



INFORMED CONSENT FORM - YAG SURGERY

Patient Information

Name :

Date of Birth :

Medical Record Number :

Date :

Summary of the Procedure:

Desired Procedure: Laser treatment to remove clouding of the lens capsule after cataract surgery, restoring clear vision.

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

Surgeon :

Consent Form:

This consent form is intended to facilitate informed decision-making and should be part of a comprehensive discussion between the patient and the healthcare provider. It does not replace personalized medical advice. Patients are encouraged to ask questions and take the time to make an informed decision about their care.

Signature

Date

Overview of the procedure:

What is YAG Capsulotomy?

YAG Capsulotomy is a laser treatment used to correct cloudy vision resulting from posterior capsule opacification (PCO), which may develop following cataract surgery. The objective of this procedure is to alleviate the cloudiness and enhance vision.

The Procedure in Detail:

- ✓ **Anaesthesia:** To alleviate any discomfort, numbing ocular solutions will be administered.
- ✓ **Procedure:** To create an opening, a laser will cut the opaque capsule behind your intraocular lens
- ✓ **Procedure Duration:** The procedure is typically quick, lasting only a few minutes.
- ✓ **Location:** Conducted on an outpatient basis at our clinic.

Advantages:

- **Improved Vision:** Most patients report a substantial increase in vision acuity
- **Convenience:** The procedure is brief and does not necessitate an overnight hospital stay.
- **Minimal Discomfort:** The procedure's non-invasive nature typically leads to minimal discomfort.

Signature

Date

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Risks and Complications

Although uncommon, possible risks may consist of:

- **Elevated intraocular pressure:** This may necessitate monitoring and management
- **Inflammation:** A brief period of irritation or inflammation of the eye
- **Floaters:** Tiny, pulsating areas in your field of vision
- **Retinal Issues:** There are potentially severe complications, including retinal detachment
- **Lens Impact:** Infrequent instances of intraocular lens injury.

Various Alternatives

You may want to take into account

- **Observation:** The process of monitoring the condition without immediate intervention
- **Prescription Modifications:** Improving vision by using updated spectacles or contact lenses
- **Delayed Procedure:** The procedure may be postponed if vision is not significantly affected.

Subsequent Care and Follow-Up

- **Post-Procedure Care:** Administer the prescribed eye solutions per the instructions.
- **Follow-up visits:** Critical for the monitoring of eye health and healing
- **Reporting Issues:** Please inform us of sudden vision changes or discomfort.

Signature

Date

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Patient Acknowledgement

You acknowledge that by signing this form.

Comprehending: You have been apprised of the risks and advantages of the YAG Capsulotomy procedure

Explanation: Your physician has addressed your inquiries, provided a comprehensive explanation of the procedure, and provided you with alternative options

Voluntary Consent: After reviewing the information supplied, you have given your consent to undergo the YAG Capsulotomy procedure

Patient Name :

Signature :

Date :

Statement of the Eyewitness:

I attest that I observed the patient's signature and assent

Witness Name :

Signature :

Date :

Statement of the Surgeon:

The patient has been informed of the YAG Capsulotomy procedure and its implications. The patient fully understood the procedure and gave their consent

Physician Name :

Signature :

Date :

Signature

Date