

Campanella & Pearah Eye Care

Associates

Your Family Eye Care Specialists

Peter C. Campanella, M.D.
Ophthalmology
Cataract Surgery
LASIK Refractive Surgery

Lucy J. Cairns, M.D.
Ophthalmology
Low Vision Specialist

Lee A. Klombers, M.D.
Pediatric Ophthalmology
Adult Strabismus
Neuro-Ophthalmology

Bradley L. Loeb, O.D.
Optometry
Contact Lens Specialist
Corneal Refractive Therapy

Campanella & Pearah Eyecare Associates is committed to providing you with the best care possible for your upcoming surgery. In order to do this, we need your assistance and understanding of our policies.

Not all services we provide are guaranteed to be a covered benefit under all insurance plans. While our office will obtain precertification for any services that may require it; that does not guarantee that the claims will be covered or paid by your insurance company. Precertification is simply the process of notifying the insurance company of certain services you will receive so they can determine medical necessity.

Some insurances require deductible amounts and co-insurances. Again, our office will contact your insurance company to check your benefits and let you as the patient know an estimated cost of surgery. This is also the responsibility of the patient to be aware of your benefit plan. Because of high- deductibles and co-insurances, our office or office is required to collect these amounts **prior** to surgery.

If you are upgrading your intraocular lens for cataract surgery, such as Toric, Restore or Crystalens, these upgrades are considered a non- covered benefit under **any and all insurance plans**. This, as well, will need to be paid prior to the surgery so that the lens may be ordered.

Please be sure to understand that our office will be billing for the services of our surgeon. There will also be separate billing for the ambulatory surgical center; as well as for the anesthesia. We are all separate entities, so if you have any questions about these services, you will need to contact each provider separately. We can provide contact information for the various groups if you'd like.

For your convenience, our office can provide you financing information to help defer some of our out-of-pocket expenses. Financing is provided through an independent 3rd party. We do not directly provide the financing.

We encourage you to ask any questions you may have regarding this letter. We are looking forward to providing you the best surgical experience possible and are glad that you have chosen Campanella & Pearah for your eye care needs!

Patient Printed Name

Patient Signature

Date

J. D. Pearah, M.D., Ltd.
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Tel. 610 • 678 • 4552 • FAX 610 • 678 • 7007
www.cameyecare.com

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Informed Consent for Cataract Surgery and/or Implantation of an Intraocular Lens

NAME: _____

DOB: _____

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision about signing this informed consent document. You have the right to have all your questions answered before you sign this document. You are welcome to contact Dr. Campanella to answer any questions at any time before or after signing this document.

I understand and agree to the following:

Nature of the Procedure

A cataract is an opacity or cloudiness in the natural lens. Cloudiness in the natural lens impairs its ability to focus light, causing blurred vision. Vision can be restored by removing the hazy natural lens and replacing it with a clear artificial lens called an intra-ocular lens (IOL). The surgery is called cataract surgery. Your eye will be numbed and you may also be given sedation through an IV. An incision, or opening, is made in the eye. A tiny vibrating probe is inserted through the incision to break the natural lens up into small pieces. These pieces are gently suctioned out of your eye through the probe. After your natural lens is removed, the IOL is placed inside your eye.

Potential Benefit

Removing the cloudy lens may restore crisp, clear vision, allowing you to function better in your normal activities. Except for unusual medical situations (i.e. narrow angles/angle closure), a cataract surgery is indicated only when you cannot function satisfactorily due to decreased vision caused by the cataract. You may decide not to have a cataract surgery at this time. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration.

Alternative Treatments

The alternative to cataract surgery now is to do nothing, or delay the surgery. Your vision may get worse over time, but cataract surgery can be done in the future if your vision worsens. In the great majority of patients, no harm comes to the eye from delaying cataract surgery. Unless for a medical reason, there is no pressure or urgency in performing cataract surgery now - you may wait until you feel that you are ready.

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please initial here _____

Risks, Limitations and Side Effects of Cataract Surgery

Like all surgical procedures, cataract surgery can have complications. The following paragraphs list possible risks, limitations, and side effects of this procedure.

As a result of complications of surgery or associated 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. Depending upon the type of anesthesia, other risks are possible, including cardiac, stroke or respiratory problems, and, in rare cases, death. Although all these complications can occur, their chance of happening following cataract surgery is very rare.

