Information and Consent related to your Eye Surgery

I understand that my choice to have surgery with the surgeons at OCC EyeCare is not contingent on paying for any services. That all services for cataract, vitrectomy, pterygium or any other services have OHIP and may have NON-OHIP add on fees. By choosing not to have NON-OHIP covered procedures or services you understand that your care would not be compromised by your surgeons, and will not affect your care within the realm of OHIP covered procedures or services.

RISKS ASSOCIATED WITH SURGERY

There are many things that can occur as a consequence of any eye surgery, and Cataract, Vitrectomy or any eye surgery is no exception. The information provided here is to facilitate your understanding and consent to having surgery this not considered to be an exhaustive or complete list. This list is to supplement your consent process and by agreeing to have surgery at OCCEyecare, or surgery with any of our surgeons at a different facility, you are consenting to all of the following risks/outcomes/complications related to surgery. By agreeing to having surgery you have acknowledged that you are aware of these risks as well as any other risks that have been specifically mentioned by your surgeons, or your surgical team and you waive your rights for any claims related to lack of information or appropriate consent.

CATARACT SURGERY

There is a one in 1000 or less than one percent chance that a cataract surgery patient will experience complications that lead to blindness after surgery. This refers to complete blindness and loss of your eye. It should be noted that there are other less desirable outcomes which result in vision effects or loss in up to 20% of all patients who undergo surgery. Cataract surgery has two principal goals one is to remove the damaged lens and then to try to correct the vision with an intraocular lens. It should be noted that no form of cataract surgery can leave you 100% glasses free and all patients will benefit from glasses or prescription correction to maximize vision. As well the removal of the damaged lens can be complicated and result in vision loss due to the extent of the lens damage and numerous other medical and surgical risk factors – you are made aware that there is no guarantee to vision success with any eye surgery.

VITRECTOMY SURGERY

For patients with healthy eyes, the risk of becoming blind after undergoing retinal surgery is less than one percent. This refers to complete blindness and loss of your eye. It should be noted that there are other less desirable outcomes which result in vision effects or loss in up to 20% of all patients.
There is also up to a 5-20% risk, depending on your pre-existing disease – for which you are responsible to understand or has been written on your consent by your surgeon, that patients may develop retinal detachment due to retinal surgery which may require further surgery in the post operative follow up period. It should be noted that patients with poor ocular health or concomitant ocular health issues have a higher risk of developing blindness and retinal detachment post-retinal surgery and other ocular related issues that compromise vision.

Risk factors associated with worse visual outcomes following any eye surgery include:

- Age-related macular degeneration
- Diabetic retinopathy
- Corneal opacity/pathology
- Older age
- Female sex
- Previous vitrectomy
- Previous retinal detachment

- Alpha blockade
- Intraoperative complications
- Pseudo Exfoliation of the Lens
- Glaucoma
- Mature Cataracts
- Diabetes
- Corneal Damage such as surface disease, endothelial damage
- Inadvertent movements during surgery by the patient

Expectations following eye surgery – you consent and understand that when you physician has given you risks and benefits of surgery that this is what the definitions mean:

- Improvement of vision x% - this means that there is a x% chance that your vision will be better than it is before surgery and as such there is a (100-x)% chance that your vision will not be better or in fact will be worse after surgery. This does NOT mean that you vision will improve by x%. For example if you are given a 90% chance of improvement this does not mean that you will increase your sight by 90% but that there is a 90% chance of seeing better than you currently do.
- Stability of vision x% means that there is a x% chance that you vision will remain the same after surgery – which can be a successful outcome when you realise that most eye conditions which require surgery if left alone will lead to loss of vision over time often with up to a 100% chance of worsening.
- Retinal detachment risk of x% means that even with surgery you have a x% chance of having a remaining retinal detachment or developing a retinal detachment following surgery (most commonly in the first month after surgery)

TYPES OF SURGICAL COMPLICATIONS (common complications and not an exhaustive list)

