

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:

7. Please list any previous eye surgery:

8. 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. 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. Patrick Tsai, MD, Dr. Jonathon Gross, MD, Dr. Emily Wright-Mayes, MD, Dr. Mai Tsai, OD, or Dr. Sara Frye, 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 VISOCANNULATION/TRABECULOTOMY
PERFORMED USING OMNI™ SURGICAL SYSTEM SURGERY

I authorize Dr. _____ to perform the following procedure described to me in plain language:

Viscocannulation & Trabeculectomy Right / Left eye

- Surgery to open the natural fluid drainage channel to lower eye pressure.

I have been advised of the following potential benefits:

- Potential lowering of the eye pressure.
- Potentially prevention of further optic nerve damage from elevated pressure.
- Attempt to prevent further visual loss from glaucoma.

I have been advised of the following risks:

Possible infection, pain, bleeding in the eye, swelling, elevated eye pressure, low eye pressure, retinal detachment, need for further glaucoma eyedrops, laser or surgery, injury to other intraocular structures (e.g. change in pupil or cornea), loss of vision, loss of eye.

This procedure will not reverse the damage which has already occurred from glaucoma.

I have been advised of these possible risks if I refuse to undergo procedure:

Potential sustained elevation in eye pressure from goal pressure and further vision loss from glaucoma.

ALTERNATIVE MEASURES

Continue with maximally tolerated medical therapy despite unresponsiveness. Other medical or surgical procedures for lowering eye pressure.

PATIENT ACCEPTANCE OF RISK

I have read the above information, or it was read to me, and I discussed with my physician and I understand it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment and/or surgery may be necessary.

By signing below, I agree that my physician has answered all my questions and that I understand and accept risks, benefits and alternatives to surgery. I have been offered a copy of this document. I wish to have a Viscoannulation & Trabeculotomy performed using **OMNI™ Surgical System** operation on my **Right / Left / Both** eye(s).

Print Patient's Name

Patient's Signature (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