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David M. Mills MD, FACS  
Ophthalmologist +  
Facial Plastic Surgeon

## Cataract Surgery Consent Form

### 1) WHAT IS A CATARACT AND HOW IS IT TREATED?

a) 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 will continue to get worse.

### 2) ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

a) The ophthalmologist or the anesthesiologist/nurse anesthetist will make your eye numb with either drops or an injection (local anesthesia). You may also undergo light sedation administered by an anesthesiologist or nurse anesthetist, or elect to have the surgery with only local anesthesia. There are risks associated with anesthesia and sedation. These include injury to the eye, heart and breathing problems, and in very rare cases, death. The anesthesiologist is responsible for reviewing the risks of anesthesia.

b) An incision, or opening, is then made in the eye. This is at times self-sealing but it may require closure with very fine stitches (sutures) which will gradually dissolve or be removed over time. The natural lens in your eye will then be removed. There are several ways to remove the lens; the most common technique is called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces. These pieces are gently suctioned out of your eye through a small, hollow tube inserted through a small incision into your eye. After your natural lens is removed, an IntraOcular Lens (IOL) is placed inside your eye. In rare cases, it may not be possible to implant the IOL you have chosen, or any IOL at all.

c) Your eye will be examined either the same day as your surgery or the day after surgery by your surgeon or an eye doctor chosen by your surgeon, and then at intervals determined by your surgeon. During the immediate recovery period, you will place drops in your eyes for about 2 to 4 weeks, depending on your individual rate of healing. If you have chosen monovision or a multifocal IOL to reduce your dependency on glasses or contacts, they may still be required either for further improvement in your distance vision, reading vision, or both. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 2 to 6 weeks, at which time glasses or contact lenses could be prescribed.

### 3) WHAT ARE THE MAJOR RISKS OF CATARACT SURGERY?

a) 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 pain, bleeding, infection, blood clots, loss of vision/eye, blindness, loss of life (death), persistence/recurrence of lesions/symptoms, glaucoma (high eye pressure), double vision, nerve damage, muscle damage, tearing, light sensitivity, risk of anesthesia including cardiac and respiratory problems, and, in rare cases, death, injury to parts of the eye and nearby

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structures, scarring, asymmetry, need for further surgery, especially if there are pieces of the lens that cannot be removed, a detached retina, a droopy eyelid, allergic reaction, as well as risk of transfusion reactions and the transmission of infectious disease, including hepatitis and acquired immune deficiency syndrome from the administration of blood and/or blood components and others. 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.

- b) rupture of the capsule that supports the IOL; perforation of the eye
- c) clouding of the normally clear outer layer of the eye called the cornea (a condition known as corneal edema), which can be corrected with a corneal transplant
- d) swelling in the central area of the retina (called cystoid macular edema), which usually improves with time
- e) retained pieces of lens in the eye, which may need to be removed surgically
- f) detachment of the retina, which is definitely an increased risk for highly nearsighted patients, but which can usually be repaired

g) increased astigmatism

h) 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.

i) Complications associated with the IOL may include increased night glare and/or halos, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems, so you should think carefully about how these problems might effect your job, your hobbies, and your daily life. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

j) Complications associated with limbal relaxing incisions include damage to the cornea, infection, and fluctuating vision while the incision heals. They can also lead to under- and over-correction; if this occurs, another procedure and/or glasses or contact lenses may be required.

k) Complications associated with local anesthesia injections around the eye include a hole (perforation) of the eye, injury to the optic nerve, interference with the circulation of the retina, droopy eyelid, breathing problems, low blood pressure (hypotension), heart (cardiac) problems, and in rare situations, brain damage or death.

l) If a monofocal (single focus) IOL is implanted, either distance or reading glasses or contacts will be needed after cataract surgery for adequate vision.

m) Monovision may result in problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the "wrong way around." Once surgery is performed, it is not always possible to undo what has done, or to reverse the distance and near eye without some loss of visual quality.

n) Multifocal (multiple focus) IOLs may reduce dependency on glasses but might also result in less sharp vision, which may become worse in dim light or fog. They may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a lot at night, or perform delicate, detailed, "up-close" work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL. If you chose a multifocal IOL, it is possible

