

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

Informed Consent for Glaucoma Filtering Surgery (Trabeculectomy) and Use of Anti-Metabolites

INDICATIONS, BENEFITS, AND ALTERNATIVES

Your doctor has diagnosed you with glaucoma and informed you that if it is left untreated, it is very likely that you will experience vision loss and eventual blindness. Glaucoma can sometimes be treated successfully with medications to lower the pressure in the eye. If medications are not effective, laser and other surgical procedures may be of value in controlling the pressure and preventing further vision loss. Both medications and surgery are designed to do one of two things: 1) decrease the amount of fluid production in the eye from the cells that make the fluid, or 2) help the fluid flow out of the eye.

Your doctor has informed you that a glaucoma filtering operation (“trabeculectomy”) is necessary to help control the pressure in your eye(s). If this pressure remains too high, your optic nerve can become damaged, leading to vision loss and eventual blindness. This procedure allows your ophthalmologist to create a new drainage channel for the eye. The trabeculectomy allows fluid from the eye to flow into a filtering area called a bleb. The bleb is mostly hidden under the eyelid. When successful, this procedure will lower the pressure in your eye, minimizing the risk of further vision loss from glaucoma. The purpose of the operation is to control the pressure and preserve my vision; any vision lost to glaucoma cannot be restored.

USE OF ANTI-METABOLITE MEDICATIONS

Anti-metabolite medications, have been found to be of value with certain types of glaucoma filtration operations. These agents, applied during or after the surgery, reduce the growth of scar tissue, a common cause of failure in glaucoma surgery. The physician’s decision to use these agents is based on the evaluation of the advantages and potential disadvantages in each individual case.

Mitomycin-C and 5-Fluorouracil are the most commonly used anti-metabolites in ophthalmology today; these medications are used in conjunction with other preoperative, operative and postoperative medications designed to increase the success rate in glaucoma operations.

FDA STATUS OF MITOMYCIN-C and 5-FLUORACIL

Mitomycin-C and 5-Fluoracil were originally approved by the Food and Drug Administration (FDA) for the treatment of various types of cancer. Upon approval, the drug manufacturer produces a “label” that explains its use. Once a drug is approved by the FDA, physicians can use it for other purposes “off-label” as part of the practice of medicine if they are well-informed about the product, base its use on firm scientific method and sound medical evidence, and maintain records of its use and effects.

COMPLICATIONS

As with any surgical procedure, there are risks associated with glaucoma filtering surgery. For instance, there is always the possibility that the surgery you have will not

help to control my eye pressure. Eye drops or more procedures may be needed. Not every conceivable complication can be covered in this form but the following are examples of risk encountered with glaucoma filtering surgery. These complications can occur days, weeks, months, or years after later. They can result in loss of vision or blindness. Careful follow-up is required after surgery including weekly visits for the first 2-3 weeks. Minor office intervention may be required in the early postoperative period such as removal of stitches, placement of stitiches, extra injections of anti-scarring agents, filling up the eye with special jelly, etc. After your eye heals you will still need regular eye exams to monitor your pressure and to watch for other eye problems.

Risks of the surgery and use of anti-metabolites

- Failure to control eye pressure, with the need for another operation (early or late)
- Vision could be made worse or, in rare cases, totally lost
- Early or late increase of pressure in eye
- Pressure that is too low (hypotony)
- Unintended corneal and/or scleral damage including thinning or perforation
- Infection, early or much later
- Abnormal collection of fluid in eye, with the need for a second operation
- Bleeding in the eye
- Chronic inflammation
- Cataract except in those cases where the cataract has been removed
- Irritation or discomfort in the eye that may persist
- In spite of surgery, vision could become worse from continuing degenerative changes in the eye

Risks specific to use of anti-metabolites

- Contraindicated for women who are or may become pregnant during therapy
- Not known whether this drug is excreted in human milk. Physicians should discuss potential for adverse reactions to nursing infants.

Risks specific to anesthesia injections around the eye

- Perforation of eyeball
- Needle damage to the optic nerve, which could destroy vision
- Interference with circulation of the retina
- Possible drooping of eyelid
- Systemic effects that have the potential for life-threatening complications and death

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, and that I understand and accept the risks, benefits, and alternatives of glaucoma filtering surgery.

I authorize my surgeon to proceed with the operation on my _____ (indicate “right” or “left”) eye.

I authorize my ophthalmologist to use anti-metabolite medication (indicate medication)

Mitomycin-C _____
5-Fluoracil _____

Patient (or person authorized to sign for the 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