

Patient Name (print) \_\_\_\_\_

**NOTICE:**

**PROCEDURES WILL NOT BE SCHEDULED  
UNTIL WE RECEIVE YOUR COMPLETED  
CONSENT FORMS**

**\*\*Please be aware that several pages of the  
consent forms require your signature\*\***

**Our success and patient satisfaction rate with  
cataract surgery exceeds 99%. However, it is  
important for our patients to understand the  
process and risks of cataract surgery.**

**Please read and complete your consent forms.  
When completed, please mail back to our office.**

**It may take up to 10 BUSINESS DAYS after we  
have received your consent forms to schedule  
your surgery.**

## Pre-Operative Health Questionnaire

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

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7. Please list any previous eye surgery:

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8. Please list your medications:

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## **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. 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 surgery or anesthesia, 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 I am aware that some of my postoperative visits may be performed by Dr. Laurence Kaye, MD, Dr. Robert Snyder, MD, Dr. Jonathon Gross, MD, Dr. Emily Wright-Mayes, MD, Dr. Sara Frye, OD, or Dr. Rand Siekert, OD. I fully understand and accept the risks, benefits, and alternatives of cataract surgery.

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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

**Multifocal / 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.

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

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## **Informed consent for goniotomy surgery**

You have glaucoma. Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. Fluid imbalance or eye pressure problems damage the nerve. Glaucoma slowly gets worse over time and cannot be reversed. If it is not treated, it causes a painless loss of eyesight. In some cases, it can lead to blindness.

**Alternatives (choices and options).** The best choices for glaucoma treatment are those that lower the eye pressure with the fewest risks to the patient's eyesight and overall health.

- Usually eye drop medications or laser therapy are used first. Often, multiple medications are needed to get the desired pressure level.
- If medications and laser treatment do not work well enough, or if patients have trouble using eye drops because of cost, side effects, and other difficulties, then glaucoma surgery is required. There are many types of glaucoma surgery.
- You can decide to have no treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

**Your ophthalmologist (eye surgeon) is recommending goniotomy surgery (using a Trabectome or Kahook Dual Blade).** This is a new type of glaucoma surgery called "minimally-invasive glaucoma surgery" (MIGS). MIGS provides control of the eye pressure at lower risk than more traditional glaucoma surgeries. It alters the eye's drainage system to lower the eye pressure and reduce the need for medications. MIGS is performed through an incision that is less than 3 mm long (just under 1/8 of an inch). Your ophthalmologist will make an incision (cut) in a part of your eye's drainage system called the trabecular meshwork. This will allow fluid to leave your eye.

**Benefits (how the surgery can help).** The goal of goniotomy surgery is to lower your eye pressure and help you keep the vision you have now. It will not bring back vision you have already lost from glaucoma.

**Risk (problems the surgery can cause).** As with any surgery, there are risks with goniotomy. The surgery may not lower your eye pressure or

control your glaucoma even when it is properly performed. Your ophthalmologist cannot tell you about every risk. Here are some of the most common and serious risks:

- Failure to control eye pressure, with the need for eye drops, laser treatment, or another surgery
- Abnormal collection of fluid in the eye, with the need for another surgery
- Worse or lost vision
- Pressure that is too low
- Damage to the eyeball
- Infection
- Bleeding in the eye
- Inflammation
- Cataract (except if you have already had cataract surgery or if you are having cataract surgery at the same time as this glaucoma surgery)
- Pain, irritation, or discomfort in the eye or surrounding tissues that may last
- Drooping of the eyelid
- Double vision
- Problems during surgery that need immediate treatment. Your ophthalmologist may need to do more surgery right away or change your surgery to treat this new problem.
- Other risks. There is no guarantee that the surgery will improve your vision. The surgery or anesthesia might make your vision worse, cause blindness, or even the loss of an eye. These problems can appear weeks, months, or even years after surgery.
- Careful follow-up is required after surgery. After your eye heals, you will still need regular eye exams to monitor your glaucoma and watch for other eye problems.

**Goniotomy can be performed under topical or regional anesthesia.**

With either type of anesthesia, the anesthesiologist, ophthalmologist, or nurse anesthetist may also give you an intravenous sedative to help you relax.

- With topical anesthesia, eye drops are used to numb the eye. You must be able to cooperate with the ophthalmologist to make sure you do not move your eye during surgery. Risks of topical anesthesia

include injury to the eye by movement during surgery, drooping of the eyelid, and increased sensation during the procedure.

- With regional anesthesia, anesthetic medicine is injected around the eye to numb the eye and immobilize it for surgery. Risks of regional anesthesia include needle damage to the eyeball or optic nerve, which could cause vision loss; interference with circulation of the retina, which could cause vision loss; drooping of the eyelid, double vision, and bruising of the skin around the eyes.
- Intravenous sedation can cause heart and breathing problems. In rare cases, it can cause death.

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

- You read this informed consent form or had it read to you.
- You were told you have glaucoma.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist perform goniotomy surgery on your \_\_\_\_\_ (“right,” “left”) eye.

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Pre-Surgical Cataract  
Patient Questionnaire

Patient Name \_\_\_\_\_

Chart Number \_\_\_\_\_

Eye Being Evaluated  RT  LT

**VISUAL FUNCTIONING**

*Do you have difficulty, even with glasses, with the following activities?*      **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 a 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 cards 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"/> |

**SYMTPOMS**

*Have you been bothered by:*      **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"/> |



Dear Patient,

You have been scheduled for surgery at Camp Lowell Surgery Center. Tucson Eye Care 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. You will then be referred to another surgeon who will perform surgery at a different location.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date