



**CONSENT FORM
FOR
CATARACT EXTRACTION
WITH/WITHOUT INTRAOCULAR LENS
IMPLANTATION**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

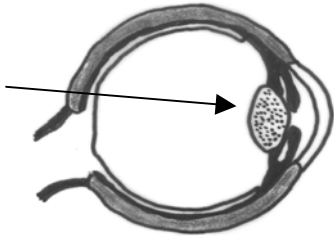
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
have a **cataract** in myeye and that **cataract extraction with/without** (*delete as applicable*)
implantation of intraocular lens on that side is proposed:

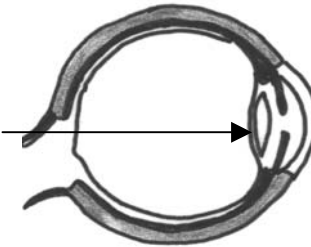
This means removing the natural lens of the eye because it has become cloudy, causing poor sight. In suitable people, a small piece of plastic material (intra-ocular lens) can be implanted in the eye to replace the natural lens. This remains in the eye permanently to improve the patient's vision.

The operation is done using a operating microscope and usually local anaesthetic. The surgeon makes a small cut on the surface of the eye behind the cornea and removes the lens in one of several ways, depending on the individual condition. If advisable, an intra-ocular lens is then placed in position. The wound is closed and the eye dressed with a patch.

Natural lens with cataract



Intra-ocular lens replacing cataract



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your ophthalmic surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (*see separate Anaesthetic Consent Form*). I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **cataract extraction** has the following **specific risks and limitations**:

- My vision may continue to improve for 8-12 weeks, until healing is complete.
- I may have some bleeding inside the eye and I may have to return to the operating theatre.
- The covering of the front of my eye (cornea) may become cloudy, affecting my vision.
- The pupil of my operated eye may become irregular.
- My iris may become thinner and weaker, and I may lose the ability to change the size of my pupil in different light conditions, making my eye more sensitive to bright lights.
- I may develop an infection in my eye, which may require antibiotics.
- The retina (the part of the eye that senses light) may become detached, damaging my vision and requiring further surgery.
- I may develop increased pressure inside the eye (glaucoma), which may damage my vision if not treated.
- I may develop double vision.
- My eyelid may become droopy on the operation side.
- There is an extremely small risk (1:17000 cases) that the opposite eye to the one having surgery may become inflamed, especially if complications occur after the operation. This is called sympathetic ophthalmia and can affect any operation inside the eye. Although this can be treated, in some cases, my eyesight may be lost.
- Eye surgery for any condition always carries a small risk that my vision may be worse or totally lost after the operation. Occasionally my eye itself may be lost. In some cases, complications may occur weeks, months or even years after the operation.
- Other conditions affecting the eyesight eg degenerative diseases may co-exist and may mean my operation is not successful.

RISKS CONTINUED OVERLEAF →

[HOSPITAL]

**CONSENT FORM
FOR
CATARACT EXTRACTION
WITH/WITHOUT
INTRAOCULAR LENS INSERTION**

Med Rec. No.....
Surname:.....
Forename:.....
DOB:.....

AFFIX LABEL HERE

RISKS CONTINUED

I understand **intraocular lens insertion** has the following **additional risks and limitations**

- Lens implants are made from plastic materials. Although they give excellent vision, I may experience optical problems such as reflections, glare or halo effects.
- Although most lens implant operations are successful, this cannot be guaranteed for me.
- My lens may become displaced and require repositioning or removal later.
- Even where implantation of a lens is planned, the final decision to proceed can only be made during the operation, as conditions found during my operation may mean it would not be in my best interests.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

DECLARATION BY PATIENT

- I acknowledge doctors from the ophthalmic team have informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgical team any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of the surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor from the ophthalmic team other than the specialist may perform the procedure.
- I have received no guarantee that the operation will be successful.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.
- I understand these operations may be recorded for student training purposes. However, any recordings made for teaching are only used after all identifying material has been removed.

Signature of patient

.....

Date

.....

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

.....

Doctor's name

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Date

.....

(please print)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature

.....

Date

.....

Interpreter's name

.....

(please print)