



INFORMED CONSENT FORM - CATARACT SURGERY

Patient Information

Name

Date of Birth

Medical Record Number

Date

Summary of the Procedure:

Desired Procedure: Surgical removal of cataract and insertion of artificial lens (IOL) into the eye

The Eye to undergo surgery: ☐ Right Eye ☐ Left Eye ☐ Both Eyes

Surgeon :

The objective of the Procedure:

Cataract surgery removes the eye's opaque natural lens caused by a cataract and substitutes it with an artificial intraocular lens (IOL). The objective of the surgical Procedure is to reinstate optimal visual acuity.

Risks and Possible Complications:

While cataract surgery is often safe and effective, it is important to acknowledge the possibility of potential risks and consequences, which may encompass a range of factors. Common risks associated with the procedure include:

- Corneal or retinal swelling
- Infection (endophthalmitis),
- Increased pressure inside the eye (glaucoma),
- Displacement of the artificial lens inside the eye
- Clouding of the posterior capsule (posterior capsule opacification or PCO)
- Slight pain or discomfort
- Requirement for corrective glasses after the surgery

Less frequent but significant risks

- Retinal detachment
- Profuse hemorrhaging
- Severe infection resulting in visual impairment
- Prolonged inflammation
- Unresolved visual abnormalities (e.g, intense brightness, circular patterns)
- Requirement for further surgical interventions or treatments

Anaesthesia Risks

- Allergenic responses
- Respiratory impairments
- Cardiac complexities

The benefits are as follows:

The main advantage of cataract surgery is enhanced clarity of vision, which can result in

- Enhanced quality of life by improving visual acuity
- Enhanced capacity to carry out daily tasks such as reading and driving,
- Reduced sensitivity to brightness caused by lighting.

Alternative Procedures:

- Possible alternatives to cataract surgery includes:
- Persistent use of prescribed eyeglasses or contact lenses
- Adoption of magnifying lenses or heightened illumination
- Non-surgical treatment of visual impairment
- Opting out of surgery and acknowledging the constraints of reduced vision.

Patient Acknowledgements:

Understanding of the Procedure:

I confirm that I have been provided with information on the essence and objective of cataract surgery, which includes details about the intended technique, its anticipated advantages, and any risks

Discussion of Alternatives:

I have been informed of other procedures, including the choice of abstaining from surgical intervention.

Opportunity for Inquiries

I have been given a chance to ask about the operation, anaesthesia, potential hazards, and anticipated results. I am delighted with the answers to my questions.

No Guarantees:

I understand that although cataract surgery aims to enhance eyesight, no assurances can be provided regarding the result or success of the treatment

Approval to Proceed:

I, at this moment, give my permission for cataract surgery to be performed on my right eye, left eye, or both eyes, as

determined necessary by my surgeon. This Procedure will involve the insertion of an intraocular lens, as advised by my surgeon

Consent to Additional treatments:

In the event of unexpected circumstances during the operation that need extra or alternative treatments beyond the intended plan, I authorize my surgeon to carry out such procedures as they feel necessary

Postoperative Care:

I understand the importance of complying to all postoperative care recommendations given by my healthcare professional and attending planned follow-up visits to oversee my recovery

The use of anaesthesia:

I agree to the use of anaesthesia during the surgery and have been told about the potential risks.

Patient Signature:

I have read and understood every detail of this consent form. I consent to continue with cataract surgery as described previously

Patient Name

Signature

Date

Signature of the witness:

Witness Name

Signature

Date

Physician Declaration:

I have comprehensively explained to the patient the traits, objectives, possible risks, benefits, and alternatives associated with cataract surgery. I am confident that the patient understands the information provided and has willingly consented to the surgery.

Physician Name:.....

Signature:.....

Date:.....

Information about the clinic:

Clinic Name

Address

Contact Number

