



INFORMED CONSENT FORM - LENS SURGERY

Patient Information

Name :

Date of Birth :

Medical Record Number :

Date of Surgery :

Summary of the Procedure:

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

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

Surgeon:

Introduction:

This paper aims to provide information regarding the surgical process, embracing its advantages, hazards, alternative options, and what you should anticipate before, during, and following the operation. Kindly read the information provided cautiously. Before signing, you should see your doctor if you have any inquiries.

Signature

Date

The objective of the Procedure:

Lens replacement surgery involves removing the natural lens of the eye and replacing it with an artificial intraocular lens (IOL). This operation is frequently used to treat cataracts, which cause the lens to become opaque, or to correct refractive problems.

Key Steps of the process:

- Anaesthetic eye drops will be applied to desensitize the eye.
- A small incision will be created in the cornea.
- The natural lens will be removed, often using ultrasonic technology (phacoemulsification).
- An artificial intraocular lens (IOL) will be surgically implanted to replace the native lens
- The incision may be closed; nevertheless, it often heals naturally without stitches.

Advantages:

The possible advantages of lens replacement surgery include the following:

- Enhanced visual quality.
- A reduction in reliance on spectacles or contact lenses.
- Surgical procedures for cataracts or correction of refractive errors.

Hazards and Negative Impacts:

Like other surgical procedures, there are natural risks associated with it. Although most individuals undergo an enhancement in their eyesight, there is a possibility of problems arising. These could include various options but are not restricted to:

- Presence of infection or inflammation.
- Intraocular haemorrhage.

Signature

Date

- Retinal detachment
- Increased intraocular pressure (glaucoma).
- Intraocular lens displacement
- Ocular impairments such as the feeling of shadows, glare, or the Presence of double vision.
- Requirement for further surgical interventions or procedures
- Infrequent occurrence of permanent eyesight loss.

Alternative Procedures:

Depending on your illness, other treatments or procedures may be available. These may consist of:

- Persisting with the use of either eyeglasses or contact lenses.
- Procedures that repair eyesight using lasers, such as LASIK.
- Observing the situation without doing surgery immediately.

Application of anaesthesia:

This treatment commonly employs local anaesthesia, although general anaesthesia may be required in exceptional circumstances. Potential complications of anaesthesia encompass allergic responses, respiratory complications, or cardiovascular incidents, but these occurrences are exceedingly seldom when local anaesthesia is employed.

Post-treatment care and follow-up:

Post-operative care is essential for achieving a favourable result. You must;

- Administer the recommended eye drops to prevent infection and regulate irritation.
- Participate in subsequent sessions to assess the progress of recovery.
- Refrain from engaging in specific activities, such as strenuous lifting or swimming, unless authorized by your surgeon.

Patient Acknowledgements

By affixing my signature below, I, thus acknowledge the following:

- ✓ I have comprehended and acknowledged the content of this informed consent document.
- ✓ My physician has elucidated the procedure, its associated hazards, and available alternatives to me in a language that I am fluent in.
- ✓ I have been given a chance to enquire, and all of my inquiries have been addressed to my contentment.
- ✓ I willingly give my agreement to undergo lens replacement surgery, together with any required or recommended medical therapy associated with the procedure.

Patient Name :

Signature :

Date :

Signature of the witness:

Witness Name :

Signature :

Date :

Signature

Date

Surgeon Declaration:

I have comprehensively explained the characteristics, advantages, drawbacks, and alternative options for lens replacement surgery for the patient. I am sure the patient has comprehended this information and given informed consent.

Surgeon Name :

Signature :

Date :

Information about the clinic:

Clinic Name :

Address :

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Contact Number :

Signature

Date