

Orlando Ophthalmology Surgery Center
Authorization for Surgical Procedure
Refractive Lensectomy with Implantation of Intraocular Lens

Patient Name _____ Surgeon _____

Proposed Procedure: **Refractive Lensectomy - _____ eye with Implantation of Intraocular Lens**

This surgery involves the removal of the clear lens of my eye, even though it is not a cataract. The natural lens will be replaced with an artificial implant called an intra-ocular lens in order to attempt to correct my farsightedness or nearsightedness, so that my natural vision will be improved, thereby reducing my dependency on glasses or contact lens as a method of correcting my vision. In some cases, the lens may have an early cataract which does not significantly interfere with corrected vision, and which would normally not require surgical removal.

NON-SURGICAL ALTERNATIVES:

Non-surgical alternatives to clear lens extraction are to continue to wear spectacle lenses or contact lenses. Although there are essentially no risks to wearing glasses, the quality of vision with strong farsighted or nearsighted glasses is not normal because of an enlarged image and a slight decrease in peripheral vision caused by the thickness of the lenses. Although contact lenses provide higher quality and more normal vision, they have a slight risk of complications, especially if they are worn overnight. The risks of contact lenses include: infection, which can rarely cause loss of vision if the infection involves the cornea; allergies (giant papillary conjunctivitis, GPC) which can make wearing the lenses difficult; mild irritation; and discomfort. There is also evidence that some damage occurs to the important internal layer of cells that are responsible for keeping the cornea clear. This damage could cause harm if the contact lenses are worn for many years. Whether this damage will eventually lead to serious long term complications such as corneal clouding is unknown. Contact lenses or glasses are non-surgical, extremely accurate, permit easy changes in prescription, and also allow the eye to retain its focusing power for near vision.

SURGICAL ALTERNATIVES, INCLUDING LASER:

There are several other procedures for the correction of farsightedness and nearsightedness.

1. The excimer and holmium lasers are capable of reshaping the cornea. The holmium laser is only indicated for low degrees of hyperopia. The excimer laser can be used to correct low to moderate amounts of hyperopia (generally +1 to +5D) though either PRK (Photorefractive Keratectomy) or LASIK (Laser In Situ Keratomileusis) and low to higher amounts of myopia (generally -1D to - 12D).
2. LASIK is an operation which combines the creation of a flap with the microkeratome and the removal of tissue with the excimer laser. LASIK has been found to be quite successful and relatively safe for the correction of moderate and high myopia up to about -12.00. Above 12 diopters, LASIK has been found to be complicated by problems with accuracy and by a high incidence of complications involving the quality of vision, especially at night, and many surgeons have stopped performing LASIK for these extremely nearsighted eyes.

The advantage of all the above procedures is that they retain the patient's natural focusing power and do not require an incision into the inside of the eye as does clear lens extraction. I understand that I may choose not to have this surgery at all and either continue wearing glasses or contact lenses or I may elect to have one of the other procedures discussed in this section.

(Initials)

BENEFITS OF SURGERY:

Benefits to me will be clearer, natural vision than I presently have. The farsighted (hyperopic) eye is out of focus because the length of the eye is too short for the curvature of the outer lens of the eye (cornea), which causes light rays to focus behind the retina. The nearsighted (myopic) eye is out of focus because the length of the eye is too long for the curvature of the outer lens of the eye (cornea), which causes light rays to focus in front of the retina. The light rays can theoretically be brought to a clearer focus on the retina by substituting an artificial lens that has the proper power, thereby improving the natural focus of the eye. Although this can theoretically improve my natural distance vision, if the calculations are accurate, my close vision will still require additional glasses for reading unless the implant is set for a close focus.

DISADVANTAGES OF SURGERY:

1. One definite disadvantage or side effect of having the clear lens removed, especially in a patient less than 40 years of age, is the loss of the near focusing power of the eye (accommodation). Thus, it must be clearly understood that even with a successful surgery and an accurate intra-ocular lens calculation targeted to correct the eye's distance vision, close vision will usually remain blurred, requiring a separate pair of glasses for close and intermediate vision. It may be possible to deliberately correct one of the eyes for close vision instead of distance, which would allow the patient to read without glasses, even though this eye would then be nearsighted and require a corrective lens for distance vision. This combination of a distance eye and a reading eye is called monovision. It has been employed quite successfully in many contact lens patients. This option will be discussed and demonstrated by the operating surgeon.
2. Another possible disadvantage compared to normal cataract surgery is that although the accuracy of the intra-ocular lens calculations is quite satisfactory for normal sized eyes, these calculations can be more inaccurate for unusually long or short eyes. The latest formula will be used to evaluate the power of the lens to be implanted. In the event of a minor error in the calculation, the vision can usually be corrected by a glass prescription, which should be considerably weaker than the patient's original prescription. A large error in the lens calculation could be corrected by a stronger pair of glasses, contact lenses, or the exchange of the implant or the insertion of a second implant in another operation, or possibly laser surgery.
3. Since only one eye will undergo surgery at a time, the patient will experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so the patient will either temporarily have to wear a contact lens in the non-operated eye or will function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within 3 to 4 weeks, once the first eye is stabilized.

