

## CLEAR LENS EXTRACTION

Outline of the Video/Web Presentation by  
Mark R. Mandel, M.D.

*Please Initial One*

\_\_\_\_\_ **I have watched the  
video in my email.**

\_\_\_\_\_ **I have watched the  
video on the website**

1. We have determined that the removal of the lens inside my eye and the replacement of my natural lens with an artificial lens is the best surgical option in order to help achieve my goal of better vision without glasses or contact lenses. We have reviewed other options such as glasses, contact lenses, or the laser procedures such as LASIK or PRK. After reviewing the alternatives, and aware of the potential limitations and risks and complications of lens surgery, we determined that clear lens extraction would give me the highest probability (although no guarantee) of achieving the results that I desire. Because the realistic expectations for results, the limitations, and the potential need for further touch-up surgery are similar to LASIK and the phakic intraocular lens, I have also reviewed the LASIK and phakic intraocular lens sections of the web presentation.

2. I am aware that the goal of the clear lens extraction (CLE), also known as refractive lens exchange (RLE) is to reduce my dependence on glasses or contact lenses. However, I understand that the results are not perfect and that it is possible that I may need glasses or contact lenses some or all of the time to achieve my best possible vision. This is particularly true for driving at night and/or for reading if I elect not to have blended vision or a multifocal implant. Reading vision and/or computer vision without glasses may be a difficult even if I elect to have one of the multifocal lenses. Additionally, I am aware that in order to fine tune my vision following lens extraction, exchanging the implant or laser corneal surgery (if possible and safe) may be required.

3. I am aware that the procedure is essentially the same as a cataract operation, except that I do not have a cataract inside my eye. Specifically, a small incision is made in the eye and the natural lens of my eye is removed and replaced with an artificial lens. I am aware that I have different choices for lens implants to go inside my eye at the time of surgery. These include implanting a lens in each eye in order to achieve full distance vision in each eye. In this case, I would be required to use computer and reading glasses at all times. Alternatively, I can have blended vision where one eye is adjusted for distance and one eye is adjusted for near. However, even with blended vision, I may need glasses some of the time to achieve optimal vision. The other alternative is to implant a multifocal lens. These lenses help to achieve good vision at many different distances. However, I am aware that these lenses are also not perfect and may require the use of glasses for certain visual tasks. Additionally, they may induce unwanted side effects such as glare, halo, and starbursts, as well as decreased contrast sensitivity at night or in low light environments. Whatever my implant choice, I understand that I may need glasses some of the time, even after a LASIK or a PRK touch-up.

4. The side effects and risks and complications of clear lens extraction/refractive lens exchange can be categorized into those that occur **during** the operation and those that occur **following** the operation. These complications can vary in intensity from very mild to very severe.

5. With respect to the **intra-operative** complications that occur at the time of surgery, I understand that the clear membrane called the posterior capsule can tear, resulting in the need to remove part of the vitreous gel inside my eye (vitrectomy). Additionally, a small piece of the natural lens of my eye may dislodge into the back of my eye as a result of this posterior capsular tear, resulting in the need to have further surgery performed by a retinal specialist at a different location. If the posterior capsule tear is large, I may not be able to have a lens implant placed in my eye, or if a lens implant is able to be placed in the eye, it may not be the type of implant that I desire. This may result in the need for full time glasses or contact lenses after the surgery. Additionally, the need for a vitrectomy either done at the time of the tear of the capsule or by the retina specialist at a later date in a different location, may result in permanent swelling in the back of my eye or a retinal detachment such that my vision is permanently decreased following this surgery.

6. I understand that if I am very farsighted, I most likely have a smaller than normal eye. I am aware that smaller than normal eyes have an increased risk of the very rare, but potentially very severe, complication of severe bleeding during the operation which could result in loss of all vision in the eye.

7. With respect to **post-operative** complications, the most common (although not true a "complication") is that the implant power does not result in the vision at the distance that we desire. Generally, glasses or contact lenses will correct this. A LASIK enhancement, a lens implant exchange, or "Piggyback" (additional) lens implant to improve vision without glasses may be performed. Additionally, astigmatism may be induced at the time of surgery such that surgery to reduce the astigmatism after my implant may be required. There can be swelling of the retina in the back of the eye, or swelling of the cornea in the front of the eye. Fortunately, in most of these cases, the swelling resolves within six months to a year. However, in some cases, the retinal swelling can be permanent, resulting in a permanent decrease or distortion of vision. The swelling of the cornea in the front of the eye may require a corneal transplant operation. Also, it is possible that a retinal detachment can occur at any time after the surgery resulting in the need for further surgery to repair the retina potentially resulting in permanent visual loss.

8. Like the cataract operation or the phakic intraocular lens operation, an infection can occur inside the eye resulting in the need for intensive antibiotic use, the possible need for further surgery by a different surgeon, and possible permanent loss of the eye.

**I have watched Dr. Mandel's Video/web presentation, which reviews the realistic expectations, limitations, side effects and the risks and complications of the clear lens extraction procedure. I have reviewed this outline along with the Video/web presentation. I was given a copy of this outline to keep for my records.**

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PATIENT SIGNATURE

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DATE

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