

Patient information leaflet for cataract operation

Dear Patient,

Diagnosis/disease

A cataract is a clouding of the natural lens in your eye.

With treatment

Vision, hazy or cloudy vision improve completely as long as no other eye diseases are present and the optic tract in the brain is not altered due to disease. In addition, the glare, which can be caused by a lens opacity, is reduced.

Surgical procedure

- phacoemulsification with implantation of a posterior chamber
- lens ICCE surgery with implantation of an anterior chamber lens

Without treatment

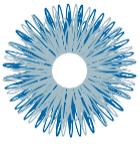
Without treatment, symptoms such as cloudy vision, a reduction in visual acuity, glare sensitivity or lens-induced ametropia continue to increase. In very advanced cases, there may even be an inflammation in the eye that endangers the eyesight.

Alternative treatments (medications, alternative medicine)

Currently, there are no known effective treatments other than surgical removal of the cloudy lens.

Surgical procedure

One method is phacoemulsification. During this procedure, the lens is emulsified with an ultrasound pen and removed by suction.



Alternatively, the femtosecond laser-assisted method can be used to make a precise incision to open the anterior lens capsule and fragment the lens nucleus with the femto laser.

The eye is usually anaesthetised using a topical anaesthetic. The eye is desensitised immediately before the operation by administering drops. If necessary, the anaesthetists will also give you a sedative which is injected into the vein.

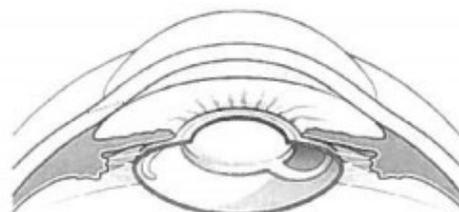
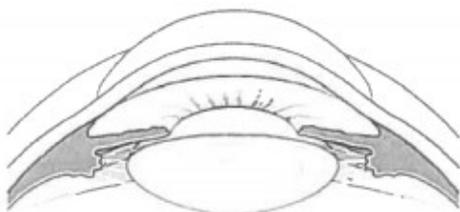
Then a small incision is made under the microscope and the lens is removed, finally the artificial lens is implanted. If the suspensory ligament of the lens is not intact or the lens is so hard that it can no longer be emulsified with the ultrasound device, a larger incision is made to allow removal of the lens or at least the hard nucleus as a whole.

In this case, the lens is not implanted in the capsular bag, as illustrated in the brochure you received from us, but is usually fixed in the iris.

The incision is then closed with several sutures, which are removed about 4–6 months after the operation. No sutures are required for the standard operation. In rare cases, however, a single suture is necessary for safety reasons.

The type of surgery will be discussed with you during the preliminary examination. It is seldom necessary to adjust the procedure during the operation due to unforeseen difficulties. Should this occur, however, the surgeon will choose the optimal surgical procedure without further consultation so that the operation does not have to be aborted.

The strength of the artificial lens to be inserted or any special lenses will be discussed and determined with you during the preliminary examination (before the operation).





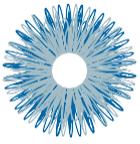
Notes

Possible complications during the operation

- Sometimes there is a defect in the suspensory ligament of the lens or the lens capsule. In this case, any prolapsed vitreous material must be removed. The lens can then be implanted during the operation. Only on very rare occasions is it necessary to do this in a second operation (secondary implantation). Depending on the situation, it may no longer be possible to implant the lens in the capsular bag, in which case it is placed in what is known as the sulcus (the space between the lens capsule and the iris). However, there is usually no significant impairment of vision.
- A very rare complication with serious consequences for the eye is haemorrhaging in the eye during surgery. With today's micro-incision technology, this is an extremely rare occurrence. The risk is slightly increased if the whole lens has to be removed through a larger incision.

Possible complications after the operation

- In seldom cases, the cornea becomes cloudy, but this is usually temporary. If the opacity persists, a corneal transplant may be necessary.
- Occasionally, your vision may have a red hue (erythropsia) for a few days after the operation. This is due to the exposure of the retina to light from the operating microscope, which is not harmful. It should disappear within a few days.
- Visual acuity may also be impaired in the first few days after the operation due to swelling of the cornea.



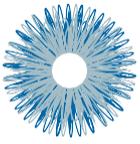
Dr med. Jonas Stemmle

FMH specialist in eye diseases
FMH specialist in ophthalmic surgery
FEBO Fellow of the European Board of
Ophthalmology

Augenarzt-Praxis Stemmle

Address Kreuzplatz 1, 8032 Zurich
Phone +41 44 201 66 44
Fax +41 44 201 66 53
E-mail praxis@stemmle.com
Web www.stemmle.com

- To achieve optimal visual acuity for distance and near vision, glasses usually need to be fitted. This can be done approx. 4–6 weeks after the operation.
- The sutures may cause an irregular curvature of the cornea and therefore optimal visual acuity will not be achieved until the sutures are removed.
- In extremely rare cases, inflammation or even infection may occur in the eye. This requires intensive follow-up treatment, including possible further operations. This can also lead to an increase in intraocular pressure, which must be treated temporarily with medication. In extremely rare cases, visual acuity remains permanently reduced.
- A posterior cataract (fine clouding of the remaining posterior lens capsule) often develops later. This is then opened by means of a special laser in an outpatient procedure.
- In fairly seldom cases, swelling of the centre of the retina occurs, which makes additional medication necessary.
- The risk of retinal detachment is slightly increased after cataract surgery. This is especially true for myopic eyes and is independent of surgical complications.



Patient label

Declaration of consent

Please bring to the preliminary examination/Return before the procedure

Eye

right eye

left eye

Anaesthesia

topical anaesthetic

retrobulbar anaesthesia

general anaesthetic with laryngeal mask

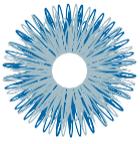
infiltration anaesthesia

local anaesthetic with sedation

This patient information leaflet is intended to explain the surgical procedure to you and to make you aware of the possible adverse consequences which, however, occur only in very rare cases.

Please read it carefully or have someone read it to you. If anything is unclear, please ask before consenting to the operation.

I consent to the operation being carried out in a modified form if the need arises during the procedure, without my having to be informed about any necessary modifications again beforehand and the operation therefore having to be aborted. Accordingly, I agree with any unforeseeable, necessary additional measures during treatment.



**augenarzt-
praxis
stemmle**

Dr med. Jonas Stemmle

FMH specialist in eye diseases
FMH specialist in ophthalmic surgery
FEBO Fellow of the European Board of
Ophthalmology

Augenarzt-Praxis Stemmle

Address Kreuzplatz 1, 8032 Zurich
Phone +41 44 201 66 44
Fax +41 44 201 66 53
E-mail praxis@stemmle.com
Web www.stemmle.com

Any lenses to be implanted will be listed on a separate sheet and explained by the physician during the patient briefing.

The undersigned hereby releases Augenarzt-Praxis Stemmle AG irrevocably from the duty of medical confidentiality in connection with questions of fees arising from the client relationship.

The exclusive place of jurisdiction is the head office of the invoicing party.

The undersigned patient hereby declares that they have understood the explanations given overleaf and that they have also been informed by a physician about the procedure.

I have had enough opportunity to clarify any uncertainties with the physician.

I feel that I have been sufficiently informed about the nature of the procedure.

Place/date _____

Patient _____

Physician _____