DROPPED LENS

A dropped lens or a lens that has escaped the lens capsule can be difficult to fully remove during cataract surgery or in combined vitrectomy or glaucoma surgery. This can occur as a result of the type of cataract you have, history of trauma or previous surgery to your eye, aging conditions of the eye that predispose to this condition including hypermature cataracts, pseudoexfoliation of the lens capsule, inflammation of the eye, excessive movement during surgery, zonular weakness which may not be possible to discern before surgery or a variety of other genetic conditions. As a result, the remaining pieces of the dropped lens will most likely require removal via a vitrectomy surgery after cataract surgery is complete; complete does not mean the successful removal of the cataract or the implantation of an appropriate lens – it means the end of the surgery case taking into consideration the decisions of your medical team. Sometimes this residual material can be allowed to get dissolved simply with drops without the need for additional surgery, but this may take time and be associated with complications of increased pressure, corneal compromise, iris atrophy or trauma and/or decentration of your IOL. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

GLAUCOMA

Due to the increased intraocular pressure (IOP) experienced after surgery, the chance of developing glaucoma increases after cataract, vitrectomy any intraocular surgery. Therefore, preventative treatment in the form of topical medication, drops and even surgery may be required to stop the onset of glaucoma within the patient. It is expected that your IOP may be increased due to the nature of the surgery, inflammation, use of drugs at the time of surgery such as viscoelastics, intraocular tamponade, neovasulcatiazion related to your underlying medical problems, exacerbation of your glaucoma or complications related to your surgery. It is also acknowledged that patients with advanced or end stage glaucoma can develop IOP spikes with surgery that may result in the complete loss of vision and blindness with surgery, while a rare complication it is not unknown. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

LASER CATARACT SURGERY

The purpose of laser cataract surgery is several fold. It helps to reduce the use of energy inside of the eye which can result in inflammation, have a more accurate capsulorhexxis which reduces complications of dropped lenses, second surgery, decantation of the IOL's and corneal incision structure. However, what you are paying for is the use of the FEMTO LASER to make corneal incisions to reduce the induced (created) or existing astigmatism, and the diagnostic measurements and staffing times to do your surgical planning. I understand that there is no such thing as zero astigmatism and that I will need glasses or prescriptions to get to zero astigmatism if I so desire.

The fees paid for your FEMTO LASER procedure cover a variety of costs, which includes the diagnostic testing, some of which may not be covered by the Ministry of health, the administrative cost required to perform all diagnostic testing scheduling related to your surgical procedure, and follow up testing or administrative processes related to your procedure, all disposables, which are used or contaminated at the time of surgery, the nursing staff for your preoperative care, surgical planning fees, nursing staff at the time of surgery, any administration of medication's, which are used at the time of surgery for your refractive, laser, procedure, and any other costs which are not paid for by the ministry of health. At times while, we may have the best intentions to perform your surgical procedure, there may be a number of reasons why this may not be possible; this could include physical challenges based on your ocular anatomy (shape of your eye, prominent brow, tight lids preventing laser access), excessive movement during surgical procedure by yourself inadvertent or sudden movement during the surgical procedure, which causes the procedure to be aborted by the laser, failure of equipment, or the medical need, or decision, not to proceed with the refractive FEMTO LASER at the time of surgery. With this in mind you must be aware that even if the procedure is not performed, they are costs associated in simply getting you into the operating room, and these costs are cost that you will be responsible for. For example, in a situation where you move inadvertently, once a procedure has been started, and a component of the FEMTO LASER is unable to be completed the total cost involved by the facility to facilitate your care to that point may result in a refund of zero dollars. In those exceptional circumstances where there is machine failure, an alternate date will be provided to you and if you are unable to use that date, then you may be refunded only the disposable costs of items on request related to the surgery which is a maximum of $150 if no disposable items have been opened for your case. In those situations where the surgeon is unable to dock or perform your surgery due to movement, anatomical issues the maximum net refund due will be at most $150 if no disposables have been opened or $0 if disposable items have been opened.

You may apply to the director of patient care at OCC EyeCare if you have concerns or dispute any reimbursement amount.