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that not all of the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary.

o) If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.

p) Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability; and, if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.

q) Your doctor will use special equipment and computer formulas to select the best IOL for you, but the result may be different than what was planned. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.

r) Regardless of the IOL chosen, you may need laser surgery (a YAG capsulotomy) to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.

s) If your ophthalmologist has informed you that you have a high degree of farsightedness (hyperopia >5.0 diopters) and/or that the axial length of your eye is short (, 18.0mm), your risk for a complication known as nanophthalmic choroidal effusion is increased. This complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye.

t) If your ophthalmologist has informed you that you have a high degree of nearsightedness (myopia > -7.0 diopters) and/or that the axial length of your eye is long (> 25.00 mm), your risk for a complication called a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness.

u) Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with eyeglasses 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 accomplished within 2 to 4 weeks, once the first eye has stabilized.

v) There is no guarantee that cataract surgery 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.

w) **Anesthesia risk:**

i) Depending upon the type of anesthesia, other risks are possible. Your anesthesiologist should be consulted for a comprehensive discussion of these risks.

x) **No Guarantee:**

i) Although good results are expected, there is **no guarantee** or warranty expressed or implied, on the results that may be obtained. 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.

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y) **Additional Risks of Limbal Relaxing Incision(s) (LRIs) and “Premium” IntraOcular Lenses (IOLs):**

i) 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.

ii) Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night.

z) **Bleeding-** It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Please discontinue aspirin or anti-inflammatory medications as instructed by the prescribing physician if possible before surgery, as this contributes to a greater risk of bleeding. However, given the modern techniques used for cataract surgery, this is less significant now than in times past. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery.

aa) **Infection-** Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary. Pain is the hallmark of infection. Should you have pain out of proportion to the situation or that is progressively worsening, please attempt to notify us immediately or proceed to your nearest emergency room. Other symptoms would include headache, decreasing vision, tearing, light sensitivity, a red eye (more than just the usual bruise from surgery), etc.

bb) **Damage to deeper structures-** Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of procedure performed. Injury to deeper structures may be temporary or permanent.

cc) **Surgical anesthesia-** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

dd) **Nerve injury-** Motor and sensory nerves may be injured during an operation. Weakness or loss of movements may occur after surgery and could result in temporary or permanent double vision. Nerve injuries may cause temporary or permanent loss of movements and feeling. Such injuries may improve over time. Injury to sensory nerves may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

ee) **Chronic pain-** Chronic pain is a very rare complication after surgery. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain is extremely unusual and should be reported immediately to the surgeon.

ff) **Unsatisfactory result-** There is the possibility of a poor result from the surgery. This would include risks such as unacceptable visual acuity, loss of movement, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. It may be necessary to perform additional surgery to improve your results.

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gg) **Allergic reactions**- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

hh) **Delayed healing** - Wound disruption or delayed wound healing is possible. Some areas may not heal normally or may take a long time to heal. Specifically, the **cornea** is exquisitely sensitive to the energy required to break up the cataract. It may react by swelling or decompensating leading to decreased vision. It may necessitate additional treatment(s) up to and including corneal transplantation. It may never recover fully.

i) **Smokers have a greater risk of skin loss and wound healing complications.**

ii) **Long term effects / additional surgery necessary** - The practice of medicine and surgery is not an exact science. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with surgery. Other complications and risks can occur but are even less common. There are many variable conditions in addition to the above risks and potential surgical complications that may influence the long term result from surgery. In some cases, complications may occur weeks, months, or even years later. Subsequent decreases in vision may occur as the result of aging or other circumstances not related to surgery and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. Future surgery or other treatments may be necessary to maintain the results of any operation. You may need additional treatment or surgery to treat complications.

i) Specifically, the posterior capsule may opacify necessitating a “**YAG laser posterior capsulotomy**”. The capsule is the shell of the natural lens left behind to hold the implant. Think of this as “Saran wrap” that become “wax paper” and interferes with the passage of light through the implant. The “YAG” laser is used to “punch” a hole in the wax paper so that light may pass through the implant unobstructed providing a clearer image and reducing glare. This and any other additional treatment(s) is/are not included in the fee for this procedure.

jj) Additional surgery may be required to treat these complications. The cost for this additional surgery is not included in the price you pay for the cataract surgery.

