



Cataract Surgery

Patient Information and Consent Brochure





Welcome to Regency Eye Hospital





This document must be read, signed and returned on your day of surgery.

A member of our outpatient team will be assigned to look after you throughout your treatment. We're available to you from 8:30am - 5:30pm, Monday - Friday. You will have our direct contact information so if you need us you won't need to wait.

We can help with:

- Questions you have about our services and treatments
- Arranging your initial appointment and theatre dates
- Pricing queries
- Following up on correspondence to the hospital
- Keeping your community optometrist updated on your progress
- Talking through any worries and/concerns that may arise

We are always here for you and are very happy to help.

Judith Fox
Patient Care Manager

Date of first consultation:

First procedure:

Second procedure:

Brochure issued:



We have a 4.9 rating on Google*
★★★★★



Why choose private cataract surgery?

Ten reasons to choose Regency Eye Hospital for your care.

01. Prompt care

With Regency Eye Hospital we can usually provide initial assessment, surgery and follow up care within 6 weeks of you contacting us.

02. Safety

Our vision correction surgeons have performed high volume eye surgeries and offer world class low complication rates.

03. Choose your surgeon

As with everything in life, surgeons are not all the same. Some are more experienced than others, some have lower complication rates and some are specialists in vision correction surgery. At Regency Eye Hospital our surgeons are amongst the safest and most experienced eye surgeons in Europe.

04. Choice of lens implants

NHS hospitals typically only offer one type of lens implant called a monofocal aspheric lens. While these lenses are good quality, there are many other lens options available. At Regency Eye Hospital we will make sure your lens implant is matched to your individual lifestyle, eye measurements and expectations.

05. Flexibility

Has your personal schedule changed at the last minute? Do you need to postpone or reschedule vision correction treatment to a different date which suits you? No problem. We can be flexible to suit you.

06. More thorough testing

Our diagnostic tests are state of the art, carried out by some of the best practitioners in England.

07. Unrushed appointments

Have you ever had an appointment with a doctor which felt rushed, then left without discussing everything on your mind? We will always give you all the time you need.

08. Continuity of care

Our patients see the same surgeon at their first appointment, through surgery and follow up care and any time after that if needed.

09. State-of-the-art equipment

We use the latest advancements in eye care technology, ensuring that patients always receive the highest level of care.

10. Great feedback

Our Google reviews speak by themselves, we are consistently rated 5 stars by our patients.



We have a 4.9 rating on Google*



I have read and understand the contents of this page, signed:



An introduction to cataracts

What is a cataract?

Inside your eye (behind the coloured iris) is a lens which can change shape to provide focusing from near to distance and back again. Your lens is made of a transparent protein substance called crystallin. This amazing protein is ideally suited to its purpose. Throughout nature, evolution has used crystallin in the lenses of animals of all shapes and sizes. When crystallin becomes old or damaged by chemicals or injury it loses its transparency and turns cloudy.



Normal eye



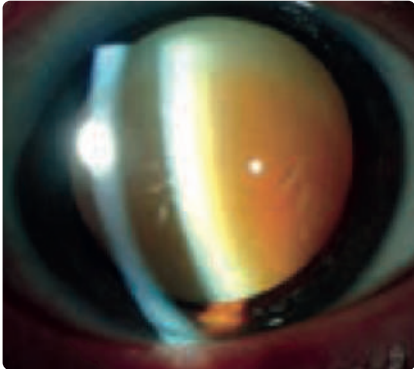
Eye with cataract

What problems do cataracts cause?

Cataracts reduce vision, and if allowed to progress they can cause blindness. Advancing cataracts can also cause glaucoma, and a painful red eye, so should be treated in their early stages for safest surgery and best results. More commonly cataracts cause a general blurring of vision which can not be corrected with glasses. They can also cause glare in sunlight and when driving at night, reduced colour vision and increased short sightedness, requiring frequent changes of spectacle strength.

It is normal for cataracts to develop in both eyes at the same time, but for one eye to be worse than the other. This means that the milder cataract is regarded as the good eye before surgery, but immediately becomes the bad eye after the first worse cataract is removed.

What different types of cataracts are there?



