



Consent Form:

Cataract Extraction

Cataract is a condition in which the eye's lens has lost its clarity. The surgery is designed to remove the cloudy lens and in most cases implant an intraocular lens (IOL) in its stead thus improving vision. This objective is reached in most cases, but is also dependent on the quality and normal functioning of other ocular system elements. The type of IOL and its optical power will be determined according to eye data and the course of surgery. There may be a case where the lack of appropriate lens implant conditions will be discovered only during surgery. If it is not possible to implant IOL the surgery is limited to lens removal. It should be emphasized that in every cataract surgery it may be necessary to use glasses to achieve the best result for far-sightedness and near-sightedness. In cases where the cataract surgery patient had undergone refractive eye surgery, the calculation of optical power of the lens to be implanted is more complicated and in a similar case after the lens substitution the use of glasses may be required for best sight.

There are different types of intraocular lenses, some of which can be transplanted only as part of private procedures. The various types of lenses are designed to correct different refraction syndromes which are unrelated to cataract. The types of lenses available:

- Monofocal lens – a lens which provides good vision for one distance only (far, intermediate, or near), for good vision in other ranges the patient will need to use glasses. The vision of each eye can be adjusted to different distances (far / near) so as to reduce dependency on glasses (i.e. to carry so called monovision intraocular therapy).
- Multifocal lens – a lens which is designed to reduce dependency on glasses for both far-sightedness and near-sightedness.
- Accommodative lens – a lens which changes its focus in accordance as required for sight (viewing far / near subjects), designed to reduce dependency on glasses for both near and far-sightedness.
- Toric lens – a lens which can decrease or correct astigmatism of the cornea (a condition in which the cornea is not round but oval) and to reduce dependency on glasses; this lens is available as a monofocal, multifocal or accommodative lens.

Patient's name:

Last name

First name

Father's name

I.D.

I hereby declare and confirm having received a detailed oral explanation from Dr. _____



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regarding the need to perform a cataract surgery on the right* / left* eye with* / without* intraocular lens implant.

Mark lens type: Monofocal Multifocal Accommodative Toric (hereinafter the "**Main Surgery**").

It has been explained to me that success rates for cataract surgery are high. In addition, it has been explained to me that there are no alternative treatments for cataract. It has been explained to me that the purpose of the surgery is to improve vision only and that the surgery does not treat any other ocular problems.

The advantages and disadvantages of each lens and the type of lens which is suitable for my condition have been explained to me.

I hereby declare and confirm that I have been given an explanation of the hoped for results and the possible side effects of the surgery, including pain and discomfort.

In addition, the possible complications and risks have been explained to me, including: infection, hemorrhaging, loss of the vitreous humor, lens dropping into the vitreous humor (which may require an additional surgery to remove the lens from the vitreous humor), movement of the intraocular lens, complications due to a delayed reaction of the eye to surgery, Toxic Anterior Segment Syndrome (TASS), dryness, impermanent or permanent increase of intraocular pressure, impermanent or permanent cornea edema, which may necessitate cornea implant and the appearance of cloudiness behind the implanted lens (secondary cataract). In some cases the secondary cataract necessitates additional laser procedures.

Rarer cases include: eyelid drooping, chronic inflammatory reaction, negative effect by the implanted lens on the cornea which may necessitate surgical removal of the lens, retinal detachment and an edema in vision center of the retina (macula). In very rare cases a loss of vision to the operated eye or a loss of the eye may occur.

It was explained to me that the type of lens implanted affects the possible side effects and complications, which are typical to each individual lens. When transplanting a toric lens there may be a deviation of lens intraocular location and power, which may lead to a partial correction of the astigmatism or may necessitate additional surgery to correct lens location or for its replacement. I know the surgery does not guarantee independence of glasses but the reduction of dependency on them.

In a multifocal lens transplant there may be a deterioration of contrast, side effects of halos and blinding lights, difficulties in dim light vision and there may be difficulty in intermediate-sightedness. In some of the cases the



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lens may need to be replaced due to said complaint. I know the lens decreases dependency on glasses but complete independence of glasses cannot be guaranteed and I may still need glasses for some functions.

I hereby give my consent to carry out the Main Surgery. In addition, I hereby declare and confirm that it has been explained to me and I understand that it is possible that during the Main Surgery it may turn out that it must be changed or that other or additional lifesaving or damage preventing procedures should be taken, which cannot be certainly or fully anticipated, but their meanings have been clearly explained to me. Therefore, I hereby agree to said expansion, change, or performance of other or additional procedures, including surgical actions, which the institution's doctors find necessary during the Main Surgery.

My consent is also granted for the performance of local anesthesia, having been explained the risks and complications of local anesthetics, including: hemorrhaging, infection, injury to the eye, and in rare cases loss of vision. If it is decided that the Main Surgery is to be performed under general anesthetics I will be provided with an explanations regarding the anesthetics by an anesthesiologist. I am aware of and consent to having the surgery and all other procedures conducted by whomever may be charged with doing so, in accordance with the procedures and instructions of the institute and I was not promised that they would all or part thereof be conducted by a certain person, so long as they are done with the customary warranty established in the hospital or ambulant medical institution and as stipulated by current legislation. In case of a private surgery, the surgeon in charge will be _____

Doctor's name

05/12/2021

Date

Time of signing

Patient's signature

Guardian's name (relation)

Guardian's signature (in cases of an incompetent, minor, or mentally ill person)

I hereby confirm that I have orally explained to the patient / the patient's guardian* all of the above with the necessary specifications and that she/he have signed this consent before me having been convinced that she/he understood my explanations in full.

Doctor's name

Doctor's signature

License number

* Delete the unnecessary



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