

# YAG laser capsulotomy surgery

## Informed consent document

**This is a legal document. You need to sign it to give the surgeon written permission to treat you. It is important that you bring this document with you on the day of your treatment. If you do not understand anything in this document, please ask for more information.**

Patient's name:

Patient's central ID:

**Eye (or eyes) to be treated:** Right eye  Left eye

### Informed consent

#### Background information

We aim to tell you all about the risks, benefits and alternative treatment options of YAG laser capsulotomy. It is important for you to understand that there are risks with any type of surgery.

This informed consent document, along with the information you received at your pre-treatment consultation, is designed to make sure that you can fully consider the risks and benefits of the surgery you have been scheduled for and make an informed decision on whether or not to go ahead with the treatment.

We are giving you all this information before your treatment so that you have enough time to consider all aspects of your treatment before your surgery.

The information in this document applies to all types of YAG laser capsulotomy.

#### **Please initial each point below to confirm that you understand the information.**

Your surgeon will decide whether or not you are suitable for treatment after carrying out a careful examination, discussing the treatment with you and considering your optometrist's opinion. The surgeon's decision will be based on your individual needs.

Please tell your GP that you are considering YAG laser capsulotomy, as they can give you independent medical advice.

If you have any questions about your treatment, you should ask your surgeon before you sign this document.

The purpose of this part of the document is to confirm that you have understood all of the information you have received and to keep a record of your decision to go ahead with the treatment.

I have read and understood the points discussed in this section.

**Write your initials here:**

I understand that my surgeon will be registered with the General Medical Council.

I understand I should visit [www.gmc-uk.org](http://www.gmc-uk.org) for the benefits this offers me.

I also understand my surgeon may be an independent practitioner using facilities you have provided.

You will tell me whether my surgeon is an Optical Express surgeon or an independent practitioner at the end of this document.

I am aware of the facts stated above.

**Write your initials here:**

I understand that my surgeon may decide to change the type of procedure I have if a different surgical approach would be safer or would provide a better outcome.

**Write your initials here:**

Before your treatment you must tell your surgeon if any of the following applies.

- You have any eye problems, including amblyopia (lazy eye), strabismus (muscle imbalance which can cause double vision), severe dry eyes or any recurrent (keeps coming back), residual (an after-effect of another condition) or active eye conditions.
- You are a carrier of methicillin-resistant staphylococcus aureus (MRSA) or have been exposed to MRSA.
- You have any general health conditions, including back problems or claustrophobia or other psychological conditions (including a history of anxiety or depression).
- You have any implants, including a cardiac pacemaker, insulin implant or other electronic implanted device.
- You are allergic to any medications or latex.
- You are taking or using any medications, eye drops or supplements, including vitamins or nutritional supplements you have bought 'over the counter' without a prescription.
- Your current or planned occupation prevents you from having a multifocal lens implant, any type of lens surgery or laser eye surgery.
- You have had an eye injury or eye surgery in the past.
- You are pregnant, breastfeeding or could possibly be pregnant.

It is vital that you have fully and accurately filled in the health questionnaire you received at your pre-treatment consultation before you meet your surgeon for treatment.

The information in this document is extremely important as it will help your surgeon to decide whether you are suitable for treatment.

I have read and understood this section and have met all the conditions.

**Write your initials here:**

### **General information**

Lens surgery generally gives very good results. However, some of the improvement in vision may be lost after a few months or years because of thickening of the lens capsule.

This membrane, which is part of the natural lens of your eye, is left behind after surgery to support the lens implant.

When it thickens it becomes milky in appearance and it obstructs your vision, making things seem hazy.

This is called 'posterior capsule opacification'. Sometimes this effect can become quite noticeable.

YAG laser capsulotomy is designed to bring your vision back up to the level that it was after your initial lens surgery.

It involves removing the central part of the thickened membrane. This part is not needed to support the implant.

The procedure involved in a YAG laser capsulotomy is explained in more detail in the information you received at your pre-treatment consultation.

I understand the above and all of my questions have been answered.

**Write your initials here:**

On the day of your surgery you may receive eye drops to enlarge the pupil. We may give you these to put in yourself a few minutes before the treatment.

The treatment is non-invasive. We will ask you to sit with your chin on a chin rest with your head resting against a strap. The surgeon may hold a small contact lens against the front of your eye.

