Brendan J. Moriarty

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INFORMATION AND CONSENT FOR

PHACOEMULSIFICATION/LENS EXTRACTION +

MULTIFOCAL LENS IMPLANT

This information is about phakoemulsfication ('phako') lens surgery for cataract and refractive lens exchange. This information is in addition to the informed consent from the hospital. You should ensure that you have any questions you may have answered to your satisfaction.

What is Cataract:
Cataract is where the lens inside the eye becomes cloudy so that light is scattered or blocked and vision becomes impaired. It may be like looking through frosted glass or there may be glare in bright lights or with night driving.

What is Cataract Surgery?
Small-incision phacoemulsification surgery is performed in order to remove the lens where cataract is present. A lens implant is implanted to provide the desired focus. Surgery is an entirely elective procedure and does not have to be performed. This applies whether the surgery is being performed for cataract or as refractive surgery. If cataract is present and surgery is not performed the alternative is to use the best possible spectacle correction. This commonly improves the vision, but does not correct the vision to normal levels. Treatment does not correct amblyopia (lazy eye).

What is Refractive lens exchange surgery?
This is where small-incision phacoemulsification surgery is performed for correcting refractive error (significant long sight or short sight) or presbyopia (the need for reading glasses) or astigmatism. The use of a lens implant to correct the refractive error (refractive surgery) is performed throughout the World. A multi-focal lens implant provides a dual or multi-focus for both distance and near vision. Treatment does not correct amblyopia (lazy eye).

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Other Conditions
Other eye problems can cause reduction vision which phako surgery cannot correct. Retinal problems, macular degeneration and glaucoma affect the prognosis after phako surgery.

Biometry
Biometry is the measurement of the eye to calculate the necessary optical power of the lens implant. The curvature of the corneas at the front of the eye and the length of the eye are assessed. A non-contact instrument namely a Zeiss IOL Master is used to measure the length of the eye, the curvature of the cornea and the depth of the anterior chamber of the eye. This scan is simple and takes a few minutes and a lens implant is then chosen. Advanced software is used to calculate the lens implant power.

Outcome after surgery
Phako surgery can be an opportunity to correct or reduce pre-existing myopia, long-sight and astigmatism. Normally the lens implant is chosen to aim for clear distance vision, but it can be selected to balance with the other eye or leave a small amount of near-sight to facilitate near vision. A monofocal lens implant aims to provide vision at one focus point and normally a spectacle correction is required for reading (presbyopia). A multifocal lens implant provides for some distance and middle or near vision, such that some near vision is normally possible without glasses. However, for reading small text or for prolonged periods a reading spectacle correction may be required.

Anaesthesia
I personally favour local anaesthesia. Prior to your surgery you will be given an injection with light sedation and a local injection into the eyelid to numb the eye in preparation for your operation.

The Surgical Operation
You will need to sign the informed consent for the operation and at that point a mark will be placed on your forehead over the eye that is to be operated on. You will be taken to the operating theatre when theatre is ready for you.

Surgery is normally performed by phakoemulsificaton ('phako') that is a method of small incision surgery. Sometimes it is called 'no stitch' surgery. It takes approximately 15 minutes. A small self-sealing incision (2.8mm or 3.2mm wide) is made in the cornea of the eye using a purpose-designed keratome instrument.

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This incision is self-sealing so that no stitch is normally required. If a stitch is necessary it normally dissolves and does not require removal. A small titanium tip 'phako' instrument is inserted through the incision and this is used to remove the lens. A folding lens implant is rolled up, to enable it to pass through the small incision and this then unfolds within the capsular bag of the eye.

You do not see any instruments during the operation.

INTRAOCULAR LENSES (IOLS)

Monofocal Lens Implant

The monofocal lens provides a single focus so that if set for clear distance vision then reading spectacles will be required for close vision. Alternatively, if the focus is set for near or intermediate distance then far distance will not be so clear.