Nuclear sclerosis

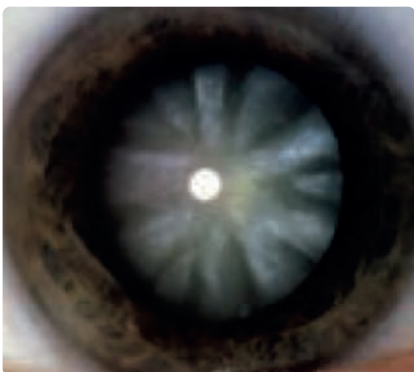
This is the most common cataract. It is age related, progresses slowly over months and years (sometimes over weeks) and causes blurred vision, reduced colour awareness, and short sightedness.



Posterior subcapsular cataracts

These cataracts can be fast growing over weeks, and have a really big impact on vision from an early stage. They are age related, and can also be caused by diabetes and some medications.

Other cataracts are less common and include lens clouding due to eye injury, eye inflammation, birth anomaly and some medical conditions.



Anterior subcapsular cataracts

These cataracts are common and age related. They look like white radial streaks on the front surface of the cataract, and most commonly cause problems with glare.

I have read and understand the contents of this page, signed:



Cataract surgery

Who gets cataracts?

Anyone can be affected by cataracts. Most often they start to cause problems when people are in their seventies or above, but in our eye centre we often see people significantly younger, perhaps due to medication used or injury, or with no obvious underlying explanation. Cataracts are known to be more common with long term steroid use (including skin creams and inhalers), diabetes and some medical conditions such as dystrophia myotonica.

How common is cataract surgery?

Cataract surgery is the commonest procedure in the United Kingdom. Approximately 450,000 surgeries are performed every year. To put this in context, around 100,000 hip replacements are performed every year in the UK.

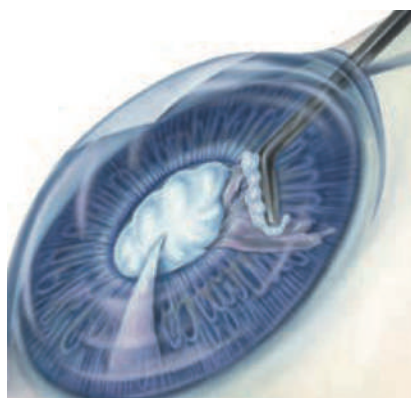
What does the procedure involve?

Modern cataract surgery involves no needles! It is a quick procedure lasting 10-15 minutes and with the exception of a few moments of mild discomfort is usually completely painless. During surgery your vision is dazzled by a kaleidoscope of beautiful colours, which patients often enjoy.

Once in hospital our nurse will check your temperature, heart rate and oxygen levels and blood pressure, and enquire about your health, medications and any known allergies. Once in theatre, you will lie on a bed and be positioned comfortably. You will be asked to look up at a bright light and will feel cold water on your face. A blue sheet of paper will be placed over your head and air will be piped under to make sure you can breathe easily and stay cool.

You will feel four or five moments of fleeting discomfort during surgery, when the pressure inside your eye changes. This is completely normal. The discomfort is mild and lasts 1-2 seconds. It should be no cause for concern. Then the procedure is finished. You will normally have a clear plastic shell taped over your eye for a day afterwards. You can see through this, but the vision will be blurred at first. After surgery, our nurse will explain the process for your recovery and eye drops. You can leave the clinic within an hour of surgery.

Typically you will be in the clinic for 3-4 hours for cataract surgery.

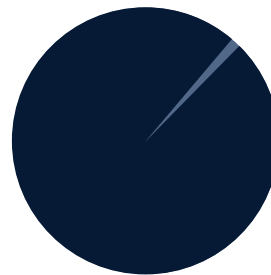


What are the success rates?

The last national audit of success rates of cataract surgery in the UK from 2018 showed an overall complication rate of around 1 case out of every 75.

This includes trainee and consultant eye surgeons throughout the NHS. At Regency Eye Hospital our senior surgeons have worked in the NHS and the private sector for 20 years or more, and have been able to demonstrate a complication rate of around 1 in 750 cases.

We are very proud of this exceptional performance. There is good evidence in several fields of medical practice which supports the finding that experts specialising in high volumes of one procedure can achieve complication rates 10 times lower than the national average.



■ 749 successful cases
■ 1 complicated case

I have read and understand the contents of this page, signed:

Decisions to think about before attending

How early should you get your cataracts treated?