COMPLICATIONS OF LOCAL ANESTHESIA INJECTION:

Complications of local anesthesia injections around the eye include perforation of the eyeball, bleeding, destruction of the optic nerve, interference with circulation of the retina, possible drooping of the eyelid, double vision, loss of vision, respiratory depression, or hypotension.

COMPLICATIONS OF SURGERY TO REMOVE A LENS:

As a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months or even years later. Complications 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 and/or double vision. The clear back (posterior) lens capsule is usually left intact at surgery for the implant positioning. If complications occur, this capsule can tear, with the clear "jelly" (called vitreous) presenting in front of

the eye. If this occurs, an additional procedure called an anterior vitrectomy may be necessary. If this happens, there is a possibility that the surgeon may not be able to implant the lens. 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 loss of the eye in rare situations.

SPECIFIC COMPLICATIONS OF LENS IMPLANTATION:

1. Insertion of an intraocular lens may induce complications which otherwise might 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, increased night glare and/or halo, double or ghost images, dislocation of the lens and retinal detachment. In rare instances, lens power measurements may significantly vary resulting in the need for corrective lenses or surgical replacement of the intraocular lens.
2. If an 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.
3. 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.
4. The results of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may need laser surgery 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.
5. I understand that 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 need 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.

ADDITIONAL UNFORSEEN CONDITIONS OF SURGERY IN GENERAL:

1. Just as there are benefits to the procedure(s), I also understand that medical and surgical procedures involve risks. These risks include, but are not limited to allergic reactions, bleeding, blood clots, infections, adverse side effects of drugs, or even loss of bodily function or life as well as the transmission of infectious disease, including hepatitis and Acquired Immune Deficiency Syndrome (AIDS).
2. The nature and purpose of the operation and anesthesia, possible alternative methods of treatment, the risk(s) involved, and the possibility of complications listed above have been fully explained to me by my physician. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
3. I hereby authorize the above named surgeon and whomever he/she may designate as his/her assistants, to perform upon me (the above named patient) the above specified operation or procedure and if any unforeseen condition arises in the course of the operation, which in the judgment of the attending physician or the surgeon in charge calls for procedure(s) or operation(s) in addition to or different from those now contemplated, I further request and authorize him or her to do whatever he/she deems advisable.
4. I consent to the administration of such anesthetics as indicated in the judgment of the Anesthetist, Physicians, and Surgeons in charge of me.

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5. If any unforeseen medical condition should arise while I am at the Surgery Center, I hereby authorize treatment including, but not limited to evaluation, consultation and transfer to another level of care.
6. I consent to the administration of blood or blood products, medications, and other substances and the use of x-ray and other procedures deemed appropriate by the physician(s) or surgeon(s) in charge of me in the exercise of his or her judgment.
7. I consent to the examination, use or disposal by my physician or surgeon or an appointed physician or surgeon of the Orlando Ophthalmology Surgery Center, of any organs, tissues, fluids, or parts removed from the body.
8. I consent to the taking and publication of any photographs or videotaping in the course of this operation for medical, scientific or educational purposes. Photographs may include appropriate portions of the body, provided no identity by the pictures or by descriptive text accompany them. Video tapes are property of the physician. Photographs will be incorporated in the medical record.
9. I consent to the admittance of observers in the operating room for the purpose of advancing medical education.
10. I authorize the release of any medical information necessary to process the claim.
11. I authorize payment of medical benefits to Orlando Ophthalmology Surgery Center for services described above.

I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME AND FULLY UNDERSTAND THE ABOVE CONSENT FOR SURGICAL AND/OR DIAGNOSTIC PROCEDURES, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED.

Signature of Patient _____ Date _____ Time _____

When Patient is a minor or incompetent to give consent:

Patient is a minor _____ years of age or is unable to sign because _____

Signature of person authorized to give consent for Patient: _____

Relationship to Patient _____ Date _____ Time _____

WITNESS: _____ Date _____ Time _____

Translator/Interpreter (Print Name, Address and Phone Number) _____

PHYSICIAN’S AFFIRMATION OF CONSENT

I certify that I have informed the patient or his/her representative of the nature of this procedure, alternative methods thereto, including non-treatment, and the risks associated therewith.

Physician’s Signature _____ M.D./ D.O. Date _____

(Initials)