INFORMED CONSENT FOR CATARACT OPERATION

Introduction
This information is given to you so that you can make an informed decision about having cataract 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 it.

Except for unusual situations, a cataract operation is indicated only when you cannot function satisfactorily due to poor sight produced by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, has some distinct advantages over any man-made lens.

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 based on your own visual needs and medical considerations. You may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens in order to restore your vision. This intraocular lens (IOL) is a small artificial lens, usually made of plastic, silicone, or acrylic material, is surgically and permanently placed inside your eye. After the surgery, objects are seen at their normal size. Conventional eyeglasses (not your cataract spectacles) may be required in addition to an intraocular lens for best vision after surgery.

Consent for Operation
In giving my permission for a cataract extraction and/or for the possible implantation of an intraocular lens in my eye, I declare I understand the following:

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 (most common) or before lens implantation.

2. Complications of surgery to remove the cataract and insert the intraocular lens: As a result of the surgery and local anesthesia in or around the eye, it is possible that my 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 in rare situations, loss of the eye.
   a. Complications of removing the cataract may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma (high eye pressure) 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 even in rare situations a loss of the eye.

Patient Initials __________
b. **Uncommon complications associated with the intraocular lens** may include increased night glare and/or halo, double or ghost images, and dislocation of the lens. In some instances, corrective lenses or surgical replacement of the intraocular lens may be necessary for adequate visual function following cataract surgery.

3. When the intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic, silicone, or acrylic lens will be left in my eye permanently.

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.

5. The results of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may need laser surgery (YAG Capsolotony) to correct clouding of vision. At some future time, the lens implanted in my eye may have to be repositioned, removed surgically, or exchanged for another lens implant.

6. I understand that cataract surgery and the calculations for intraocular implants are not "an exact science." I accept that I might need to wear glasses or contact lenses subsequent to surgery to obtain my best vision. There is also the possibility of the desire for subsequent surgeries such as lens exchange, placement of an additional lens, or refractive laser surgery if I am not satisfied with my vision after cataract removal. I understand that there would be a charge for any refractive surgical options that I choose. I understand that additional surgeries will only be performed at the medical discretion of the surgeon.

**Additional Risks.** Because of the potential risks associated with Cataract Surgery, it is very important to provide complete and accurate information to your surgeon. If you fail to provide complete and accurate information, you may be subject to additional risks and complications or the risk and complications may increase.

The basic procedures of cataract surgery, and the advantages and disadvantages, risks 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 intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the surgery.

I understand that with the implantation of an intraocular lens that I may be required to make periodic visits to the doctor to assess the results of the operation. I give permission for the medical data concerning my operation and subsequent treatment to be used in any clinical studies conducted by Dr. Bruce Nichols or TLC Laser Eye Centers.

Patient Initials __________
Legal Responsibilities and Disclosures
By signing below, you agree that the relationship and resolution of any and all disputes between yourself and the surgeon shall be governed and construed in accordance with the laws of the Province of Ontario. You also acknowledge with your signature that courts in the Province of Ontario shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment.

I wish to undergo Cataract extraction and implantation of an intraocular lens implant. I authorize Dr. Bruce Nichols (and whoever he may designate as assistants) to carry out in TLC Laser Eye Centers the above stated surgery. I agree to the above surgery which I have indicated by my signature below.

I also consent to the administration of anesthesia for the purpose of the procedure if deemed necessary by my surgeon.

I understand that OHIP (Ontario Health Insurance Plan) covers the cost of my cataract and intraocular lens implant surgery. I understand the Refractive Package offered to me by Dr. Nichols and TLC Laser Eye Centers is not medically necessary and therefore is not covered by OHIP. I have elected not to have standard cataract surgery but have chosen to pay for the increased level of technology offered with the refractive package. I understand that if I did not choose the Refractive Package, it would not affect the care given to me by Dr. Nichols.

The nature of the procedure and the possibility of additional or alternative measures of complications have been explained to me by my surgeon. I certify that no guarantee or assurance has been made as to the results that may be obtained.

The information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered.

LEFT EYE                   RIGHT EYE                   BOTH EYES

__________________________________
Patients Signature        Date

__________________________________
Patients Name (Print)

__________________________________
Witness’ Signature         Date

__________________________________
Doctor’s Signature          Date