At Regency Eye Hospital we believe that early treatment of cataracts is the best option. When cataracts are in their early stages they are smaller and softer, which makes them easier for a surgeon to remove, using less ultrasound energy inside the eye.

Early treatment is associated with lower complication rates, less postoperative pain, redness and light sensitivity. It also allows patients to enjoy more life years and life months with their new vision rather than waiting and struggling while their vision deteriorates. Our sensitive equipment can also measure the inside of the eye more accurately when the cataract is mild, so we can more accurately calculate the best focusing power of the lens implant needed.

The same applies to every other medical condition that exists; early diagnosis and treatment improves the outcome. Within the NHS, pressure on services from large patient numbers results in healthcare rationing, that is to say restrictions are placed on how early you can get cataract surgery in an NHS setting. This is why you might receive advice from the NHS to leave your cataract until it becomes more ripe.

Do I want standard (NHS equivalent) surgery, or premium treatment?

It's important to understand your options when it comes to lens implants. Cataract surgery providers (NHS and private healthcare) are obliged to explain all the options available to you, and help you choose the right option for your circumstances.

Lens options now include standard NHS monofocal (eg Acrysof), premium monofocal (eg Clareon), extended depth of field monofocal (eg Vivity), monofocal toric, near multifocal (ReSTOR 3.0), intermediate multifocal (ReSTOR 2.5), trifocal (Panoptix), trifocal toric, aperture lenses (AcuFocus IC8) and accommodating lenses.

These lenses are all supplied by one lens company (Alcon) while several other companies also make similar but slightly different lenses. In addition there are special lens implants for fine tuning the results of previous surgery, and special lens implants for people with macular degeneration who want to be able to read better. As you can see the choice is a little overwhelming! The decision about which lens is right for you starts with a discussion about what you want to achieve for your vision after surgery, and how you feel about wearing glasses for different activities.

Should I have my eyes treated separately or both at the same time?

In some countries it is common practice to perform cataract surgery on both eyes at the same time. This has not been popular in the UK because of the perceived increase in risk of complications to both eyes. However, the evidence suggests that surgery to both eyes at the same time is very safe, and brings an additional benefit of convenience to patients. It also avoids a period of imbalance when the first eye is treated and the second eye still has a cataract. Some patients really struggle with this imbalance.

If surgery to both eyes at the same time appeals to you, please ask your surgeon for more details. Your surgeon will only treat the second eye at the same visit if they are completely happy with the progress of surgery to the first eye.

What is vision correction cataract surgery?

If you are happy wearing spectacles full time, there is unlikely to be any benefit in choosing a premium (more expensive) lens implant. However if you are motivated by freedom from spectacles your surgeon can plan vision correcting cataract surgery for you.

How do I select the best surgeon and why does it matter?

No two surgeons are the same. Surgeons all start out as trainees working under supervision, then progress towards experts over time, and eventually specialise in just a small number of procedures.

Reliable evidence from around the world shows that performing huge numbers of a procedure tends to make surgeons very good at what they do, with excellent outcomes and low complication rates.

Regency Eye Hospital surgeons are high volume cataract surgeons. This has allowed us to become recognised national experts over time, with exceptionally low complication rates.

I have read and understand the contents of this page, signed:



Your patient journey

Preparing for your first assessment

Prior to your first visit with us, please take a two week break from contact lens use (if you normally wear contact lenses). This will allow the surface of your eye to return to its natural curvature and give more accurate results with our tests. If you have recent optician reports, please bring them with you.

Try to find out about the different types of lens implants in advance, how they work and which one might suit you. Also think about when you might wish to have surgery, and what questions you want to ask. We will also want to know about your general health, medications and any allergies you may have.

Your assessment day

Your assessment will normally take 1-2 hours. Although we do not always put drops in your eyes, you should assume that we will, and that you are best not to drive yourself home. Your assessment involves filling out a questionnaire, undergoing a number of painless non-invasive tests, and examination of the front and back of your eye.

Once you arrive, you will complete some forms and undergo diagnostic testing, then you will have your consultation with your surgeon and a formal quote will follow via email.

Preparing for surgery

On the day of surgery, please arrange for someone to drive you if possible. You cannot drive yourself home after, and we prefer you to avoid public transport. Bring your medications and expect to be with us for between 2-4 hours.