Multifocal Lens Implant

A multifocal acrylic lens splits the focus for incoming light such that light is focused for distance and for middle or near vision. The Lentis MPlus lens is a refractive multi-focal aspheric lens implant. The + 2.0d add Lentis M provides for distance and middle focus with somewhat less near vision and has relatively few optical side effects. This is the lens that I have had implanted myself.

Recently a newer lens has been introduced the Zeiss ATLISA lens. This has higher reading powers but, performs less well for intermediate distances (eg computer work). The choice of lens will be discussed at your consultation.

Since the multifocal lens provides focus for distance and middle/near why do we not implant this lens into everyone? With a multifocal lens there may be an awareness of glare and optical effects, particularly when driving towards oncoming headlights.

Even with this advanced lens design some people who demand very high quality distance vision, where night driving will be a significant consideration, will in general, be more suitable for a monofocal rather than a multifocal lens. Some people (rare) who have had multifocal lenses implanted, have later requested lens removal and implantation of a single focus monofocal lens implant. Then reading glasses are normally required for computer screen or near vision.

Some occupations would not normally accept a multifocal lens. Those with a commercial pilot's licence may have licence restrictions. If you have a PSV, HGV or PPL licence you should check eligibility prior to having a multifocal lens implant.

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It is important to realise that these lenses should last your life time. On very rare occasions they may cloud over, in which case they can be replaced.

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In a recent study of over 8000 multifocal lens implants (J.Cataract Refract Surg Vol 42. Feb 2016 P310-328) the following points were made:-

'To date, no multifocal IOL design is without night-vision phenomena in implanted patients, although visual symptoms can also occur without surgery or following monofocal implantation.

The multifocal IOL patients who experienced photic phenomena tended to become more tolerant of them over approximately 6 months.

Not all patients however, are capable of adapting, perhaps due to differences in neural plasticity. This explains why a minority of patients will experience persistent photic phenomena.

In summary, multifocal IOLs in the appropriate patient are safe and effective, as demonstrated by numerous studies analysed in this review. The literature demonstrates that the near vision improvement with these IOLs outweighs the reduction in contrast sensitivity and increased risk for photic phenomena in patients for whom spectacle independence is important. This includes younger presbyopic patients as well as those with good uncorrected distance vision.

Multifocal IOLs have evolved over the past 30 years and can now provide high levels of uncorrected vision for both distance and near visual tasks. Modern multifocal IOLs offer independence from spectacles in the majority of cataract and RLE patients. Halo and/or glare problems can occur; however, these symptoms tend to subside over time and patients satisfaction remains high. A minority of patients have persistent visual symptoms and may require exchange of the IOL for a different type of multifocal or a monofocal IOL'.

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After Surgery

Post operative Issues.
At the end of surgery protective antibiotic and steroid solution is applied and an eye shield is placed over the eye. On return to the Ward you will be offered a tea or coffee or if you prefer a glass of water. When you have recovered you will be able to return home with post operative drops. You will be given 2 bottles of eye drops to use to protect the eye for a period of a few (normally 4) weeks. The shield that was placed over your operated eye when you left theatre should be worn at night to protect your eye for the first week after surgery and you will also be given an appointment to return to the Clinic for a post operative check - usually a week after surgery.

Outcome After Refractive lens exchange Surgery
For those who have had this surgery or cataract surgery, the vision is normally very bright and clear and takes getting used to. Bright daylight can be uncomfortable in the early period, so you may wish to wear sunglasses until you get used to the new vision. Your vision normally returns within hours or days, although it takes a number of weeks to fully heal.

Using a monofocal lens implant, glasses may still be needed for clear distance vision if there is astigmatism and are routinely required for reading and close work. Even using a multifocal lens implant, glasses may be required after surgery. It is important to understand that though the AIM after surgery is for clear uncorrected vision, like all surgery there may be a variant in results and refractive outcome is not entirely predictable.

