table with 4 columns (PGK, Saturday, Sunday, Monday) and 2 rows.

Pre-Operative Cataract Instructions

- One of the nurses at LoneStar Surgery Center will call you 1-3 days prior to your scheduled surgery date to review your medical history, provide you with complete pre-operative instructions, and let you know what time to arrive for surgery.
No food or drink after midnight the night prior to your surgery unless instructed otherwise. This includes candy, coffee, chewing gum, water, etc.
Be sure to bring your picture ID and insurance card with you.
Consider bringing your reading glasses with you since it will be necessary to sign some paperwork when you arrive at the surgery center.
You will need a driver to bring you to the surgery center on the day of your surgery. We do not require that they remain onsite, but we do ask that they are available within 15-20 minutes of our call letting them know you are ready to be picked up. The facility will NOT release you to public transportation, including ride share services.
Arrive with a clean face (no make-up, face creams, or false eye lashes).
Do not wear contact lenses or jewelry. Please leave all valuables at home.
Wear a button down or loose-fitting shirt, preferably short sleeve. You may want to bring a light sweater or jacket as the surgery center can be rather cool.
No smoking 12 hours prior to surgery and no alcohol 24 hours prior to surgery.
Do not wear mascara for 48 hours prior to surgery.
The morning after surgery you will have a follow-up appointment at Eye Consultants of Texas. Since you will have received light sedation within 24 hours of this appointment, you will need a driver to bring you.

Plan to be at the surgery center for a MINIMUM of 3-5 hours

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Pre-Operative Eye Drop & Lid Scrub Instructions Cataract Surgery

Wait **2-3 minutes** between instilling each drop.



1. Oasis Preservative Free PLUS Artificial Tears

- Use 1 drop in both eyes **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime (may use more often, if needed).
- Start **2 weeks** prior to your surgery.



2. OCuSOFT Lid Scrubs

- Use to gently clean the upper and lower lids and lashes of both eyes **2 times a day** (one lid scrub per eye): Breakfast and Bedtime
- Start **3 days** prior to your surgery (do not use on the day of surgery)



3. PGK (Prednisolone/Gatifloxacin/Ketorolac)

- Use 1 drop in operative eye only **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime
- Start **7 days** prior to your surgery.

I have received verbal and written instructions on how to use my preoperative medications and have received a surgical kit for my:

Left Eye Right Eye Both Eyes

Patient Name (Print) _____

Patient Signature _____

Date _____

Staff Initials _____



EYE CONSULTANTS OF TEXAS

Pre-Operative Eye Drop & Lid Scrubs Schedule

- 2 weeks prior to surgery you will start the following: Oasis Preservative Free Artificial Tears - 1 drop 4 times a day in BOTH EYES.

Table with 8 columns (Oasis, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, Monday) and 3 rows (Week 1, Week 2).

- 3 days prior to surgery you will start the following: OCuSOFT Lid Scrubs - With eyes closed, cleanse upper & lower lids of BOTH EYES 2 times a day.

Table with 4 columns (OCuSOFT Lid Scrubs, Saturday, Sunday, Monday) and 2 rows.

- 7 days prior to surgery you will start the following: PGK (Prednisolone/Gatifloxacin/Ketorolac) - 1 drop 4 times a day in OPERATIVE EYE ONLY.

Table with 8 columns (PGK, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, Monday) and 2 rows.

Pre-Operative Cataract Instructions

- One of the nurses at LoneStar Surgery Center will call you 1-3 days prior to your scheduled surgery date to review your medical history, provide you with complete pre-operative instructions, and let you know what time to arrive for surgery.
No food or drink after midnight the night prior to your surgery unless instructed otherwise. This includes candy, coffee, chewing gum, water, etc.
Be sure to bring your picture ID and insurance card with you.
Consider bringing your reading glasses with you since it will be necessary to sign some paperwork when you arrive at the surgery center.
You will need a driver to bring you to the surgery center on the day of your surgery. We do not require that they remain onsite, but we do ask that they are available within 15-20 minutes of our call letting them know you are ready to be picked up. The facility will NOT release you to public transportation, including ride share services.
Arrive with a clean face (no make-up, face creams, or false eye lashes).
Do not wear contact lenses or jewelry. Please leave all valuables at home.
Wear a button down or loose-fitting shirt, preferably short sleeve. You may want to bring a light sweater or jacket as the surgery center can be rather cool.
No smoking 12 hours prior to surgery and no alcohol 24 hours prior to surgery.
Do not wear mascara for 48 hours prior to surgery.
The morning after surgery you will have a follow-up appointment at Eye Consultants of Texas. Since you will have received light sedation within 24 hours of this appointment, you will need a driver to bring you.

Plan to be at the surgery center for a MINIMUM of 3-5 hours

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POST-OPERATIVE INSTRUCTIONS: **Cataract/Clear Lens Exchange**

Prescriptions:

- Take all eye drops and medications as prescribed on your Post-Operative Medications handout but **DO NOT** start these until after your 1 day post-operative appointment.