#### 4) HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

a) The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

#### 5) EXAMINATIONS PRIOR TO SURGERY

a) If you agree to have the surgery, you will undergo a complete eye examination by your surgeon. This may include an examination to determine your eyeglass prescription (refraction), measurement of your vision with and without glasses (visual acuity), measurement of the pressures inside your eye (tonometry), measurement of the curvature of your cornea (keratometry), ultrasonic measurement of the length of your eye (axial length), intraocular lens calculation (biometry) to determine the best estimate of the proper power of the implanted IOL, microscopic examination of the

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front part of your eye (slit-lamp examination), and examination of the retina of your eye with your pupils dilated.

## **6) NEED TO STOP WEARING CONTACT LENSES PRIOR TO SURGERY**

a) If you wear contact lenses, you must leave them out of your eyes for a period of time

before your preoperative eye examination and before your surgery. This is done because the contact lens rests on the cornea and distorts its shape, which can affect the accuracy of the doctor's measurements of the IOL power. When you stop wearing your contact lenses, the corneas can return to their natural shape. Stop wearing both and rigid (including gas permeable and standard hard) contacts for at least three weeks. If you wear rigid contacts, your vision will usually vary for a while as your corneas change shape. Although the cornea usually returns to its natural state within three weeks, this process may take longer, and you will need to remain contact lens free until your vision and cornea stabilize.

## **7) MORE INFORMATION ABOUT MEASURING YOUR IOL**

a) While the method used to calculate the power of the IOL is very accurate in most patients, the final result may be different from what you and your surgeon planned. As the eye heals, the IOL can shift very slightly toward the front or the back of the eye. The amount of this shift is not the same in everyone, and it may cause different vision than predicted. If the eye's visual power after surgery is considerably different than what was planned, surgical replacement of the IOL might be considered. It is usually possible to replace the IOL and improve the situation. Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely.

## **8) WHAT TYPES OF IOLs ARE AVAILABLE?**

a) Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called monofocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

## **9) PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY**

a) Patients who have cataracts have, or will eventually develop presbyopia, which is a condition caused by aging that develops when your eye loses its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate (different prescription) reading glasses in order to see clearly at close range. There are several options available to you to achieve distance and near vision after cataract surgery. This is probably the most important decision you need to make about your cataract surgery, so please take the time to review your options and ask questions.

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b) ? **GLASSES.** You can choose to have a monofocal (single focus) IOL implanted for distance vision and wear separate reading glasses, or have the IOL implanted for near vision and wear separate glasses for distance.

c) ? **MONOVISION.** The ophthalmologist could implant IOLs with two different powers, one for near vision in one eye, and one for distance vision in the other eye. This combination of a distance eye and a reading eye is called monovision. It may allow you to read without glasses. Many patients who wear contacts or who have had refractive surgery have monovision and are happy with it. Your surgeon's team can discuss this option and may ask you to wear contact lenses to demonstrate this option to see if it might work for you.

d) ? **PREMIUM / MULTIFOCAL IOL.** The ophthalmologist could implant a "multifocal" IOL. This is a newer, "premium" or "deluxe" type of IOL that provides distance vision AND restores some or all of your eye's ability to focus in closer. It corrects for both distance vision and other ranges, such as near or intermediate. Choosing this option will lead to higher out-of-pocket expenses since insurance companies only pay for a monofocal (single focus) lens

