

This form is designed to ensure that you have all the information you need to make a decision about whether or not you wish to undergo a multifocal lens (IOL) insertion procedure.

At the bottom of each of these 3 pages, there is a box for you to initial, indicating that you have read and understood the contents, and there is a declaration at the end of the document for you to sign. If there is anything that you do not understand, or that concerns you, please let your doctor know prior to your surgery. Most of the issues should be covered in the consultation process.

"This surgery involves the removal of the lens of my eye which may or may not have cataract. The natural lens will be replaced with an artificial implant called a multifocal intraocular lens. Multifocal IOLs provide better uncorrected near visual acuity than monofocal IOLs, leading to less need for spectacles. They may not completely eliminate the need for spectacles and they may have significant side effects including but not limited to glare, halo and discomfort from imbalance between the two eyes.

Should I decide to proceed with the surgery, I will have a local anaesthetic administered by my anaesthetist or Dr De Wit immediately prior to the surgery. The natural lens in my eye will then be removed by gently breaking it into small pieces with a vibrating/aspirating probe (phacoemulsification) through a small incision in my eye.

After my natural lens is removed, the artificial lens of the power determined during my pre-operative examination will then be placed inside my eye. The incision required to perform this operation is usually self-sealing, but it may occasionally require closure with very fine stitches (sutures) which will either gradually dissolve over time or be removed by Dr De Wit.

After the surgery, Dr De Wit will examine my eye a few days later to ensure all is well. During the immediate recovery period, I will place drops in my eyes for 2 to 4 weeks, according to the instructions provided. Glasses or contact lenses may still be required either for further improvement in my distance vision, reading vision, or both. I should be able to resume my normal activities within 2 or 3 days, and I should expect stable vision within 4 to 6 weeks, at which time glasses or contact lenses, if required, may be prescribed by my Optician.

The anticipated and expected benefit to me will be less spectacle dependence. Although this can theoretically improve my unaided distance and/or near vision, I may still require additional glasses for reading, driving, and certain other activities".

Description of significant risk and side-effects:

Significant discomfort after multifocal lens insertion is very unusual. Mild discomfort for the first 24 hours is typical, with severe pain being extremely unusual.

Initial: _____

Signature: _____ Date: _____

Complications of surgery may include (but are not limited to):

- a)** Infection (which if serious can lead to complete loss of vision). We are obsessive about reducing this risk that is extremely rare (currently about 1 in every 2-3000 cases)
- b)** Swelling in the central area of the retina (called cystoid macular oedema; this usually improves with time). We use a special post-operative drop that has been shown to markedly reduce the risk of this problem occurring, but the overall incidence is between 1-2%
- c)** Clouding of the outer lens of the eye (corneal oedema; this is very rarely significant and usually temporary, but if severe could eventually require a corneal transplant)
- d)** Detachment of the retina (Patients with high degrees of shortsightedness [myopia] have an increased risk of retinal detachment compared with the general population. Lens extraction surgery probably increases this risk, but only slightly. Most retinal detachments can be repaired, but some patients will lose vision as a result)
- e)** Increased astigmatism (causing blurring of vision). Astigmatism is where the eye is shaped more like a rugby ball than a football. Dr De Wit always tries to reduce your pre-existing astigmatism (people have differing amounts) with whichever option is available – from incision site to special lenses in privately insured patients.
- f)** Inaccuracy of the intraocular lens power (requiring use of glasses or contact lenses afterwards). If this is significant, then Dr De Wit will discuss correction with you, which may require a second procedure. It may not be possible to correct this error, and the use of use of glasses or contact lenses afterwards may be required for certain tasks
- g)** Decentration of the intraocular lens, which may provide unwanted images and increased glare (rare, but usually requires further corrective surgery)
- h)** Increased pressure in the eye (glaucoma). This is rare – lens surgery usually lowers the pressure within the eye

Some or all of these complications can occur, however, their incidence following clear lens exchange surgery is exceptionally low. Although the accuracy of intraocular lens calculations is quite satisfactory for normal sized eyes, these calculations can be less accurate for unusually long or short eyes. The best available calculation formula will be used to evaluate the power of the lens to be implanted. In the event of a minor amount of residual myopia, hyperopia and/or astigmatism, the vision can usually be corrected by a glasses prescription, which should be considerably weaker than the patient's original prescription. A large amount of residual myopia, hyperopia, and/or astigmatism error may be corrected by a stronger pair of glasses, laser surgery, contact lenses, exchange of the implant or the insertion of a second "piggyback" implant in another operation.

Since only one eye will undergo surgery at a time the patient may, depending on the refractive error, you may experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with spectacles because of the marked difference in the prescription needed for each eye, so the patient will either temporarily have to wear a contact lens in the non-operated eye or will have to function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be scheduled within two to four weeks following first eye surgery.

Initial: _____

Signature: _____ Date: _____



Informed Consent for Multifocal Lens Insertion

I understand that it is impossible for my doctor to inform me about every conceivable complication that may occur and therefore, any unforeseen risks. I have carefully read and understand the information presented in this form and consent to have multifocal lens insertion performed. I have had the opportunity to ask questions and have had them answered to my satisfaction. I have been fully informed of my right to receive a copy of this signed and dated consent form. I am making an informed decision in giving my permission to have multifocal lens insertion surgery performed in both eyes.

Patient Signature: _____ Date: _____

Surgeon Signature: _____ Date: _____