

Please read, sign and return this to your surgeon on the day of treatment.

Patient Information and consent brochure

# Refractive Lens Exchange

Vision correction

**VISION**   
SCOTLAND

# Welcome

A member of our patient care team will look after you throughout your treatment. We're available to you from 7am to 10pm, 365 days a year. You will have our direct contact information so if you need us you won't need to wait.

Questions you have about our services and treatments

- ✓ Information about the choice of hospitals available to you, where surgery is available soonest for example
- ✓ 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.

Victoria Beesley  
Patient Care Manager



 **REVIEWS.io**

 4.9 rating



# Why choose RLE vision correction with Vision Scotland

# Ten reasons to choose Vision Scotland for your care.

## 1 Prompt care

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

## 2 Safety

Our vision correction surgeons have each performed over 12,000 eye surgeries and offer world class low complication rates.

## 3 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 Vision Scotland our surgeons are amongst the safest and most experienced eye surgeons in Europe.

## 4 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 Vision Scotland we will make sure your lens implant is matched to your individual lifestyle, eye measurements and expectations.

## 5 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.

## 6 More thorough testing

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

## 7 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. Our assessment appointments are often more than an hour from start to finish.

## 8 Continuity of care

Normally our patients see the same surgeon at their first appointment, through surgery and follow up care and any time after that if needed. All our patients also receive their surgeon's personal contact details for complete peace of mind.

## 9 Choice of location

Vision Scotland provides care at a number of clinics and hospitals across central Scotland, so your travelling is minimised.

## 10 Great feedback

Check out what patients have been saying about us on Reviews.io over the last few years!

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# What is Refractive Lens Exchange?

Refractive Lens Exchange (RLE) is identical to modern cataract surgery. Both operations involve replacing the natural lens with an artificial lens implant. The only difference is that cataract surgery is performed mainly to correct blur or light scatter caused by a misty natural lens, where as RLE is performed to reduce the need for glasses or contact lenses.

## Refractive lens exchange

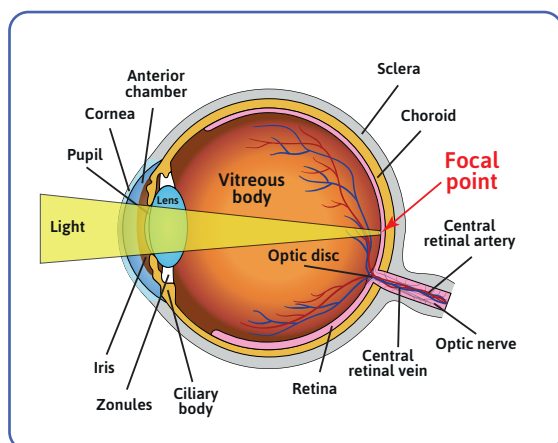
Within the eye, the cornea and lens work together as a system to ensure incoming light rays are focused onto the surface of the retina. When vision is perfect, the cornea and the lens work optimally to project the image to the back of the eye. If there is a slight imbalance between the lens, the cornea or the length of the eye, then focus will be slightly reduced. As we age, the lens stops working as effectively as it did in our 20's and 30's, causing previously good vision to become blurry. This is called presbyopia.

### What is involved in lens replacement surgery?

During RLE, the natural lens is removed with the use of an ultrasound probe. The probe is gently inserted into the eye where the ultrasound waves are used to breakdown the tissue of the presbyopic lens. In its place, an artificial lens is implanted. This artificial lens is custom ordered to match your prescription so that the new lens can return your vision back to 20/20 or better.

### Which lenses should I choose?

There are different lenses available to you. Monofocal lenses aim to reduce spectacle dependence for distance (driving) vision. You will be glasses free for long sighted vision but will need glasses for close up tasks such as reading or needle work. If you wish to reduce your reliance on glasses further, trifocal IOLs (Intraocular lens) can reduce spectacle reliance for a wider range of activities, including intermediate (computer screens) and near (reading) vision. This is because trifocal lenses have three points of focus (far, medium and close up).