Myopia (Short sight, near sight)
Surgery is associated with an increased risk of retinal detachment compared to non-myopic eyes. It is approximately 1%, though it is less when we are older.

Hyperopia (hypermetropia, long sight)
There is only a very low risk of retinal detachment in hyperopic eyes but there is a (rare) risk of glaucoma, haemorrhage or of cystoid macular oedema (waterlogged retina).

Astigmatism
If the cornea at the front of the eye is more curved in one direction than another, this causes astigmatism. At the time of surgery it is often possible to reduce astigmatism by placing an incision at the point of the steepest corneal curvature. However where

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there is high astigmatism an excimer laser eye treatment after lens implant surgery is the preferred method of dealing with astigmatism (bioptics).

Complications & Risks of Surgery

Although highly effective, phako surgery with intraocular lens implantation, like any significant operation, is associated with potential complications. There is a small risk of blindness and serious infection within the eye (1 in 4,000). One percent are expected to have some issue, which is defined as minor and settles with time. 1 in 1,000 have a more significant issue where there may be some reduction in the level of vision attained e.g. opacification of the lens implant.

Being pregnant or lactating is a contra-indication to having treatment since the effects of the treatment are unknown in pregnancy and the effects of pregnancy upon the result of the treatment are also unknown. If you become pregnant after treatment there is no evidence that treatment affects pregnancy or any of the sight and scanning tests performed.

Potential But Rare Complications of Surgery

- Endophthalmitis (infection & inflammation developing within the eye after surgery)
- Haemorrhage (bleeding)
- Bullous keratopathy (corneal decompensation)
- Dislocation of the lens implant (implant not centred properly)
- Cystoid macular oedema (fluid in the retina)
- Retinal detachment
- Breakage of the posterior capsule
- Leaking wound
- Post-surgery chronic inflammation, pain and discomfort, photophobia (glare).
- Droopy eyelid (ptosis) which is rare with modern surgery
- Unintended refractive error after surgery which may be myopia, long-sight and or astigmatism.
- Glaucoma
- No lens implant or not possible to safely implant a multifocal lens implant
- Double vision, ghost image
- Difficulty with any future retinal detachment surgery necessitating removal of the lens implant.
- With a multifocal lens implant there may be glare and other optical effects.
- Long-term if macular degeneration or reduced function occurs then the reduced contrast of a multifocal lens implant may affect vision more than if a monofocal lens is in place.
- Opacification of the lens implant.

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Phako Surgery to Both Eyes in One Treatment Session
Most surgeons perform phako surgery to one eye, then the other in two treatment sessions. Inter-nationally some experienced surgeons perform surgery to both eyes in the same treatment session. The advantages are convenience, efficiency and minimising imbalance between the eyes between surgeries. The disadvantage of both eyes being treated in the same treatment session is the outcome of surgery is not yet known.

Yag Laser Treatment/Cloudy Capsule
Months or years after surgery the vision may become blurry again. This may be due to clouding of the thin transparent membrane within the eye, which used to contain the natural lens before it was surgically removed. The 'lens capsule' sometimes becomes cloudy over a long period of time. It is treated using a Yag laser. This involves only an outpatient visit. It is very effective, painless and the infra-red laser beam cannot be seen. However, the laser can very occasionally cause retinal detachment or waterlogging of the macular part of the retina, due to small shock-saves.

The risk is minimised by deferring laser treatment after lens extraction surgery. After Yag laser treatment there may be some floaters, which are commonly transient over a few days, but they can persist for a long period of time.

Rarely the lens itself may become cloudy and this can be replaced if necessary.

Vision After Surgery
At the current level of technology a spectacle lens may be required for best distance vision after surgery. If clear distance vision is achieved then a reading spectacle correction will normally be required unless a multifocal lens implant has been used. Even with a multifocal lens implant for very clear near vision a reading lens may also be required, though most are less dependent upon reading glasses.

