

PREMIUM LENS IMPLANTATION

by Mark R. Mandel, M.D.

Please Check One

- I have watched the DVD
that was provided
- 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. This is particularly true for driving at night and/or for reading, if I elect not to have monovision 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 such as the Crystalens, Restor, or Tecnis lens. 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 (if possible) may be required.

3. 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 monovision where one eye is adjusted for distance and one eye is adjusted for near. However, even with monovision, I may need glasses some of the time to achieve optimal vision. The other alternative is to implant the Crystalens, Restor, or Tecnis lens. 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, the Restor and Tecnis lenses may induce unwanted side effects such as glare, halo, and star bursts, as well as decreased contrast sensitivity at night or in low light environments. I will need more light to read with the Restor lens. With the Crystalens, I may need reading glasses most of the time. 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.

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. 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 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 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 and 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.

I have watched Dr. Mandel’s DVD/Video presentation which reviews cataract surgery and my implant choices. I have reviewed this outline along with the DVD/Video. I was given a copy of this outline to keep for my records.

PATIENT SIGNATURE

DATE

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