

FRITCH EYE CARE MEDICAL CENTER

Informed Consent for Cataract Operation and/or Implantation of Ocular Lens

Introduction

This information is given to you so that you can make an informed consent decision about having eye surgery. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have the operation.

Benefits from this surgery are:

Potential benefits include, but are not limited to, improved visual acuity, improved peripheral vision, improved contrast sensitivity, reduction of glare, improved color vision, reduction in lens induced inflammation, and improved visualization of the fundus.

After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation. This will be based on your own visual needs, and medical considerations, unless you have an unusual cataract that may need immediate surgery.

Alternative Treatments:

You may decide not to have a cataract operation at all. However, should you choose to decline surgery, your vision will likely to worsen possibly to the point where neither corrective lenses nor surgery will prove to be of benefit.

Corrective Lens Options:

Should you decide to have an operation, you need to understand these are the three methods of restoring useful vision after the operation:

1. **Intraocular Lens**
This is a small artificial lens, made with PMMA (a type of plastic), Silicone, or Acrylic, surgically placed inside the eye, permanently replacing your natural lens that has become clouded (a cataract). With the intraocular lens, there is no apparent change in the size of objects seen. Conventional glasses (not Aphakic spectacles) are usually required in addition to an intraocular lens. Fritch Eye Care Medical Center prefer to use the intraocular lens, thus, unless you have been previously advised to the contrary, unless new information is revealed during surgery, or unless you specifically decline this option, you surgeon will insert such a lens.
2. **Contact Lens**
A hard or soft contact lens increases the apparent size of objects only about eight percent (8%). Handling of a contact lens is difficult for some individuals. Most lenses must be inserted and removed daily and not everyone can tolerate them. For near tasks, eyeglasses (not Aphakic spectacles) may be required in addition to contact lenses.
3. **Spectacles (glasses)**
Aphakic spectacles required to correct your vision are usually thicker and heavier than conventional eyeglasses. Aphakic spectacles increase the size of objects by about twenty-five percent (25%) and clear vision is obtained through the central part of the cataract spectacles,

which means you must learn to turn your head to see clearly on either side. Aphakic spectacles usually CANNOT be used if a cataract is only in one eye (and the other is normal) because they may cause double vision.

CONSENT OF OPERATION

In giving my consent for cataract extraction and/or for possible implantation of an intraocular lens in my _____ eye, I understand:

Nature of Surgical Procedure:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.
2. If an intraocular lens is implanted, it is done by surgical method. It is intended that the small artificial lens (silicone or other materials) will be left in my eye permanently. These materials may or may not contain ultraviolet protection or materials. Glasses may be required following surgery for ultraviolet protection.
3. The results of the surgery in my case cannot be guaranteed.
4. At the time of surgery, my doctor may decide NOT to implant an intraocular lens in my eye even though I may have given prior permission to do so. In this case, I will need to wear eyeglasses or contact lenses.

Risk of Surgery Procedure:

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain would be extremely unusual and should be reported immediately to the surgeon.

1. **COMPLICATIONS OF SURGERY TO REMOVE CATARACT**
As a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may include hemorrhage (bleeding), loss of corneal clarity, infection, detachment of the retina, glaucoma, and/or double vision. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision, or loss of the eye.
2. **SPECIFIC COMPLICATIONS OF LENS IMPLANTATION**
Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases, complications may develop during surgery from implanting the lens; days, weeks, months, or even years later. Complications may include loss of corneal clarity, infection, uveitis, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, dislocation of the lens and retinal detachment.
3. At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.

4. **COMPLICATIONS OF SURGERY IN GENERAL**

As with ALL types of surgery, there is the possibility of other complications due to anesthesia, drug reactions, or other factors, which may involve other parts of my body, including a possibility of brain damage or even death. Since it is impossible to state every complication that may occur as a result of surgery, the list of complications in this form is incomplete.

5. Some discomfort may be noted after surgery, typically relieved by common medication.

SECONDARY CATARACT (AFTER-CATARACT)

Sometimes a part of the natural lens that is not removed during cataract surgery becomes cloudy and may blur your vision. This is called an **after-cataract**. An after-cataract can develop months or years later. Unlike a cataract, an after-cataract is treated with a laser. In a technique called **YAG laser capsulotomy**, your doctor uses a laser beam to make a tiny hole in the lens to let light pass through. This requires two minutes and usually results in immediate vision improvement. This is a painless outpatient procedure.

The basic procedures of cataract surgery and the advantages and disadvantages, risk and possible complications of alternative treatments have been explained to me by the doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction.

In signing this informed consent for cataract operation and/or implantation of an IOL:

- ◆ I am giving consent for cataract extraction and/or for possible implantation of an intraocular lens in my eyes.
- ◆ I am stating that I have been given a copy.
- ◆ I fully understand the possible risks, benefits, and complications of cataract surgery.
- ◆ I have read this informed consent.

Surgeon: Charles D. Fritch, M.D.

Type of Anesthesia Planned: General MAC Local

Patient Name (PRINT)

Medical Record #

Patient's signature

Date

If signed by other than the patient, please indicate the relationship: _____

Witness

Date

FRITCH EYE CARE MEDICAL CENTER

9000 Ming Avenue L2, Bakersfield, CA 93311

Tel: (661) 665-2020 • Fax: (661) 665-8820

FINANCIAL GUIDELINES

Thank you for choosing us to provide healthcare for you. Please familiarize yourself with the financial policy of our office by reading the following information about how your medical bills will be handled.

We will attempt to verify all surgeries with your insurance carrier to determine eligibility and make certain that benefits are available for your planned surgery. However, even though eligibility has been confirmed with your insurance, and pre-certification (pre-authorization) has been obtained, it is possible for your insurance company to deny benefits after the surgery. For this reason, we suggest that you also check with your insurance company.

Fritch Eye Care takes assignment on Medicare patients as well as the individual contracted insurance companies. If FEC is not contracted with your health care plan, your insurance will reimburse it at a non-contracting rate, hence, may be responsible for a higher out of pocket charges. Fritch Eye Care does not contract with health care services such as HMO's, Medicare Assigned HMO's, and Medi-Cal, therefore, patient accepts full financial responsibility for all items or services. You should also expect to receive a bill from the surgery center and the anesthesiologist.

****IF YOUR INSURANCE PLAN CHANGES FROM THE TIME YOU SEE THE PHYSICIAN FOR THE PREOPERATIVE VISIT AND/OR SURGERY, PLEASE NOTIFY OUR OFFICE SO NECESSARY CHANGES CAN BE MADE PRIOR TO YOUR SURGERY. YOU WILL BE FINANCIALLY RESPONSIBLE IF THIS IS NOT DONE.*

Out of pocket expenses may be incurred as a result of individual benefits provided by your insurance company. If any additional procedures are required at the time of your surgery, additional out of pocket expenses could be incurred. Surgical expenses not covered by insurance are the responsibility of the patient. Co-payments and deductibles for surgery may also need to be paid at the time of your operative appointment.

If no health insurance is available, payment is expected at the time of service.

If you have any questions regarding your insurance benefits, please feel free to contact Surgery Verification at (661) 665-2020.

I have read and understand the above statements. I accept full responsibility for my surgery and the exact amount of my obligation may not be known until after my health care plan has processed the claim. For services not covered by my insurance (claims denied), I agree to pay the full amount of Fritch Eye Care's standard fee for the services provided.

X

Patient's Signature (or person authorized to sign for patient)

Date

If signed by other than the patient, please indicate the relationship: _____

Patient Name: _____

MR# _____