Feeling anxious and worried about treatment

As surgery draws closer you will start to feel anxious. This is completely normal. Everyone is affected in the same way. We recommend that you allow yourself to have these feelings and accept that it's part of the process. Our theatre team is always on hand if you would like to talk to them.

Once the first eye is treated people are normally much more relaxed when it comes to the second eye, having realised that the first procedure wasn't nearly as bad as they expected.

Modern cataract surgery involves no needles or injections. Most of the time we only use drops.

Recovering from surgery

After your operation you will leave the operating room and go to the recovery area for something to eat and drink. Your eye will have a clear plastic cover over it which you can see through, though your vision will be blurred. Misty vision at this stage is due to the dilating drops affecting your pupil, the bright operating light dazzling your retina, the plastic cover over your eye.

Your vision will steadily improve over a few days and typically reaches a level suitable for driving purposes after 2-4 days. You can test this yourself by checking if you can read a car number plate at 25 generous paces. If you can read the number, and you feel confident to drive, then you may do so.

Our nurse will explain your drops and tablets to be taken during recovery and a follow up care plan will be agreed, and then you can return home. Our patients normally have one or two check-ups after cataract surgery, but more can be arranged if needed, even if just for reassurance.

If you need glasses after cataract surgery, most opticians will ask that you wait for four to six weeks after surgery before your eyes are tested. This is because the focusing of your eyes can adjust as the eye heals, and if you are tested too early the spectacle prescription could subsequently change. If you do need glasses for reading prior to your optician

check, it will do no harm to buy a cheap pair of reading glasses from your local chemist to use for a few weeks.



After the operation relax, and have something to eat and drink.



Your vision will improve over 2-4 days.



You will need to take eye drops to help with recovery.



You will have an eye test approximately 4 weeks after your surgery.

I have read and understand the contents of this page, signed:



Self care

Cataract surgery safety has significantly improved every decade since 1950 and is one of the safest, most commonly performed operations in the world.

Keyhole incisions continue to reduce in size (now less than 2mm), antibiotic use is more effective, microsurgical instruments are more precise and microscope innovations provide surgeons with increasingly detailed views.

In addition, preoperative measurements are increasingly accurate, allowing for more perfect focusing afterwards.

Possible complications during surgery and their remedies

Despite our excellent safety record, we cannot ever guarantee safety. Surgery always carries some risk, and it is our job as surgical experts to use our experience, skill, knowledge, and the latest technologies to keep you as safe as possible.

We always recommend you choose an experienced surgeon for cataract surgery. They are less likely to have a complication during surgery, and if a complication does occur they are more likely to identify it earlier during the procedure, and take appropriate restorative action quicker. This means that smaller complications have a lesser chance of growing into bigger more significant ones.

The most commonly encountered significant problems during cataract surgery are posterior capsule tear with vitreous loss, zonule weakness and loss, iris damage, bleeding at the back of the eye, positive vitreous pressure, unexpected pain and lens implant damage. In general terms these issues may lead to a significantly prolonged operation time (eg. one hour instead of 15 minutes), increased pain and eye redness after surgery, more blurred vision than anticipated after surgery, the need for more medication and additional hospital visits, and possibly also the need for additional surgery. Posterior capsule tear (PCT) is reported to occur once in every 75 cases in the UK. Bleeding at the back of the eye is a more serious complication (unless identified and treated very quickly by the surgeon) and occurs once in every few thousand cases.

Please note that if all these issues described above are identified quickly and treated appropriately by the surgeon, they can all result in good long term results for the patient.



I have read and understand the contents of this page, signed:

Common mild problems and their remedies

Pain and discomfort

This could be due to inflammation inside the eye, a scratch on the surface, a transient rise in pressure inside the eye or an allergic reaction to the drops. Mild discomfort is common and should not be a cause for concern. More severe discomfort, especially if associated with worsening vision, is a sign that something is not right, and should be a signal that you need to contact us for prompt review.

Blurred vision after 1 month

This may be due to a condition called Cystoid Macular Oedema. It occurs once in every 100-200 operations and tends to recover spontaneously after a few weeks. If you think you may have this we want to see you promptly. The condition is readily diagnosed with a retinal scan, and resolves more quickly with a course of additional eye drops and tablets.