Instructions/Restrictions:

- Your vision will gradually improve with time.
- Wear your protective eye shield for **1 week** while you sleep (including naps).
- **Do not rub or touch your eyes for 1 month.**
- Wear dark sunglasses (polarized lenses are best) at all times when outdoors.
- If you have too much difficulty seeing with your present glasses, you may choose to have the lens on the surgical side removed or replaced with a non-prescriptive lens.
- Do not **drive** for the first **24 hours** after your procedure.
- You may take walks or **exercise** lightly. You may resume normal exercise after **2 weeks**.
- No eye **make-up** for **1 week** after surgery.
- You may **watch TV or read**; *Crystalens/Trulign patients must wear +2.00 readers while reading for the first 2 weeks; standard lens patients may wear +2.50 readers to read until a glasses prescription is written at approximately 3-4 weeks after both eyes are complete.*
- You may shower and/or bathe but do not get water directly in your operative eye for 2 weeks; *if this should happen, gently dry your eye and instill a drop of PGB in your eye.*
- Resume regular **medications** unless instructed otherwise.
- No **swimming, water sports, or hot tubs** for **2 weeks** following surgery.
- No **strenuous activities** for **2 weeks** after surgery. Mild exercise such as walking is permitted, but no running, jumping, or bouncing and no golf, yoga, or gardening.
- **Do not lift** objects heavier than 30 pounds for **2 weeks**.
- It is OK to bend over momentarily, but do not bend over for so long that your face becomes red.

Normal Symptoms to Expect After Your Procedure:

- Mild discomfort; *if you experience discomfort, you may take any pain medication that you normally take.*
- Red appearance of your eye
- Sensitivity to light and blurred vision; *this will improve as the dilation wears off, which can take several days.*
- A burning, itching, or scratchy sensation in your eye; *you may use your OASIS preservative-free artificial tears for comfort.*
- Watering of your eyes for a few days

Abnormal Symptoms:

- Worsening or loss of vision; unusual visual disturbances
- Increasing pain that is not relieved by pain medication
- Excessive bleeding or abnormal drainage from your eye

If you experience any symptoms that are causing you concern, please call our office at (817) 410-2030 or contact your co-managing optometrist.

Follow-Up Appointment:

Your appointment is scheduled with Dr. _____ at _____ AM/PM on _____.

By signing this form, I understand and agree to follow the above instructions.

Signature: _____ **Date:** _____



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Post-Operative Eye Drop Instructions: Cataract Surgery

Wait **2-3 minutes** between instilling each drop.



1. Oasis Preservative Free Artificial Tears

Clear individual use droppers

- Use 1 drop in both eyes **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime (may use more often, if needed).

*To prevent infection: you must dispose of the individual dropper after EACH use. You may use the same dropper for both eyes, but you must place a drop inoperative eye FIRST, followed by the non-operative eye.

- After **2 weeks**, you may return to using the multidose bottle of Oasis. Continue artificial tears for at least 4 weeks after surgery.



2. PGK (Prednisolone/Gatifloxacin/Ketorolac)

- Use 1 drop in the operative eye **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime
- Continue for **3 weeks** then stop.

Patient Name (Print) _____

Patient Signature _____

Date _____

Staff Initials _____



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Post-Operative Eye Drop Schedule

USE MEDICATIONS AS FOLLOWS:

- ❖ **Oasis Preservative Free Tears** – 1 drop 4 times a day (more if necessary) for at least 4 weeks in **BOTH EYES**.

Oasis	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Week 1							
Week 2							
Week 3							
Week 4							

- ❖ **PGK** (Prednisolone/Gatifloxacin/Ketorolac) – 1 drop 4 times a day for 3 weeks in **OPERATIVE EYE ONLY**, then discontinue.

PGK	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Week 1							
Week 2							
Week 3							

Post-Operative Cataract Instructions

- **DO NOT RUB YOUR EYE.** As your eye heals it may feel itchy but please refrain from rubbing your eye.
- Wear your eye shield at night while you sleep (or nap) for **1 week**.
- Wear sunglasses while outdoors. Your eye will likely remain dilated for a few days after surgery and will therefore be sensitive to sunlight.
- **No eye make-up for 2 weeks.**
- You may drive after your 1-day post-operative appointment at your own discretion.
- You may watch TV or read. Crystalens/Trulign patients must wear readers (+2.00) while reading for the first 2 weeks.
- You may shower as normal, but avoid getting water in your operative eye.
- No swimming, hot tubs, or lakes for **2 weeks** after surgery.
- No strenuous activity for **2 weeks** after surgery. Walking and mild exercise are fine, but no running, jumping, or bouncing. No golf, yoga, or gardening for **2 weeks**.
- Do not lift anything over 30 pounds for **2 weeks** after surgery.
- It is OK to bend over momentarily, but do not bend over for so long that your face becomes red.

The following symptoms are normal after surgery:

- Mild discomfort. *If you experience discomfort, you may take any pain medication that you normally take (ibuprofen, Tylenol, etc.)*
- Red appearance of the eye
- Sensitivity to light and blurred vision
- Burning, itchiness, or scratchy sensation. *You may use your Oasis Artificial Tears as often as you would like to help reduce these symptoms.*
- Watering of your eyes for a few days

If you experience severe or persistent pain, increased redness, or a sudden decrease in vision, call our office at 817-410-2030



Post-Operative Eye Drop Instructions: Cataract Surgery

Wait **2-3 minutes** between instilling each drop.