CYSTOID MACULAR EDEMA

There can be the development of swelling in your retina or macula after cataract, retinal or other ocular surgery; this swelling may result in the loss of vision while there has been a technically successful eye surgery. This is a common finding that can occur in more than 20% of all patients having surgery. Ways to treat this condition to assist your loss of vision may include the use of additional drops, intraocular injections or surgery may be used to treat the macular edema. Once you have developed macular edema this may result in the permanent loss of vision even if there is successful treatment of your condition. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgicalprocedure.

ENDOPHTHALMITIS

With any surgery there can be infection that can damage the eye and lead to blindness. While fortunately this risk of infection is small (less than 0.1% of all surgical cases) the devastating loss is not preventable. The most common cause of infection is from your own skin or hair bacteria that enter your eye and lead to loss of vision, blindness and in some cases removal of your eye. While your surgeons take steps to reduce

the risk of infection this may still occur in the post operative period. If you wish to have zero risk of infection you may not have surgery. By consenting to having surgery at OCC Eyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

CAPSULAR RUPTURE

During any intraocular surgery the intention is to have an intact posterior capsule to allow for easy placement of the artificial lens into the eye when doing the cataract component (eg glaucoma combined or vitrectomy combined surgeries). However this is not always possible due to a number of causes which can include a weakened capsule, brunescent cataracts, posterior polar or subcapsular cataracts, white cataracts, small pupil cases, previous surgery, injections into the eye, breath holding during surgery, patients not following instructions during surgery, surgical challenges and inadvertent breaks of the capsule. While the rate of these occurrences are less than 1% in aggregate, for certain patients with underlying medical issues the rates are substantially higher and you acknowledge that you have spoken with your doctor about any enhanced risks that you have for surgery. With a capsular break the complications that can occur include retinal detachments, dropped lens material, glaucoma, macular edema, decentration of the implant both immediately and later on, dropped lens, poor refractive outcome necessitating prescription glasses, prolonged drop use, corneal decompensation due to anterior vitrectomy and duration of surgery and anterior vitrectomy. By consenting to having surgery at OCC Eyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

RESIDUAL LENS MATERIAL

In any eye surgery there is there is always some residual lens or cataract material that is not removed and is normally less than 1% when doing cataract surgery or combined cases with retinal or glaucoma surgery. This material may regrow after surgery leading to capsular opacification with loss of vision, decentration of your implant or persistent inflammation that may necessitate the use of steroid medications, injections or in rare situations surgery. In some situations, your surgeon may elect to leave larger amounts of lens material due to unexpected complications including capsular tears, posterior pressure or zonular dehiscence, where the residual material is felt to be acceptable versus more difficult complications such as retinal detachment, tears or choroidal effusions. . By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

CORNEAL DECOMPENSATION

Any eye surgery (retina, glaucoma or cataract etc) may result in changes to the corneal endothelium which may result in the risk of developing corneal swelling or edema and vision loss that is worse than your original vision. Most commonly this type of swelling will slowly diminish in the post operative period but may require you to be on drops for up to several months as the edema slowly absorbs. During the time there is corneal edema, there can be loss of vision which for the most part will be temporary and often resolves – however there is a chance that this does not resolve and you will require corneal transplant surgery to restore some of your vision. Some of the vision loss may be permanent and irreversible even with further corneal surgery. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

FOREIGN BODY SENSATION

The feeling of a foreign body on your eye is a common finding following cataract or any eye surgery due to the incision(s) that has been made into your eye. Most commonly this foreign body sensation may last for several weeks but may last up to several months. It should be noted that some patients may have a permanent sensation of a foreign body that can not be resolved – this is unfortunate but is an expected albeit rare side effect of any eye surgery. This may be associated with burning of your eyes, blurring of vision, and heaviness of your lids – these are all symptoms related to dry eyes which can be exacerbated

by having any eye surgery and may not be fixable by your surgical team. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