Posterior capsular opacification (PCO) after successful cataract surgery

Approximately 5% of patients will experience a slow deterioration in their vision within a few months or years after initially successful cataract surgery. When this happens, the usual cause is a thin layer of scar tissue developing inside the eye, behind the lens implant. It might seem like a new cataract is growing and affecting the vision, so it is sometimes called a secondary cataract. However it is impossible for a cataract to re-develop once removed. If you return to us with PCO we can perform a painless non-invasive outpatient laser procedure (called YAG capsulotomy) to remove this scar tissue.

If PCO treatment is required within 6 months of your cataract surgery, it is included in

your inclusive care charge. After 6 months it is a chargeable procedure (approx cost is £750 for one eye or £1050 for both eyes). Alternatively you can be referred to the NHS for the same treatment at no cost, but you should expect to wait several months or longer before being seen. Once PCO has been treated with YAG, it is exceptionally rare for it to develop a second time, so YAG is considered a one time only procedure.

Focusing error

If you have chosen vision correcting cataract surgery and find that you still need glasses for some activities after surgery, we would regard this as an unplanned outcome (complication is probably too strong a description). In this case there are usually additional measures we can offer to remedy the situation, but a proportion of those who choose lens implants to replace the need for glasses will still need glasses for some activities after surgery, and will therefore be disappointed.

To give context, 80-90% of patients who have standard (similar to NHS) cataract surgery will need to wear glasses for some or all activities after surgery, while 10-20% of those who have vision correcting cataract surgery will have an imperfect result and will still need glasses for some or all activities.



Increased risks in special situations

Retinal detachment

A detached retina at the back of the eye comes on over several days. It causes blurred vision, a growing shadow at the edge of your vision, flashing lights and floaters. It can happen to anyone at any stage in their life, and is rare, but the risk does increase with age, with being short sighted and with having cataract surgery. If you develop these symptoms at any time see your local eye casualty. If you develop these symptoms within weeks or months of cataract surgery with us, contact us promptly.

Refractive surprise

Despite our best efforts surgery is not an exact science. Sometimes patients are more dependent on spectacle use after surgery than was planned. We cannot guarantee freedom from spectacles but we can offer you a high chance of vision freedom, making use of the best technologies around.

Retinal bleeding

A bleed at the back of the eye during surgery is rare, but when it does happen surgery must be stopped before completion. This inevitably means a second operation several weeks later to finish the procedure. Once in every few thousand cases, a bleed at the back of the eye can result in permanent damage to vision. Patients who are long sighted and elderly with heart conditions are most at risk of this complication.

High pressure

A number of situations can result in transient high pressure in the eye after surgery, which can be sore and cause blurred vision. We have several different eye drops which can quickly lower eye pressure if necessary.

Diabetes

Patients with diabetes generally need cataracts removed at an early stage to facilitate monitoring of diabetic retinopathy. Diabetics are at increased risk of cystoid macular oedema after cataract surgery, and require additional treatment in this regard.

Infection

Rarely, a patient can develop a bacterial infection inside their eye in the first few days after cataract surgery. This causes severe pain and redness, accompanied by a dramatic reduction in vision. Untreated this situation can progress to loss of vision. If you experience any of these symptoms after surgery, you should return to us without delay.

I have read and understand the contents of this page, signed:



