



755 East 3900 South, Salt Lake City, UT 84107

INFORMED CONSENT ADDENDUM FOR CUSTOM CATARACT WITH ASTIGMATIC REDUCTION AT THE TIME OF CATARACT OR RLE SURGERY

PATIENT NAME: _____

SURGEON: _____

DATE OF BIRTH: _____

CONDITION:

I understand that I have a condition known as astigmatism in my right left eye. Astigmatism is condition in which the surface of the eye is shaped like a football (oval) rather than a baseball or basketball (round). Astigmatism typically causes blurred vision at all distances, near and far. I understand that, if my astigmatism is not reduced at the time of cataract or refractive lens exchange (RLE) surgery, I will likely have blurred vision at all distances without glasses or contact lenses.

I understand that special IOLs called Toric IOLs and/or corneal arcuate incisions can reduce my astigmatism at the time of cataract or RLE surgery and would likely reduce my need for glasses at distance or near but **not typically for both** distance and near for each individual eye.

I understand that astigmatism correction cannot be reduced by implantation of a standard IOL.

PROCEDURE:

I understand that astigmatic reduction surgery at the time of my cataract or RLE surgery may include the use of one or more of the following. The surgeon will determine which of these to utilize to reduce my astigmatism at the time of the surgical procedure:

- Toric IOL
- LenSx Femtosecond Laser (for imaging and/or corneal incisions)
- Corneal arcuate incisions (manual)
- ORA Intraoperative Aberrometry

I understand that for the best result, one or more enhancements may be required after the initial surgery and may include one or more of the following procedures: Enlargement of corneal incisions, additional incisions, IOL exchange, IOL repositioning, piggyback IOL, LASIK, or PRK, if the enhancement is due to refractive error. If a modification is needed based on medical necessity, you insurance or you will be billed depending on your specific insurance coverage.

FINANCIAL IMPLICATIONS FOR CUSTOM CATARACT SURGERY WITH ASTIGMATIC REDUCTION COMBINED WITH CATARACT SURGERY:

I understand that cataract surgery with a conventional monofocal intraocular lens implant is considered a covered service by most insurance plans. I also understand that Custom Cataract Surgery with Astigmatic Reduction and the associated cost for the IOL, pre-operative tests and services required specifically for and imaging, fitting, and positioning of the IOL are NOT a covered service by my insurance. I acknowledge that I am fully responsible for payment of the charges for these additional services related to Custom Cataract Surgery with Astigmatic Reduction before the procedure is performed.

FINANCIAL IMPLICATIONS OF ENHANCEMENT

As mentioned above, one or more enhancements may be required following astigmatism reduction surgery. I understand that if an enhancement is required (and deemed as a covered procedure by your insurance carrier), my insurance may be billed for whatever portion that is medically necessary. However, I **will not** be responsible for any additional cost above the amount insurance will cover during the 90 day post op period (this excludes any co-pays, co-insurance or deductibles that may apply as dictated by your specific insurance plan). If refractive in nature (corrected by refraction - glasses or contacts could correct the visual disturbance), enhancements would be covered under this warranty. I also understand that **beyond 90 days** following my astigmatic reduction surgery I **will** be responsible for any additional amount above the

amount my insurance will cover. A YAG laser procedure is not included in this warrantee as it is considered a different medical procedure unrelated to the Custom Cataract procedure, and as such is billable to your insurance company.

BENEFITS:

I believe that having this procedure performed at the time of cataract surgery may decrease my need for glasses for either distance **or** near tasks but **not for both** in my operated eye.

ALTERNATIVES AND OPTIONS:

I could choose not to have Custom Cataract with Astigmatic Reduction Surgery at the time of my cataract in which case I will more likely need to wear glasses or contact lenses for all distances. Possible alternatives to correct for following surgery include LASIK, PRK, creation of additional corneal incisions, or glasses (or contacts if applicable).

I wish to undergo Custom Cataract Astigmatic Reduction surgery at the time of my cataract or refractive lens exchange surgery in my

right eye left eye as described above.

All of my questions have been answered to my satisfaction regarding all possible, though very unlikely, complications, which may occur. I understand that, even after Custom Cataract Astigmatic Reduction Surgery, I may still need glasses to attain my best possible vision.

Patient Signature: _____
(or person authorized to sign for patient)

Date: _____

Witness/Physician Signature: _____

Date: _____