The Follow-up Appointment
Second eye surgery is commonly a few days' or one week after the first eye surgery and review appointments are 1 and 4 weeks later.

Contact Numbers

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Emergency mobile Mr Moriarty	07771 653161
Optegra Eye Hospital Manchester	0161 240 0700

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PHACOEMULSIFICATION LENS SURGERY AFTERCARE INSTRUCTIONS

Drops to use after surgery

After intraocular lens surgery, you use your drops for 4 weeks. These normally contain a preservative and last for 4 weeks but, these must be discarded after this time. The post-operative drops you have been given are:-

1) Tobradex An anti-inflammatory topical steroid and antibiotic to prevent inflammation and infection.

2) Yellox A non-steroidal anti-inflammatory.

Please note that drops normally contain a preservative and therefore do not need to be re-fridgerated. Those patients who have allergies are prescribed preservative-free drops (minims) and a thermos container or cool bag is useful to keep these drops cool.

Immediately after surgery

You should not drive home yourself but make alternative arrangements. Many people find it helpful for a friend or relative to accompany them.

You have been given an eye-shield for use during the first week after surgery to prevent pressure upon the eye(s) from a pillow whilst sleeping.

Do not rub the eye after surgery. If you accidentally rub your eye in the first days following surgery you may need to be checked.

Please call the hospital if you have any problems or concerns.

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How to apply your eye drops
Always wash your hands before applying eye drops, then following these simple steps:-
Tilt your head back and look at the ceiling
Gently pull down the lower eyelid until there is a small pocket
Do not allow the bottle or vial to touch your eye or other surface.
Squeeze the upturned dropper bottle or vial/minim to release a drop into your eye.

When to use the drops:
Eye drops begin on the day of surgery. Do not wait until the next day. Please see the chart to cross check when you should be applying your post operative eye drops. You do not need to use the drops during the night.

The chart shows the usual post-op regiment. Mr Moriarty may occasionally issue differing instructions when indicated. If these instructions differ from the chart below then you will be given written instruction.

First week post op :-

	Drops	
	Tobradex 2 hourly	**Yellow twice a day**
08.00	**X**	**X**
10.00	**X**	
12.00	X	
14.00	X	
16.00	X	
18.00	X	
20.00	X	x
22.00	x	

Second week post op :-

	Drops	
	Tobradex 4 times a day	Yellow twice a day
08.00	X	x
10.00		
12.00	X	
14.00		

Registered with the
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16.00	X	
18.00		
20.00	x	x
22.00		

Third week post op : -

	Drops	
	Tobradex 3 times a day	Yellow twice a day
08.00	X	X
10.00		
12.00		
14.00	X	
16.00		
18.00		
20.00	x	X
22.00		

Fourth week post op :-

	Drops	
	Tobradex twice a day	Yellow twice a day
08.00	X	X
10.00		
12.00		
14.00		
16.00		
18.00		
20.00	X	X
22.00		

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Vision after surgery
Immediately after the surgery you will have soft-focus vision. After an overnight sleep the vision becomes quite reasonable. When only the first eye has undergone surgery there may be an imbalance. Second eye surgery is often scheduled shortly after surgery to the first ee to deal with this imbalance and achieve the best vision.

For driving – advice will be given by Mr Moriarty.

For the first few hours it is not unusual to experience

- red pink eyes
- watering
- itching
- gritty feeling, foreign body sensation
- soft focus vision
- Slight swelling of the eyelids

Review after surgery
You will be discharged home with a review appointment to return to the clinic/hospital approximately one week after surgery. At this appointment your post-op drops will also be reviewed.

Advice points:-

- Do not rub your eyes and use the eye-shield provided when sleeping for the first week.
- You can move and bend immediately as normal.
- Avoid bright sunlight and use sunglasses immediately after surgery in bright conditions.
- Avoid eye drops other than those prescribed.
- Avoid dusty/smoky environments for 2 weeks. If you do get dust, dirt or an eyelash in your eye, washout with any of your eye drops DO NOT RUB your eyes.
- Make sure the drops are going into the eye. If the drop rolls down your face then put some more in.

