

CONSENT FOR TORIC INTRAOCULAR LENS IMPLANT

The Toric intraocular lens implant is available to correct up to 3 diopters of regular astigmatism. This will reduce but not eliminate up to 3 diopters of astigmatism. It will also reduce but not eliminate the need for glasses. If the Toric implant is calculated for you to see at distance, glasses will still be needed to read.

If more astigmatism correction is needed, further correction of astigmatism can be done with glasses, a limbal relaxing incision, or a corneal refractive procedure. The Toric intraocular lens, limbal relaxing incision, and corneal refractive procedure, are not covered by Medicare or insurance.

The major drawback for the Toric implant is the cost. The cost of the Toric implant itself is \$1095.00 above what Medicare allows.

The Toric implant is very effective in reducing regular astigmatism. However, in some people, the implant can rotate and lose some of the effectiveness. A second procedure may rarely be needed to rotate the Toric implant for maximum effect.

INDICATIONS AND ALTERNATIVES

“Standard” or “conventional” cataract surgery involves implanting a spherical intraocular lens (IOL) that does not correct astigmatism, or unequal focusing power on different parts of the cornea. Glasses or contact lenses are then required to correct the residual astigmatism. In late 2005, the FDA approved the latest generation implant lenses, known as toric IOL’s or astigmatism-correcting implant lenses. These lenses may allow less dependence on glasses for vision. Further refinements will undoubtedly occur over time with future generation toric lenses. A surgeon is not allowed to implant a toric IOL unless they pass a certification course and their conventional cataract surgical results meet high standards for postoperative accuracy and technique. Dr. Taylor has exceeded these rigorous requirements and has been certified to implant toric IOL’s.

NON-CANDIDATES FOR TORIC IOL

Patients who prefer glasses for cosmetic or safety reasons, or patients who do not care about being independent of glasses are not optimal candidates. The presence of pre-existing refractive surgery or ocular pathology, such as macular degeneration, diabetic retinopathy, or corneal disease or scarring, may result in a less than optimal outcome.

INABILITY TO IMPLANT TORIC IOL

Problems encountered during surgery (including, but not limited to pupil damage, vitreous loss, poor IOL centration, and discovery of zonular instability) may prevent implantation of a toric IOL in one or both eyes, or result in a less than optimal outcome.

POSSIBLE ADVANTAGES AND BENEFITS OF THE TORIC IOL

Based on a study submitted to obtain FDA approval, the advantages of toric IOL implantation included:

- A 3-fold better chance of under 0.5D residual astigmatism than with non-toric IOL.
- A 60% chance of spectacle freedom (97% with bilateral implantation).
- A 66% chance of 20/25 or better vision without glasses (vs. 41% with conventional IOL).

POSSIBLE DISADVANTAGES AND RISKS OF TORIC IOL

There are some potential disadvantages of the toric IOL implantation. These include (but are not limited to) the following:

- Improper alignment or rotation of the IOL after surgery may result in more residual astigmatism than predicted. This can result in the need for glasses or contact lenses, or even the need for subsequent refractive surgery correction (such as Limbal Relaxing Incision (LRI), Astigmatic Keratotomy (AK), Photorefractive Keratectomy (PRK), and LASIK). Some patients may require surgical realignment or even explanation (removal) of the toric IOL and replacement with a conventional lens.
- There is less chance of spectacle freedom with toric IOL's unless binocular implantation is performed.
- For every 1 degree the toric IOL axis is off from the true postoperative axis of astigmatism, there will be a 3.3% loss of toric correction.

TORIC OR NON-TORIC IMPLANT LENS?

As with any elective surgery decision, you are well-advised to make your decision based upon multiple factors. Speak to your surgeon; do your research; consult the websites of the implant lens manufacturers and the FDA; and satisfy your own curiosity before making a determination.

After reading the above information, I elect to have the toric intraocular lens implant which costs 1095.00 above the Medicare allowable charge and must be paid before the toric intraocular lens can be ordered.

PATIENT SIGNATURE/LEGALLY RESPONSIBLE PARTY

WITNESS: _____