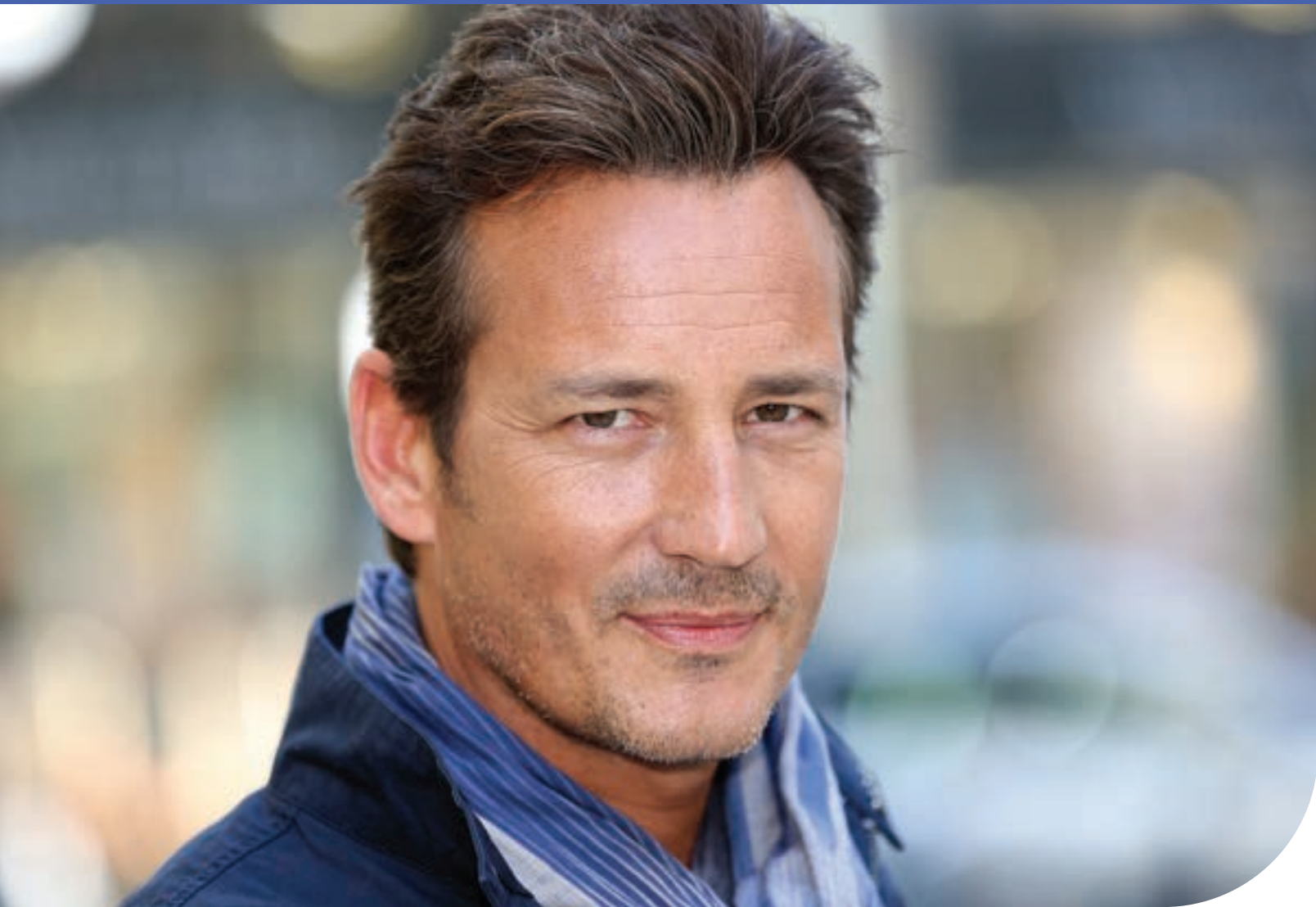


! IOL implantation is comparable to building your glasses or contact lenses into your eyes.

You may have previously heard of multi-focal lens implants. These lenses are similar to trifocal lenses but only have two focal points instead of three. One of the drawbacks of multifocal IOLs is insufficient intermediate vision, which is the vision we need for tasks such as using a computer. Multifocals and trifocals previously have had some negative feedback due to glare and halos, and loss of contrast sensitivity. However in our experience at Vision Scotland this is only rarely an issue and we are happy to recommend trifocal lens implants to suitable patients. We would also advise that trifocal lens implants do not work like varifocal spectacles and this is a common misconception. It is quite possible to struggle with varifocal spectacles but to be perfectly happy with trifocal lens implants.



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# Benefits

Almost any level of short sightedness, long sightedness or astigmatism can be corrected with intraocular lens RLE vision correction. This is in contrast to laser eye surgery which only works within a limited range of focusing errors.



## Refractive lens exchange

Most people who undergo RLE are very satisfied with their vision post surgery. For those individuals who wish to correct their distance vision but are happy to wear glasses for reading, monofocal lenses are ideal. For those who wish to be glasses free, trifocal lenses will correct both distance and close up vision. Less than 20% of people still need glasses after surgery with trifocal lenses.

