



CATARACT SURGERY (PHACOEMULSIFICATION) INFORMED CONSENT FORM



DOCUMENT NO	RB.FR. 60	FIRST PUBLISHING DATE	01.02.2010	REVISION DATE	22.08.2016	REVISION NO	1	PAGE NO	1/5
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Revision Cause: Document number has been modified.

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....
.....

Information About Diagnosis:

..... You have consulted Eye Diseases Clinic upon your eye disease. Your right (.....) left (.....) eye has/have been diagnosed with

Information About Treatment Method:

PHACOEMULSIFICATION Process is recommended for your left (.....) eye right(.....) eye

The aim of this surgery is to remove the eye lens that leads to blurred and decrease vision, to replace it with an artificial eye lens, and thereby to increase vision.

Before surgery, eye drops will be applied to enlarge the pupil. If the surgery can be done with anesthetic drops, it will be done by using this method first. However, some patients may need to be given an injection in the back and around the eye. Rarely, general anesthesia may be required in cases where injection is inconvenient. After the anesthesia is applied, special blades are inserted into the anterior chamber and the eye lens diagnosed with cataract is cleaned with high frequency sound waves (Phaco surgery) and artificial intraocular lens is placed in the remaining chamber. Surgery will be performed using this method. However, in some cases, also in Phaco surgery, incisions providing eye entry may need to be sutured. In the preoperative period, in cases where it is decided that there is no chance of surgery with the Phaco method or in cases where it is not possible to continue with the Phaco method during the operation, the eye lens can be removed by expanding some amount of the entry points to the eye. In this case, sutures are placed in the entrance points. Sutures are removed in 1-3 months.

Treatment Prospects and Period:

Photoemulsification has a high chance of success. The duration of the operation varies between 40-60 min, and patients are usually discharged immediately after the operation.

Complications and risks regarding treatment:

Complications that may take place under local/general anesthesia: 1. Damage to the eye and/or the posterior veins due to injection, 2. Damage to the visual nerve due to anesthetics, 3. Allergic reaction to anesthetics, 4. Bleeding posterior to the eye, 5. Problems related to general anesthesia or transfusion of blood and/or blood components in cases required during anesthesia



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DOCUMENT NO	RB.FR. 60	FIRST PUBLISHING DATE	01.02.2010	REVISION DATE	22.08.2016	REVISION NO	1	PAGE NO	2/5
-------------	-----------	-----------------------	------------	---------------	------------	-------------	---	---------	-----

Complications that may occur during surgery: 1. Membrane tear in which the artificial eye lens is placed 2. In patients with membrane tear in which the artificial eye lens is placed, lens parts or the whole lens with cataract falling into posterior part of the eye 3. Separation or bleeding in the vascular layer of the eye due to the abrupt and excessive decline in intraocular pressure

Possible postoperative complications: 1. Fluid accumulation in cornea 2. Intraocular pressure changes (increase or excessive decrease) Infection at anterior and posterior part of eye 4. Vision loss 5. Fluid accumulation at sight 6. Damage to the visual point caused by the light of the operation microscope 7. Membrane blur in which the artificial eye lens is placed 8. Intraocular lens dislocation or falling into back of the eye 9. High astigmatism, which may occur due to Phaco burns in the sutures or eye entrances 10. Bleeding posterior or anterior to the eye 11. Separation or rupture of the retina,

Although some of these complications may be treated, some other may lead to permanent vision damage.

Complications that may be encountered if patient refuses to be operated: 1. Cataract may progress further and melt itself, but in this case it can cause an increase in intraocular pressure and a painful reaction. Vision may reduced more. In late cataract surgery, surgery may be difficult and the duration may be prolonged, and the risk of complications may be increased.

Patient Consent:

I have read the above given information and have been informed by the undersigned doctor. I have been informed about the purpose, risks and complications of the intervention to be performed.

Your right (.....) I hereby allow Dr to perform the **PHOTOEMULSIFICATION** procedure planned to be performed to my Left (.....) eye.

I approve this process consciously, without further explanation and under no pressure.

Consent explanation of patient or guardian:

- My doctor has made necessary explanations regarding my health status.
- I have received detailed information about planned treatment/intervention, why it is necessary, intervention procedure and other treatment choices, their risks, possible results if I am not treated, success rate of treatment and its side effects.
- I have understood the points I had to pay attention to before and after the treatment.
- It was stated that all relevant documents about me and samples received during diagnosis/treatment/intervention could be used for educational purposes.
- My doctor answered all my questions clearly. I have been informed about the persons that will be performing the treatment/intervention. I am calm and rational and I consider myself to have the ability to make proper decisions.



CATARACT SURGERY (PHACOEMULSIFICATION) INFORMED CONSENT FORM



DOCUMENT NO	RB.FR. 60	FIRST PUBLISHING DATE	01.02.2010	REVISION DATE	22.08.2016	REVISION NO	1	PAGE NO	3/5
--------------------	-----------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

- I am aware that I do not have to give consent for this treatment/intervention if I do not want and/or I can stop the procedure in any stage I want.
- I have read all of the above carefully, I have asked points I didn't understand, and my doctor repeatedly explained the points I didn't understand until I understood them.

I understand that my doctor may be able to reveal different situations that require additional or different treatments other than the scheduled procedure required by my condition during the procedure. In this case, I agree that my doctor shall make an appropriate additional attempt required by my condition and health.

Matters surgeon would like to know about patient:

Medicine used:

Bleeding time:

Allergy:

Other diseases:

Surgeon's notes about briefing:

.....
.....

Surgeon's stamp and signature:

Consent explanation of patient or guardian:

- My doctor has made necessary explanations regarding my health status.

I have received detailed information about planned treatment/intervention, why it is necessary, intervention procedure and other treatment choices, their risks, possible results if I am not treated, success rate of treatment and its side effects.

- I have understood the points I had to pay attention to before and after the treatment.



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DOCUMENT NO	RB.FR. 60	FIRST PUBLISHING DATE	01.02.2010	REVISION DATE	22.08.2016	REVISION NO	1	PAGE NO	4/5
-------------	-----------	-----------------------	------------	---------------	------------	-------------	---	---------	-----

•It was stated that all relevant documents about me and samples received during diagnosis/treatment/intervention could be used for educational purposes.

• My doctor answered all my questions clearly

I have learned about persons who will apply treatment/intervention.

I am calm and rational and I consider myself to have the ability to make proper decisions.

• I am aware that I do not have to give consent for this treatment/intervention if I do not want and/or I can stop the procedure in any stage I want.

Note: Please write “I have read, understood and therefore accept this form.” inside the box with your handwriting.

.....
.....
.....

Place/Date/Time:

NOTE: If the patient is not able to give consent, identification information and signature of person who

• Both parents (guardians) have to sign this form. If only one

of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent

has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

I have interpreted the information defined in this “Informed Consent Form” to patient/patient’s parent/relative explicitly.

Name - Surname:

Address:

Date / Time:

Signature:



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DOCUMENT NO	RB.FR. 60	FIRST PUBLISHING DATE	01.02.2010	REVISION DATE	22.08.2016	REVISION NO	1	PAGE NO	5/5
--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

Signature of Patient/Patient's Guardian/Relative

Name - Surname:

Date / Time:

Signature:

Doctor who informed the Patient

Name - Surname:

Date / Time:

Signature: