**CONSENT TO CATARACT SURGERY**

**Introduction**

This information is provided to enable you to make an informed decision regarding the planned cataract surgery. Please take as much time as needed to read through this document before giving informed consent to the planned surgery. You are encouraged to ask Dr MC Niemandt any questions regarding the procedure before consent is given.

**What is a cataract?**

A cataract is the opacification of the normal human crystalline lens. Cataract surgery is aimed at removing the unclear lens and replacing it with a clear artificial lens (lens replacement).

This type of surgery is only performed for one of the following reasons:

* Your decreased vision is affecting you to perform your normal daily duties;
* Your decreased vision cannot be corrected through alternative methods (see below);
* Your cataract is causing another type of problem inside your eye;
* Your cataract is making it impossible for the eye specialist to do a thorough examination of your eye to determine if you have any other eye conditions (e.g. diabetic retinopathy)

**Alternative methods of treatment**

* Spectacles and contact lenses: These can only improve your vision to a certain extent, and if the cataract is not clinically significant.
* There is no medication, drops or laser treatment that can “take away” the cataract.
* The only permanent and sure way of removing the cataract is through surgery.

**Surgical technique**

The modern and most widely used technique used in cataract surgery is known as phacoemulsification. This surgical technique requires the use of specialized ultrasonic instrumentation to soften and remove the lens. In most cases no sutures are used, and due to the micro-incisions that are made, recovery should be swift.

**The intra-ocular lens**

The intra-ocular lens is implanted during the same surgical procedure, and remains in the eye permanently thereafter. Although great care is taken to calculate the implant power of this lens, it does not guarantee the perfect refractive outcome. Spectacles for good distance and/or near vision may still be required after the surgery. In most cases, you will still be required to wear spectacles after the surgery.

**Types of intra-ocular lens implants**

* ***Basic monofocal lens*** – a lens that is focused in such a manner that vision is improved either for distance or for near. The implication is that spectacles will still be required post-operatively for good vision for the remaining refraction that was not corrected, either near or distance vision respectively.
* ***Toric lens (astigmatic correction)*** - this lens compensates for the distortion caused by an irregularly shaped cornea. It restores the focus of the eye, correcting the pre-existing irregularity in shape. The vision is sharper but you may still require spectacles afterward, but mostly for near vision, if the aim was to correct for distance vision.
* ***Multifocal/accommodative / extended range lenses*** – Presbyopia is a condition that describes the inability of the normal human lens to focus clearly on near objects (i.e reading). This gives rise to the need for reading glasses. The multifocal intraocular lenses will correct for both near and distance vision. This type of lens however is not perfect and might create haloes and glare when looking at bright lights.

***Please note:***

* **Currently there is no such thing as a “perfect intra-ocular lens”.**
* **The power of your intra-ocular lens is measured by trained staff and calculated by the most modern technology available.**
* **Even though all the necessary steps are taken to give you as the patient the best possible outcome, the aim of cataract surgery remains improvement of vision through the replacement of the hazy human lens with a clear intra-ocular lens (with OR without the use of spectacles)**
* **The aim is thus NOT to exempt you from wearing glasses, but this may be a possibility.**

**Anesthesia**

* Cataract surgery is mostly performed using a gentle but effective local or topical anesthetic. This requires an injection near the eye / drops on the eye to achieve the required level of anesthesia for the procedure. As it may still be possible to feel both pressure and temperature changes, patients are given conscious sedation to help them relax throughout the procedure. This is given through intra-venous injection.
* General anesthesia is used in special circumstances and only considered in cases where the benefits far outweigh the risks.
* All types of surgery have certain risks and possible complications associated with the anesthesia or adverse reaction to the medications administered. This is not limited to the eye itself, but in severe cases it could cause brain damage or even death. It is impossible to discuss all possible complications in detail as it is an unending list. ***(Complications associated with anesthesia may be discussed with the anesthetist on the day of the surgery. It is important to inform the eye specialist and anesthesiologist of any medical conditions or medications currently applicable).***
* Options with regards to anesthesia:
	+ **Topical anesthesia:** Drops are put in the eye to numb the front surface of the eye (with or without sedation). This necessitates complete co-operation and is only considered in certain patients.
	+ **Local anesthesia:** An injection is given around the eye to numb the surface and muscles of the eye and the surrounding part of the face (with or without sedation).
	+ **General anesthesia:** The patient is put in a complete state of anesthesia and artificial ventilation is required (a machine breathes for you). This is only considered when no other method of anesthesia can be tolerated.

***Please note:***

**The anesthetist used for the procedure in the hospital, their protocols and their billing policies does not form part of the practice of Dr. MC Niemandt. All issues, complications and billing queries arising from the anesthesia used should be directed to the individual anesthetist (or group they form part of).**

**Possible complications**

With the use of modern micro-surgical techniques and instrumentation, the risk of surgical complications is maintained at a minimum, but remains a possibility. If complications do occur, they can usually be managed by medical or surgical treatment.

