OPTIMA
OPHTHALMIC MEDICAL ASSOCIATES INC.

PREMIUM LENS IMPLANTATION

by Mark R. Mandel, M.D.

Please Initial One

_____ **I have watched the video on my email.**

_____ **I have watched the video on the website**

1. We have determined that the removal of the cataract (lens inside my eye) and the replacement of my cloudy (cataract) lens with an artificial lens is the best surgical option in order to improve my vision. We have reviewed other options such as glasses or contact lenses. After reviewing the alternatives, and aware of the potential limitations and risks and complications of lens surgery, we determined that cataract extraction would give me the highest probability of achieving the results that I desire.

2. I am aware that the goal of the cataract extraction is to improve my vision. 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 regardless of the lens I choose. 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 problem even if I elect to have one of the multifocal lenses. Additionally, I am aware that in order to fine tune my vision following cataract surgery, glasses, contact lenses, a laser procedure, or additional corneal surgery such as LASIK (if possible) may be required.

3. In Cataract surgery, a small incision is made in the eye and the natural lens of my eye (cataract) 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, and distance glasses some of the time. Alternatively, I can have blended vision where one eye is adjusted for distance and one eye is adjusted for near. This can be achieved with a fixed lens or a light adjustable lens. 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 implant. These lenses are multifocal lenses and help to achieve good vision at many different distances. However, I am aware that these lenses are 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 surface corneal touch-up procedure (PRK). Sometimes, if the side effects are intolerable, the implant may need to be removed and replaced with a different implant.

4. The side effects and risks and complications of cataract surgery can be categorized into those that occur **during** the operation and those that occur **following** the operation. These complications can vary in severity 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 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 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. While all eyes have the potential for bleeding during surgery, 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 a true "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, exchange of the lens implant, or a "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. Additionally, 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. But 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. 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 the possibility of permanent loss of the eye.

9. For patients who have had prior and LASIK, PRK, or RK, that the lens implant power will not be accurate because of the prior surgery. Accordingly, glasses or contact lenses may be necessary to achieve optimal vision. If a patient does not want to wear glasses, in some but not all cases, a touch up LASIK/PRK or possibly exchanging the lens implant or placing a secondary implant on top of the primary implant may be necessary to achieve close to "glasses-free vision". The light adjustable lens may be more accurate in these cases.

10. I understand from my discussions with Dr. Mandel, my viewing of his videos, and the reading that he has supplied for me that there is no guarantee that my vision will improve after cataract surgery and no guarantee that if the vision improves somewhat, that I will be fully satisfied with the visual result. This is true regardless of the implant that I choose. Even if I have to pay extra money out of pocket for an upgraded premium implant, I may not achieve the vision that I was hoping for.

11. I understand that if I choose a multifocal or light adjustable lens, the goal is to allow me to see well in the distance, intermediate vision such as a dashboard and have improved vision at near without glasses. However, these lenses, and the visual results of these lenses are not perfect and I understand that I may need glasses for one or all of these visual distances especially reading. Additionally, certain patients may experience unpleasant glare, halos, and starbursts from oncoming headlights, street lights or porch lights directly as a result of the multifocal lens implant. Although most of these cases are mild, some patients experience severe symptoms such that the lens implant must be removed and replaced with a single vision monofocal implant.

I have watched Dr. Mandel's Video/web presentation which reviews cataract surgery and my implant choices. 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 DATE