1. Oasis Preservative Free Artificial Tears

Clear individual use droppers

- Use 1 drop in both eyes **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime (may use more often, if needed).
*To prevent infection: you must dispose of the individual dropper after EACH use. You may use the same dropper for both eyes, but you must place a drop in operative eye FIRST, followed by the non-operative eye.
- After **2 weeks**, you may return to using the multi-dose bottle of Oasis. Continue artificial tears for **at least 4 weeks** after surgery.



2. PGK (Prednisolone/Gatifloxacin/Ketorolac)

- Use 1 drop in the operative eye **4 times a day**: Breakfast, Lunch, Dinner, and Bedtime
- Continue for **3 weeks** then stop.



3. PROLENSA

- You will be given a prescription for this medication after surgery
- **Do not begin using until you have finished using your PGK for 3 weeks.**
- Use 1 drop in the operative eye **once a day**. Continue for **3 weeks** then stop.

Patient Name (Print) _____

Patient Signature _____

Date _____

Staff Initials _____



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Post-Operative Eye Drop Schedule

USE MEDICATIONS AS DIRECTED:

- ❖ **Oasis Preservative Free Tears** – 1 drop 4 times a day (more if necessary) for at least 4 weeks in **BOTHEYES**.

Oasis	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Week 1							
Week 2							
Week 3							
Week 4							

- ❖ **PGK** (Prednisolone/Gatifloxacin/Ketorolac) – 1 drop 4 times a day for 3 weeks in **OPERATIVE EYEONLY**, then discontinue.

PGK	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Week 1							
Week 2							
Week 3							

- ❖ **Prolensa**– 1 drop once a day for 3 weeks in **OPERATIVE EYE ONLY**, then discontinue. Start **AFTER** finished with PGK (week 4 after surgery).

Prolensa	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Week 4							
Week 5							
Week 6							



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Post-Operative Cataract Instructions

- **DO NOT RUB YOUR EYE.** As your eye heals it may feel itchy but please refrain from rubbing your eye.
- Wear your eye shield at night while you sleep (or nap) for **1 week**.
- Wear sunglasses while outdoors. Your eye will likely remain dilated for a few days after surgery and will therefore be sensitive to sunlight.
- **No eye make-up for 2 weeks.**
- You may drive after your 1-day post-operative appointment at your own discretion.
- You may watch TV or read. Crystalens/Trulign patients must wear readers (+2.00) while reading for the first 2 weeks.
- You may shower as normal, but avoid getting water in your operative eye.
- No swimming, hot tubs, or lakes for **2 weeks** after surgery.
- No strenuous activity for **2 weeks** after surgery. Walking and mild exercise are fine, but no running, jumping, or bouncing. No golf, yoga, or gardening for **2 weeks**.
- Do not lift anything over 30 pounds for **2 weeks** after surgery.
- It is OK to bend over momentarily, but do not bend over for so long that your face becomes red.

The following symptoms are normal after surgery:

- Mild discomfort. *If you experience discomfort, you may take any pain medication that you normally take (ibuprofen, Tylenol, etc.)*
- Red appearance of the eye
- Sensitivity to light and blurred vision
- Burning, itchiness, or scratchy sensation. *You may use your Oasis Artificial Tears as often as you would like to help reduce these symptoms.*
- Watering of your eyes for a few days

If you experience severe or persistent pain, increased redness, or a sudden decrease in vision, call our office at 817-410-2030.



INFORMED CONSENT FOR CATARACT SURGERY AND IMPLANTATION OF AN INTRAOCULAR LENS (IOL)

INTRODUCTION

This information is given to you so that you can make an informed decision about having cataract 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 surgery. Except for unusual situations, a cataract operation is indicated when you cannot function satisfactorily due to decreased visual function caused by the cataract. 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 cataract surgery, 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, collagen or acrylic material which is surgically and permanently placed inside the eye. **It is important to understand that irrespective of the type of IOL you have placed in your eye, you may still require glasses for your sharpest vision.**

EXAMINATIONS PRIOR TO SURGERY

If you agree to have the surgery, you will undergo a complete eye examination by your eye care professional. 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, topography) laser and/or 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 (**other tests may be necessary as indicated by the condition of your eye**).

MORE INFORMATION ABOUT INTRAOCULAR LENS BIOMETRY

While biometry (the method used to calculate the power of the IOL) is very accurate in the majority of patients, the final result may be different from what was planned. As the eye heals, the IOL can shift very slightly toward the front or the back of the eye. The amount of this shift is not the same in everyone, and it may cause different vision than predicted. **Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK or other refractive surgeries (e.g. RK or PRK) are especially difficult to measure precisely.** If the eye's visual power after surgery is considerably different than what was planned, surgical replacement of the IOL, Laser Vision Correction, insertion of a second IOL (also known as a Piggyback IOL) might be considered. It is usually, but not always, possible to perform one of these procedures to improve the situation.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

Patients who have cataracts may have, or will eventually develop, an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses become necessary, typically just before or sometimes after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals, separate (different prescription) reading glasses, or in some cases monovision contact lenses in order to see clearly at close range. There are several options available to you to achieve distance and near vision after cataract surgery.