IRIS AND PUPIL

With surgery there can be permanent changes to the iris or the pupil that may result in both cosmetic as well as functional visual problems. These problems can arise from a number of issues which include floppy iris, previous trauma to the eye, surgical manipulation to the iris or pupil to facilitate the removal of the cataract such as small pupil cases and stretching of the pupil, posterior pressure from patient Valsalva type manoeuvres, posterior pressure due to capsule rupture, large cataracts, glaucoma, pseudo exfoliation of the lens capsule, neovascularization of the iris, surgical iridotomy for tamponades or anterior chamber lenses. Some of these issues may result in transillumination defects which can contribute to glare, diplopia, glaucoma, macular edema or residual iritis. With any surgery it is expected that there can be irregular pupil after surgery due to the manipulation of the pupil and associated with post operative drop and inflammation which may result in posterior synechiae formation. These are expected and are abnormal outcome of surgery which may be associated with glare, cosmetic disturbance, poor refractive outcomes and haloes – all of these are expected outcomes and do not represent a surgical complication. By consenting to having surgery at OCCEyeCare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

VITRECTOMY SURGERY

Typical complications due to vitrectomy surgery include retinal detachments, ocular bleeding, infection, raised intraocular pressure, hypotony and loss of the eye, choroidal effusions and glaucoma. The most common reason for patient dissatisfaction following any type of retinal surgery is because patients have a poor understanding of expectations following surgery and you have had a clear understanding of what your surgeon means by improvement or stabilization of vision as described at the beginning of this consent form.

The healing following retinal surgery may take anywhere from 6 months to two years to completely heal after vitrectomy surgery. As a result of the long healing process, patients will have to get used to specific side effects which typically disappear with time. Visual recovery is a slow process and you will be expected to obtain glasses at around 4 months following surgery to maximize vision – to be clear you **will never** have perfect vision after any retinal surgery and there is **no prescription** glasses that can correct this loss of vision.

INTRAOCULAR TAMPONADES

It should be noted with retinal surgery that you may have an intraocular tamponade placed into the eye at the time of surgery which may have side effects and necessitate further surgery. You understand that if a gas bubble is placed in your eye that you can not be exposed to large altitude shifts and that you can not travel by plane until the bubble disappears – failure to do so may result in immediate blindness. Furthermore, the use of intraocular tamponades can not always be predicted in the pre operative period and by choosing to have surgery at OCCEyeCare you consent to the use of these tamponades, any complications associated with their use, and the need for any further surgery related to the use of the tamponades including but not limited to glaucoma, corneal decompensation, retinal detachment, leakage of the tamponade material and vision improvement mandating removal of the tamponade. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

Additional complications of vitrectomy surgery may include:

- Blindness via glaucoma or infection.
- Abnormal positioning of the eye and double vision.
- Cataracts or clouded lenses.
- Failure to recover original vision.

Intraocular Methotrexate

In the post operative period the development of scar tissue may pull your retina off and cause a retinal detachment. There have been numerous attempts over the years to reduce the formation of this scar tissue including the use of drops, injections into the eye, radiation to the eye, oral medications and even intravenous medications. I understand that at the discretion of my surgeon I may be offered the use of Intraocular methotrexate injections into my eye at the time of surgery and in the post operative period. I understand that this is an OFF LABEL use which means that it is NOT Health Canada or FDA approved. However, I do understand that there are many medications that are used in medicine on an OFF LABEL basis and that this recommendation for use in your situation is based on a risk to benefit ratio - in essence to reduce the risk of a retinal re-detachment. As with any injection into the eye there are complications and this includes the following

- Blindness from infection
- Dryness of the eye from stem cell damage which may be treated with drops or may require surgery if advanced
- Progression of existing cataracts
- Vitreous hemorrhage or bleeding into the eyes

VISION and OCULAR DIFFICULTIES AFTER-SURGERY

CATARACT, VITRECTOMY OR INTRAOCULAR SURGERY (or any combined cataract glaucoma or retinal surgery)

The patient will temporarily experience visual disturbances immediately after cataract surgery. Overtime though, the eyes tend to heal and cause such visual disturbances to fade away. However, any persistent symptoms such as glare, double vision, IOL power variation or the development of a secondary membrane will require additional medical and or surgical intervention to remove. Below is a more detailed description of these post-surgical symptoms.

- **GLARE**

A glare, caused by direct or reflected light usually causes a discomfort after cataract surgery that disappears with time. If the patient's glare severely disables their vision by reducing contrast long-term though, they should seek treatment from their ophthalmologist post-surgery. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with lenses that are tinted, drops or patching of the eye.

