



Dr Dale Harrison

Specialist Ophthalmologist

CATARACT SURGERY CONSENT FORM

Cataract is a clouding of the lens which causes blurred vision. It may also cause changes in your glasses measurements, glare and doubling of the image. Surgery for cataract is usually indicated when it interferes with your day-to-day activities such as driving, reading and watching TV.

Cataract surgery is usually performed under local anaesthetic with sedation. An anaesthetist is present during the procedure. A small incision is made, the cloudy lens is removed and replaced with an artificial lens implant. Before surgery, measurements are done to determine what power implant will be most suitable for your eye.

RISKS AND COMPLICATIONS

While we cannot list every possible complication of surgery you should be aware of the following risks:

- Adverse reactions to local anaesthetic, sedation or general anaesthetic
- Infection, pressure in the eye, clouding of the cornea, dislocation of the implant, changes to the shape of the pupil, swelling of the macula, detachment of the retina.
- Calculations for the implant power are not “an exact science.” We might not get exactly the focus that we aimed for, although we are usually close. You must still expect to need glasses to get your best vision.
- A membrane behind the implant, called the capsule may become cloudy, usually some years after surgery and it may be necessary to clear this with a simple laser treatment.
- Some effects of the surgery, while not dangerous, may be distressing to the patient, these include: light reflections off the surface of the implant, awareness of shapes or flashes in the peripheral vision, floaters, streaks around lights or increased sensitivity to bright lights. These usually do not last
- Surgery may not improve the vision if there are other eye problems, such as macular degeneration.

In signing below, I acknowledge that I have read this form. I accept that complications, although rare, can occur and the outcome of surgery can never be guaranteed.

VOLUNTARY CONSENT

I consent to have CATARACT surgery performed on my RIGHT / LEFT eye

.....
Patient Name and Surname	Signature	Date

I certify that I have explained the nature of the operation and the possible risks

.....
Dr DC Harrison	Date