- **STANDARD MONOFOCAL – INTRAOCULAR LENS:** You can choose to have a monofocal (single focus) IOL implanted for distance vision and wear separate reading glasses, bifocals, or contact lenses for intermediate or near vision **or** have the IOL implanted for near vision and wear separate glasses for intermediate and distance vision.
- **MONOVISION INTRAOCULAR LENS:** Your ophthalmologist could implant IOLs with two different powers, and therefore, two different focal lengths: one eye for near vision and the other for distance vision. This combination of a distance eye and a reading eye is called monovision and would allow you to read without glasses. It has been employed quite successfully in many contact lens and refractive surgery patients. Your surgeon will discuss and may possibly demonstrate this option. However, **there are some functional limitations** with this arrangement.
- **TORIC (ASTIGMATISM CORRECTING) INTRAOCULAR LENS:** These lenses are specifically designed to reduce the glare, blurry vision, and visual disturbances related to astigmatism that may be seen with standard lens implants. They provide excellent distance vision for patients without significant amount of astigmatism, only requiring glasses for



INFORMED CONSENT FOR CATARACT SURGERY AND IMPLANTATION OF AN INTRAOCULAR LENS (IOL)

intermediate and near (reading) vision. However, if you have a significant amount of astigmatism, and you desire some functional near vision without glasses, a Toric IOL may be implanted in a way to give monovision as described in the preceding paragraph.

- **MODIFIED MINI MONOVISION (MMM) or BLENDED VISION ENVISTA INTRAOCULAR LENS:** An Envista lens is used to create “Modified Mini Monovision,” or “Blended Vision,” where one eye is set to read at distance and the other set at near. This is not the same as the strict monovision you may be familiar with related to contact lenses and as described in the preceding paragraphs. You’ll have good distance vision and functional intermediate and near (reading) vision without glasses for many things. **The limitations ascribed to monovision are generally avoided with this arrangement.** However, prolonged periods of near vision activities may require glasses.
- **MULTIFOCAL AND EXTENDED DEPTH OF FOCUS INTRAOCULAR LENS:** You may elect to have a multifocal presbyopia-correcting IOL. These lenses allow for more than one focal point. These IOLs work to provide distance, intermediate, and near vision without glasses most of the time. With the ReSTOR lens, near vision improves quickly. With the Tecnis lens, you may occasionally need glasses for intermediate vision, such as for computer usage. With multifocal IOL’s, there is roughly a 20% chance you may notice glare and halos around point sources of light at night (e.g. car headlights and street lights). On average, this improves over a 6-week period (but may take longer and may never completely resolve). Once implantation is done in both eyes, patients typically see further improvement.
- **ACCOMMODATING INTRAOCULAR LENS – CRYSTALENS:** You may elect to have an accommodating IOL. This IOL will provide distance, intermediate, and near vision by restoring some or all of the focusing (accommodating) ability of the eye. In addition, this IOL will require you to perform near vision rehabilitative exercises post-operatively and it may take weeks or months to maximize near vision functionality. You should be able to read a newspaper or computer screen, and drive – *occasionally* needing glasses for very fine print.
- **ACCOMMODATING/TORIC (ASTIGMATISM CORRECTING) INTRAOCULAR LENS – TRULIGN:** Trulign is simply a Crystalens that also corrects astigmatism and allows for excellent distance, intermediate, and near vision without glasses *most of the time*. Like your natural lens focused when you were younger, this lens can change focus in the eye to change focal points. Trulign is currently the only FDA approved IOL that will correct cataracts, presbyopia, and astigmatism at the same time. You should be able to read a newspaper or computer screen and drive – *occasionally* needing glasses for very fine print. As with Crystalens, you will be required to perform near vision rehabilitative exercises and it may take weeks to reach maximum visual acuity.
- **LIGHT ADJUSTABLE INTRAOCULAR LENS:** The RxSight Light Adjustable Lens (RxLAL™) is similar to other intraocular lenses (IOLs) that can be implanted in your eye to replace the natural lens that is removed during cataract surgery. While all IOLs improve vision after cataract surgery, most patients will require glasses (or contact lenses) to improve their vision to the level required for driving or reading. The RxLAL™ reduces the need for glasses or contact lenses by being able to change its focusing power after it is implanted in the eye. The focusing power of the RxLAL™ is adjusted by a specific pattern of ultraviolet (UV) light produced by the RxSight Light Delivery Device (LDD), an instrument that your doctor uses in the office beginning 2-3 weeks after cataract surgery. Up to three light adjustment treatments can be performed to improve your vision, with a separation of 3 days between treatments. When you and your doctor are satisfied, the same LDD is used to lockin the RxLAL™ and make the prescription permanent. From immediately after surgery until 24 hours after the completion of the lockin treatment, you will need to protect the RxLAL™ from UV light in the environment by wearing protective eyewear during all waking hours.
 - **RxSight UV Protective Eyewear:** Immediately after surgery, you must wear the special UV protective eyewear provided to you. The protective eyewear will protect the RxLAL™ from UV light from the sun and other UV sources that are common both indoors and outside. Before the RxLAL™ is locked in, you can experience a loss in vision if you are exposed to daylight or any other UV light source when you are not wearing protective eyewear. Two pairs of UV protective eyewear will be provided to you, a *clear pair* and a *dark tinted pair*. When indoors, the clear pair must be worn at all times as it is not always possible to know which light sources may affect the lens. Before moving outside, the clear eyewear *must* be changed to the dark tinted eyewear as sunlight carries a greater risk of changing the shape of the lens in an uncontrolled manner. You do not have to wear the dark tinted



