



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.

**WHAT IS STRABISMUS AND HOW IS IT TREATED?**

Eyes that point in different directions or are misaligned (not lined up correctly) have a condition called strabismus. Different types of strabismus include crossed eyes (esotropia), out-turned eyes (exotropia), or vertical misalignment, in which one eye is higher or lower than the other (hyper- or hypotropia). The problem may be present at all times (constant) or may only appear at certain times, such as when the eyes are tired (intermittent). Some children are born with crossed eyes, others develop strabismus during childhood. This problem starts at a time when the patient can suppress (that is, 'turn off') one eye and thus avoid double vision. Left untreated, these patients suffer from a loss of binocular vision and stereopsis, which means that the two eyes do not work together as they should to provide depth perception. Many can have a limitation of their field of vision (peripheral vision or side vision). There can even be a loss of central vision—called amblyopia or lazy eye—if the strabismus is left untreated. Strabismus in adults is usually the result of progressive, untreated, or unsuccessfully treated childhood strabismus. Sometimes, strabismus develops in adults following an injury or illness and causes double vision.

Treatment options depend upon the type of strabismus, and may include glasses, prisms, and/or surgery. The treatment of all types of strabismus follows a three-step approach: 1) eliminate the underlying cause if possible, 2) correct the reduced vision (amblyopia) that results, and 3) attempt to restore the normal alignment (straighten the eyes) by operating on the external eye muscles. The sooner the treatment is begun, the more likely the eyes will be properly realigned without developing amblyopia. Some types of strabismus can be treated medically and other types can only be corrected by surgery. Strabismus that develops early in childhood and is constant needs to be corrected surgically.

**HOW WILL THE STRABISMUS SURGERY AFFECT MY VISION AND CONDITION?**

During strabismus surgery, the surgeon will realign or straighten the eyes by tightening or loosening the eye muscles on the outside of the eye. The eyes are not removed from the eye socket. Realigning the eyes helps them to work together, and may also improve the appearance. In the past, most eye doctors thought that adults with misaligned eyes could not be treated successfully, or that treatment was only “cosmetic.” Advances in the management of misaligned eyes now provide benefits to most adults as well as children. Treating adults with strabismus can help improve depth perception (the way the two eyes work together) and the field of vision. Many patients report improved self-esteem, communication skills, job opportunities, reading and driving.

**WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE ITS MAJOR RISKS?**

There are some risks associated with anesthesia, whether general or local. In very unusual instances, death, diminished brain function, or pneumonia can occur. There can be loss of vision of the eye associated with anesthesia or other causes, but these complications are not usual. This also can occur from hemorrhage, retinal detachment, infection, or change in the blood supply to the eye.

**WHAT ARE THE MAJOR RISKS OF STRABISMUS SURGERY?**

Surgery has risks. Sometimes it doesn't work, sometimes it can make the problem worse. Sometimes surgery leads to a new problem, called a complication. Complications can happen right away or days, months, or years later. Doctors do not always know

which complication might happen. Sometimes what seems to be a complication from the surgery is really caused by a disease in the eye or other body part. The risk for complications is different for each person, and depends upon how long you have had strabismus, whether you have already had surgery for strabismus, how well you heal, whether you have diseases of the eye or other parts of the body, and your medications. This document will help you decide whether you are ready to accept the risks of strabismus surgery by listing the major risks; there are others that are not listed here.

- **Need for additional surgeries.** It takes at least two months for the results of the operation to stabilize. If the misalignment persists, you may need one or more surgeries to correct it. Each person’s eye responds differently to a given amount of muscle adjustment, and the brain must adapt to and keep the alignment.
- **Persistent misalignment, altered eyelid position, limitation of eye movements.** The eye may not be straight after the surgery, and movement may be limited.
- **Persistent visual problems.** The surgery may not correct long-standing visual problems from strabismus or the cause of strabismus. Glasses and/or prisms may still need to be worn after surgery.
- **Double vision.** Many patients experience double vision while the brain adapts to the new alignment. The double vision usually disappears in a few days in children, and 1 to 2 weeks in young adults; in some patients, it may persist even longer, come back, or be permanent. Patients can usually learn to ignore one of the images. If not, prism glasses may be prescribed to treat the double vision.
- **Scar tissue formation.**
- **Infection.** Mild infections are treated with antibiotics. Severe infections are rare, but may result in vision loss or even loss of the eye.
- **Hemorrhage or bleeding.** Severe hemorrhage is rare, but could cause injury to the eye or vision loss.
- **Allergic reaction** to the medications or surgical material.
- Temporary side effects, such as **corneal abrasion**, a scratch on the eye’s surface; **conjunctivitis**, redness of the surface of the eye, which usually lasts for about two weeks; **eye ache**, which may be for 24 to 48 hours. Pain that is more severe should be reported to your eye surgeon.

**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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**PATIENT'S ACCEPTANCE OF RISKS**

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. *I understand that more than one surgery may be required to treat the strabismus.* 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 strabismus surgery.

I wish to have an operation on my \_\_\_\_\_ Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Both eyes

**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