



**CONSENT FORM
FOR
YAG LASER
CAPSULOTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

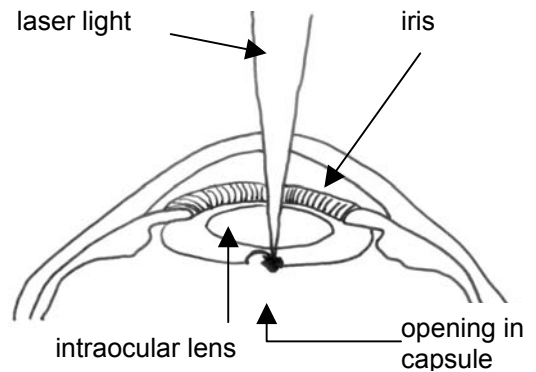
AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*
have developed a **secondary cataract** and that a **YAG laser capsulotomy** on theside is proposed:

When the surgeon removed the cloudy natural lens (cataract) and replaced this with an artificial (intraocular) lens, the membrane (capsule) that held the lens in place remained. This has now become cloudy and the surgeon will use a laser to make a small opening in the capsule, behind the artificial lens. The opening allows light to reach the retina and improves vision.

The pupil on the side of the procedure will be dilated using drops. The patient then sits at the slit lamp and the surgeon focuses the laser precisely on a part of the capsule to create the opening. The procedure takes 5-10 minutes.



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 may have side effects from any of the drugs used. The commoner side effects include glare and blurred vision.

I understand the procedure has the following **specific risks and limitations**:

- I will not be able to drive a car for 1-2 hours afterwards because of the effects of the eye drops.
- I can expect to see 'floaters' (fragments of the lens capsule) as shadows across my field of vision for some days or weeks afterwards. These usually become less noticeable with time.
- I may have some swelling of the retina (macular oedema), causing blurred vision. This usually improves with time, but may require treatment.
- Although in most cases, there is no pain afterwards, in a few people, the eye may become red and painful for a day or two after the procedure.
- There is a small risk the pressure in my eye may increase (glaucoma) and I may need medication for this.
- I will have an increased risk of retinal detachment after this procedure, especially if I am near-sighted. This would require treatment, but at worst could threaten the sight in that eye. If my doctor suspects this may be a risk for me, I may be asked to see a retinal specialist before any surgery is undertaken.
- Very rarely, I may need a second treatment with the laser.
- 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.

I understand some of the above risks are more likely if I am near-sighted or if I have previous eye disease (especially glaucoma)

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:

.....
.....

[HOSPITAL]

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DECLARATION BY PATIENT

- I acknowledge the ophthalmic surgeon has 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 surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- I understand these operations may be recorded for student training purposes. However, any recordings used 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
(please print)

Date

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)