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pair outside at night, as there is no sunlight. The clear pair may be worn at night to protect the RxLAL™ from other UV light sources. The UV protective eyewear must be worn until your doctor tells you that you no longer need to wear them (usually 24 hours after final light treatment). If you do not wear the required protective eyewear, the light treatments may not improve vision or may make your vision worse. If this happens, the RxLAL™ may have to be removed and replaced with a new lens to improve vision. This can lead to other complications from the additional surgery.

Because some medicines and supplements can increase your eye's sensitivity to the UV light used in the LDD (and put you at risk of damage to the eye during the LDD light treatments), it is very important that you tell your doctor about all the medications and supplements that you are taking. If your medications change any time before surgery, or between surgery and the last light treatment, you must let your doctor know as soon as possible as one of the new medicines may put you at risk.

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 (unless you already have a history of wearing monovision contact lenses).

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 is dominant in a particular person. Conventional wisdom holds that if contemplating monovision, the dominant eye corrected for distance. 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 (analogous to being ambidextrous), and, in some circumstances, a person may actually prefer using the dominant eye for near viewing.

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 may be important to determine through the use of contact lenses which combination is best for each person (right eye for distance and left for near, or vice versa) prior to undertaking surgical implantation of two different powered IOLs during cataract surgery. 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.

ASTIGMATISM AND CATARACT REMOVAL/TORIC AND/OR LIMBAL RELAXING INCISIONS (LRI'S)

Astigmatism is a common problem that requires many patients to wear glasses in order to see more clearly. Your surgeon often performs a procedure, known as a limbal relaxing incision, or LRI, at the time of cataract extraction and/or inserts a special type of lens implant that will reduce or eliminate astigmatism and thereby provide you with better vision after cataract removal. Both the implant and the LRI procedure are extremely safe, are associated with almost no risk, and nearly always reduce astigmatism. Of course, if you have little or no astigmatism, you are much more likely to have better vision when you are not wearing glasses after cataract surgery.

It is important for you to know the following before deciding if you wish to have your astigmatism reduced at the time of cataract removal.

1. Astigmatism reduction will not delay your recovery or significantly prolong the length of the operation.
2. More than 99% of patients will have less astigmatism than they would have otherwise had.



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3. You may still need to wear glasses (most patients use glasses at least part of the time after cataract removal, even for reading, and even if a special multifocal or accommodating lens implant has been used). However, it is very likely that your vision will be clearer when you are not wearing glasses than it would have been without astigmatism correction.
4. If you wish to have your astigmatism treated at the time of cataract removal, special measurements will be taken to determine the type of astigmatism correction (lens implant and/or limbal relaxing incision) required for your eye.
5. Health insurances will not pay for astigmatic correction. **You may, therefore, be responsible for the additional charge.**
6. The results of your astigmatism treatment will be evaluated after surgery, and usually becomes stable at 2-4 weeks after the procedure. In some patients, further improvement in vision can be obtained with an additional limbal relaxing incision (LRI) or a laser vision correction procedure. The determination to do this would not be made for at least 3 months after the initial procedure and there would be a minimal charge for these services even if they are performed within 1 year after the initial astigmatism treatment.

ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

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

An incision or opening is then made in the white part (sclera) or clear part (cornea) of the eye with a diamond blade, metal blade, or a laser if you have chosen laser cataract surgery. The incision is almost always self-sealing but it may require closure with very fine sutures (stitches), finer than a human hair. The eye will extrude (push out) these fine sutures over a long period of time, however, they are usually painlessly removed prior to this in the office. The natural lens in your eye will then be fragmented and removed by a type of surgery called Femtosecond Laser Assisted Cataract Surgery (FLACS) and/or phacoemulsification, which uses a femtosecond laser and/or 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 the small incision in your eye. If you have opted to have the Femtosecond Laser Assisted Cataract Surgery (FLACS) performed, your treatment will begin in the laser suite where the initial incisions of the eye will be performed. You will then be transported to the operating room to complete your surgery. After your natural lens, or cataract, is removed, the IOL is placed inside your eye. Once surgery is completed, a shield will be placed over your eye and your vital signs will be monitored before being discharged. **In rare cases, it may not be possible to implant the IOL you have chosen or any IOL at all.**

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 up to 8-10 weeks, depending on your individual rate of healing and any existing eye condition(s) you may have. **If you have chosen monovision, modified mini monovision, an accommodating IOL, a multifocal IOL, or an astigmatism correcting (Toric) IOL to reduce your dependency on glasses or contacts, drops may still be required for further improvement in your distance vision, reading vision, or both.** You should be able to resume most of your normal activities within 2 or 3 days and your eye will usually be stable within 3 to 6 weeks, although in some cases it may be longer (e.g. with Crystalens/Trulign or prior refractive surgery such as LASIK or RK). At this time, glasses or contact lenses could be prescribed, **if necessary.**

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 other eye conditions. 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 your surgeon.



