



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.

Glaucoma can sometimes be treated successfully with medications to lower the pressure in the eye. If medications are not effective, laser and other surgical procedures may be of value in controlling the pressure and preventing further vision loss. Both medications and surgery are designed to do one of two things: 1) decrease the amount of fluid production in the eye from the cells that make the fluid, or 2) help the fluid flow out of the eye.

This is a laser surgery used for people with open-angle glaucoma. The laser is used to make a small burn on the drainage tissue of the eye. Hopefully, the laser burn will cause the drain to open and let more fluid leak out.

There are some individuals who respond well to this and others who do not respond at all to the therapy. Your response is determined by the type of glaucoma you have and the basic makeup of your eye. We usually cannot predict how well the laser will work.

The procedure can be done in one or two trips to the laser area. The laser machine looks similar to the examination microscope that the doctor uses at each visit to look at your eyes. The laser itself makes little noise and flashes a light about as bright as a flash on a camera. Almost everybody find the procedure comfortable and without pain. The procedure takes about ten to twenty minutes.

You may need drops before and after the laser. Most people need to have their pressure checked one hour after the laser. This is because the pressure in the eye can go up after the laser treatment. This is the greatest risk from this procedure. If the pressure does go up, you may require medications to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye elevates to a very high pressure and does not come down. If this happens, you may require surgery in the operating room to lower the pressure. This is a most unusual event.

Most people notice some blurring in their vision after the laser. This clears within a few hours in most individuals. The chance of your vision being permanently affected from this laser is very, very small.

You will need to use drops after the laser to help the eye heal correctly. You will probably use the new drops for about one week. In most cases, you are asked to continue your other glaucoma medications after the laser procedure. The doctors will notify you if there is any exception to continuing your medications. How much your pressure drops requires several weeks to determine. You may require additional laser surgery to lower the pressure if it is not sufficiently lower after the first laser treatment.

### 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:** .....

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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.
- If my ophthalmologist has informed me that if I have a high degree of hyperopic (farsightedness) and/or that the axial length of my eye is short, I am at increases risk for a rare complication known as nanophthalmic choroidal effusion. This complication could result in difficulties completing the surgery and implanting a lens, or other problems.
- If my ophthalmologist has informed me that if I have a high degree of myopia (nearsightedness) and/or that the axial length of my eye is long, I am at increased risk for a retinal detachment, whether or not I have surgery. Retinal detachments can lead to vision loss or blindness. Recent studies indicate that risk doesn't increased by the surgery, although an older study using different techniques did find an increased risk.
- I authorize the physicians and other health care personnel involved in performing my cataract surgery and pre- and post-operative care to share with one another any information relating to my health, my vision, or my surgery that they deem relevant to providing me with care. I give my permission for Dr. .... to use my photograph for display or promotion.

**DOCTOR NOTE:** .....

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I understand that it is impossible for the doctor who inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of \_\_\_\_\_ surgery.

I wish to have a \_\_\_\_\_ operation on my \_\_\_\_\_ Right eye \_\_\_\_\_ Left eye

**PATIENT'S NOTE:**.....

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

Hour : .....:.....

**PATIENT:**

Name-Surname : .....

Signature :

**Patient's Parent/ Legal Guardian (mother and father)/ Translator**

Name-Surname : .....

Name-Surname : .....

Signature :

Signature :

**DOCTOR- Ophthalmologist:**

Name-Surname : .....

stamp

Signature :