This is not always necessary, but if it is, your surgeon will first put a drop in your eye to make the front of your eye numb.

Your surgeon will ask you to look straight ahead. In some cases you may be asked to focus on a small target light.

It is very important that you keep your chin on the rest, your head against the strap, and that you look straight ahead.

There will be a bright light shining towards your eye and you may notice some little red lights moving around. You will hear a number of clicking or bleeping noises from the laser equipment.

Your surgeon will tell you when the treatment is finished.

I understand the above and all of my questions have been answered.

**Write your initials here:**

There is a significant amount of medical evidence which shows that YAG laser capsulotomy procedures are safe and effective.

However, it is not possible to absolutely guarantee that a YAG laser capsulotomy will improve your vision or that you will not need other types of treatment to correct your vision.

I understand the above and all of my questions have been answered.

**Write your initials here:**

Although we confirmed that your prescription was stable at the time of your pre-treatment consultation, it is still possible for you to develop further short-sightedness, long-sightedness or astigmatism over time after treatment, even if the treatment is successful in correcting your vision.

I understand the above and all of my questions have been answered.

**Write your initials here:**

When we are young, our eyes can focus at all distances, from very distant objects to very near objects (like an auto-focus camera). This ability to focus weakens throughout life.

From about the age of 40, this loss of near focus begins to affect our ability to read and see close-up things clearly. This weakening continues until you are about 60 years old, at which time you have almost no ability to change focus.

The loss of ability to focus results in the need for reading glasses, even for people who have previously had excellent distance and near vision without glasses. This process (called 'presbyopia') happens in everyone.

People with presbyopia usually need bifocal, varifocal or separate reading glasses to see clearly at close range.

If you are short-sighted, you can compensate for this loss of near focus simply by taking your glasses off or your contact lenses out.

If you are short-sighted and choose to have both eyes treated to give you the best distance vision, you will lose the ability to compensate for your loss of near focus.

The most important thing to remember is that if you have presbyopia and choose to have both eyes treated to give you the best distance vision, you will need to wear

glasses for most near-vision activities after treatment, not just reading. This includes most close-up tasks, such as using a computer, looking at your mobile phone, applying make-up, reading a menu and so on.

I have read and understand this section. I understand the issues of presbyopia, loss of ability to read and focus, and the need for glasses.

I understand that if I have presbyopia and choose to have my distance vision corrected in both eyes, I will need to wear glasses for most near-vision activities after having laser eye surgery.

**Write your initials here:**

YAG laser capsulotomy will not correct other causes of poor vision such as amblyopia (lazy eye), vitreous opacities (floaters), glaucoma, diabetes, age-related macular degeneration or any other retinal or optic nerve conditions.

I understand the above and all of my questions have been answered.

**Write your initials here:**

After having YAG laser capsulotomy, it is possible that you may develop eye conditions that are unrelated to, and not caused by or prevented by, YAG laser capsulotomy, such as glaucoma, age-related macular degeneration and other conditions of the retina.

I understand the above and all of my questions have been answered.

**Write your initials here:**

### **After a YAG laser capsulotomy**

Recovery from a YAG laser capsulotomy is usually very quick. You should be able to continue your normal activities after 24 hours. We may give you eye drops

to use. We will examine your eyes after 7 to 10 days to make sure the procedure has been successful.

The improved vision provided by a YAG laser capsulotomy should last for the long term. For most people it is not necessary to repeat the procedure. In some cases the area which has been treated may need to be enlarged.

I have read and understood the points discussed in this section.

**Write your initials here:**

### **Alternatives to a YAG laser capsulotomy**

Your treatment is an elective procedure. This means you can choose whether or not to have it. However, if you do not have the treatment, it is likely that you will have some further reduction in your vision.

It is possible to have the thickened membrane removed with a surgical procedure (using cutting devices placed into the eye), but this involves much more risk than a YAG laser capsulotomy.

I have read and understood the points discussed in this section.

**Write your initials here:**

### **Possible risks, complications and desired results**

Most people find that their eyesight improves significantly after this procedure.

But if you have another condition such as age-related macular degeneration, diabetes or glaucoma the quality of your vision may be limited as a YAG laser capsulotomy cannot make your vision better than it was straight after your initial lens surgery.