RLE is intended to help you achieve spectacle and contact lens independence so that you can lead a more active lifestyle.

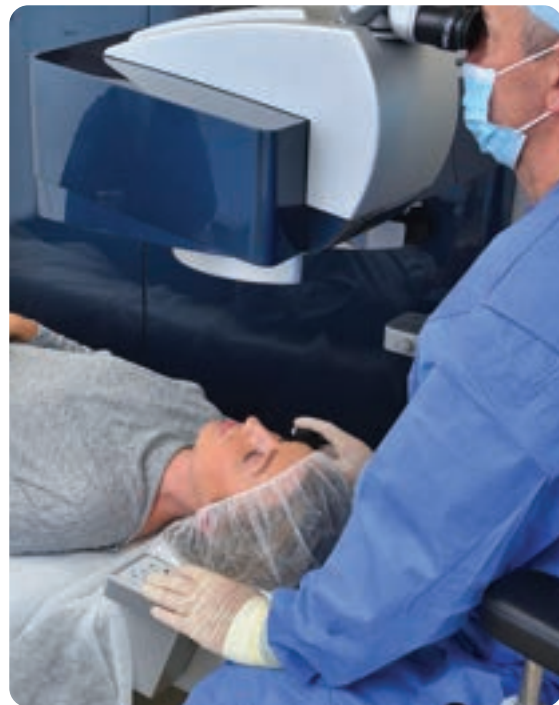
Patients undergoing RLE cannot develop cataracts as they grow older. The natural lens which becomes a cataract in later life by turning cloudy is removed during the RLE procedure so cataracts are impossible thereafter.

RLE with lens implantation is intended and expected to last the patient for the rest of their life. If you are having a hip replacement for example your artificial hip implant will eventually wear out and will need to be replaced with additional surgery. The artificial lenses used inside your eyes have been in use since the 1980's. The evidence suggests that one lens implant procedure will last you for the rest of your life.



! More than four out of five patients are free from spectacles after RLE vision correction.

Many patients with hyperopia (long sight) have a relatively small space for fluid circulation through the front of the eye. The space narrows as the natural lens expands with age, leaving these patients vulnerable to a form of glaucoma caused by blockage of fluid flow that can lead to sudden, painful loss of sight (angle closure glaucoma). In these patients RLE can both reduce the need for glasses and remove the risk for future problems due to angle closure. This is because IOLs are thinner than the natural lens. So RLE increases space for fluid circulation in the front of the eye.



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# Why is RLE recommended rather than Laser eye surgery?

If you are over 40 years of age and have a glasses prescription higher than the normal range for laser eye surgery, you are likely to be suitable for RLE.

## RLE vs Laser eye surgery

Although laser eye surgery has become synonymous with vision correction, other types of surgery such as RLE are available.

Laser eye surgery is fast, incredibly safe and more affordable than lens replacement surgery. However, laser eye surgery has limited benefit for those over 40 years of age. As we get older, vision deteriorates for reasons other than refractive error. In young adults, the lens inside the eye is supple and flexible. It has the ability to change shape with ease. This allows you to quickly change the way you focus from distance to near. But as you age, your natural lens becomes stiffer and its ability to change shape deteriorates.

Eyesight suffers because your lens cannot work as an efficient system with the cornea in the way it once could, and images may start to appear blurry for people who once had perfect vision. Termed presbyopia, it is the reason why people in their late 30s or early 40's find that for the first time in their lives they require reading glasses.

If presbyopia is the cause of poor vision then unfortunately laser eye surgery will not help. In order to correct an error in the lens, you will need a procedure that removes the natural lens and replaces it with a new artificial lens.



! During your initial consultation you will undergo a series of diagnostic tests to establish whether RLE is the most appropriate procedure for you.

This is the reason our surgeons will rarely recommend laser eye surgery for people over 40 years of age. Although immediate results from laser eye surgery may be impressive and the costs are attractive, the risk is your vision improvement may be short lived once a few years have passed by following treatment.

RLE is a permanent vision correction solution which protects the recipient against developing cataracts in the future. Over 95% of patients are very pleased or pleased with their eyesight after RLE surgery.

While it is true that patients over a certain age are not suitable for laser eye surgery, it is equally true to say patients under a certain age are often not suitable for RLE.

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# What are the alternatives?

Risks, side effects and benefits of RLE should be balanced against those for continued contact lens wear and varifocal glasses.

## What are the alternatives?

### Surgical alternatives to RLE

RLE is one of three main categories of operations to correct vision. The other two are laser eye surgery and phakic intraocular lens (PIOL) implantation.

