

**INFORMED CONSENT**  
**TORIC INTRAOCULAR LENS**  
**IMPLANTATION**

PATIENT LABEL HERE

OR

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN \_\_\_\_\_

*Washington State law guarantees that you have both the right and the obligation to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision-making process. This form will acknowledge your acceptance of treatment recommended by your physician.*

This information is being provided to you so that you can make an informed decision about the Toric intraocular lens (IOL) implant.

**INTRODUCTION**

Normally, the front of the eye (cornea) is round, like a basketball. When the curvature of the eye is steeper or longer in one direction, the cornea is shaped more like a football. This is called astigmatism and causes blurry vision.

Astigmatism can be corrected during cataract surgery with a Toric intraocular lens implant. The goal of the Toric IOL is to improve vision and to decrease the need of glasses, but this result is not guaranteed. Even if perfect distance vision is achieved, reading glasses for intermediate and near activities are still required.

Upgrading to the Toric IOL implantation is your choice. There is no emergency condition or other reason that requires or demands that you have it performed.

**ALTERNATIVES TO TORIC IOL IMPLANTATION**

If you choose not to have the Toric IOL, there are other methods of correcting astigmatism. These alternatives include eyeglasses, contact lenses, limbal relaxing incisions (LRI), and other laser refractive surgical procedures such as PRK or LASIK.

**RISKS OF TORIC IOL IMPLANTATION**

As with all surgery and medical procedures, problems may occur. In addition to all the risks for cataract surgery, risks specific to Toric IOL implantation include:

- shift or rotation of the Toric IOL causing blurry vision
- under-correction or over-correction of astigmatism causing blurry vision

- astigmatism may change or come back as you get older and cause blurry vision again (usually over several years to decades)
- glasses may be necessary for all or some activities (especially near vision), even with Toric IOLs
- need for additional surgery or treatment

**PATIENT STATEMENT OF ACCEPTANCE AND UNDERSTANDING OF RISKS FOR TORIC IOL**

\_\_\_\_\_ There is a possibility that the desired results of surgery may not be obtained. It is possible that I may require additional surgery at a later date or that I could still need glasses after surgery. I understand that additional surgery or treatment is not included in the fee for this procedure.

\_\_\_\_\_ I understand the potential risks detailed above, complications and side effects involved with the proposed treatment and have decided to proceed after considering the possibility of both known and unknown risks, complications, side effects and alternatives.

\_\_\_\_\_ I have chosen to undergo this treatment after considering the alternative forms of diagnosis and/or treatment for my condition including no treatment or other treatments or tests.

\_\_\_\_\_ I certify that I have read or had read to me the contents of this form and I have been given a copy for my personal records. I understand the information presented in this informed consent form and will follow any patient instructions related to this treatment.

\_\_\_\_\_ I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

By signing below, I agree that my surgeon has answered all my questions and I therefore request and authorize Dr. \_\_\_\_\_ to perform a cataract removal with Toric intraocular lens intraocular lens implantation in my \_\_\_\_\_ (state "right" or "left") eye.

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Patient Signature (or person authorized to sign for patient)

Witness Name (PRINT): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_