



# Informed Consent for Cataract Surgery

Please review the following information carefully and let us know if you have any questions or concerns.

## WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid. The major risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring.

Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night.

The ophthalmologist might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anesthesia, it is possible 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 rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

## PATIENT'S ACCEPTANCE OF RISKS

Barth Vision does not put patients to sleep for eye surgery, however, your eye will be anesthetized with numbing drops. This will prevent you from feeling any sharp pains during surgery, although you may feel pressure. At Barth Vision we also administer oral sedation before surgery to relax you during the procedure. This oral anesthesia will be performed under the supervision of your surgeon, Dr. Gary Barth.

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that Dr. Gary Barth has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery.

**Eye: Right Left**

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Patient Signature (or person authorized to sign for patient)

\_\_\_\_\_ Date