



**BEACH EYE MEDICAL GROUP
CATARACT SURGERY and the C.L.E.A.R.® UPGRADE OPTION
(CUSTOM LENS EXCHANGE and ASTIGMATISM REVISION)**

**PLEASE READ THE FOLLOWING PAGES CAREFULLY AND INITIAL WHERE INDICATED.
PLEASE DO NOT SIGN ANY SECTION THAT YOU HAVE NOT READ OR DO NOT UNDERSTAND.**

WHAT IS A CATARACT AND HOW IS IT TREATED??

The lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract may continue to get worse. Surgery is typically performed with a small, self-sealing incision into the cornea. Ultrasound is used to break up and remove the cataract and then an intraocular lens (IOL) is placed in the eye. Visit www.beacheye.com for more details.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the cataract is removed and a new artificial lens called an intraocular lens or IOL is placed in the eye. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration.

WHAT TYPES OF IOLs ARE AVAILABLE?

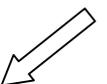
There are two major categories of IOLs – monofocal and Premium. IOLs are available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs that usually provide either near or distance vision are single focus lenses called monofocal IOLs. Monofocal IOLs are the standard IOLs used in cataract surgery and are typically covered by insurance. Most people have to wear glasses for distance, intermediate, or near vision and to correct astigmatism after cataract surgery with a monofocal IOL. Newer generation IOLs can provide for near, intermediate, and/or distance vision, and some can help reduce astigmatism: these lenses are called Premium, or Lifestyle, IOLs (these include multifocal, accommodating, and toric IOLs). You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?

Patients with nearsightedness and farsightedness often also have astigmatism. Astigmatism is caused by an irregularly shaped cornea. Instead of being round like a basketball, the cornea is shaped like a football. This can make your vision blurry. In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision made in the cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

WHAT IS THE C.L.E.A.R. UPGRADE?

C.L.E.A.R. stands for Custom Lens Exchange and Astigmatism Revision. The C.L.E.A.R. upgrade is our refractive services package that includes a series of preoperative, intraoperative, and postoperative testing as well as a modification of standard cataract surgery technique using highly specialized instruments to customize and optimize the visual outcome for your eye. With this option, we are able to customize your cataract surgery by evaluating and managing astigmatism, evaluating your candidacy for a Premium IOL, and optimizing your surgical outcome with laser vision correction postoperatively if necessary. Choosing the C.L.E.A.R. upgrade is elective and requires additional out-of-pocket expense as it is *not* covered by any form of insurance. Though the C.L.E.A.R upgrade can complement the placement of either a monofocal or Premium IOL, please remember that we can only evaluate your candidacy for a Premium IOL if you have chosen the C.L.E.A.R. upgrade option.



WHAT IS INCLUDED IN THE C.L.E.A.R. UPGRADE?

The testing and procedures performed depends on your visual goals, but may include the following:

- **Preoperatively** - refraction, corneal topography (to measure corneal shape), pachymetry (to measure corneal thickness), optical coherence tomography (to determine retinal health), dominance testing, monovision trial, evaluation of candidacy for a Premium IOL
- **Intraoperatively** - limbal relaxing incisions (LRI) or steep axis incisions (to manage astigmatism), intraoperative aberrometry as necessary
- **Postoperatively** - corneal topography, potential laser vision correction by photorefractive keratectomy for up to 6 months after surgery (if necessary to fine tune results and if benefits of procedure outweigh risks), additional postoperative visits.

The services listed above are *in addition to* what is included in standard cataract surgery. If you are a candidate for and choose to have a Premium IOL, the cost of the Premium IOL is NOT included. You DO NOT have to select a Premium IOL with the C.L.E.A.R. upgrade. IOL removal/replacement secondary to IOL intolerance is NOT included.

IS CATARACT SURGERY PERFORMED WITH A LASER?

Cataract surgery is typically done with a blade that makes a very small, self-sealing incision into the eye. Typically, no needles or sutures are used during the surgery. If you choose the C.L.E.A.R. Upgrade, you have the option of having Bladeless, Laser-Assisted Cataract Surgery. The cost is NOT covered by insurance.

WHO QUALIFIES FOR THE C.L.E.A.R. UPGRADE?