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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 days, 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 perforation of the eye with a needle when an injection into the orbit (block) is performed for anesthesia, as well as cardiac and respiratory problems, and, in rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is low.

SPECIFIC RISKS OF CATARACT SURGERY INCLUDE, BUT ARE NOT LIMITED TO:

1. Complications of removing the natural lens or cataract, may include infection; hemorrhage (bleeding); incomplete removal of the cataract; rupture of the capsule that supports the intraocular lens implant; persistent inflammation inside the eye; persistent swelling of the cornea (clear dome over the iris) and pupil, known as corneal edema; swelling of the macula (part of the retina that is responsible for seeing color and fine detail), known as macular edema, tear or detachment of the retina (more common in highly near-sighted patients); markedly increased pressure inside the eye; persistent post operative pain; abrasion of the cornea; leaking of the incision in the eye; creation of irregular astigmatism or worsening astigmatism; droopy eyelid; double vision; glare and/or halos around lights (particularly at night); and increased sensitivity to light. 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. There may be additional costs involved.**
2. Complications associated with the IOL may include increased night glare and/or halo, double or ghost images, and dislocation of the IOL. Multifocal IOLs (ReStor, Tecnis MF) may increase the likelihood of these problems. In some instances, corrective lenses or surgical replacement or adjustment of the IOL may be necessary for adequate visual function following cataract surgery.
3. Complications associated with local anesthesia injections around the eye and topical anesthesia include corneal abrasion, bruising of the eye and of the lids and orbit, hemorrhage in the orbit, perforation of the eye, destruction of the optic nerve, interference with the circulation of the retina, droopy eyelid, double vision, respiratory depression, hypotension, cardiac problems, and in rare situations, brain damage or death.
4. If a monofocal/Toric IOL is implanted, either distance reading glasses or contacts may be needed after cataract surgery for adequate vision.
5. Complications associated with monovision. Monovision may result in problems with impaired depth perception and loss of some sharpness of vision. 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/accommodating IOLs. While a multifocal/accommodating IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light. It may also cause some visual side effects such as rings, circles, or starbursts around lights at night. With a multifocal (ReStor/Tecnis) lens studies have shown that it may be difficult to distinguish an object from a dark background (loss of contrast sensitivity), which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a considerable amount at night or perform activities that require fine distinctions in color (e.g. painting, interior design, photography, among other things), 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. Or, in the case of an accommodating IOL (Crystalens/Trulign, or rarely Envista when used for modified mini monovision), a multifocal lens, or rarely, a monofocal lens, may be implanted as a backup. In extremely rare cases, an anterior chamber lens (IOL placed in front of the iris) may be required.
7. If an IOL is implanted, it is done by a surgical method. It is intended that the small plastic, silicone, acrylic or collagen IOL will be left in the eye permanently.
8. If complications occur at the time of surgery, your surgeon may decide not to implant an IOL in your eye even though you may have given prior permission to do so.



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9. Other factors may affect the visual outcome of cataract surgery, including other eye diseases e.g. glaucoma, diabetic retinopathy, age-related macular degeneration, and others; the power of the IOL, your individual healing ability, and if certain IOLs are implanted (Crystalens, Trulign), 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, refractive laser surgery, or Conductive Keratoplasty (CK) may be needed if you are not satisfied with your vision after cataract surgery. These procedures may require additional costs.
11. The results of surgery may not be guaranteed. If you chose a multifocal/accommodating IOL, it is possible that not all or enough of the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary. Regardless of the IOL chosen, you may require YAG 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. Furthermore, you may require enhancement or refinement of your outcome through laser vision correction (e.g.: LASIK/PRK), Conductive Keratoplasty (CK) or the use of a “piggyback” IOL (one IOL placed in front of the other). This is more likely if you have had previous refractive surgery such as Radial Keratotomy (RK), Laser-assisted in situ Keratomileusis (LASIK), Photorefractive Keratectomy (PRK), or other corneal surgery. There may be costs associated with this enhancement.
12. If your surgeon 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 your surgeon 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. If your surgeon has determined that the axial length of your eye is longer or shorter than normal, the predictability of your outcome may be diminished and may require an enhancement procedure to optimize your outcome.
15. Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This can occasionally be corrected with glasses but if there is a marked difference in the prescription between the two eyes, 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 2 to 4 weeks, once the first eye has become more stable.
16. Complications associated with RxSight Light Delivery Device (LDD) Treatments. As with other IOLs, if the RxLAL™ is scratched or incorrectly placed in the eye at the time of surgery, it may need to be removed with another surgery prior to light treatments. To perform the light treatments, your pupil needs to be large enough for the entire lens to be seen. If it is not possible to enlarge the pupil enough, additional eye drops, injections into the eye, or surgery may be needed to further enlarge the pupil. If the pupil cannot be sufficiently enlarged after these types of treatments, the lens may need to be removed. There is a possible risk of UV-induced damage to the eye, including the cornea and retina, which may be permanent. UV light can sometimes cause a reactivation of previous herpes virus infection in the eye, which is why it is very important to tell your doctor about all previous eye history. A reactivation of herpes virus can cause scarring of the cornea, blurred vision, eye pain, extreme light sensitivity, permanent loss of vision, and possible need for corneal transplant. Erythropsia is a pink to red tinge to the vision and may occur temporarily or for longer following a light treatment due to the type of light used by the LDD. A temporary or long-term color vision deficiency may also occur. Corneal dryness and corneal abrasions from the contact lens used during light treatments, can occur. If a light treatment is performed to correct astigmatism, it is possible that vision may be affected if the lens rotates after light treatment, or if the light treatment is not performed correctly. It is also possible that the desired results of the surgery may not be obtained or may not last. Since it is impossible to identify every complication that may occur as a result of any surgery, there may be risks that have not been described here.