General risks

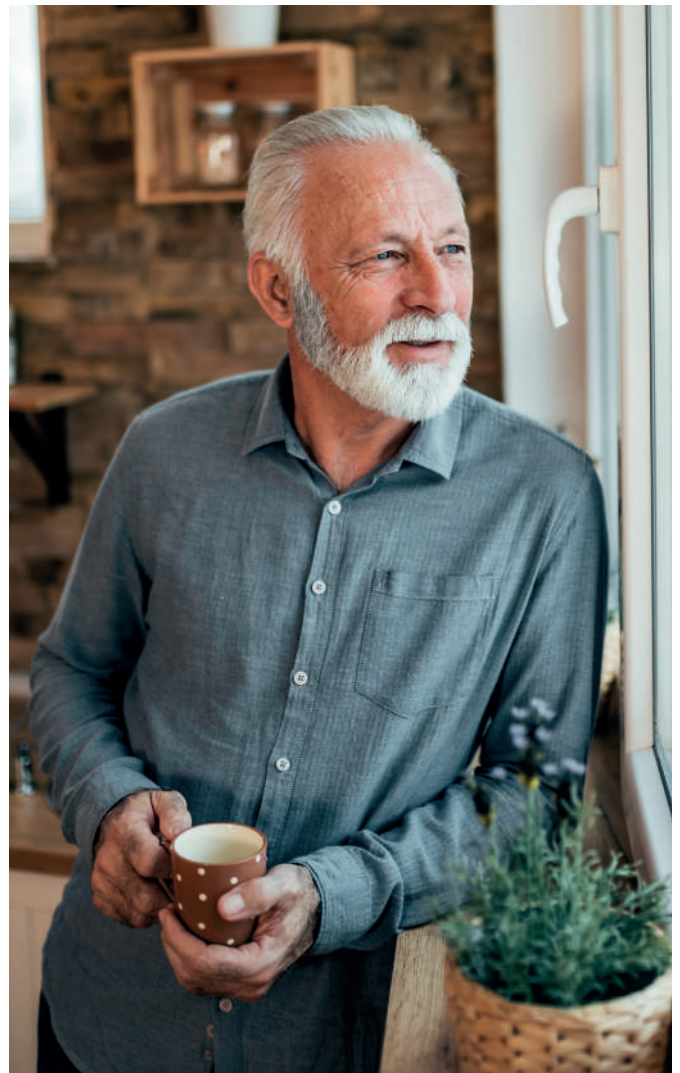
When you are undergoing surgery of any kind, perfect results cannot be guaranteed. Regency Eye Hospital surgeons might have to wait several years (or more) before seeing a serious complication, but during the course of a year, carrying out large volumes of treatments, there will be results that are less than perfect and inevitably this will lead to disappointed clients. We aim to achieve a great result for everyone, but sometimes we don't succeed.

Things we have experienced as eye surgeons

Over the last 15 years we have seen all the following in our hands:

- An initially great result which then gets worse at a later date. Sometimes this can easily be remedied, other times not so.
- A better result in one eye than the other which causes disappointment.
- A focusing error after surgery which was not planned, leading to reduced vision or more reliance on spectacles.
- A surgical complication which has required additional surgery.
- Problems with a lens implant which has required removal and replacement.
- A good result which has then been compromised by the development of an unrelated eye condition.
- Expectations which were too high to be met.
- Problems with night driving after surgery due to glare or haloes.
- Pain felt during or after surgery which was not expected.

We promise to look after you to the highest of standards, but if you are not happy with something we ask that you please let us know and we will do what we can to make things right.



I have read and understand the contents of this page, signed:



Cataracts combined with other eye conditions

Cataract and amblyopia

An amblyopic (lazy) eye is a healthy eye which the visual part of the brain has never learned to make full use of. Amblyopic eyes can vary enormously from being only slightly lazy (the brain uses it to see but it isn't quite as good as the dominant eye) through to extremely lazy (the brain isn't really using the eye at all). Amblyopic eyes can still develop cataracts and experience worsening vision so it is often worth performing cataract surgery on them.

Bear in mind that if cataracts are left to become severe, they can become more risky to operate on, and can also cause additional problems such as eye pain, redness and glaucoma. When considering whether to have a lazy eye cataract treated it is important to think about the following:

- Removal of a cataract will not treat amblyopia. Your eye will still be 'lazy' after surgery.
- Often after cataract surgery the eye can read the reading chart much better than before surgery, but the patient still does not notice much improvement day to day. This can result in a happy surgeon but a disappointed patient!
- Regardless of how lazy an eye is, it is still an important backup in case anything ever happens to the good eye, so its care should not be neglected.