Laser eye surgery works by altering the curvature and focusing power of the front surface of the eye. It is a relatively low risk option for patients with a lower prescription; but the balance shifts as you get older as both flexibility and clarity of the natural lens diminish.

PIOLs are lens implants that sit in front of the natural lens rather than replacing it. PIOL's are highly effective in treating short-sighted and long-sighted prescriptions but do not prevent the formation of cataracts as RLE does.

### Range of IOL choices

Different lens implants suit different patients, and not everyone will benefit from trifocal IOL implantation.

Monofocal IOL's (intraocular lenses) may be more suitable if you have other eye problems or if you are worried that you may not be suited to trifocal IOL implantation. Monofocal IOL's have few higher order optical aberrations than trifocal IOL's but do not provide freedom from glasses for such a wide range of activities.



! Laser eye surgery or PIOL implantation are generally better options than RLE for younger patients who still have a clear, flexible natural lens.

The most common practice when implanting monofocal lenses is to leave your eyes equally focused in the distance. Glasses are then usually required for reading and near work.

A common alternative approach using monofocal IOLs is to aim for clearer distance vision in one eye, and clearer vision at arms' length in the other. With both eyes open, binocular visual input combines to extend the range of focus, improving vision for computer screens and working with your hands.

With the monovision approach described in the paragraph above you may still need glasses for reading vision which is only partially restored. This can be a good intermediate choice if you would like to have more freedom from spectacles but would prefer not to have trifocal lens implants.

### Continuing in glasses or contact lenses

Although there are many successful lifelong contact lens wearers, comfort and tolerance tends to diminish with age. Varifocal glasses are often the main alternative to RLE for older patients. Varifocal glasses have their own optical side effects. For example, having the lower part of the varifocal lens focused for reading can make it difficult to walk downstairs confidently.

Trifocal IOLs provide the range of focus in a different way, and trouble adapting to varifocal glasses does not mean that you will also have trouble adapting to trifocal IOLs.

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# How is RLE performed?

RLE is a quick and usually painfree procedure that can be carried out without the need for an overnight stay in hospital.

## How is RLE performed?

RLE is performed using anaesthetic drops supplemented by an injection in the back of your hand to relax you if required. Anaesthetic may also be washed around the eye to prevent excessive eye movement. A special clip holding the eyelids apart comfortably, allows you to blink safely during surgery.

Your surgeon will be looking through a microscope to perform the surgery. You will be lying down under a surgical tent with fresh air coming in underneath. A sticky plastic drape covers the skin around your eye and sticks the eyelashes out of the way.

It is possible to have surgery for both eyes on the same day. More commonly, second eye surgery is delayed for a week or longer to ensure that the recovery in your first eye is progressing well. The focus outcome in your first eye can also be used to help guide IOL selection for your second eye.



**!** The surgery typically takes about 15 minutes per eye. You can return home within an hour two of the operation.

### Essential steps in surgery:

#### Pre-operation

Pupil dilating drugs are given as drops or as a pellet placed under the lower eyelid.

#### Entry points

Formation of small self-sealing entry points in the front of the eye at the junction of the white of the eye and the cornea.

#### Capsulotomy

Removal of a circular disc from the front of the membrane covering the natural lens called the lens capsule (the skin of a grape is similar to the clear covering of the lens).

#### Phacoemulsification

Liquefaction and removal of the natural lens from within the lens capsule using a high frequency ultrasound probe.

