**Remove the instructions in red.**

**Add your letterhead to the first page of the consent form.**

**Keep each section together on the same page: move material if necessary.**

**Change font size for large print.**

**Version 07/1/15**

**NOTE: THIS FORM IS INTENDED AS A SAMPLE FORM. IT DOES NOT CONSTITUTE THE STANDARD OF CRE NOR DOES IT PROVIDE LEGAL ADVICE. IT CONTAINS THE INFORMATION OMIC RECOMMENDS YOU, AS THE SURGEON, PERSONALLY DISCUSS WITH THE PATIENT. PLEASE MODIFY IT TO FIT YOUR ACTUAL PRACTICE. GIVE THE PATIENT A COPY OF THE SIGNED CONSENT FORM. SEND A COPY TO THE HOSPITAL OR SURGERY CENTER AS VERIFICATION THAT YOU HAVE OBTAINED INFORMED CONSENT. KEEP THE ORIGINAL IN THE PATIENT’S MEDICAL RECORD.**

**There are four parts to the plain language cataract consent forms:** Use the main cataract consent form for all patients having cataract surgery [www.omic.com/cataract-plain-language-consent-forms/](http://www.omic.com/cataract-plain-language-consent-forms/)

* Add an addendum if needed:
* Astigmatism correction: use for toric IOL and relaxing incisions www.omic.com/astigmatism-correction/
* Presbyopia correction: use for presbyopia-correcting IOLs and monovision [www.omic.com/presbyopia-correction/](http://www.omic.com/presbyopia-correction/)
* Laser-assisted cataract surgery: use for laser-assisted cataract surgery or laser relaxing incisions [www.omic.com/laser-assisted-cataract-surgery/](http://www.omic.com/laser-assisted-cataract-surgery/)

You may want to create forms for astigmatism, presbyopia, or laser-assisted surgery that contain both the main consent form and the appropriate addendum.

**These are sample consent forms.** OMIC policyholders are not required to use it. Be sure to review it and modify it to suit your actual practice.

**These cataract consent forms are written using “plain language” principles.**

The goal is to make the document easy for your patients to understand. Patients facing cataract surgery are asked to make a number of decisions, including whether to have a premium IOL, how to correct astigmatism and presbyopia, and if they want laser-assisted cataract surgery. Many patients are not suitable candidates for these options, or do not have the resources to pay the additional fees for them. We did not want patients to feel confused or overwhelmed by information about procedures they may not have. For that reason, we limited the information in our basic cataract consent form. It is for patients who will have a monofocal IOL and wear glasses to correct astigmatism or presbyopia. We developed “plain language” additions to address other options

**This document does not contain all the information patients need to know about cataract surgery options.** Instead, it contains brief, basic information about key aspects of cataract surgery. For example, the presbyopia addendum explains presbyopia and lists monovision and premium IOLs as the two options to treat it. It does not describe the difference between the types of presbyopia-correcting IOLs. The astigmatism consent offers a toric IOL or a relaxing incision, but does not distinguish between manual limbal relaxing incisions or arcuate incisions created with the femtosecond laser. You and your staff will, therefore, need to educate your patients before asking them to sign the consent. Provide enough information so that they can make decisions about the various options you offer. Consider providing educational materials, such as the AAO’s pamphlets, as well as brochures from the manufacturer of the premium IOL. Document your educational efforts.

**Decide what is best for your patient population.** We field tested these forms. Most patients found them easier to understand than our prior sample cataract forms, and felt less confused about the many options. A few patients preferred detailed forms with more technical information. You know your patients best, and can decide which type of form works best for your practice. You may decide to keep using your current cataract consent form.

**Ophthalmologists in Florida** **should continue to use the cataract consent form approved by the Florida state board of medicine**. Use of the Florida form helps defend eye surgeons from allegations of lack of informed consent. Just as importantly, no report to the Medical Board is required if the patient experiences complications listed in this state-specific form. <http://www.omic.com/cataract-consent-form-fl-specific/>.

This form is intended as a sample. It does not constitute the standard of care nor does it provide legal advice. It contains the information OMIC recommends the surgeon personally discuss with the patient.

**How to use this sample**

* Please modify it to fit your actual practice.
* **Remove this instruction box.**
* Add your letterhead to the first page of the consent form.
* Change font size if necessary.

**After the patient signs the form**

* Give the patient a copy of the signed form.
* Send a copy to the hospital or surgery center as verification that you have obtained informed consent.
* Keep the original in the patient’s medical record.

**Version** 07/01/2015

**Presbyopia Correction**

Presbyopia makes it hard for the eye to focus on near vision. This happens to most people as they age. It can also happen after cataract surgery to people of any age if they have a monofocal IOL for distance vision. People with presbyopia might hold a book or menu at arm’s length to see it more clearly. Reading glasses can improve vision problems caused by presbyopia.

Your eye surgeon can correct presbyopia during cataract surgery. The goal is to reduce your need to wear eyeglasses. There are two options for correcting presbyopia during cataract surgery.

**1) Monovision using two different monofocal (single focus) IOLs.** The eye surgeon can correct presbyopia by placing a monofocal IOL for near vision in one of the eyes having surgery. The eye surgeon will put in a monofocal IOL for distance vision in the other eye. The goal is to improve both near and distance vision by having these two IOLs work together. But some patients do not like having two different monofocal IOLs. To see if you will, your eye surgeon might have you try two different monofocal contact lenses before your surgery.

**2) Premium IOL.** Another option to correct presbyopia is for your eye surgeon to put in a premium IOL. Premium IOLs allow your eye to focus at more than one distance so that you do not have to wear glasses as much. Premium IOLs work best if put into both eyes. There are different types of premium IOLs. Your eye surgeon told you about them and helped you decide which is best for you.

You have to pay extra for a premium IOL. Medicare and private insurance do not pay for this.

**Risks.** As with all surgery, problems can happen. In addition to all the risks for cataract surgery, here are some common or serious risks for presbyopia correction:

* You may see halos and ghost images. Or you could have night glare, double vision, or blurry vision.
* You might have trouble with depth perception (seeing which of two objects is closer) or problems driving at night.
* Premium IOLs may not work well if you have certain eye problems or large pupils.
* You may need to wear glasses at all times or just for some activities, even after getting premium IOLs.

**Please check the box about how you choose to correct presbyopia:**

☐Monovision using two monofocal IOLs (different types in each eye)

☐Premium IOL

By signing below, you consent (agree) that:

* You read this informed consent form, or someone read it to you.
* You understand the information in this informed consent form.
* The eye surgeon or staff offered you a copy of this informed consent form.
* The eye surgeon or staff answered your questions about presbyopia correction.
* You understand that you may need to wear glasses after surgery.

**I consent to presbyopia correction with monovision or with a premium IOL in my \_\_\_\_\_\_\_\_\_\_\_ (state “right” or “left”).**

Patient (or person authorized to sign for patient) Date