Complications of removing the natural lens may include hemorrhage (bleeding); rupture of the capsule that supports the IOL; clouding of the outer layer of the eye (corneal edema), which may require correction with a corneal transplant; swelling in central area of the retina (called cystoid macular edema); retained pieces of lens in the eye, which may need to be moved surgically; infection; detachment of the retina (which occurs more commonly if you are highly nearsighted); droopy eyelid; increased astigmatism; glaucoma; and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. There may be unknown complications of cataract surgery. Additional surgery may be required to treat these complications.

Complications associated with the IOL may include increased night glare and/or halo, double or ghost images, and slippage of the IOL inside the eye. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

Complications associated with local anesthesia injections around the eye include perforation of the eye, damage to the eye nerve, interference with the circulation of blood flow in the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems, and in rare situations, brain damage or death. For most patients, the eye can be anesthetized with eye drops or other solutions without the need for anesthetic injections around the eye.

The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eye heals, you may be more nearsighted or more farsighted than was intended. Patients who are highly nearsighted or farsighted before surgery have a greater risk that the eye's prescription is different than planned. Patients who have had LASIK or other refractive surgeries are also difficult to predict precisely. Additional surgeries such as IOL exchange, placement of an additional IOL, or vision correction surgery may be needed if you are not satisfied with your vision after cataract surgery. You may need to wear glasses or contact lenses after surgery to obtain your best vision. While cataract surgery has the potential to restore excellent vision, perfect vision is not a realistic expectation since nothing is as good as youthful, healthy eyes. You should be able to resume your normal activities within 2 or 3 days, and your eye will unusually be stable within 2 to 6 weeks, at which time glasses or contact lenses can be prescribed if needed.

In rare cases, it may not be possible to implant the IOL you have chosen or any IOL at all. In this situation, the surgeon will select the best option for you as dictated by the surgical situation, which may be different than your selection prior to surgery. The results of surgery cannot be guaranteed. Additional treatment and/or surgery may be necessary. You may need laser surgery after cataract surgery to correct clouding of vision.

If you have a high degree of hyperopia (farsightedness) and/or your eye is smaller than average, your risk for a complication known as nanophthalmic choroidal effusion is increased. The complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye. If you have a high degree of myopia (nearsightedness) and/or your eye is larger than average, your risk for a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness. Other factors may reduce the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age –related macular degeneration, or your individual healing ability.

Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes. This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so you will either temporarily have to wear a contact lens in the non-operated eye or will function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be done one week later.

Your vision will be foggy after the procedure and you may be sedated, so you need to agree not to drive a car until your vision is safe for driving. Post-operative care is important to a good outcome. Please plan to attend all recommended aftercare visits.

You may experience glare or halos from oncoming headlights or other bright light sources, particularly in the evening or nighttime, for a varying length of time or possibly permanently. You should not drive until you are certain that your vision is adequate both day and night.

Protective eyewear is recommended for all contact and racquet sports where a direct blow to the eye could cause permanent injury to the eye.

Choice of Intra-Ocular Lens (IOL) Implant for Cataract Surgery

There are several options available to you with regards to the intra-ocular lens (IOL) that will be implanted permanently in the eye at the time of surgery.

1. Traditional lens implant
 - a. Covered by Insurance
 - b. Single focus, so will need glasses for near vision, intermediate vision, far vision or possibly all 3.
 - c. Vision expected to be clearer since cataract removed
 - d. Does NOT correct astigmatism
 - e. For those who wear contact lenses with monovision, if no astigmatism, can do monovision with this lens

2. Premium Toric lens implant
 - a. Extra cost NOT covered by insurance
 - b. Reduces or eliminates astigmatism at the time of cataract surgery
 - c. Helps reduce need for glasses at distance, intermediate OR near
 - d. Still need glasses for certain distances
 - e. For those who wear contact lenses with monovision, can do monovision if astigmatism is present with this lens

3. Premium Extended Depth of Focus or Multifocal with or without Toric implant

- a. Extra cost NOT covered by insurance
- b. Reduces or may eliminate the need for glasses for distance and intermediate vision
- c. May reduce the need for reading glasses, especially with larger print
- d. Still need glasses for near vision, and may need for part time use for other distances
- e. Glare/Haloes/Spiderweb pattern around lights at night are TO BE EXPECTED with these lenses, and usually, but not always, reduce over time.

*** With all these lens implant options, glasses may still be needed for certain activities. In addition, if during surgery, your eye isn't able to accept the premium lens implant, a traditional lens implant may need to be substituted.