Significant problems as a result of having a YAG laser capsulotomy are rare but as with any laser procedure, there may be some complications, either during the treatment or afterwards.



It is not possible to discuss every possible risk here, but we provide some information on possible complications in the following section.

I have read and understood the points discussed in this section.

**Write your initials here:**

Due to uncertainties in healing patterns and other aspects of surgery, we may not fully achieve the desired result from the treatment you are scheduled for after a single procedure.

So, even after surgery, you could be short-sighted, long-sighted or have astigmatism and may need to wear glasses or contact lenses or have more surgery. Your eyes may also go back towards their original prescription.

Laser enhancement surgery may be possible when your prescription is stable, there is enough corneal tissue available and there are no medical reasons why laser eye surgery could not be safely carried out.

Although laser enhancement surgery is generally very effective, there are extra risks involved, and we cannot guarantee we will achieve the result we are aiming for. Laser enhancement surgery can usually only be considered three to six months after your initial lens surgery.

I understand the above and all of my questions have been answered.

**Write your initials here:**

A YAG laser capsulotomy is not reversible. The results of surgery cannot be guaranteed and you may need further treatment or surgery (or both) to achieve a result you are happy with.

I understand the above and all of my questions have been answered.

**Write your initials here:**

There can be damage to the lens. Usually this is very mild, and referred to as 'pitting'. If the pitting was noticeable, and located near the centre of the lens, it could affect your vision and in particular could cause glare. This complication is very rare.

I understand the above and all of my questions have been answered.

**Write your initials here:**

Sometimes a YAG laser capsulotomy can cause the pressure in the eye to rise for a few hours.

For most people this is of no significance, and your surgeon will take it into account when giving you your medication to use after the treatment.

I understand the above and all of my questions have been answered.

**Write your initials here:**

Floaters are very common following a YAG laser capsulotomy. Usually they disappear after in a few days, but sometimes some of the floaters may stay for longer. This is rarely a significant problem.

I understand the above and all of my questions have been answered.

**Write your initials here:**

A YAG laser capsulotomy can, in some people, cause some oedema (waterlogging) of the macula (central retina). This causes blurring of the vision. This is very rare, and it usually settles down on its own or with medical treatment. Very rarely, however, it could result in a permanent reduction of the central vision.

I understand the above and all of my questions have been answered.

**Write your initials here:**

With some implant designs, there is a small risk that a YAG laser capsulotomy may allow the implant to move out of position, which would affect your vision. However, with the more commonly used implant styles this is extremely rare.

I understand the above and all of my questions have been answered.

**Write your initials here:**

There is a slightly increased chance of developing a retinal detachment following this treatment. However, the risk for most people is still very low, and this is generally not considered a reason not to go ahead with the treatment.

I understand the above and all of my questions have been answered.

**Write your initials here:**

If you need to have an explantation of the intraocular lens procedure (where the artificial lens is removed and another is implanted) for any reason in the future, this is more complicated following a YAG laser capsulotomy.

I understand the above and all of my questions have been answered.

**Write your initials here:**

You may still depend on glasses or contact lenses for near vision and reading in conditions such as dim lighting, to see very small print or for close-up work for long periods of time.

I understand the above and all of my questions have been answered.

**Write your initials here:**

It is possible that the surgery may not improve your near vision or the results

may not last. As most people age, there is a natural loss of near vision.

I understand the above and all of my questions have been answered.

**Write your initials here:**

Night-vision disturbance such as glare and 'halos', double vision or seeing 'ghosts' around things are common immediately after a YAG laser capsulotomy.

In most cases these symptoms gradually disappear over a period of weeks or months following the treatment.

In rare cases, night-vision problems may last for longer periods or could be permanent. The risk of night-vision disturbance is higher in patients who had a high prescription before their treatment.

I understand the above and all of my questions have been answered.

**Write your initials here:**

It is impossible to list every possible complication. We have not told you about risks and complications that are considered to be unforeseeable or extremely rare, or which have not previously been reported.

Also, there may be long-term effects that we do not yet know about or cannot expect at the current time.

I understand all of the information provided about risks and complications. All of my questions have been answered.

**Write your initials here:**

We do not recommend that you travel alone for at least two hours after your eye surgery (even if you are travelling a route you know well) or for a week after your eye surgery (where you are travelling a route you do not know well).