#### Wash out & refilling

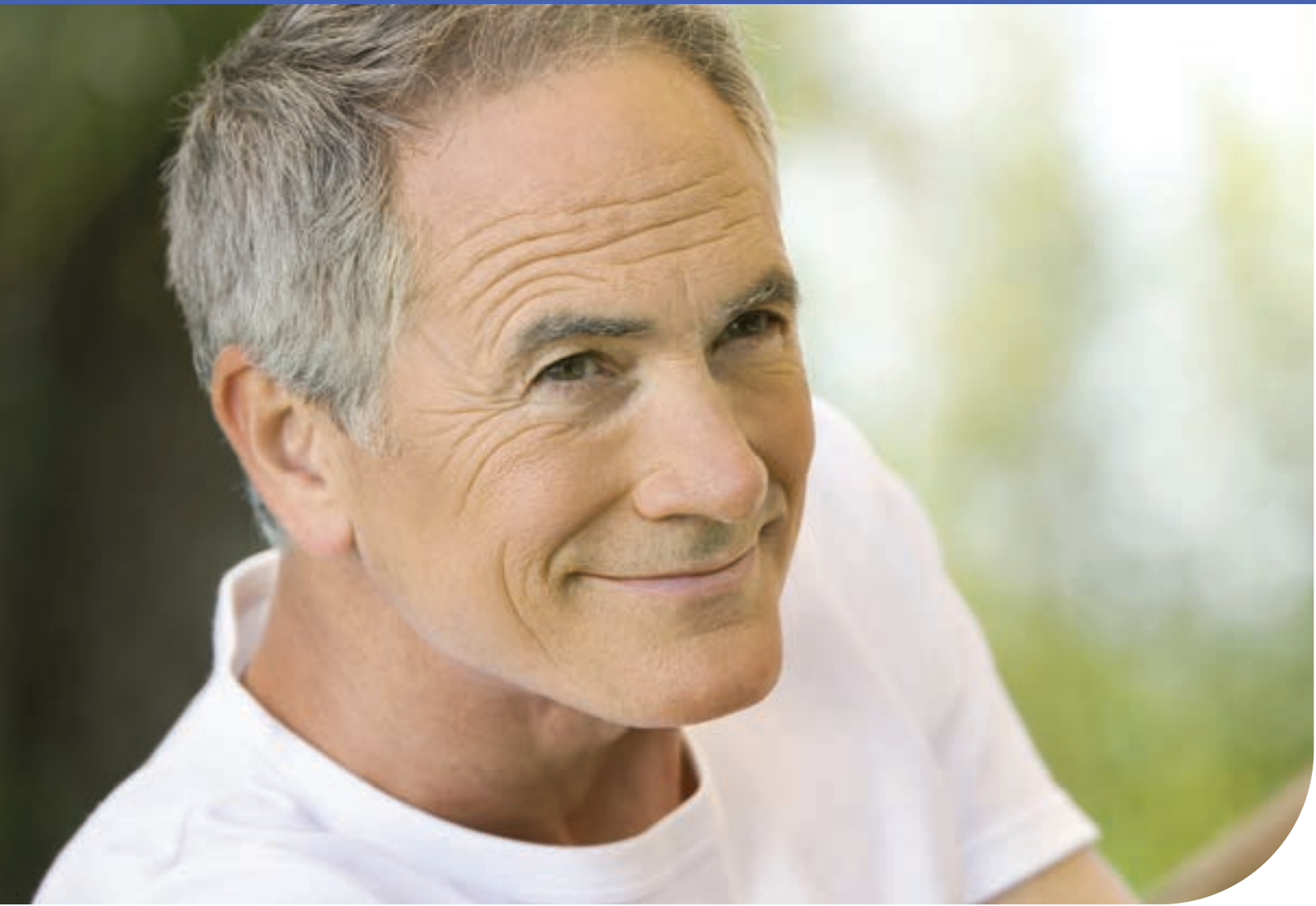
Wash-out of the supporting gel and refilling with fluid and antibiotics.

#### IOL insertion

The new artificial lens is implanted through the main entry point, which is less than 2mm in size. The lens is implanted through a special device and slowly unfolds inside the eye in the space where the natural lens previously sat.

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# General risks

In all forms of eye surgery, problems can occur during the operation or afterwards in the healing period.



## General risks

When you are undergoing surgery of any kind, perfect results cannot be guaranteed. Vision Scotland 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 patients. We aim to achieve a great result for everyone, but sometimes we don't succeed.

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.

### Things we have experienced as high volume eye surgeons:

- ✔ 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 serious eye infection which has led to poor vision.
- ✔ A retinal detachment which has required emergency surgery to save vision.
- ✔ 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.
- ✔ Disappointment that we didn't have enough time to talk to you in clinic, or the feeling that someone didn't listen to you or was abrupt.

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# Preparation for appointments

## Preparation for appointments

### Preparing for your first assessment

Prior to your first visit with us, please take a one 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, detailed optician tests and examination of the front and back of your eye.

You will also be counselled about the best options for your treatment. If you are happy and you have decided to go ahead with treatment, your final stage of assessment will be to meet your surgeon to discuss your care plan and the cost.

### 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 and 4 hours.

### Feeling anxious and worried about treatment

As surgery draws closer you will start to feel anxious. This is completely normal. We recommend that you allow yourself to have these feelings and accept that it's part of the process. Our patient services team are 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 RLE surgery involves no needles or injections, we only use drops.



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# Safe care

RLE surgery is very commonly performed in the United Kingdom. Approximately 60,000 surgeries are performed every year and around 5,000 in Scotland.