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- Washing of the face the day following surgery is good. It is best to keep clean and avoid having crusting of the eyelashes. A normal shower, bath and careful washing of the face is good. Avoid washing immediately after surgery until the next day.

Expectations

The vision might be blurry on and off for the first few days or weeks, especially when you are tired or when it is time to put the next dose of drops in.

As the drops are not used during the night, it is normal for the eyes to feel dry or slightly uncomfortable when you first wake-up.

If both eyes are being treated it is usual for the two eyes to heal separately and at their own speed. Do not expect the recovery to be at the same rate in both eyes.

If you are experiencing any problems or have any concerns after the first or second eye surgery then please do not hesitate to contact us,

Activities after surgery

- Driving may be resumed after your vision meets the driving standard (individual advice given). This is normally 3 4 days' to a week after surgery. Those who have surgery to one eye only often wait until the second eye surgery is performed so that there is no imbalance between the eyes.
- Do not use makeup around the yes for the first 2 weeks. As putting this on and removing it may cause problems. Eyelash curling and tinting should be avoided for one month.
- When showering/bathing avoid splashing water, soap or shampoo directly into your eyes.
- Gym and light sports such as golf can be resumed a week after surgery but contact sport should be avoided for a month. Swimming should be avoided for 2 weeks and goggles should be worn. Diving and opening the eyes under water should be avoided for a month. Chlorinated pools can irritate the eyes and public pools may cause infection. Ski-ing can be performed after a month.
- Avoid contact sports for 4 weeks where there may be a direct blow to the eye (boxing, kick-boxing) and wear protective eye wear.

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- Saunas and steam rooms can be used after one month.

The weeks after surgery:

Dry Eyes
Many people experience some degree of dry eye in the early period after surgery and it is helpful to use artificial tear drops. These can be obtained over the counter at a pharmacy or on line from websites such as www.dry-eyes.co.uk Recommended tear drops after surgery are as follows:-
Clinitas Soothe 0.4% (preservative free multi use minims)
Hyabak ™ (preservative free bottle lasts up to 60 days)
Refresh ™ (preservative free watery, relativey short acting).
Actimist – to spray over the closed eyes very convenient and effective.

Contact numbers:-

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Consent for Surgery

Carefully read each paragraph/statement and having read and understood each statement please initial each on the dotted lines that follow each session. In signing this form you are stating that you have read and understood this consent form. Although it contains medical terms that you may not completely understand on first reading, you will have had the opportunity to ask questions and had them answered to your satisfaction such that you understand the information on this form.

In giving my permission for undergoing phacoemulsification lens extraction and for the implantation of a multifocal intraocular lens in my eye, I declare that I have read and understood the following information:

1. Phakoemulsification surgery is the removal of the lens of the eye by a surgical technique. Lens implantation is where a lens implant is placed inside the eye in the place of the natural human lens. Initial ……

2. Complications of surgery: As a result of surgery it is possible that my vision could be made worse. In some cases complications may occur weeks, months or even years later. Complications may include haemorrhage (bleeding) loss of corneal clarity, retained remnants of lens in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma and/.or double vision. These and other complications are rare but may occur whether or not a lens is implanted and may result in poor vision, very rarely total loss of vision, or even loss of the eye. There is a potential 1 in 13,000 risk of sympathetic ophthalmia where there is a risk to the other eye due to an immune reaction developing. Initial ……..