Patient Consent

The basic procedures of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks, and possible complications of alternative treatments have been explained to me by my ophthalmologist. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. If my cataract was previously removed, I have been informed that my eye is medically acceptable for IOL implantation.

In signing this informed consent for cataract surgery and/or implantation of an IOL, I am stating that I have read this informed consent (or it has been read to me), and I fully understand it and the nature and possible complications of a cataract surgery and/or implantation of an IOL. Furthermore, I have had all my questions answered to my satisfaction.

Choose only one of these 3 options by initialing it and circling which eye is being operated :

1.) **Traditional Single Focus IOL Option (does NOT correct astigmatism)**

- Near vision best without glasses
 - Intermediate (computer vision) best without glasses
 - Distance vision best without glasses
 - Monovision option (only for previous contact lens wearers)
- If you have astigmatism and choose this lens, will need bifocal/trifocal/progressive glasses after surgery

RIGHT EYE / LEFT EYE (circle one) and initial here: _____

2.) **Premium Toric IOL Option (reduces Astigmatism)**

- Near vision best without glasses
- Intermediate (computer vision) best without glasses
- Distance vision best without glasses
- Monovision option (only for previous contact lens wearers)

RIGHT EYE / LEFT EYE (circle one) and initial here: _____

3. Premium Multi-focal IOL /Extended Depth of Focus IOL Option

** May still need reading glasses for near work, driving glasses for distance, but reduces the need for full time use of glasses the most

RIGHT EYE / LEFT EYE (circle one) and initial here: _____

I give permission to Dr. Peter Campanella to perform a cataract surgery and implantation of an IOL as indicated above:

Patient's Signature _____ **Date** _____

Witness' Signature _____ **Date** _____

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Your Family Eye Care Specialists

Peter C. Campanella, M

Lucy J. Cairns, M.D.

Lee A. Klombers, M.D.

Bradley L. Loeb, O.D.

MEASURING IMPLANT STRENGTH (ASCAN)

Prior to surgery, the length of your eye must be measured in order to calculate the strength of the intraocular implant that you require. Our practice has evaluated the most modern instruments available for this test, and we use the IOL Master or Immersion biometry, the technologies we have found to be the most accurate. A small instrument is placed in front of your eye, and this emits sound or light waves that travel to the back of your eye, and are reflected back to the instruments. The computer receives the waves as they return, and automatically calculates the length of the eye.

While the test is very accurate in the vast majority of patients, some inaccuracy may occasionally occur, *especially in patients who have had previous refractive surgery. (LASIK, PRK, RK)*. This is caused by an abnormal eye contour that causes scattering of the waves. The measurement of the length of the eye then becomes more of an estimate, and this may mean that the intraocular lens strength recommended by the computer is not as accurate as we would like it to be. Also, the effect of the implant on your vision can vary depending on another factor that is not completely predictable. As the eye heals, the implant can shift very slightly toward the front or the back of the eye. The amount of this shift is not the same for everyone, and may cause you to see differently than predicted by the measurements before surgery.

These issues occur only in small percentages of patients, and are usually solved simply by wearing an eyeglass prescription to help with focusing. Rarely, however, the implant strength may be inaccurate enough to the extent that surgical replacement of the implant is the best method to correct the situation. Fortunately, even in these rare circumstances, this replacement is usually simple. Furthermore, the true implant strength required is easily determined in such situations, and proper focus of the light rays after implant replacement is almost always achieved.

For patients who wear contact lenses, please follow the requirements stated below:

Soft contact lenses wearer: please stop wearing your lenses 5 days minimum prior to Ascans

Soft Toric lenses wearer: please stop wearing your lenses at least 10 days prior to Ascans

Extended soft contacts lenses wearer (wearing lenses to sleep over night): Lenses must **not** be worn for a minimum of 14 days prior to Ascans

Rigid Gas Permeable lenses (RGPCL) wearer: please do not wear lenses for a minimum of 21 days

Hard contact lenses wearer: No lenses in eyes for a minimum of 30 days prior to Ascans

Contact lenses (soft, rigid or hard) reshape the eyes to certain extend. In order to obtain accurate readings in preparation of your surgery, it's crucial to follow the guidelines above. If you are unsure of what type of lenses you wear, please contact your lenses prescriber or our office.

Peter C. Campanella, MD

I have read and understand the above information concerning the intraocular lens implant, and I have no further questions regarding the matter.

Patient Printed Name

Patient Signature

Date

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