**How common is RLE surgery?**

RLE surgery is very commonly performed in the United Kingdom. Approximately 60,000 surgeries are performed every year and around 5,000 in Scotland.

**The overall safety of RLE surgery**

Lens replacement 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 remedy**

We always recommend you choose an experienced surgeon for RLE 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 RLE 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.

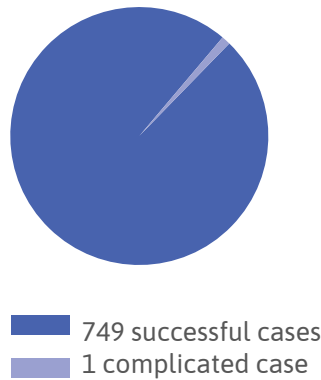
Please note that if all these issues described above are identified quickly and treated appropriately by the surgeon, they can all result in good long term results for the patient.

**What are the success rates?**

The last national audit (which was actually for cataract surgery, but it's the same procedure) of success rates of lens replacement 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.

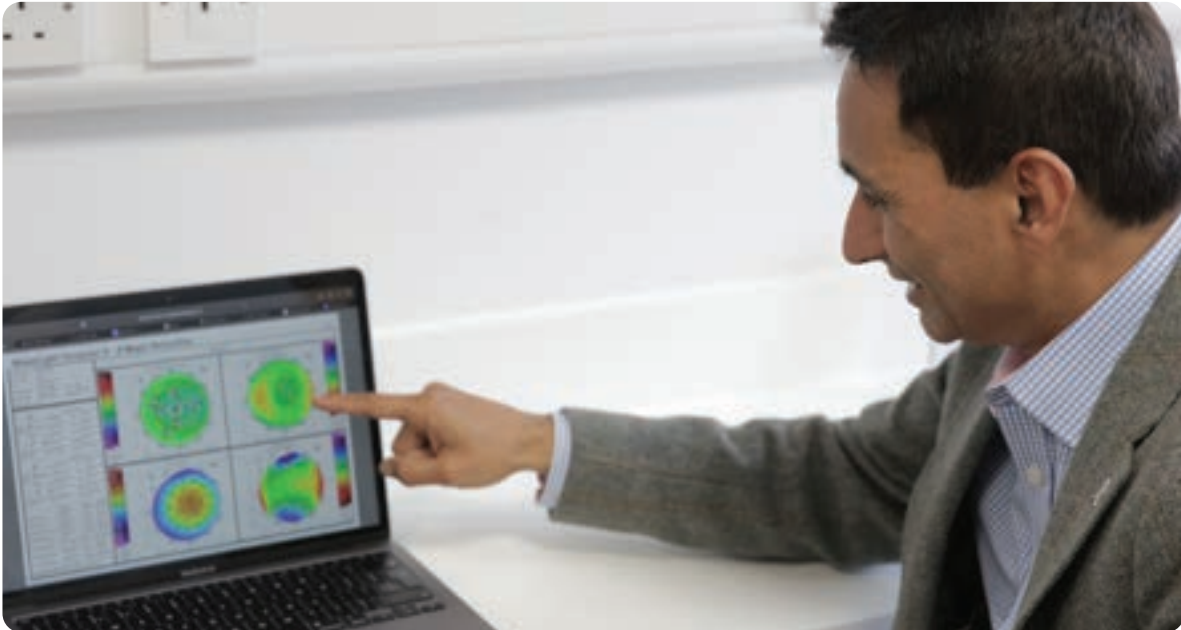
At Vision Scotland our senior surgeons have worked in the NHS and the private sector for twenty years or more, and have been able to demonstrate a complication rate of around 1 in 750 cases. We are very proud of this exceptional performance.

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.



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## Common mild problems and their remedy

### 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 one 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 RLE surgery

Approximately 5% of patients will experience a slow deterioration in their vision within a few months or years after initially successful surgery. When this happens, the usual cause is a thin layer of scar tissue developing inside the eye, behind the lens implant. This will

make your vision appear foggy. 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.

This can be done at the same time as your clinic appointment and will cost around £800. Alternatively you can be referred to the NHS for the same treatment at no cost, but you should expect to wait several months before being seen. After YAG laser you will have additional floaters for a few days, and may notice some light sensitivity and tenderness, but usually nothing more. 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 RLE 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.