3. Specific complications of lens implantation: Insertion of an intraocular lens may induce complications which otherwise might not occur. In some cases, complications may develop during surgery from implanting the lens or days, weeks, months, or even years later. Complications may include lens implant decentration or dislocation, lens implant loss of clarity. Initial ……

4. Lens power measurement has some unpredictability. There may be the need for corrective spectacle lenses or (rarely) surgical replacement of the intraocular lens. Initial ……

5. When an intraocular lens is implanted, it is done during the phako surgical procedure. It is intended that the small lens will be left in my eye permanently. Initial ……

6. At the time of surgery, very rarely Mr Moriarty may decide not to implant an intraocular lens in the eye even though I may have given prior permission to do so. This is where it is deemed unsafe for a lens to be implanted at the time of the lens

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extraction surgery, or whether the situation means that implanting a lens at a later date would involve a better outcome or lower risk. I understand that at the time of surgery it may be best not to have a multifocal lens implanted and I may receive a monofocal lens implant.

Initial ……..

7. The results of surgery in my case cannot be guaranteed. Additional treatment and/or surgery may be necessary. I may need future Yag laser surgery to correct clouding of vision due to the capsule of the lens clouding after lens extraction surgery. At some future time, rarely, the lens implanted in my eye may have to be repositioned or removed surgically. Initial ……

8. The basic procedures of lens extraction surgery, and the advantages and disadvantages, risks and possible complications, and alternative treatments are understood by me. Although it is not possible to inform me of every possible complication that may occur, all questions have been answered to my satisfaction. In signing this informed consent for lens extractions surgery, and implantation of an intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the surgery. Initial .....

9. Treatment will most commonly be to one eye only in the first instance. The surgery is normally painless and there should be only minor pain or discomfort in the eye after the anaesthetic has worn off. There is normally a rapid return of vision with much vision recovered the day after surgery. It does however take a number of weeks to fully stabilise. There may be 'floaters' seen with the operated eye since surgery causes the vitreous jelly of the eye to be stirred up. There is a risk of retinal detachment, which is why if there are any symptoms of flashing lights, a shower of floaters, or a dark shadow that blocks vision, it is advisable to return for retinal examination. Correction of myopia causes a change in image size. If spectacles are worn, then after treatment to the first eye there will be an imbalance between the eyes, unless refractive correction is performed to the second eye. It may be very difficult to tolerate the imbalance between the eyes using a spectacle correction. Correction of hyperopia (hypermetropia, long sight) means there is a loss of magnification which occurs with glasses so the vision is less magnified but with a wider visual field after surgery. Initial ……..

10. A multifocal lens implant is a premium lens implant. I understand that there will be an additional charge for the lens implant. This cost may not be fully reimbursed by medical insurance Initial ……

Brendan J. Moriarty

M.A. (Cantab). M.B., B. Chir., F.R.C.S., F.R.C. Ophth., M.D.

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11. I understand that by having a multifocal lens implant in one eye I will likely need another multifocal lens implant in the other eye to achieve balance and best results. Such a lens implant is not available as an NHS procedure at the present time. Initial ……

12. I understand my identity will be kept confidential in any reports, or journal articles. I give permission for medical data concerning my operation and any subsequent treatment to be submitted for audit and publication. I also give permission for video recording of my procedure for purposes of audit, education, research, or training of other health care professionals. Initial …….

13. In signing this informed Consent Form for lens extraction surgery with multifocal lens implant, I am stating that I have read this informed consent and I fully understand it and the possible risk, complications and benefits that can result from the surgery. My decision to undergo surgery has been my own and has been made without duress of any kind. The nature of this surgery has been fully explained and understood by me. Initial…….

14. I agree that my GP or Medical Officer can be informed of my treatment. Initial …….

I have been given a copy of this concern form to keep. I also consent to such further or alternative measured as may be found to be necessary during the course of the treatment. I agree to have phacoemulsification surgery with a multifocal lens implant

EYE	**Right**	**Left**	
PATIENT	Print name …….....	Signature ……	Date….. ……
SURGEON	Signature ……	Mr B J Moriarty	Date …….

Revised November 2016 BJM/DSF