* The most common problem which occurs after surgery is mild discomfort, redness and blurry vision. This is usually self-limiting and can be adequately treated with the prescribed post-operative drops.
* Restoration of vision may take longer in some patients compared with others. Dullness in vision is mostly due to swelling of the cornea (clear part forming the front of the eye). This is dependent on the pre-operative health of the cornea, the density of the cataract together with the duration of surgery and any complications. This may necessitate further medical- or surgical intervention to correct.
* There may be various other causes of decreased vision after surgery, all of which can mostly be treated effectively if not left for a prolonged period of time.

**(For this reason it is very important to attend follow-up appointments as recommended).**

* + The “lens bag” (capsule) may become unclear after the surgery due to membrane formation on the back lining of the capsule. A gradual decrease in vision is noticed over a period of time (can be treated with a “YAG laser” – a procedure done in the rooms).
	+ Swelling of the retina at the back of the eye (usually treated with “Argon laser”, drops or injections).
	+ Worsening of existing conditions e.g. Diabetic retinopathy.
* The more serious conditions that may occur and require further medical or surgical treatment include but are not limited to:
	+ Retinal detachment
	+ Glaucoma (increased pressure inside the eye)
	+ Retinal bleeding / swelling
	+ Lens dislocation

Although every precaution is taken to prevent these complications, it cannot be eliminated and may occur at any time after surgery. The chance of improvement of vision is 99.5% (with or without spectacles). Complete loss of vision is however a risk with any form of intraocular surgery. Statistically the chance for complete loss of vision is less than 0.005%.

**Pre-operative medication and information**

1. ***ANY “Blood thinners” including Aspirin / Ecotrin® / Warfarin / Heparin / Plavix® / Xarelto®/ Pradaxa®/ Eliquis®/ Savaysa® etc…***

Please advise us if you take any of the above medication. These medications have an impact on the timing of the surgery, type of anesthesia and possible complications. Please ask for more information. These medications MUST be stopped in consultation with the eye specialist and the prescribing doctor, before the surgery, as follows:

* Aspirin / Ecotrin®: At least 5 days prior to surgery.
* Warfarin: At least 7 days prior to surgery. INR to be done 1 day prior to surgery. Recommended levels for local anesthesia is less than 1.0.
* Plavix: At least 14 days prior to surgery. Topical / general anesthesia recommended.
* Xarelto: At least 2 days prior to surgery. Topical / general anesthesia recommended.
1. ***Hypertension and diabetic medication***

**High blood pressure (hypertension) medication** may be used as normal on the morning of the surgery, taken with a small sip of water. **Diabetic medication** and **all other medication** **MUST NOT** be taken on the morning of the surgery. Please bring along ALL your medication to the hospital.

1. ***Meals***

**Please note** that **no food or fluid** may be taken **within six (6) hours prior** to the scheduled surgery time. Only the required medication as above should be taken – with small sip of water.

1. ***Make-up / Jewelry***

**No** make-up or face cream should be applied on the morning of the surgery. All jewelry should please be removed and left at home.

1. ***Transport***

On the day of the surgery, please ensure that appropriate transport to the hospital as well as back home is arranged. Your operated eye will be covered with a patch and driving a vehicle is dangerous. This patch will be removed the next day at the consulting rooms.

1. ***Clothing***

Please wear comfortable clothes. As you are provided with the appropriate clothes for theatre there is no need to take any additional clothes with.

**Aftercare (please also refer to “After care Instructions” you will receive on day 1)**

* Directly after surgery the eye will be closed with an eyepatch. It must not be opened until you come for the day 1 follow-up visit where the eyepatch will be removed.
* Care should be taken to use medication as prescribed. (See post-op medication regime.)
* The eye must not be rubbed after surgery.
* Any contact sport must be stopped for the first few weeks after surgery.
* Your normal routine may be resumed the day after surgery, but try to avoid straining.
* Should there be a sudden decrease in vision; severe swelling or pain together with redness of the eye, please contact the practice as soon as possible. Please do not wait until your next scheduled appointment.

 **Follow-up appointments**

* After completion of the surgery it is important that all follow-up appointments be kept, ensuring that healing takes place.
* The rate at which healing takes place cannot be determined or ensured before the surgery.
* Additional procedures or medication may be required to treat any complications, possibly influencing the rate of healing.

 **Follow-up appointment schedule**

* *Day 1 post-operatively: (5-10 minutes)*

This is only a short appointment during which the eyepatch will be removed to examine and photograph the eye. The appropriate arrangements should be made for transport to and from the appointment.

* *Week 1 post-operatively: (10-30 minutes)*

You can drive yourself to this appointment as the eyes will not be dilated, except in the case of toric/multifocal lenses.

* *Week 4 to 6 post-operatively: (30-60 minutes)*

Please ensure that transport is organized as the pupils will most likely be dilated.

* *Other appointments: (30-60 minutes)*

Further follow-up appointments might be required in the case of any complications or should Dr Niemandt deem it necessary to further examine the eye(s).