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PATIENT ACKNOWLEDGMENT OF FINANCIAL OBLIGATIONS

I fully acknowledge the Eye Consultants team has informed me that if I have Medicare coverage for this cataract surgery, the "presbyopia correcting" multifocal/accommodating IOL and associated services for fitting the lens are only considered partially covered. This also applies to Toric/monovision/modified mini monovision IOLs. I acknowledge that I am responsible for payment of that portion of the charge for the "presbyopia correcting" multifocal/accommodating, Toric, monovision or modified mini monovision, and associated services that exceed the charge for insertion of a traditional IOL following cataract surgery. The Eye Consultants team has informed me about the coverage, deductible, and co-payment amounts if a private insurance company is paying for this procedure. (Patient Initials) (Staff Initials)

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 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 I have chosen, and the advantages and disadvantages, risks, possible complications, and alternative treatments have been explained to me by my surgeon. If requested by me, monovision has been discussed with me by my surgeon. Although it is impossible for my surgeon to inform me of every possible complication that may occur, my surgeon 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;

CHOOSE FROM THE FOLLOWING OPTIONS:

1. Monofocal IOL/Glasses

I wish to have a cataract operation with a monofocal IOL on my (state "right" or "left") eye and wear glasses for (state "near" or "distance") vision. (Patient Initials) (Staff Initials)

2. Toric IOL

I wish to have a cataract operation with a Toric IOL on my (state "right" or "left") eye and wear glasses for (state "near" or "distance") vision. (Patient Initials) (Staff Initials)

3. Monovision or Modified Mini Monovision (Circle one) with Monofocal IOL or Toric IOL (Circle one)

I wish to have a cataract operation with two different powered IOLs implanted to achieve monovision or modified mini monovision (blended vision).

I wish to have my (state "right" or "left") eye corrected for DISTANCE vision (state "first" or "second").

I wish to have my (state "right" or "left") eye corrected for NEAR vision (state "first" or "second"). (Patient Initials) (Staff Initials)

4. Multifocal IOL (Panoptix / PanOptix Toric or Restor / Restor Toric or Symphony / Symphony Toric)

I wish to have a cataract operation with a multifocal IOL implant (state name of implant) on my (state "right" or "left") eye. (Patient Initials) (Staff Initials) If operative circumstances do not permit the implantation of a (state the name of implant) I request the implantation of a backup lens.

Multifocal: (Patient Initials) (Staff Initials)

Monofocal: (Patient Initials) (Staff Initials)



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Please write the following statements in your own handwriting:

I understand that: "I may still need glasses for distance, intermediate, and near vision."

I understand from the Eye Consultants team that: "I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction."

I understand that: "There are risks and no guarantees."

By signing this document, I acknowledge that I have read and understood this consent.

Patient Name (Print) Patient Signature Date

Phillips Kirk Labor, M.D. Surgeon Name (Print) Surgeon Signature Date

Witness Witness Signature Date

5. Accommodating IOL (Crystalens or Trulign)

I wish to have a cataract operation with a accommodating IOL implant (state name of implant) on my (state "right" or "left" eye). (Patient Initials) (Staff Initials) If operative circumstances do not permit the implantation of a (state the name of implant), I request the implantation of a backup lens.

Multifocal: (Patient Initials) (Staff Initials)

Monofocal: (Patient Initials) (Staff Initials)

6. Light Adjustable IOL

I wish to have a cataract operation with a Light Adjustable IOL on my (state "right" or "left") eye and wear glasses for (state "near" or "distance") vision. (Patient Initials) (Staff Initials)

7. Manual Limbal Relaxing Incision for Astigmatism Reduction

I wish to have a manual LRI done on my (state "right" or "left") eye in addition to the cataract procedure. (Patient Initials) (Staff Initials)

Please write the following statements in your own handwriting:

I understand that: "I may still need glasses for distance, intermediate, and near vision."