- **DOUBLE VISION**

Also known as "ghosting", double vision arises when the patient's intraocular lens implant shifts position within the eye. Depending on the effect and severity of the double vision, the patient may need to have their IOL repositioned to eliminate their double vision.

- **IOL POWER VARIATION**

Although the refractive power of a patient's intraocular lens implant is decided based on complex scientific programs, there is still the chance that they could have errors. As a result, your intraocular lens implant may need to be replaced after cataract surgery.

- **SECONDARY MEMBRANE FORMATION**

Of all patients who undergo cataract surgery, 15% develop a secondary membrane which covers the surface of the intraocular implant. A YAG laser treatment though can break apart the secondary membrane and clear the patient's vision.

- **DRY EYES**

Dry eyes can last for months after vitrectomy surgery. During this time, patients can use artificial tears to alleviate any discomfort caused by dry eyes. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with drops or creams.

- **WATERY EYES**

Patients can expect their eyes to be watery for months after undergoing vitrectomy surgery. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with drops or creams.

- **DOUBLE AND BLURRED VISION**

Patients can experience worsening of their vision with double and or blurred vision anywhere from four to six months after vitrectomy surgery. Due to this, please ensure that your lifestyle can accommodate this temporary visual impairment. It should be noted that there is NO exception that with any retinal surgery that you will have normal vision there will always be a component of vision that is lost in the best of surgical outcomes due to your underlying retinal disease. This may be a permanent finding that can not be resolved due to changes of your eye with surgery or as a consequence of your pre-existing disease.

- **OCULAR IRRITATION**

Stitches in the eye after vitrectomy surgery can cause ocular irritation for up to two months. After this time has passed however, the stitches will have dissolved and ocular irritation should fade away. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with drops or creams.

- **SORE EYES**

Eye soreness can be minimized by taking pain killers post-vitrectomy surgery, following the instructions for medication use, lubricating your eyes and allowing healing to occur. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with drops or creams.

- **DROOPY EYELIDS**

Patients with severe and long-term droopy eyelids should ask their ophthalmologist for surgical intervention with an oculoplastic surgeon.

- **LIGHT SENSITIVITY**

Light sensitivity occurs for months after vitrectomy surgery. To avoid discomfort due to light sensitivity, patients are advised to use UV protected or polarized sunglasses, or photochromic lenses. This may be a permanent finding that can not be resolved due to changes of your eye with surgery but can often be mitigated with tinted lenses, hats, patching of the affected eyes or time.

- **INCREASED INTRAOCULAR PRESSURE**

As part of any post cataract surgery procedure, your intraocular pressure may be elevated and this may require a paracentesis. The paracentesis can be performed immediately on the day of surgery and at any time for several days to weeks after your surgical procedure has been performed to reduce your eye pressure. The reason why this is necessary it's because raised or elevated eye pressures can lead to corneal swelling, damage to the optic nerve, and other complications of the eyes. Since you may be seeing any one of doctors who practice at OCC EyeCare, by signing your consent to have surgery, you are also consenting to any of the surgical staff and doctors at OCC EyeCare to perform your paracentesis.

By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

SURGERY WAIT TIMES

The current wait time for undergoing cataract surgery in Ontario is variable and can range from **3-12 months** from the date we request a date for your surgery – please be aware this is not from the first date you are seen at the practice. Cancellation of surgeries can be disruptive but in situations where we are managing other patients who may have the risk of permanent visual loss this may be a necessary step. Please keep in mind that wait times are decided on a variety of factors including the urgency of the case, the complexity of the condition, operating room availability and surgeon availability. At OCCEyecare, by agreeing to be a part of the practice you consent to being managed by the surgical team who manage the doctors wait time. It is noted that your surgeon does NOT manage his/her own wait time and any concerns related to the wait time is to be discussed with the OCC Eyecare administrative team. By consenting to having surgery at OCCEyecare you acknowledge these requirements and agree to hold harmless your surgeons or their surgical teams for these or any wait time issues, delays or cancellations that may occur. Furthermore, you will be held liable for any un-necessary administrative work related to managing your concerns be they civil, legal or litigation related to wait times.