**Consent for Cataract Surgery**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name and surname), ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herewith give my full consent to **Dr. M.C. Niemandt** to perform the following surgery:

|  |  |  |
| --- | --- | --- |
| Cataract surgery with lens replacement | RIGHT EYE |  |
| Cataract surgery with lens replacement | LEFT EYE |  |

***I confirm that I have read and understand the above information (page 1-6 of 7).***

***I have been given adequate time to ask any questions regarding***

***the following points, and completely agree with them:*** *(please sign in the box)*

* + The nature and purpose of the surgery, the necessity thereof and the possible alternative

 methods of treatment have been fully explained to me and I understand this.

* + I am fully aware that the surgery is being performed in good faith, but that there is no

guarantee or assurance as to the result that may be obtained.

* + I understand that at any time (during or after surgery), unforeseen complications may arise,

and that further medical / surgical steps may need to be taken in order to treat these.

* + I give consent to the administration of medication by the specialist and/or the anesthetist

as it may be deemed necessary in my best medical interest.

* + I consent to the observing, photographing or filming of the procedure to be performed for medical, scientific or educational purposes, provided my identity is not revealed by the pictures or by the

descriptive text accompanying them.

* + Any tissue of parts surgically removed may be disposed of by the institution in accordance with

customary practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dr MC Niemandt Signature of patient Date

**Intra-ocular lens selection (see page 2 of 8)**

**This section of the consent form deals specifically with the lens that will be implanted into your eye during the cataract surgery. By signing this page you agree to the following:**

* You have read the information regarding the specific lens options that are available.
* You have also informed Dr MC Niemandt of any prior (laser) procedures that was performed on your eye(s). This includes Lasik, Lasek, PRK, RK, SMILE, Corneal cross linking etc. This will influence the accuracy of the lens measurements for your eye(s).
* You understand that cataract surgery does not mean that you will not require spectacles after the surgery.
* Any pre-existing eye condition or complications that arise during or after the surgery, may affect the accuracy of the lens measurements and may therefore require further intervention to correct your vision.
* You have made the following decision regarding the intra-ocular lens options available:
* **Basic monofocal lens:** The focus of this lens is set at one point, either for distance or for near.
	+ **If you have a certain degree of astigmatism, you will require spectacles for distance and for near.**
	+ After discussion with Dr. MC Niemandt, you agreed to the following:

|  |  |
| --- | --- |
| Monofocal lens to be able to see well for distance – reading/computer spectacles will be required. | Monofocal lens to be able to see well for near – spectacles for computer/ distance viewing will be required |

* **Toric lens:** The focus of this lens is set at one point, either for distance or for near.
	+ **Only a certain amount of astigmatism van be corrected with this lens.**
	+ After discussion with Dr. MC Niemandt, you agreed to the following:

|  |  |
| --- | --- |
| Toric lens to be able to see well for distance – reading/computer spectacles will be required. | Toric lens to be able to see well for near – spectacles for computer/ distance viewing will be required |

* **Multifocal / Accomodative / Extended range lens:** The focus of this lens is set at several points. This lens offers the most chance of becoming spectacle independent. This however cannot be guaranteed. These lenses requires a certain amount of neuroadaptation (the brain needs to get use to the specific refractive properties that the lens offers), that may take up to 6-12 months.
	+ After discussion with Dr. MC Niemandt, you agreed to the following:

|  |
| --- |
| Multifocal / Accomodative / Extended range lens |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dr MC Niemandt Signature of patient Date

**PRE-AUTHORIZATION REQUESTED**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Practice Name and number: Intercare Day Hospital 0472395

Treating Provider Name and number: Dr MC Niemandt 0503363

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: 06h00

ICD10 Codes: H25.1 / H26.8

Procedure codes: 3047 / 3049 / 3632 / 3202 / 3006

Nappi code for lens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure to be done on which eye: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre authorized number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lens amount paid by medical aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference number of the call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

**Discovery Health**: Should there be any short fall with regards to payment from your medical aid, the account stays the responsibility of the patient. Please make sure that your prescribed minimum benefits (PMB) application is registered with Discovery Health.

**All medical schemes administered with Discovery / Bestmed / Bonitas / Fedhealth / Momentum / Resolution Health / Polmed / SAB**: Should there be any short fall with regards to payment from your medical aid, the account stays the responsibility of the patient. Your medical aid pays only a certain amount towards the lens which will be implanted, therefore the difference on the lens will be payable directly to the practice on the Friday, with your follow-up consultation the day after the surgery. Please make sure that the prescribed minimum benefits (PMB) application is registered with your medical aid.

**All other medical schemes**: Should there be any short fall with regards to payment from your medical aid, the account stays the responsibility of the patient. Your medical aid pays only a certain amount towards the lens which will be implanted, therefore the difference on the lens will be payable directly to the practice on the Friday, with your follow-up consultation the day after the surgery. Please make sure that the prescribed minimum benefits (PMB) application is registered with your medical aid, because you can try and claim the short fall back from your medical aid under the PMB regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature Date