



## **Informed Consent for IOL Exchange**

### **WHAT ARE THE INDICATIONS FOR IOL EXCHANGE SURGERY**

Intraocular lens implants (IOLs) are usually inserted in patient's eyes, as a part of cataract surgery. IOL Exchange involves removing the previously placed IOL, and replacing it with another one. The indications for IOL Exchange may include: a dislocated IOL (one that has shifted out of position), an unstable IOL (one that isn't properly anchored in place), an IOL of improper or inaccurate power, an IOL causing undesirable visual symptoms, or as part of other operations such as corneal transplant surgery.

### **WHAT ARE THE MAJOR RISKS OF IOL EXCHANGE 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 Intraocular Lens (IOL) Exchange include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from anesthesia, or the operation itself; retained pieces of the original IOL that cannot be removed and may require additional surgery; high eye pressure or glaucoma; a detached retina, a swollen retina, a swollen cornea, a distorted pupil, dislocation of the IOL, increased astigmatism, an uncomfortable or painful eye, a droopy eyelid, and blindness.

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.

It is often necessary to perform vitrectomy surgery as part of the IOL Exchange procedure. Vitrectomy involves removal of some, or all, of the vitreous jelly inside the eye, so it can better accommodate the IOL.

IOL Exchange surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, macular degeneration, or macular epiretinal membranes (wrinkled retina). These ocular conditions may progress or worsen after surgery.

The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, its visual power 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.

IOL selection after previous refractive surgery, such as RK, PRK, and LASIK Patient's, is particularly difficult because of the irregular corneal shape. Additional surgeries such as IOL exchange,

placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.

**The results of surgery cannot be guaranteed.** You may still need glasses or contact lenses.

Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

**There is no guarantee that IOL Exchange 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**

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 my doctor 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 IOL Exchange surgery. I have checked my choice for astigmatism correction and type of IOL. **I UNDERSTAND THAT NO MATTER WHAT IOL I SELECT, I MAY STILL REQUIRE GLASSES TO ACHIEVE THE BEST POSSIBLE VISION.**

\_\_\_\_\_ **Monofocal IOL/Glasses Option**

I wish to have an IOL Exchange operation with a monofocal IOL on my \_\_\_\_\_ (state “right” or “left” eye) and wear glasses for \_\_\_\_\_ (state “near” or “distance”) vision.

\_\_\_\_\_ **Monovision with 2 IOLs Option (may still need glasses)**

I wish to have an IOL Exchange operation with two different-powered IOLs implanted to achieve monovision. I wish to have my \_\_\_\_\_ (state “right” or “left”) eye corrected for **distance** vision. I wish to have my \_\_\_\_\_ (state “right” or “left”) eye corrected for **near** vision

\_\_\_\_\_ **Multifocal IOL Option (may still need glasses)**

I wish to have an IOL Exchange operation with a \_\_\_\_\_ multifocal IOL implant (state name of implant) on my \_\_\_\_\_ (state “right” or “left”) eye.

\_\_\_\_\_ **Toric monofocal IOL/Glasses Option for Astigmatism Reduction**

I wish to have an IOL Exchange with a toric monofocal IOL on my \_\_\_\_\_ (state “right” or “left”) eye and wear glasses for \_\_\_\_\_ (state “near” or “distance”) vision.

\_\_\_\_\_ **Limbal Relaxing Incision for Astigmatism Reduction (may still need glasses)**

I wish to have this procedure done in addition to the cataract operation. There is no guarantee that these corneal incisions will successfully or completely reduce my Astigmatism.

\_\_\_\_\_  
Patient’s signature (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient’s Name