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I understand from the Eye Consultants team that: **"I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction."**

I understand that: **"There are risks and no guarantees."**

By signing this document, I acknowledge that I have read and understood this consent.

Patient Name (Print)

Patient Signature

Date

Phillips Kirk Labor, M.D.
Surgeon Name (Print)

Surgeon Signature

Date

Witness

Witness Signature

Date



EYE CONSULTANTS
OF TEXAS

Explanation of Surgical Outcomes: Premium IOLs

Here at Eye Consultants of Texas, we go to extreme lengths to ensure that you, as our patient, receive the best possible care we know how to provide. In light of this, we work very diligently and employ some of the latest technology to help ensure that your outcome after surgery is the best it can be. We are happy to report in most cases this will occur. In some cases, however, despite our best efforts, your initial outcome may fall short of our pre-operative goal. This may be caused by a variety of factors (including the natural healing process of the eye) and may even occur when everything goes well in the operating room. Therefore, it is important for you to understand that after your initial cataract or lens replacement surgery with the attendant implantation of a Premium Intraocular Lens, and despite the best efforts of Dr. Labor, his Associates and Staff, **you may still require additional surgery to obtain your personal best vision for each eye and that there may be costs associated with this surgery.** It is also very important for you to understand that based upon the outcomes analysis performed by the Staff at Eye Consultants of Texas, the chance of this occurrence is small and is more likely in eyes that have previously undergone corneal surgery of any kind to reshape the cornea (e.g. Radial Keratotomy, LASIK, PRK, Corneal Transplantation, or others), but may also occur as a consequence of other types of ocular surgery such as previous vitreoretinal surgery, as well as in eyes that are very long or very short. Given the aforementioned circumstances, you should understand further that, if necessary, Dr. Labor and/or his Associates will determine the best surgical approach to help you obtain your personal best vision for each eye. Additionally, we want you to also understand that it may be determined by Dr. Labor and his Associates that the best course of action may be to avoid further surgery altogether, and that as a consequence of this decision, you may be required to wear glasses or contact lenses to obtain your personal best vision. It is our goal to have you as a happy recipient of your new Premium Intraocular Lens technology and to obtain functional vision without glasses for as long as your eyes remain healthy; this may take some time after your initial surgery and this time varies from patient to patient and even from eye to eye within the same patient. Please also keep in mind that while we have made great strides in cataract/lens replacement surgery, there currently is no technology that will allow us to claim that you will never wear glasses again... at present, that technology does not exist. However, we are happy to report to you that many of our patients are capable of performing most of their visual tasks throughout the day without utilizing glasses or contact lenses if they've chosen the technology that allows for it.

Please write the following statement in your own handwriting:

"I have read the paragraph above titled "Explanation of Surgical Outcomes" and understand it. I have been given the opportunity to ask questions and all of my questions have been satisfactorily answered."

Patient Name (Print)

Patient Signature

Date

Witness

Witness Signature

Date

Medical Necessity for Surgery

Date	Chart #
Patient Name	
Reason for today's exam/procedure (patient's own words)	
What specific improvements in your daily life do you hope to gain with this procedure?	
Best Corrected Snellen VA – Distance 20/20/20/20 Near Medium BAT if glare symptoms: 20/20/20/20 With blinking, good light and proper bifocal	

Visual Functional Status (circle responses)	RIGHT / LEFT
1. Do you have difficulty seeing street signs or to drive? (curbs, freeway exits, traffic lights, glare/halos around lights)	YES NO
2. Do you have difficulty seeing the television or movies? (faces, letters, numbers)	YES NO
3. Do you have difficulty reading small print with good light, blinking, and proper glasses? (books, newspapers, phone book, medication labels, instructions)	YES NO
4. Do you have difficulty performing handiwork or crafts? (sewing, knitting, embroidery, other fine tasks)	YES NO
5. Do you have difficulty with personal correspondences? (writing checks, reading bills, filling out forms)	YES NO
6. Do you have difficulty with leisure activities? (playing cards, bingo, sports activities such as bowling, golf, hunting, other _____)	YES NO
7. Do you have visual difficulty with activities of daily living around the house? (seeing steps or stairs, cooking, household chores)	YES NO
8. Do you have trouble seeing and recognizing faces of people? (in church, at the grocery store, other commonly visited places)	YES NO
9. Do you have difficulty caring for yourself with your present vision or are you afraid your vision may threaten your independence?	YES NO

Do you have any of the following <u>VISUAL SYMPTOMS?</u>	YES	NO
1. Double or distorted vision?	YES	NO
2. Glare, halos, rings around lights?	YES	NO
3. Difficulty with color perception?	YES	NO
4. Difficulty with depth perception?	YES	NO
5. Blurred vision that is worsening?	YES	NO

Length of time of your complaint
How long have you had this complaint? (patient's own words)

Patient Signature _____ Date ____/____/____