## **10) MORE INFORMATION ABOUT MONOVISION**

a) In order to have good depth perception, your eyes need to be corrected for any refractive problems such as nearsightedness or farsightedness, and "balanced" for distance. Eye care professionals refer to this as binocular vision. Monovision or "blended" vision can impair depth perception to some extent, because the eyes are not focused together at the same distance. It is important to choose which eye you will use for distance vision. Eye surgeons generally believe that one eye is the dominant one, preferred for viewing. This is similar to people being right- or left-handed. Several tests can be performed to determine which eye is dominant in a particular person. With monovision, the dominant eye is usually corrected for distance, and the non-dominant eye corrected for near. However, a very small percentage of persons may be co-dominant (this is similar to being ambidextrous). In rare circumstances, a person may actually prefer using the dominant eye for near viewing. Your doctor will discuss and try to demonstrate monovision with glasses or even contact lenses to simulate the type of vision you will have after cataract surgery. Because your vision is decreased by the cataract, it is not possible to show you exactly what your postoperative vision will be like. If you would prefer not to have to wear glasses for quick tasks like looking at your cell phone, a menu, a computer, or an invoice, then you might be interested in monovision. Most monovision patients will often be more comfortable wearing glasses to balance their vision for prolonged reading tasks or for driving (especially at night), or for sports like tennis or golf, so you will most likely still need to wear glasses even with monovision. If you have been wearing contacts lens for monovision, you will most likely be happy with this option after cataract surgery. Although many patients will adjust well to monovision, some may find it uncomfortable. For those patients, the monovision can usually be reversed by elective laser vision correction, but this surgery will not be covered by your medical insurance.

## **11) WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?**

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a) Patients with nearsightedness and farsightedness often also have astigmatism. An 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 the ophthalmologist makes into your 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.

## 12) FINANCIAL RESPONSIBILITIES

a) The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility

## 13) DISCLAIMER

a) Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

b) However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

c) Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

*d) It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.*

## 14) DISCONTINUING ANTICOAGULANTS

a) **You MUST get approval from the prescribing doctor prior to stopping ANY medication and follow the prescribing doctor's instructions for discontinuance.**

b) Although not essential for cataract surgery, when possible (after the approval of the prescribing doctor), we prefer you discontinue your anticoagulants:

- i) Aspirin / aspirin products
- ii) Plavix / Xarelto / Pradaxa
- iii) Coumadin / Warfin

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+ **Gulf Breeze**  
1300 Shoreline Dr.  
Ste. 104  
Gulf Breeze, FL 32561

+ **Pensacola**  
9050 University Pkwy  
Pensacola, FL 32514

c) If the prescribing doctor has NOT allowed you to discontinue any of the above, please call our office so we can inform your surgeon and make a note on your surgery information.

### **15) AFFIRMATION & PATIENT'S ACCEPTANCE OF RISKS**

a) I acknowledge that my doctor has explained this operation, procedure, test, service or treatment to me in terms that I understand. In addition, my doctor has explained to me, to my satisfaction, the significant risks, benefits, alternatives (including no surgery), and risks of alternatives of the proposed operation or procedure, and the significant risks if I do not have this operation. I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery. I have checked my choice for astigmatism correction and type of IOL.

b) I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

c) I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve(s) risk and the possibility of complications, injury, and sometimes death.

d) I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

e) I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

f) For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

g) I consent to the disposal of any tissue, medical devices or body parts which may be removed.

h) Further, I authorize the above physician and/or his agent(s) to preserve for scientific or educational purposes or for use as grafts in living persons, or to otherwise dispose of any organs, tissues, limbs or other body parts surgically removed in accordance with customary medical practice. I further relinquish any right in or to any tissue, organ or graft removed from my person.

i) I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

j) The above information has been explained to me in a way I understand and as completely as possible, to my satisfaction.

k) I understand that there are options available to the proposed treatment including the option to do nothing.

l) I accept the well-known, common and uncommon risks of this procedure and I consent to the performance of the described procedure.

**Phone** [850] 266+7500

**Fax** [850] 390+4576

**Web** [www.MillsEye.com](http://www.MillsEye.com)

Send emails to: [info@millseye.com](mailto:info@millseye.com) Search "Millseye" to download App Page 9 of 11



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**MILLS**

EYE +  
FACIAL SURGERY

David M. Mills MD, FACS  
Ophthalmologist +  
Facial Plastic Surgeon

**PATIENT'S IOL SELECTION / PLAN:**

- 1) \_\_\_\_\_ **Premium / Multifocal** IOL Option (Both eyes set for distance and intermediate or near, but may still need glasses).
  - a) I want to use either accommodative (crystalens) or multifocal (tecnis multifocal or restor) implants in an attempt to get a wider range of vision or multiple focal points. I understand that visually-significant astigmatism could still necessitate wearing glasses for distance, reading, or both, etc. Therefore, Limbal Relaxing Incisions (LRIs) are typically utilized when necessary when choosing this option at no additional cost to me. I, therefore, also consent to LRIs at my doctor's discretion. I understand I may still need glasses even with this option, but that it is my best chance to reduce my need for glasses after surgery.
  