## Increased risks in special situations

### Retinal detachment

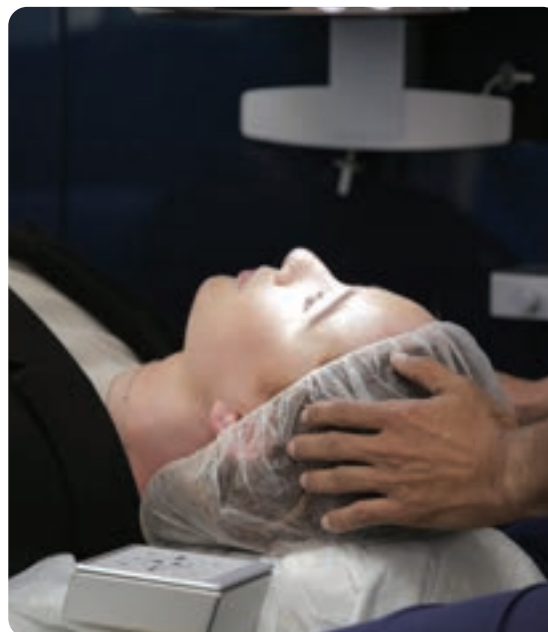
A detached retina at the back of the eye comes on over several days. It can happen to anyone at any stage in their life, and is rare, but the risk does increase with age, with being short sighted and with having RLE surgery. If you develop these symptoms at any time see your local eye casualty.

Symptoms of retinal detachment include a new shower of floaters, flashes of light (even with the eyes closed) and visual field loss (a shadow or curtain spreading across your vision). Most retinal detachments can be repaired without detriment to your vision, but the chances of success are much higher if the detachment has not spread across the centre of your vision. If you do have these symptoms we expect to hear from you within a day or two of them developing, and if you do have a detachment we would expect you to be having surgery within two or three days of the diagnosis being made, in order to get the best outcome possible.

### 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.

To give context, 10-20% of those who chose RLE with trifocal lenses still need glasses for some activities, and rarely a patient may need glasses for all activities.



### 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.

### Infection

Rarely, a patient can develop a bacterial infection inside their eye in the first few days after lens replacement 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.

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# What are the side effects?

Side effects are problems which most patients experience to some degree after surgery. They normally improve with time, but do not always resolve completely.



## What are the side effects?

### Vision

Some patients experience glare or halos in the early weeks or months after RLE. Visual side effects vary with the type of IOL implanted, and are often more noticeable in some lighting conditions than others. Patients are commonly aware of a shadow or shimmering arc of light in their peripheral vision.

Occasionally trifocal patients are aware of glare or halos around lights, especially in the first few weeks following surgery. It is generally accepted that all forms of trifocal IOL are associated with more optical side effects than monofocal IOLs. However, trifocal IOL's are more effective at eliminating the need for spectacles.

Optical side effects may initially interfere with work or leisure activities, and night driving in particular. But they tend to diminish with time. 95% of patients are satisfied or very satisfied with their vision three to six-months after trifocal IOL implantation, and laser procedures to treat residual defocus or posterior capsular opacification (YAG capsulotomy for PCO) are often helpful in accelerating adaptation in the remainder.

In our experience approximately one in every thousand patients will struggle with full vision correcting trifocal and multifocal lens implants and in the full course of time require the lens implant to be removed and replaced with a monofocal lens instead. We do not undertake this procedure lightly and make every effort to avoid this situation arising as part of our preoperative assessment and counselling.

### Floaters

Floaters are an occasional side effect of RLE. Eye floaters are spots in your vision. They appear as dark specks, strings, or cobwebs that drift about when you move your eyes and appear to dart away when you try to look at them directly. These usually will reduce and disappear given time but can be treated surgically if needed.

! More than 95% of patients are satisfied with their vision three to six months after trifocal IOL implantation.



### Eye comfort

Some eye surface discomfort is common in the early weeks after most forms of eye surgery. This is usually mild after RLE, and highly variable - often affecting one eye more than the other. Treatment and prevention are based on making sure your eye surface is healthy before and after surgery. Lubricant eye drops can be helpful, and can be taken safely in addition to your other medication. For patients with a normal eye surface prior to surgery, lasting problems are unusual.

### Eye Appearance

Red blotches are often visible on the white of the eye after any form of eye surgery. These are called subconjunctival haemorrhages, and are caused by a small leak of blood under the mucous membrane covering the white part of eye wall.

Although they can be quite unsightly, red blotches are temporary, and do not affect eye health; but they can take up to six weeks to go away completely.

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



# How can I reduce the risk of problems?

Most patients have IOL implantation under local anaesthetic. Your surgeon will monitor your health during surgery and optimise your comfort, offering sedation if necessary. Try to stay as relaxed as you can and keep your head still after the surgeon has positioned it comfortably.

