



CONSENT FOR CATARACT SURGERY

REQUEST FOR SURGICAL OPERATION / PROCEDURE AND ANAESTHETIC

Your doctor has indicated that the condition of your eye appears stable and your cataract surgery and/or implantation of an intraocular lens should have a good chance of success. However, before you make the final decision to proceed with surgery, there are several factors of which you should be aware.

1. Cataract extraction and intraocular lens implant is elective surgery that involves the surgical removal of the natural lens of the eye followed by the implantation of an artificial intraocular lens. Repositioning or removal of the lens after implantation is rarely necessary. The surgery itself takes an average 10 minutes and recovery time will usually be 1 to 8 weeks.
2. The purpose and benefit of cataract surgery is to remove the cloudy lens of the eye and improve the clarity and quality of vision. Cataract surgery cannot improve vision damaged by retinal changes, glaucoma or other eye diseases.
3. There is no currently available alternative to surgery for the treatment of cataracts. You may, however, choose not to have cataract surgery and continue with your present or progressing state of vision. The alternative to implantation of an intraocular lens is the use of strong-powered glasses or contact lenses.
4. Cataract surgery is considered a major operation of the eye. The chances for serious complications are generally less than 1% which may be permanent or may require further surgery or

treatment. These complications may result in distorted or impaired vision and/or eye discomfort. Some have the potential to cause permanent loss of vision and loss of the eye. However, in the majority of cases, these complications can be treated successfully or may resolve on their own. Possible serious complications include:

- a. Infection
 - b. Haemorrhage
 - c. Retinal detachment
 - d. Glaucoma
 - e. Uveitis, iritis
(inflammation)
 - f. Iris atrophy
 - g. Loss of corneal clarity
 - h. Change in pupil size or
shape
 - i. Dislocation of the lens
implant
 - j. Double or blurry vision
 - k. Vitreous loss
 - l. Flat anterior chamber
 - m. Poor blood circulation
 - n. Fluid circulation problems
 - o. Wound leak
 - p. Permanent droopiness of
the eye lid
5. The chances for less serious complications are about 4%. The following list is not complete but covers the majority of possible complications:
- a. Slight droopiness of the eyelid
 - b. Swelling around the eye
 - c. Increased dryness and irritation of the eye
 - d. Reflections or slight distortions from the intraocular lens
implant
 - e. An increase or alteration in the shape, size and number of
floaters
 - f. Astigmatism



6. Astigmatic keratotomy involves partial thickness cuts into peripheral cornea to reduce astigmatism. Astigmatic keratotomy can be performed at the time of cataract surgery or at a future date. Complications include full thickness perforation which may require one or more sutures to seal the perforation. The eye will proceed to heal well.
7. The posterior capsule is part of the natural lens structure which is purposely left in the eye as part of routine surgery. Over time this capsule can become cloudy and decrease your vision. This is called posterior capsule opacification. Posterior capsule opacification can be treated with a 1-2 minute painless YAG laser treatment. The chance of needing YAG laser for posterior capsule opacification following cataract surgery is 6%. YAG laser can be needed soon after surgery, or many years after surgery. This is not considered a complication of surgery.
8. Most cataract surgery is done with anaesthetic eye drops but if an injection into the eye socket is needed you may experience droopiness of the eyelid and double vision after surgery.
9. The chances of coming through cataract surgery and implantation of an intraocular lens without significant problems are over 95%.
10. There is no guarantee that patients will not have to wear glasses after surgery. Whilst it is true that some patients may not feel the need for glasses again, many will require them.



I _____ of _____

request that a (left/right) _____ cataract extraction with insertion of intraocular lens with possible astigmatic keratotomy be performed upon (myself, patient name) _____ by Dr Ilan Sebban, the effect and nature which have been clearly explained to me.

I accept the professional opinion of Dr Ilan Sebban that this is the appropriate operation. I also request and consent to the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this operation. I understand that other unexpected operations may be necessary and I request that these be carried if required.

Although this operation is carried out with all due professional care and responsibility I understand that in some circumstances the expected result may not be achieved. I also understand that complications may occur with any operation and I accept the possible risks associated with this operation.

I have had the opportunity to ask questions about the operation and I am satisfied with the information I have received from my surgeon.

I understand that I will not be able to drive my car nor take part in any activities which depend upon full concentration or judgement during 24 hours following my operation.



I understand that following this operation I will require certain post-operative care and I am obligated to return to the Sydney Eye Clinic the next morning and 7-10 days after the operation. I also acknowledge that further post-operative assessments are recommended 6-8 weeks after the operation.

I understand that I take responsibility if I am unable to attend the Sydney Eye Clinic for my post-operative assessments and will make alternative arrangements with another health care professional at my own expense.

I consent to the photographing or videoing of the operation to be performed, including appropriate portions of the anatomy for medical, scientific or educational purposes provided identity is not revealed by the pictures or by the descriptive accompanying text.

For the purposes of advancing medical education, I consent to the admittance of observers to the operating room.

Signature of Patient / Guardian / Relative

Signature of Witness

Date

Print Name of Witness