



Informed Consent for Cataract Surgery

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Making an Informed Choice About Cataract Surgery

Welcome to Stratford Eye Specialists. We want to ensure you have all the information you need to make the right decision about cataract surgery. Remember, you have the right to ask any questions you may have before or after agreeing to the surgery.

Cataract surgery becomes necessary when your vision is significantly affected by cataracts, making it difficult to perform daily tasks. Dr. Schulz will discuss your condition with you and together decide if surgery is the best option. You can choose not to have surgery at this time. If you proceed, Dr. Schulz will replace your natural cataract lens with an intraocular lens implant (IOL) to restore your vision. This IOL is typically made of acrylic material (plastic) and is permanently positioned inside your eye. **After surgery, you may still require eyeglasses, in addition to the IOL, for optimal vision.**

Examinations Before Surgery

Before discussing the surgical plan, you will undergo a thorough eye examination. This includes measuring your vision, checking eye pressure, examining the front part of your eye, and assessing the retina with dilated pupils. About 1-2 weeks before your surgery, your eye will be measured to determine the proper power of the implanted IOL. **If you wear contact lenses, please avoid them for at least 1 week before these measurements.**

Intraocular Lens Biometry

Accurate biometry (eye measurements) is essential to calculate the correct IOL power for your eye. Two different technologies are available for biometry:

1. Ultrasound: Conventional method using a high-resolution ultrasound device.
2. Optical Biometry: Newer technique utilizing laser light to measure the eye.

Optical Biometry is a highly precise instrument offering several advantages over the conventional ultrasound method. It uses shorter laser light to measure the eye as compared to longer ultrasound waves, resulting in approximately three times greater accuracy. It does not require local anesthesia, poses no associated risks, and takes less time to complete.

At the time of your consultation, you will be given a choice to have your biometry performed with either the conventional ultrasound or Optical Biometry technique. As of this time, biometry performed by **conventional ultrasound is an OHIP-covered benefit and there is no cost to you** for this service.

Biometry done with Optical Biometry is currently not an OHIP covered service, and the cost is billable to you. Some private insurance plans will cover this cost – if you have private medical insurance you



should contact your provider to inquire about coverage for this service. It is important to recognize that although Optical Biometry measurements are more accurate than ultrasound ones, this **does not guarantee the desired visual outcome after surgery**. Use of Optical Biometry is meant to maximize the accuracy of the biometry measurement only.

While the method used to calculate the power of the lens is very accurate in the majority of patients, the final result may be different from what was planned. The amount of this healing is not the same in everyone, and it may cause different vision than predicted. **Patients who are highly nearsighted or highly farsighted, or who have had LASIK or other refractive surgeries have the greatest risk of differences between planned and actual outcomes. These patients may require glasses to see their best after surgery.** If the eye's visual power after surgery is considerably different than what was planned, surgical replacement of the lens might be considered. Although it is very rare to require a second procedure, it is usually possible to replace the IOL and improve the situation.

Lens Choice and Cost

We are able to offer a range of lens choices for cataract surgery. OHIP covers the enVista Lens monofocal lens at no additional charge to you. The enVista is an excellent monofocal acrylic one piece IOL. It has clarity for one focus point. Patients typically choose to aim for good distance vision, requiring reading glasses for near work.

There are other lens options that can either correct for astigmatism and/or expand upon the range of vision that you can see after cataract surgery. These all have an additional out of pocket expense with a range of prices. Options will be discussed with you if you are a candidate for these lenses. In the meantime, I recommend considering what distances or tasks you hope to see clearest without glasses after cataract surgery, and how much you would be willing to pay for an upgraded lens, if applicable.

Anesthesia, Surgery, and Postoperative Care

Before surgery, your eye will be made numb with either drops or an injection (local anesthesia). You may also undergo light intravenous (IV) sedation administered by an anaesthesiologist, or have the surgery with only local anesthesia.

During surgery, a very small opening is made in the eye. This typically does not need sutures to close, but rarely may require closure with very fine sutures. The natural lens in your eye will then be removed using a high frequency ultrasound device to break the lens up into small pieces. Laser equipment is not used during the actual removal of the lens. After your natural lens is removed, the IOL is placed inside your eye. In rare cases, it may not be possible to implant the IOL.

After surgery, your eye will be examined either at the end of the surgical day or the next day, and then the next week. You may require more appointments depending on how your surgery went. During the immediate recovery period, you will place drops in your eyes for about 4 weeks, depending on your individual rate of healing. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 4 to 6 weeks, at which time glasses or contact lenses can be prescribed by your optometrist.



Risks of Cataract Surgery

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.

Cataract surgery is the most frequently performed operation in all of medicine. Greater than 95% of all patients who undergo cataract surgery, and who have healthy eyes before the operation, will achieve satisfactory vision after the operation. Although very safe, complications can occur in a very small minority of cases. Luckily, most complications are managed readily by medical means (e.g. drops, etc.). As a result of the surgery and associated anesthesia, there is a very slim possibility that your 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 loss of the eye in very rare situations. Depending upon the type of anesthesia, other risks are possible, including heart and lung problems, and, in very rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is extremely low.

Risks of cataract surgery include, but are not limited to:

1. Complications of removing the natural lens may include
 - a. Bleeding (hemorrhage) in the front or back of the eye
 - b. Breaking of the support capsule that supports the IOL
 - c. Clouding of the front layer of the eye (corneal edema), which can be corrected with medication or a corneal transplant
 - d. Swelling in the central area of the retina (cystoid macular edema), which usually improves with time and treatment
 - e. Retained lens fragments in the eye, which may need to be removed surgically
 - f. Infection
 - g. Iris (coloured part of the eye) damage or movement, which is more likely in patients taking a alpha1-blocker medication (e.g. tamsulosin)
 - h. Detachment of the retina (increased risk for highly nearsighted patients), but which can usually be repaired
 - i. Uncomfortable or painful eye
 - j. Droopy eyelid
 - k. Increased astigmatism
 - l. High eye pressure that could lead to glaucoma
 - m. Worsening of dry eye
 - n. Double vision

These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. Additional surgery may be required to treat these complications.

2. Complications associated with the IOL – may include increased night glare and/or halo, double or ghost images, and dislocation of the IOL. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract



surgery.

3. Complications associated with local anesthesia injections around the eye include perforation of the eye, destruction of the optic nerve, interference with the circulation of the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems, and in rare situations, brain damage or death. Local anaesthesia injection around the eye is only rarely used during cataract surgery – in virtually all cases, only eye drops are used to numb the eye surface.
4. Distance or reading glasses or contacts are normally needed after cataract surgery for adequate vision. Most commonly, reading glasses are required after surgery.
5. A layer of scar tissue (posterior capsular opacification) can grow behind the IOL months to years later. If this happens, it can typically be treated with a laser procedure.
6. If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.
7. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability.
8. The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, your glasses prescription may be different from what was predicted by preoperative testing. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery rarely may be needed if you are not satisfied with your vision after cataract surgery.
9. If you have a high degree of myopia (nearsightedness) and/or that the axial length of your eye is long, your risk for a complication called a retinal detachment is increased above average. Retinal detachments can usually be repaired but may lead to vision loss or blindness.

Although this is a highly successful operation, the results of cataract surgery cannot be guaranteed. This list of potential complications is not intended to make you fearful, but rather to provide you with the information you need to make an informed decision. Recall that the incidence of complications is very low.

Since typically only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This may not be correctable with spectacle glasses if there is a large difference in the prescriptions, so you may need to either temporarily wear a contact lens in the non-operated eye or function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within a few weeks, once the first eye has stabilized.

