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## CATARACT SURGERY

Cataract surgery is a lens replacement surgery which is an exciting opportunity to restore your vision. Cataract refers to a cloudy lens within the eye. If you and your surgeon decide that it is time to have the cataract removed, a lens implant is used to replace the cloudy lens. Patients now have the ability to explore different lens implant options known as Lifestyle Lenses that help to greatly reduce their dependency on eyeglasses after cataract surgery. There are many factors in deciding if a Lifestyle Lens is right for you. Your surgeon will discuss these options with you during your exam.

## LENS OPTIONS

LENS TYPE	VISUAL EXPECTATIONS
<b>Lifestyle Lenses</b> <i>[Crystalens/Trulign/Symfony]</i>	Glasses independent for distance and intermediate, reading glasses needed for fine print
<b>Astigmatism Correction Lens</b> <i>[Toric]</i>	Glasses independent for distance. Glasses needed for intermediate and reading.
<b>Standard Lens</b> <i>[Monofocal]</i>	Full time use of glasses for distance, intermediate and near.



## Cataract Extraction and Intraocular Lens Replacement Information

This information is being provided to you so that you can make an informed decision about cataract surgery and lens replacement surgery. This surgery involves the removal of a cataract and replacing it with an artificial implant called an intraocular lens (IOL). You should consider surgery when cataracts cause enough loss of vision to interfere with your daily activities. The intraocular lens is implanted in an attempt to correct farsightedness, nearsightedness and/or astigmatism in order to improve unaided natural vision. There is no alternative treatment for a symptomatic cataract other than cataract surgery.

This procedure, like all surgery, presents some risks. You should also understand that there may be other risks not known to your doctor, which may become known later. Despite the best of care, complications and side effects may occur.

This information discusses some of the options to the proposed procedure. You are encouraged to ask questions and have them answered to your satisfaction before you give your permission to have the lens procedure performed.

### ALTERNATIVES FOR VISION CORRECTION

Patients who have cataracts may have, or will eventually develop, an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance vision. Presbyopic individuals require bifocals or separate reading glasses in order to see clearly at close range. There are several options available to you to achieve distance and near vision after cataract surgery.

**GLASSES:** You can choose to have a monofocal (single focus) IOL implanted mainly for the correction of your distance vision. Bifocal or near vision correction glasses would be needed after surgery.

**MONOVISION:** You can choose to have your surgeon implant monofocal (single focus) IOLs of different powers so that one eye functions primarily for distance and one eye functions primarily for near vision. This is best accomplished in a patient with a successful history of monovision contact lens wear.

**TORIC INTRAOCULAR LENS CORRECTION:** Astigmatism correction can be reduced with the implantation of a toric intraocular lens. This is an elective procedure to help reduce your dependency on glasses for DISTANCE correction after cataract surgery. Glasses for distance correction may still be needed. Reading glasses are expected to be needed for near visual tasks.

**PRESBYOPIA-CORRECTING IOL:** You can choose to have your surgeon implant an accommodating IOL to provide distance vision and some or all of the near vision focusing ability of the eye. The Crystalens® and the Symphony IOLs have been approved by the FDA for adult patients in whom a cataractous lens has been removed and are intended to provide near, intermediate and distance vision with reduced spectacle dependence.

Your doctor, in consultation with you, will choose the best IOL for you. It is intended that the implant remain in your eye permanently. The result of the surgery cannot be guaranteed. At the time of the surgery, your doctor may decide not to implant an intraocular lens in your eye, even though you may have given prior permission to do so.

Pre-Surgical Cataract  
Patient Questionnaire

Patient Name _____
Chart Number _____
Eye Being Evaluated <input type="checkbox"/> RT <input type="checkbox"/> LT

**VISUAL FUNCTIONING**

<i>Do you have difficulty, even with glasses, with the following activities?</i>	<b>YES</b>	<b>NO</b>
1. Reading small print, such as labels on medicine bottles, telephone books, or food labels?	<input type="checkbox"/>	<input type="checkbox"/>
2. Reading a newspaper or book?	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading a large-print book, or large-print newspaper, or large numbers on a telephone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognizing people when they are close to you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing steps, stairs or curbs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading traffic signs, street signs, or store signs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Doing fine handwork like sewing, knitting, crocheting, or carpentry?	<input type="checkbox"/>	<input type="checkbox"/>
8. Writing checks or filling out forms?	<input type="checkbox"/>	<input type="checkbox"/>
9. Playing games such as bingo, dominos, or card games?	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking part in sports like bowling, handball, tennis, or golf?	<input type="checkbox"/>	<input type="checkbox"/>
11. Cooking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Watching television?	<input type="checkbox"/>	<input type="checkbox"/>

**SYMPTOMS**

<i>Have you been bothered by:</i>	<b>YES</b>	<b>NO</b>
1. Poor night vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Seeing rings or halos around lights?	<input type="checkbox"/>	<input type="checkbox"/>
3. Glare caused by headlights or bright sunlight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Hazy and/or blurry vision?	<input type="checkbox"/>	<input type="checkbox"/>

**SYMPTOMS** (continued)

**YES NO**

- |                                      |                          |                          |
|--------------------------------------|--------------------------|--------------------------|
| 5. Seeing well in poor or dim light? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Poor color vision?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Double vision?                    | <input type="checkbox"/> | <input type="checkbox"/> |

**DRIVING**

1. Have you ever driven a car?                       YES (continue)                       NO (stop)
2. Do you currently drive a car?                       YES (continue)                       NO (stop)
3. How much difficulty do you have driving during the day because of your vision?
- |  |  |
|--|--|
| <input type="checkbox"/> No difficulty       | <input type="checkbox"/> A moderate amount of difficulty |
| <input type="checkbox"/> A little difficulty | <input type="checkbox"/> A great deal of difficulty      |
4. How much difficulty do you have driving at night because of your vision?
- |  |  |
|--|--|
| <input type="checkbox"/> No difficulty       | <input type="checkbox"/> A moderate amount of difficulty |
| <input type="checkbox"/> A little difficulty | <input type="checkbox"/> A great deal of difficulty      |
5. When did you stop driving?
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than 6 months ago | <input type="checkbox"/> 6-12 months ago | <input type="checkbox"/> More than 1 year ago |
|---|--|---|

**Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?**

YES     NO

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_