Visual recovery following surgery

Patients who have undergone cataract or any form of intraocular surgery will have at the least, one week of blurry vision after cataract surgery which will often be much WORSE than your pre surgery vision. Most patients can expect to recover their vision within a month and are responsible for changing their glasses in the six weeks following cataract surgery – it should be noted that all implants can have visual improvement with additional lenses such as glasses or contact lenses and it is expected that you will do this approximately 6 weeks after surgery for the majority of patients. Some patients may have slower recovery of vision due to inflammation, swelling or edema, IOL decentration or CME and some of the vision may never recover. It should be noted that just like a cataract restricts your vision – so too does it restrict the vision of your surgical team to full understand the underlying diseases of your eyes – this means that once the cataract is removed we may be able to identify the reasons why you will never recover significant vision. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure and any failure to recover vision which can be attributed to your eye disease or health.

Recovery time for a patient's vision varies greatly depending on the complexity of your condition following vitrectomy surgery. However, it typically takes up to six months for a patient's vision to stabilize following vitrectomy surgery and the maximum visual recovery may occur over a period of years. Please remember though, that your vision may not improve after healing due to the nature of the ocular disease and that the goal of many vitrectomy surgeries is to stabilize and prevent the further loss of vision. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

PTERYGIUM SURGERY

Pterygium is a fibrovascular tissue that extends from the sclera and grows onto the surface of the cornea. It tends to occur more often in individuals Exposed to higher levels of UV light, wind and tropical weather. This tissue can sometimes become inflamed, requiring topical anti-inflammatories. More often, the pterygium will disrupt the normal tear film that bathes the surface of our eyes causing a foreign body sensation. Over years, this tissue may grow and extend onto the central cornea, blocking vision and causing refractive errors.

The progression and growth of a pterygium is highly variable, most patients will not require surgical intervention in their lifetime, but some may.

The procedure takes place in an operating room under local anaesthesia and with intravenous sedation. This means that you are awake for surgery. The surgery takes approximately half an hour to complete. The sedation will make the experience more comfortable. Following surgical intervention some patients do experience pain which can be controlled by oral medications, pain killers such as Tylenol or equivalent medications.It is important to also apply cold/ ice compresses frequently during the first 24 hours after surgery to reduce the swelling and any discomfort if present. Pterygium surgery is not considered an intraocular surgery, although the surgery occurs on the surface of the eyeball (sclera and cornea).

The main risk of pterygium surgery is re- growth or recurrence of the pterygium. If the pterygium is simply cut out, recurrence can be as high as 50- 60%. By applying a graft to the area where the pterygium was removed, this significantly reduces the chance that the pterygium will regrow. This graft is the conjunctiva, which lines the surface of the sclera, from a non-sun exposed portion of the eyeball.

There are different ways to attach the graft to the eyeball, each with its own benefits and risks. One can either use fibrin glue or use absorbable micro sutures that are barely visible to the eye. With the glue, healing times are faster with less inflammation. The disadvantage is that fibrin glue is a blood product which can transmit blood borne illnesses (low risk). Sutures can cause slightly more inflammation but when the sutures are absorbed the inflammatory response goes away. Both ways of fixation should yield the same ultimate result.Both methods are commonly used to attach the graft of conjunctiva.

Other risks to pterygium surgery such as infection, double vision, bleeding, and decrease in vision are rare.

Are there any risks to any of the above options?

Yes, there are risks with every option. If the pterygium is stable then usually it can be followed closely for many months and years. However, if the pterygium starts to grow toward the central vision or it is starts to affect the curvature of the eye then there is slightly increased risk that there will be some scarring even if the pterygium is successfully removed especially if it goes over the central vision area. As with surgery of the eye there are always risks associated including infection and risk to local structures - these are better explained after consultation with your eye care professional.
A pterygium can affect the outcome of cataract surgery significantly, so it is very important that a visually significant pterygium exists, it should be removed prior to cataract surgery.

