

Pre-Operative Health Questionnaire

1. Are you Diabetic? YES / NO
2. Are you currently on dialysis? YES / NO
3. Are you currently taking any of the following medications for
glaucoma: TRAVATAN LUMIGAN XALATAN
4. Are you currently taking FLOMAX or any drug to improve your urinary
stream? YES / NO
5. Are you currently taking: LANOXIN DIGOXIN
6. Are you currently taking: COUMADIN WARFARIN
7. Please list any allergies to medications and/or medical devices:

8. Please list any previous eye surgery:

9. Please list your medications:

INFORMED CONSENT FOR CATARACT SURGERY

WHAT IS A CATARACT AND HOW IS IT TREATED?

The lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will continue to get worse.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

WHAT TYPES OF IOLs ARE AVAILABLE?

Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This can make your vision blurry. In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid. The major risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.

Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night. The ophthalmologist might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced.

Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or 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. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

PATIENT’S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery.

Patient (or person authorized to sign for patient)

Date

Witness

Date

**IMPORTANT INFORMATION FOR PATIENTS CHOOSING
PREMIUM INTRAOCULAR LENSES**

Crystalens / Toric

The potential benefit of these lenses is to decrease the patient's dependence on glasses or contact lenses, or to decrease the strength of the prescription required to produce sharp vision after surgery. In many cases, patients may be independent of glasses for certain visual tasks. In most cases, patients will still require some form of visual correction for night driving or reading small print.

It is important to understand that the choice of the premium intraocular lens does not necessarily equate with the elimination of the need for glasses. While we are able to minimize the patient's postoperative prescription, there may well be amounts of residual nearsightedness, farsightedness, or astigmatism, which may require spectacle correction. In some cases, additional surgery may be able to reduce this refractive error further. However, there may be additional expenses to the patient.

It may be necessary to reduce the amount of your astigmatism at the time of your cataract surgery using Limbal Relaxing Incisions. Limbal relaxing incisions are incisions placed on the steep axis of astigmatism. These incisions flatten the steep part of the cornea. By varying the length and number of incisions we are able to decrease or eliminate the astigmatism in most cases.

Limbal relaxing incisions theoretically may weaken the cornea, making the eye less resistant to blunt trauma. The risk of infection always applies to any surgery and may occur at the site of the limbal relaxing incisions. Rarely, it will be necessary to place sutures through a limbal relaxing incision at the time of surgery.

Your doctor believes that these options will decrease your amount of postoperative astigmatism and will proceed with this procedure with your consent.

I have read and understand the above information. All of my questions have been answered.

Patient _____ Date _____

Witness _____ Date _____

Pre-Surgical Cataract
Patient Questionnaire

Patient Name _____
Chart Number _____
Eye Being Evaluated <input type="checkbox"/> RT <input type="checkbox"/> LT

VISUAL FUNCTIONING

<i>Do you have difficulty, even with glasses, with the following activities?</i>	YES	NO
1. Reading small print, such as labels on medicine bottles, telephone books, or food labels?	<input type="checkbox"/>	<input type="checkbox"/>
2. Reading a newspaper or book?	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading a large-print book, or large-print newspaper, or large numbers on a telephone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognizing people when they are close to you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing steps, stairs or curbs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading traffic signs, street signs, or store signs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Doing fine handwork like sewing, knitting, crocheting, or carpentry?	<input type="checkbox"/>	<input type="checkbox"/>
8. Writing checks or filling out forms?	<input type="checkbox"/>	<input type="checkbox"/>
9. Playing games such as bingo, dominos, or card games?	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking part in sports like bowling, handball, tennis, or golf?	<input type="checkbox"/>	<input type="checkbox"/>
11. Cooking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Watching television?	<input type="checkbox"/>	<input type="checkbox"/>

SYMPTOMS

<i>Have you been bothered by:</i>	YES	NO
1. Poor night vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Seeing rings or halos around lights?	<input type="checkbox"/>	<input type="checkbox"/>
3. Glare caused by headlights or bright sunlight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Hazy and/or blurry vision?	<input type="checkbox"/>	<input type="checkbox"/>

<u>SYMPTOMS</u> <i>(continued)</i>	YES	NO
5. Seeing well in poor or dim light?	<input type="checkbox"/>	<input type="checkbox"/>
6. Poor color vision?	<input type="checkbox"/>	<input type="checkbox"/>
7. Double vision?	<input type="checkbox"/>	<input type="checkbox"/>

<u>DRIVING</u>		
1. Have you ever driven a car?	<input type="checkbox"/> YES <i>(continue)</i>	<input type="checkbox"/> NO <i>(stop)</i>
2. Do you currently drive a car?	<input type="checkbox"/> YES <i>(continue)</i>	<input type="checkbox"/> NO <i>(stop)</i>
3. How much difficulty do you have <u>driving during the day</u> because of your vision?		
<input type="checkbox"/> No difficulty	<input type="checkbox"/> A moderate amount of difficulty	
<input type="checkbox"/> A little difficulty	<input type="checkbox"/> A great deal of difficulty	
4. How much difficulty do you have <u>driving at night</u> because of your vision?		
<input type="checkbox"/> No difficulty	<input type="checkbox"/> A moderate amount of difficulty	
<input type="checkbox"/> A little difficulty	<input type="checkbox"/> A great deal of difficulty	
5. When did you stop driving?		
<input type="checkbox"/> Less than 6 months ago	<input type="checkbox"/> 6-12 months ago	<input type="checkbox"/> More than 1 year ago

Patient Signature _____

Date _____

Dear Patient,

You have been scheduled for surgery at Camp Lowell Surgery Center. Dr. Kaye has a financial interest in this surgery center. Please inform our staff if for any reason you do not want your surgery performed at this surgery center. It will then be scheduled at another facility, as time and schedules permit.

I acknowledge the above and agree to have my surgery scheduled at Camp Lowell Surgery Center.

Date

Patient Signature