Patients with cataract and glaucoma

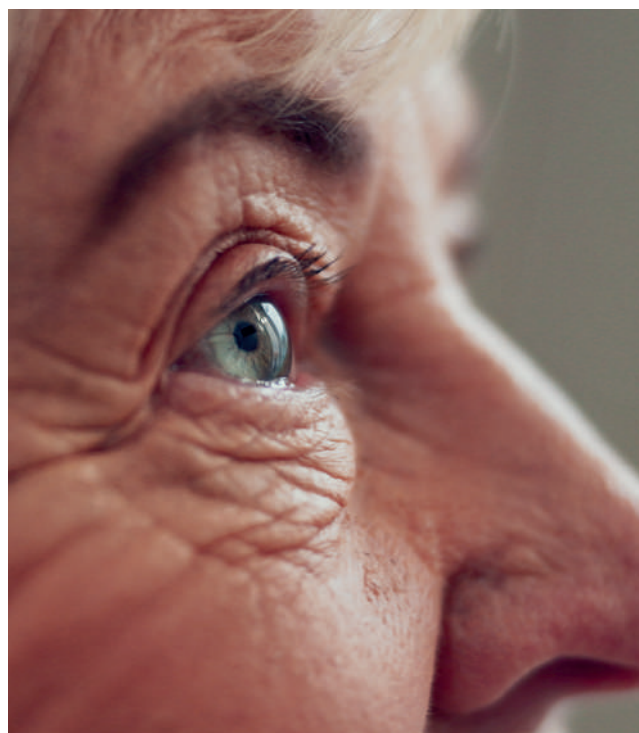
Glaucoma is a very common condition so it is not unusual for us to see people in our clinic with cataract problems and glaucoma as well. There are different types of glaucoma, but in general terms cataract surgery improves glaucoma care, tends to reduce eye pressure and in some cases reduces the need to use eye drops on a daily basis. In addition, we can now provide special cataract operations combined with glaucoma valve insertion which can provide even better long term glaucoma control.

As with cataract surgery, glaucoma treatment is more risky in advanced cases, so if you are affected by glaucoma and want the best chance of successful treatment long term, come and see us at an early stage.

Patients with cataract and macular degeneration (ARMD)

Macular degeneration is a very common condition affecting people from 65 years of age onwards. It tends to affect both eyes and results in reduced central vision without having any effect on peripheral vision. ARMD patients are frequently also affected by cataracts, and these affect central and peripheral vision.

ARMD patients tend to need all the vision help they can get, so early cataract surgery is indicated, to increase both the brightness and sharpness of vision. However, cataract surgery alone can never make vision as good as desired if you also have ARMD so it is very important to be realistic about your expectations in this situation to avoid disappointment.



Patients with cataract and diabetes

Diabetes can cause early onset cataracts, and retinal damage. Diabetic patients normally attend a retinal clinic once or more every year to check the health of their retina, with photographs showing abnormalities at an early stage. These photos can be hard to capture once a cataract develops, so early cataract surgery is important not just to maintain good vision, but also to maintain good retinal health. Diabetics are at higher risk of problems with blurred vision after cataract surgery, and may need additional medication for several weeks or even months after to achieve best results.

I have read and understand the contents of this page, signed:

Special situations

Severe cataracts

Cataract surgery is quicker, easier and safer when performed on mild stage cataracts. If you have not managed to arrange cataract treatment early, and your cataract is becoming advanced, you should expect surgery to take longer than usual and be slightly more likely to involve problems.

It is also possible that your vision will take longer to recover after surgery, you will need to attend clinic for more check-ups after surgery and if our equipment can't measure your eye as normal because of the severe cataract you might be more reliant on glasses after surgery than was planned.

Cataract and very high astigmatism

Astigmatism comes in different levels of severity from mild to severe and causes blurred vision which can be corrected with glasses. During surgery we can also reduce or eliminate astigmatism with a special type of lens called a toric lens. During your assessment our team will measure your astigmatism and advise (it's optional) whether you would benefit from a toric lens. Please note that surgical astigmatism is not the same as spectacle or contact lens astigmatism. They do not always match up and this can cause confusion. Our team will guide you in this respect.

Cataracts and short-sightedness

Short sighted eyes carry a slightly increased risk of retinal detachment over the course of a lifetime compared with non-shortsighted eyes (regardless of whether surgery is performed). Cataract surgery also increases this risk slightly. If you develop flashing lights or floaters after cataract surgery, it is important you see an eye specialist within a day or two for retinal assessment, because prompt treatment can successfully repair a retinal detachment and restore sight.

Short sighted patients are also prone to experiencing slightly more discomfort during cataract surgery due to the pressure changes that occur inside the eye. However it should be stressed that short sighted patients tolerate surgery well in almost all cases.

Short sighted patients may benefit from cataract surgery to both eyes at the same time to prevent a period of unbalance between each eye operation.