Please note , it takes up to 3 months for the surface of the cornea to normalize after the prergium has been removed.After this time , the focus point of the eye will change. You may require glasses to correct the focus point, but with the glasses, the vision will be better. It will also be easier and more accurate after the three month healing mark to measure intraocular lens required for cataract surgery, if a cataract is also present .

What to expect after a pterygium surgery has been performed?

The patient has a patch on the eye for the first 24-48 hours to ensure comfort and to also help with the healing of the surface of the cornea. After that the patient will be on eye drops four times day for approximately one month and as well ointment may be applied at night as well to smooth the surface and to allow for healing. Absorbable, sutures are used to fix the graft onto the site where the pterygium was removed, and this may require six to eight weeks to heal fully.

During this time there may be a sensation of slight irritation which rapidly decreases after the first week of surgery; however, it may occur up to eight weeks after the surgery. These sutures will dissolve on their own and usually dissolve by the six week mark.

SURGICAL PRE-TREATMENT AND POST-TREATMENT

Before undergoing surgery, patients will walk through a variety of clinical steps which ensure the best possible preparation for their treatment. This includes attending regular appointments with your surgeon and surgical counselors, taking pre-operative assessments, undergoing physical examinations and filing out consent forms. Patients are also responsible for submitting any payment for treatment not covered by OHIP before undergoing surgery. It should be noted that failure to keep your appointments may result in a poor visual outcome and your failure to attend an appointment discharges OCC EyeCare from any responsibilities related to a poor outcome that ensures.

The patient's ocular condition will be closely monitored for up to several months following cataract or vitrectomy surgery. The number and frequency of their surgical follow up visits are dependent on the complexity of your ocular condition. Please keep in mind that the times for surgical follow up visits are decided based on several factors including variations in intraocular pressure during the day, the type of post-surgical testing required, and the availability of surgeons and surgical associates. As a result, your surgical follow up visits can be scheduled anywhere between the early morning and the late afternoon. You must attend these appointments as scheduled.

POST-SURGICAL MEDICAL EMERGENCIES

REGULAR POST-SURGICAL SYMPTOMS

Ocular pains, red eyes, tearing and blurred vision are normal side effects of undergoing cataract or vitrectomy surgery. Patients will be informed of any additional post-surgical symptoms by their surgical counselor.

IRREGULAR POST-SURGICAL SYMPTOMS

Patients who experience the immediate loss of vision, vomiting sensations, white ocular discharge or sudden ocular trauma must contact the OCC via the **emergency pager number** given to them during their surgical counseling. Patients who use this number will receive a call-back within an hour of their call. Patients who use the **emergency pager number** must either enter their phone number followed by # after the tone, or leave a voice mail followed by #.

If you fail to use the emergency pager system or do not inform your surgical team of the nature of your emergency so we can manage your concerns you agree to hold OCC EyeCare and it surgeons harmless. By consenting to having surgery at OCCEyecare you acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

Please remember that these emergency medical services are available for only **seven days after a patient undergoes surgery**, and that they should **not** be used for non-emergency purposes. Usage of the two emergency phone lines for non-emergencies may result in an administrative fine of $100 per call. Once the seven days has passed, please call our office at **(905)-212-9482,** your surgical coordinator or use the portal to communicate with us between 8:00 am and 5:00 pm for all medical emergencies.

I agree that I have read and understood all of the aforementioned information and that I agree and consent to be held by the terms that are listed herein. By consenting to having surgery at OCCEyecare I acknowledge these risks and agree to hold harmless your surgeons or their surgical teams for these or any acceptable risks of your surgical procedure.

FAQ (FREQUENTLY ASKED QUESTIONS)

PRE-SURGICAL QUESTIONS

1. ***Do I need pre-surgical testing?***

Yes. The pre-surgical testing required for surgery will begin with a general health assessment by an independent physician at least one month prior to your surgery date. We require your medical history and complete physical test results within a month of your surgery date as well. This pre-surgical testing may be followed by mandatory diagnostic testing depending on your medical condition.