- 2) \_\_\_\_\_ **Basic Monofocal** (Single Focus) **distance** IOL with **reading glasses**.
  - a) I want both eyes set for distance and will wear reading glasses if needed for near. I understand that visually-significant astigmatism could still necessitate wearing glasses for distance, or bifocals, etc.
  
- 3) \_\_\_\_\_ **Basic Monofocal** (Single Focus) **near** IOL with **distance glasses**.
  - a) I want both eyes set for near and will wear glasses if needed for distance. I understand that visually-significant astigmatism could still necessitate wearing glasses for near, or bifocals, etc.
  
- 4) \_\_\_\_\_ **Basic Monovision** (**Right** eye for **Distance**, **Left** eye for **Near**)
  - a) I want to use 2 different IOLs, with my right eye set for distance, and my left eye set for near. I may still need glasses for distance and/or near. I understand that visually significant astigmatism could still necessitate wearing glasses for distance, or bifocals, etc.
  
- 5) \_\_\_\_\_ **Basic Monovision** (**Right** eye for **Near**, **Left** eye for **Distance**)
  - a) I want to use 2 different IOLs, with my right eye set for near, and my left eye set for distance. I may still need glasses for distance and/or near. I understand that visually significant astigmatism could still necessitate wearing glasses for distance, or bifocals, etc.
  
- 6) \_\_\_\_\_ **Toric Monofocal** (Single Focus) **distance** IOL with **reading glasses**.
  - a) I want both eyes set for distance using a toric implant, which is designed to reduce or eliminate astigmatism, and will wear reading glasses if needed for near. I understand that residual astigmatism could still necessitate wearing glasses for distance, near, or both, but that this is my best chance to be able to use over the counter reading glasses instead of prescription bifocals.
  
- 7) \_\_\_\_\_ **Toric Monofocal** (Single Focus) **near** IOL with **distance glasses**.
  - a) I want both eyes set for near using a toric implant, which is designed to reduce or eliminate astigmatism, and will wear glasses if needed for distance. I understand that residual astigmatism could still necessitate wearing glasses for distance, near, or both.

+ Ophthalmology  
+ OculoFacial  
Plastic Surgery  
+ Facial Cosmetic  
Surgery



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EYE +  
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- 8) \_\_\_\_\_ Toric Monovision (**Right eye for Distance, Left eye for Near**)  
 a) I want to use 2 different toric IOLs, designed to reduce or eliminate astigmatism, with my right eye set for distance, and my left eye set for near. I may still need glasses for distance and/or near. I understand that residual astigmatism could still necessitate wearing glasses for distance, near, or both.
- 9) \_\_\_\_\_ Toric Monovision (**Right eye for Near, Left eye for Distance**)  
 a) I want to use 2 different toric IOLs, designed to reduce or eliminate astigmatism, with my right eye set for near, and my left eye set for distance. I may still need glasses for distance and/or near. I understand that residual astigmatism could still necessitate wearing glasses for distance, near, or both.
- 10) \_\_\_\_\_ Limbal Relaxing Incisions (LRIs) for Astigmatism Reduction  
 a) I wish to have this procedure done on my right eye, left eye, or both (is done at same time as eye being done, is charged separately unless getting premium IOL) in addition to the cataract operation chosen above. I understand that residual astigmatism could still necessitate wearing glasses for distance, near, or both.

**CONSENT**

- 1) I, \_\_\_\_\_, hereby authorize:  
 a) **David M. Mills, MD, FACS** and/or whomever he may designate as his assistant(s), to perform upon myself the following operation(s):  
 i) **Cataract surgery, phacoemulsification, with insertion of intraocular lens**  
 1) **Right Eye Left Eye Both Eyes**  
 2) I elect and agree to the plan described above for my IntraOcular Lens (IOL) implants and vision afterwards. I understand that no guarantee has been made that the surgery will turn out the way it is planned, and that I still may need glasses more than anticipated.

**I CONSENT TO THE TREATMENT OR PROCEDURE.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

+ Ophthalmology  
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