



Patient Name Surname : **BARCODE**
File Number :
Education :
Job :
State of mind :

GENERAL INFORMATION

This information is given to you to help you make an informed decision about having cataract and/or lens implant surgery. Once you have read this **Informed Consent**, you are encouraged to ask any questions you may still have about the procedure. It is impossible to list all of the possible risks and complications associated with surgery. Risks and complications that are considered to be unforeseeable, remote, or commonly known may not be specifically discussed in this consent.

This is to tell you and your family some of the possible risks of having anesthesia.

1. Anesthesia is needed to relieve you of pain and stress during surgical procedures. However, all forms of anesthesia involve some risks even death. The reported perioperative mortality rate correlates with a patient's preoperative health conditions. The predicted perioperative mortality rate listed below is based on a five-category physical status classification system adopted by the American Society of Anesthesiologists.

Class1: normal healthy patient (mortality rate 0.06-0.08%)

Class2: mild systemic disease and no functional limitations (mortality rate 0.27-0.4%)

Class3: moderate to severe systemic disease that results in some functional limitations (mortality rate 1.8-4.3%)

Class4: severe systemic disease that is a constant threat to life and functionally incapacitating (mortality rate 7.8-23%)

Class5: not expected to survive 24 h with or without surgery (mortality rate 9.4-51%)

2. As with any other medical intervention, there are risks of potential complications with virtually all forms of anesthesia.

A. Existing or past medical problems may add risk during and after surgery.

i. Cardiovascular problems such as angina, a previous heart attack, heart failure, hypertension, or valvular heart disease increase your risk of myocardial infarction and stroke.

ii. Lung problems such as asthma, respiratory tract infection, or chronic obstructive pulmonary diseases may worsen your lung condition after surgery.

iii. Other conditions such as liver disease, kidney problems, endocrine disorders, cancer, alcohol, or drug abuse also increase your risk.

iv. The anesthesiologist providing your care is a skilled specialist who is trained to foresee and prevent most of the problems before they arise. Some critical problems occurring during or after anesthesia may call for you to stay in the intensive care unit after surgery.

B. During anesthesia, we must keep your airway open. This can result in injury to your teeth, dental work, tongue, lips, nose or throat. You may have a sore throat from the airway used during surgery.

C. You may vomit the contents of your stomach during surgery. They may enter the lungs and cause breathing problems. This risk of aspiration will greatly increase in an emergency surgery or in a patient with increased abdominal pressure (intestinal obstruction, pregnancy).

D. You may have adverse reactions to drugs or blood products you receive during surgery. On rare occasions, these may be life-threatening.

E. You may sometimes have skin or nerve injury from positioning required for surgery or equipment used during surgery.

F. You may have a headache or backache after a spinal or epidural anesthesia. On rare occasions, transient neurological symptoms or even permanent nerve damage can occur.

G. Some drugs given during surgery may cause your muscles to be sore and stiff.

H. Although rarely occurs, an incidence of 0.2% is reported for the occurrence of awareness during general anesthesia. Most of these cases are reported by patients undergoing major cardiothoracic surgeries.

I. Although rarely, malignant hyperthermia may occur in genetically susceptible patients after exposure to an anesthetic triggering agent (1:15,000 in pediatric patients and 1:40,000 in adult patients).

J. While waking up from anesthesia, some patients may shake or shiver.

K. Some patients feel nauseated or vomit after surgery or anesthesia. This can be influenced by a history of motion sickness, the type of surgery performed, anesthetics used during surgery, and the pain medications after surgery.

3. In the event of a sudden unexpected critical condition (hypoxic brain injury or massive bleeding), extraordinary measures (surgical tracheostomy to secure the airway or arterial and central venous catheter insertion to stabilize circulation) may become necessary.

4. If you still have questions about any part of the intraoperative events or anesthetic plans, please talk to your doctor or anesthesiologist about them before surgery.

Anesthesiologist :

1. Type(s) of anesthesia to be given

A. Surgical procedure(s) to be performed:

B. Type(s) of anesthesia recommended:

- general anesthesia
- spinal or epidural anesthesia
- nerve block
- monitored anesthesia

2. Anesthesiologist's verifies the following:

A. I have completed a thorough preoperative anesthetic evaluation of my patient.

B. I have well informed my patient of the anesthetic procedures and the associated risks to ensure that my patient has sufficient information to consent to the anesthesia service checked above.

C. I have given patient and family ample opportunity to ask questions and to receive answers regarding the anesthetic plan.

3. Patient's acknowledgement

A. I understand that anesthesia services are necessary for the surgical treatment.

B. My anesthesiologist has explained the anesthetic procedures and their risks to me and I had ample time to ask questions and to consider my decision.

PATIENT'S ACCEPTANCE OF RISKS

Patient consent

I acknowledge that the doctor has explained;

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/treatment options and their associated risks.
- My prognosis and the risks of not having the procedure.
- There is no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- The procedure may include a blood transfusion.
- Tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- A doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

DOCTOR NOTE:

I have reviewed all **three (3)** pages of this Informed Consent. The cataract and/or lens implant surgery has been explained to me in terms that I understand. I have been informed about the possible benefits, risks, and contraindications associated with the surgery. I understand that it is impossible for my doctor to inform me of every conceivable complication that may occur, and that there may be unforeseen risks. I have been given the opportunity to ask questions and have received satisfactory answers to my questions. I understand that no guarantee of a particular outcome has been given, and that my vision could become better or worse following surgery.

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

DOCTOR NOTE:

.....

C. I have also read the “PATIENT INFORMATION FOR CONSENT TO ANESTHESIA” form and understand the risks of the anesthetic procedures.

I hereby consent to the anesthetic procedures checked above.

PATIENT’S NOTE:.....

Date : .../.../.....

Hour ::.....

PATIENT:

Name-Surname :

Signature :

Patient’s Parent/ Legal Guardian (mother and father)/ Translater

Name-Surname :

Name-Surname :

Signature :

Signature :

DOCTOR- Anesthesiologist:

Name-Surname :

stamp

Signature :