2. ***How long will the pre-surgical testing take?***

One to three hours. But the time needed to complete pre-surgical testing can vary from office to office. Please make sure that you adjust your schedule according to the
pre-surgical testing time of the medical office you are going to.

3. ***Can I wear my contact lenses around the time of my surgery?***

No. A patient must remove their contact lenses 48 hours prior to surgery.

4. **Is it bad to drink alcohol in the days before my surgery?**

Yes. Alcohol can dry out your eyes and promote ocular bleeding. As a result, please avoid alcoholic beverages in the seven days prior to surgery.

5. ***What should I do if I get a cold, flu or infection in the days before surgery?***

Contact your surgeon immediately. They will inform you whether your cold, flu or infection will change your surgery date.

SURGERY DAY QUESTIONS

1. ***Should I take my medications on the day of surgery?***

Yes. Please take all regular medications on surgery day with small sips of water unless you are instructed otherwise by your surgeon. Diabetic patients should follow instructions provided by their surgical coordinator regarding their medication. Please refer to the MEDICATION USE section of this booklet for more information.

2. ***If I am on oxygen, should I bring it with me on the day of surgery?***

Yes. Please bring enough oxygen to support more than 8-10 hours of breathing on your surgery day.

POST-SURGICAL QUESTIONS

1. ***When will my vision be better?***

Your vision will be blurry following vitrectomy or cataract surgery. Cataract surgery patients should expect their vision to recover within a month, while vitrectomy surgery patients may have to wait for up to six months. Once you have healed, the quality of your vision may or may not improve depending on the nature of your ocular disease.

2. ***Can I drive home after surgery?***

No. You will be asked to provide the contact information of your designated driver by the recovery room nurse prior to undergoing surgery.

3. ***When can I go back to driving?***

If the vision in your unaffected eye is better than 20/40, you can resume driving the following day after surgery. Please consult your surgeon on this situation if you license has been temporarily suspended.

4. ***Can I take a shower?***

Yes. Patients can take showers post- surgery with caution by tilting their head backwards to avoid any water from entering their affected eye.

5. ***How soon can I return to work after surgery?***

This depends on your occupation. Patients typically return to work between two to six weeks after undergoing surgery. Please speak with your surgeon to determine the exact amount of time off you will require from work.

6. ***Will I need my glasses after surgery?***

No. Since your prescription will change after surgery, you will no longer need to use your old glasses. Cataract surgery patients are expected to change their glass prescriptions a month after surgery, while vitrectomy surgery patients may have to wait six months before visiting their optometrist.

7. ***Why is my eye so bloodshot?***

Bloodshot eyes are a common symptom of cataract and vitrectomy surgery. Patients who underwent vitrectomy surgery may have a blood shot eye for up to three months.

8. ***Is it normal to have bloody tears?***

Yes. Bloody tears are a normal symptom of vitrectomy surgery and can last up to three weeks after surgery.

9. ***Why do I need to wear the eye shield at bedtime?***

The eye shield will protect your eye from being bumped, poked or rubbed during sleep.

10. ***How long to use your drops?***

Please refer to your instruction booklet. You will be advised by your surgical counselor if you need to follow a different set of instructions.

11. ***What pain reducing medications should I take pain post-operatively?***

Tylenol and other equivalent pain-killers are safe to use. However, patients must avoid blood thinning pain-killers such as Aspirin.

12. Can I exercise and do aerobics after surgery?

No. Avoid taking part in any strenuous exercises for at least two weeks after surgery. These exercises include lifting weights, contact sports and high impact exercises such as aerobics. Walking and mild cardiovascular exercise however, is allowed. Please consult your surgeon regarding the safety of specific exercises.

13. Can I bend over or do any heavy lifting?

Yes and no. Bending over is safe as long as you do not lift anything above ten pounds for the first two weeks after surgery.

14. Can I go swimming?

No. Surgery cataract and pterygium patients will need to avoid swimming at least 1-2 months after surgery, while vitrectomy surgery patients will require a wait of 2-4 months.

15. Can I get a perm or colour my hair?

Yes. Please remember however, that chemicals used to treat hair can irritate the eye and cause ocular pain.

16. Can I have sex?

Yes.

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