



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.

There are several ways to try to treat glaucoma. Medications or surgery are the most common techniques. Both medications and surgery are designed to do one of two things: 1) to decrease the amount of fluid production in the eye from the cells that make the fluid, or 2) to help the fluid flow out of the eye.

The traditional surgical way of treating the cells that make the fluid has been to use a cryoprobe (a freezing probe). This procedure is called **CYCLOCRYOTHERAPY**. This technique involves putting the eye to sleep and freezing the outer part of the eye until an ice ball is formed. This freezes the inside of the eye where the fluid is made. This procedure causes the cells that make fluid in the eye to decrease their usual production. The number of treatments required to help control the intraocular pressure with this technique is variable. Sometimes people require as few as one freezing treatment, while other times they require many treatments. This procedure is not without risk. The greatest risk is a need for further surgery. Other risks would include: 1) loss of vision, 2) pain, 3) eventual shrinkage of the eye (phthisis), 4) corneal or ocular surface irritation, 5) intraocular inflammation, and 6) the usual risk of anesthetic.

Another technique, **CYCLOPHOTOCOAGULATION (CPC)**, has been developed which achieves the same results as using the freezing probe. In place of using the probe, the cyclophotocoagulation procedure utilizes a YAG laser to treat the cells that make the fluid in the eye. The greatest risk involved with the CPC is a need for a repeat laser treatment, probably greater than the need for repeat surgery with cyclocryotherapy. The other risks are essentially the same with the rare exception of the other eye developing inflammation after the laser (sympathetic ophthalmia).

Because of the discomfort involved, some people are kept in the hospital overnight to help control the pain that can occur after either of these treatments. After the first several treatments, however, most people have less pain than they experienced after the initial treatment. There will be a need to change the medications to try to control the inflammation and discomfort of the eye. There also will be a need for the patient to be evaluated after the treatment to see how the inflammation and intraocular pressure response is affecting him/her.

### 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)/ Translater**

Name-Surname : ..... Name-Surname : .....  
Signature : Signature :

**DOCTOR- Ophthalmologist:**

Name-Surname : .....

Signature : stamp