

Request / consent for left / right lens extraction with lens implant under

- local anaesthetic
- general anaesthetic

Statement of health professional (only complete if you have appropriate knowledge of this procedure as specified in consent policy). I have explained the procedure to the patient. In particular I have explained:

Insert addressograph here

The intended benefits of the operation

The main aim of the operation is to improve the quality of your vision; it may also be of benefit to improve the doctors' view of the back of the eye. We will try to reduce your dependence on spectacles as much as possible, but you may require distance glasses for best vision and you may need reading glasses; in any case your glasses prescription will change after the operation.

Serious or frequently occurring risks during the operation

It is possible for an operation to leave you worse off than you are now. One person in every 1000 will go blind in that eye as a direct result of the operation. One in 10,000 will lose the eye. There is virtually no risk to the other eye. Details on the most common specific complications are given below.

Ecchymosis - Bruising of eye or eyelids (quite common).

Posterior capsule rupture and / or vitreous loss - a split in the thin back wall of the lens which can allow communication between front and back compartments of the eye.

Post operative glaucoma - raised pressure in the eye for the first day or so is common. This may require temporary treatment.

Posterior capsular opacification - clouding of the membrane behind the implant causing blurred vision.

Cystoid macular oedema - inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment. It can be severe and require prolonged treatment.

Refractive surprise - unexpectedly large (or different from expected) need for glasses.

Allergy - to drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed.

Dropped nucleus - part or all of the lens falls through a posterior capsule rupture into the back part of the eye, needing another operation to remove it.

Suprachoroidal haemorrhage - bleeding inside the eye which may require the operation to be completed on another day.

Corneal decompensation - clouding of the normally clear front window of the eye.

Detached retina - peeling off of the seeing layer of cells within the eye.

Endophthalmitis - severe (usually painful) infection inside the eye.

Dislocation of the implant - movement out of position of the lens implant.

Complications are rare and in most cases can be treated effectively. In a small proportion of cases, a further operation may be required. If you have a cataract and you decide against a cataract operation, your vision will probably worsen over time. If you need to discuss your options further, or at a later date, please contact (preferably in writing) the person whose details are given below.

Signature of Health professional..... Job Title.....

Printed Name..... Date

Statement of interpreter (where appropriate). I have interpreted the information above to the best of my ability and in a way in which the patient can understand.

Interpreter's signature..... Print name..... Date.....

Statement of the patient

Please read this form carefully. You should already have been offered a copy of page 1 which describes the risks and benefits of lens extraction surgery, but if you don't have one please ask for one now. If you have any further questions, please ask - we are here to help you. You have the right to change your mind at any time, even after you have signed the form.

- I agree to and request to have the procedure described on this form

I agree that any tissue that is normally removed in this procedure can be stored and used for medical research rather than being discarded. Please tick here if you agree

- I give permission for the medical data concerning my operation and any subsequent treatment to be submitted for outcome data analysis. I understand that my identity will be kept strictly confidential in any reports or journal articles.

I understand that:

- I will have the opportunity to discuss the details of my anaesthetic with an anaesthetist before the procedure, unless the urgency of my situation prevents this (applies to general anaesthetic only).
- Any procedure in addition to those described on this form will only be carried out if it is necessary to save my life, or to prevent serious harm to my health or to my sight.

I have been told about additional procedures which may become necessary during my operation. I have listed below any procedures which I do not wish to be carried out without further discussion.

Signature..... Name (print).....

Date.....

A witness should sign below if the patient is unable to sign but has indicated consent. Young people / children may also like a parent to sign here (see DOH guidelines).

Witness's signature Name print).....

Date.....

Confirmation of consent
(to be completed by a health professional when the patient comes in for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that he or she has no further questions and wishes the procedure to go ahead.

Signature of Health Professional.....Name (print).....

Job Title Date

Important notes: (tick if applicable)

See also advance directive / living will (e.g. Jehovah's Witness form)

Patient has withdrawn consent. (Ask patient to sign / date below)

Patient's signature Date.....