Almost anyone who undergoes cataract surgery has the option to choose the C.L.E.A.R. upgrade, as this is simply a series of tests and specialized techniques to optimize visual outcomes. However, not everyone may qualify for a Premium IOL.

SHOULD I HAVE THE C.L.E.A.R. UPGRADE? DO YOU RECOMMEND THE C.L.E.A.R. UPGRADE?

We leave that decision to you. Our goal is simply to educate you on all of the current techniques and options you have available to you. We will do the best we possibly can for your eyes regardless of your choice. But keep in mind, what other thing/item/sense do you use for 14 hours per day, every waking moment of your life...other than your vision? You will get a return on the C.L.E.A.R. Upgrade investment every time you see.

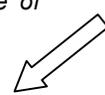
WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

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 cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anesthesia, the operation itself, or pieces of the lens that cannot be removed; high eye pressure; a detached retina, and a droopy eyelid. The major risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.

Depending upon your eye and the type of IOL, especially Premium IOLs, 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. 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 cataract surgery or astigmatism reduction 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.

WARNINGS:

Candidates must make their surgeon aware of certain health problems including uncontrolled diabetes, autoimmune or collagen vascular disease, any medication or condition that renders the patient immunocompromised. Candidates must make their surgeon aware of certain eye problems including amblyopia (lazy eye), strabismus (muscle imbalance), dry eyes, or any recurrent, residual or active eye condition, which may affect healing. Candidates must make their surgeon aware of unstable high blood pressure and/or angina. Candidates must make their surgeon aware of certain general health conditions including keloid scarring with previous surgical healing, back problems, claustrophobia or other psychological problems, which may affect the surgery or recovery. Candidates must make their surgeon aware of medication allergies and any medications they are taking to avoid potential drug interactions and allergic reactions.



WRITTEN CONFIRMATION:

Please confirm that you understand and accept that cataract surgery is an elective surgical procedure and as with all surgical procedures, the result cannot be guaranteed. That although vision-threatening complications are quite rare, it is possible that partial or complete loss of vision may be produced as a result of a surgical or healing complication. The procedure may not eliminate all of your presbyopia, myopia, hyperopia, or astigmatism and that additional correction with glasses, contact lenses or further surgery may be required.

PLEASE COPY IN YOUR HANDWRITING THE FOLLOWING TWO STATEMENTS:

I understand the risks presented above and that there are no guarantees. I may still need to wear glasses or contacts.



VOLUNTARY CONSENT:

Please review, initial the applicable statements, and sign to affirm that you have carefully reviewed this informed consent document and that you have had an opportunity to have any questions that you may have had answered. By signing below you also indicate that you are aware that cataract surgery is an elective procedure, you do not have to have this procedure, you understand your other surgical and non-surgical alternatives for vision correction, and you have been offered a copy of this consent.

I wish to have cataract surgery on my _____ eye.
[right or left]



Initials:



_____ My vision is adversely affecting my day to day activities (or activities of daily living, ADL) such as driving, reading, cooking, climbing stairs, sewing, watching TV, and/or other such activities that I wish to proceed with cataract surgery.

IF CHOOSING THE C.L.E.A.R. UPGRADE:

Review with Dr. Shah before signing

- _____ I voluntarily choose to have the C.L.E.A.R. upgrade and understand that the refractive services included in this option are NOT covered by my insurance company or Medicare. I agree to be fully and unconditionally financially responsible for payment for this service.
- _____ With the C.L.E.A.R. upgrade, I qualify for and choose to have a Premium IOL in the above indicated operative eye. I understand there may be special risks associated with Premium IOLs. I understand that Premium IOLs are NOT covered by my insurance company or Medicare. I agree to be fully and unconditionally financially responsible for payment for the Premium IOL. I choose to have _____ (you may insert your lens choice here)
- _____ With the C.L.E.A.R. upgrade, I choose to have Bladeless, Laser-Assisted Cataract Surgery. I agree to be fully and unconditionally financially responsible for payment for this service.

PATIENT NAME (Print) _____ **SIGNATURE** _____ **DATE** _____

WITNESS SIGNATURE _____ **DATE** _____

SURGEON SIGNATURE _____ **DATE** _____

