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

**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/](http://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.

**This is a sample consent form.** 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 needs 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/>.

Astigmatism Correction

Astigmatism causes blurry vision. Normally, eyes are round (like a baseball). With astigmatism, the eye is long (like a football). Many people with cataracts have astigmatism. If you have astigmatism, wearing glasses or contact lenses can help you see more clearly. Or you could have surgery (called LASIK or PRK) to change the shape of your eye to correct astigmatism.

There are two options to correct astigmatism during cataract surgery:

1. Your eye surgeon can put a special type of IOL called a **toric IOL** in the eye that has astigmatism.
2. Your eye surgeon can make **a cut called a** **relaxing incision** in the cornea (clear covering over the eye) to change its shape. The goal of a relaxing incision is to make your cornea rounder so your vision is clearer.

You have to pay extra for toric IOL and relaxing incisions. Medicare and private insurance do not pay for these.

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

* **The toric IOL** may be placed in the wrong position or may shift position after surgery is over. The toric IOL may not correct all of the astigmatism (under-correction). Or it could correct it too much (overcorrection) or change the type of astigmatism you have. If you are under-corrected or over-corrected, your may continue to have blurry vision. You may need to wear glasses or have another procedure to make your vision clearer.
* **Relaxing incisions** may cause vision loss. They can damage or scar your cornea. They may not correct all of the astigmatism (under-correction). Or they could correct it too much (overcorrection) and change the type of astigmatism you have. If you are under-corrected or over-corrected, you may continue to have blurry vision. You may need to wear glasses or have another procedure to make your vision clearer.
* Astigmatism may change or come back as you get older and cause blurry vision again.
* You may need to wear glasses after getting a toric IOL or having a relaxing incision.

**Consent**. 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 astigmatism correction.
* You understand that you may need to wear glasses after surgery.

**Please check the box about how you choose to correct astigmatism during cataract surgery.**

**I consent to:**

**☐Toric IOL**. During cataract surgery, I want the eye surgeon to put in a toric IOL in my \_\_\_\_\_\_\_\_\_\_ (state “right” or “left”) eye.

.

**☐ Relaxing incision.** During cataract surgery,I want the eye surgeon to make a relaxing incision in my \_\_\_\_\_\_\_\_\_\_ (state “right” or “left”) eye.

Patient (or person authorized to sign for patient) Date