## How can I reduce the risk of problems?

Try to focus on breathing in a nice relaxed fashion during surgery, and on keeping your neck and shoulders relaxed. You can help your surgeon apply the drape and stick your eyelashes out of the way by opening both your eyes wide at the beginning of surgery. Blinking is no problem after the draping is complete. Just look straight up ahead to the bright operating light with both eyes open, but blink when you need to. Looking up to the bright microscope light helps to keep your eyes in the best position.

Let your surgeon know if you feel any discomfort, and tell your surgeon if you need to cough, sneeze or take a break. To help the surgery go smoothly, simply stare straight up ahead with both eyes open. Try not to squeeze the eyes shut, but blink whenever you need to.

**! You can eat and drink normally before surgery, and should take any regular medication as usual.**

A clear plastic shield is normally taped over the eye at the end of surgery to protect the eye on the way home and during the first night. Nursing staff will show you how to wear the eye shield at night. You can wash and shower normally from day two after RLE. We recommend no swimming for a month and no contact sports for a month. Non-contact sports such as gym and jogging can be resumed from one week after surgery if all is well. If there are any problems at all you should wait for an additional week or longer as it required if advised by your doctor / optometrist.

Golfers always ask us when they can return to golfing after surgery, and assuming there are no problems at all you can resume golfing one week after surgery, or after two weeks if there



are any small problems.

Your surgeon will advise you when it is safe to start driving again. Typically this is within a few days of surgery.

Set a reminder and use the antibiotic and anti-inflammatory drops as prescribed to help the eyes to heal well. It is good to leave at least two minutes between different types of eye drop so that they each absorb well before the next drop is applied. If you miss the first time or you are not sure, applying a second eye drop is no problem.

Some variability of vision and comfort is normal in the early weeks after RLE, and patience is required.

Report to your surgeon or an eye casualty department without delay if you have increasing aching pain, light sensitivity, redness or blur after surgery.

**! Always attend your review appointments even if your eyes feel good.**

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# Additional surgeon / optometrist notes

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# CONSENT FORM

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

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Why choose private lens replacement - pg 4&5 | <input type="checkbox"/> | General risks - pg 16&17                         | <input type="checkbox"/> |
| What is Refractive Lens Exchange - pg 6&7    | <input type="checkbox"/> | Preparation for appointments - pg 18&19          | <input type="checkbox"/> |
| What are the benefits of RLE - pg 8&9        | <input type="checkbox"/> | Safe care - pg 20, 21, 22, 23                    | <input type="checkbox"/> |
| Why is RLE recommended - pg 10&11            | <input type="checkbox"/> | What are the side effects - pg 24&25             | <input type="checkbox"/> |
| What are the alternatives - pg 12&13         | <input type="checkbox"/> | How can I reduce the risk of problems - pg 26&27 | <input type="checkbox"/> |
| How is RLE performed - pg 14&15              | <input type="checkbox"/> |  |                          |

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 full name:

Patient signature:

Date:

## FOR SURGEON ONLY:

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

Surgeon name:

Surgeon signature:

Date:

# My lens(es)

I have chosen to have surgery on the following eyes:

Right  Left  Both eyes

## The lens(es) I have selected:

### 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.

One short sighted  One far sighted

We have selected your dominant eye for Distance:

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

### Premium/Clareon Lens(es):

The lenses I have selected are a Premium lens called Clareon.

Right  Left  Both eyes

Cost of procedure without insurance:

£  Left eye

£  Right eye

I am paying with health insurance. I have been issued a Vision Scotland top up fee sheet if selecting as I have selected non standard lenses.

Signature:

Date:

# Patient thoughts / notes about surgery

A series of horizontal dotted lines for writing.



## Vision Scotland Edinburgh

Vision Scotland Edinburgh,  
Unit 3, 5 Ratho Park,  
Newbridge, Edinburgh,  
EH28 8QQ



## Edinburgh South East

Spire Shawfair Park Hospital,  
10 Easter Shawfair,  
EH22 1FE



## Vision Scotland Glasgow

3 Seaward Place,  
Kinning Park,  
Glasgow,  
G41 1HH



## Galashiels

Roxburgh House Court,  
Roxburgh Street,  
Galashiels,  
TD1 1NY



## Aberdeen

Alpha Hospital Group,  
16 Carden Place,  
Aberdeen, AB10 1FX  
(Access via Albert Lane)



## Stirling

Castle Business Park,  
Lomond House,  
Stirling,  
FK9 4TF

## Contact information

[www.visionScotland.com](http://www.visionScotland.com)

0800 8 20 20 80 | [info@visionScotland.com](mailto:info@visionScotland.com)