We cannot predict how you will feel after your eye surgery, and whether you will be able to safely use transport (either public transport or your own transport).

For example, you may feel drowsy or disorientated, or have restricted vision.

I understand that if I decide to travel on my own following the treatment, this is at my own risk.

**Write your initials here:**

To achieve the best result and reduce the risks, I agree to follow the medication regime the surgeon prescribes and the aftercare routine described in the information documents.

I agree to follow the aftercare advice you give me relating to protecting my eyes, and I will take my antibiotic and anti-inflammatory drops as prescribed.

**Write your initials here:**

It is important that your eye health is checked every two years and the thickness of certain layers of the outer surface of the eye (known as the cornea) is measured.

I understand the above, acknowledge your recommendation and agree to have eye examinations every two years.

**Write your initials here:**

### **Same-day treatment of both eyes**

The benefits of having both eyes treated on the same day include convenience, balanced vision, the ability of both eyes to work together to help with depth of vision and less night glare. It is widely accepted as safe and medically appropriate to do this.

Although complications relating to treating both eyes at the same time is extremely rare, the result could severely

reduce your vision and cause disability.

You may choose to have only one eye treated at a time if you prefer.

I understand the above and all of my questions have been answered.

**Write your initials here:**

### **Patient consent**

Your surgeon will help you with the choices in this section.

I give my consent to having the following treatment (please tick as appropriate).

I choose to have the following surgery:

YAG laser capsulotomy:

Right eye  Left eye

**Write your initials here:**

### **Use of medical information**

I give permission for you to use information relating to my treatment to help you provide my treatment, review my treatment, give me advice about additional treatment, carry out any additional treatment, and manage your business properly, for example to allow you to keep accurate records and for quality-control purposes.

**Write your initials here:**

I give permission for you to use information relating to my treatment for research purposes, for statistical analysis, in connection with academic and scientific papers, presentations and other publications, and for marketing purposes.

I understand that the information relating to my treatment will not reveal my identity.

**Write your initials here:**

### **Patient declaration**

We advise you to take enough time

to carefully and thoroughly read and understand the information in this document, and the other information you receive during your pre-treatment consultation.

If you have not read or understood all of this information, please let us know and do not go ahead with the treatment.

I confirm that I have taken enough time to carefully and thoroughly read and understand the information in this document and the other information I received during my pre-treatment consultation.

**Write your initials here:**

At my consultation my optometrist discussed the risks, benefits and alternatives to YAG laser capsulotomy with me.

**Write your initials here:**

I received my YAG laser capsulotomy terms and conditions and informed consent documents at the time of my consultation.

**Write your initials here:**

I received my YAG laser capsulotomy terms and conditions and informed consent documents at least 24 hours before my surgery.

**Write your initials here:**

I confirm that I have not been placed under any pressure and I do not feel obliged to have the treatment.

I understand that the decision whether to go ahead with treatment is mine alone, and should be based on the information I have received in this document and during my pre-treatment consultation.

**Write your initials here:**

### **Confirmation of declaration**

Please confirm you want to go ahead with the surgery by writing the following statement in the box below.

**'Having considered the information I received at my pre-treatment consultation and the information in this document, and discussed the risks, side effects, possible outcomes and benefits of treatment with my surgeon, I am happy to go ahead with the surgery. I understand that I am under no obligation to do so.'**

Your signature:

Your full name (print):

Your date of birth:

Date of your pre-treatment consultation:

Date of your signature:



## Witness declaration

Witness's declaration:

Witness's signature:

Witness's full name (print):

Witness's date of birth:

Date of witness's signature:

Notes:

## Surgeon declaration

I have discussed the risks, benefits and alternatives to YAG laser capsulotomy with the patient, and asked the patient whether they feel pressured or obliged to have the treatment for any reason.

I am satisfied that the patient understands the meaning of the technical terms in this document, the nature and purpose of the treatment and the risks and possible complications that are described in this document, and that they accept these risks and are voluntarily (and without feeling pressure or obligation) choosing to have a YAG laser capsulotomy.

I agree to accept this patient on the above terms and provide the treatment as set out in this document.

Surgeon's signature:

Surgeon's full name (print):

Date of surgeon's signature:

Surgeon's status (please tick as appropriate):

Employee of Optical Express  Independent practitioner