Cataracts and long-sightedness

Long sighted patients find cataract surgery enormously rewarding when their reliance on strong glasses is reduced or eliminated after surgery. Long sighted patients are at slightly increased risk of a bleed at the back of the eye during surgery, but have a reduced risk of retinal detachment. As with short-sightedness, patients may wish to consider having both eyes treated at the same time to minimise the risk of struggling with imbalance between operations.

Cataract and presbyopia

Presbyopia refers to the natural ageing process which affects everybody and causes many of us with previously excellent vision to start needing reading glasses in our forties or fifties. Unless you choose lens implants for cataract surgery which are designed to correct presbyopia, you should expect to need glasses for near vision activities after cataract surgery. Special presbyopia correcting lens implants do not guarantee freedom from near vision glasses, but they greatly reduce the chance of you needing them.

Cataract surgery and pseudoexfoliation (PXF)

A minority of people have a condition called PXF affecting their eyes. Usually you would not be aware if you are affected unless your optometrist has informed you. PXF results in the ligaments holding your cataract in place becoming weakened, and increases your risk of developing glaucoma. It also makes cataract surgery more difficult to do safely, with a higher chance of needing additional procedures and achieving a less good visual outcome. If you have PXF we will inform you. Some patients with PXF have no adverse effects at all.

Cataract surgery after laser eye surgery

If you have previously had laser eye surgery in years gone by, it is possible that you still do not want to wear glasses or contact lenses. Laser eye surgery patients can and do frequently develop cataracts as they age, just like everyone else.

PLEASE let us know if full vision correction is still important to you. You should take a moment to consider that previous laser eye surgery makes it harder for us to achieve exact vision correction results after cataract surgery. Our surgeons have a better chance of achieving full vision correction if you can provide all the medical records from your laser eye centre PRIOR to laser being performed.

We will also carry out additional calculations based on American software to try and get accurate vision correction results in ex-laser eye surgery patients, but it is important to understand we cannot guarantee accurate results, and that you might have to wear glasses after cataract surgery even if we plan to avoid this. If you do have to wear glasses after cataract surgery, and are disappointed, there may or may not be additional treatment we can offer.

I have read and understand the contents of this page, signed:

Consent form

Before surgery, this page will be detached from the brochure and retained in your medical records.

- Why choose private cataract surgery - pg 4&5
- Introduction to cataracts - pg 6&7
- Cataract surgery - pg 8&9
- Decisions to think about before attending - pg 10&11
- Your patient journey - pg 12&13
- Safe care - pg 14, 15, 16 & 17
- General risks - pg 18 & 19
- Cataracts combined with other eye conditions - pg 20 & 21
- Special situations - pg 22 & 23

I have read and understand the contents of this page and this brochure, and have had the opportunity to ask my surgeon and/or his team anything I am unsure about.

Patient name:

Signature:

Date:

Surgeon only

I have given the patient this brochure and offered them the opportunity to ask questions about the risks and benefits of treatment.

Patient name:

Signature:

Date:

My lens(es):

I have chosen to have surgery on the following eyes:

- Right
- Left
- Both eyes

Monofocal - Far-sighted:

I will see well in the distance but I will need glasses for close up activities.

- Right
- Left
- Both eyes

Monofocal - Short-sighted:

I will see well for close up activities but I will need glasses to see further away.

- Right
- Left
- Both eyes

Monofocal - Monovision:

I will have one lens for short-sight and the other to see into the distance. My brain should adapt over time so that I will have reasonable vision for both distances.

We have selected your dominant eye for Distance:

- One short sighted
- One far sighted

- Right
- Left

We have selected your non dominant eye for Near:

- Right
- Left

Trifocal:

My lens(es) will be designed to give me three focal points - near, mid range and far. I understand that there is no guarantee that I will be completely spectacle free after surgery.

- Right
- Left
- Both eyes

Toric:

My lenses will also be designed to correct my astigmatism.

- Right
- Left
- Both eyes

Enhanced depth of focus lens:

My lenses will be designed to give good distance and intermediate vision, but may need glasses for some near activities.

- Right
- Left
- Both eyes

Premium lens(es):

The lenses I have selected are a Premium lens called: _____

A quote following the above information will be issued individually.

- Right
- Left
- Both eyes



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