

KALİTE YÖNETİM DOKÜMANLARI

ILLUMINATED CONSENT FORM FOR CATARACT SURGERY (PHACOEMULSIFICATION) Doküman No: HD-FR-352 Yayın Tarihi :19.03.2021 Revizyon No:00

Revizyon No:00 Revizyon Tar.: Sayfa No :1/3

Patient Name-Surname :

Date : Protocol No :

INFORMATION ABOUT DIAGNOSIS:

For the treatment of your current disease, **CATARACT** surgery is recommended on your Right eye (......) Left eye (......).

The aim of this surgery is to remove the eye lens, which becomes intense and cause vision reduction, and to replace it with an artificial eye lens, thereby increasing vision.

INFORMATION ON TREATMENT MANAGEMENT:

Before the operation, drops will be administered to enlarge the pupil. If the surgery can be performed with drop anesthesia, that will be the first anesthetic of choice. However, in some patients, it may be necessary to inject the back of the eye and around the eye. In cases where injection is inconvenient, general anesthesia may rarely be required. After the introduction of the anesthesia, special blades will be used to access the anterior chamber from the appropriate quadrants and the eye lence will be cleaned with high frequency sound waves (PHACO SURGERY), and an artificial intraocular lens will be placed in the remaining pocket. In this way, the surgery will be completed. However, in some cases, it may be necessary to place stitches in the entrance areas of the eye in phaco surgery. In cases where it is decided that there is no chance of surgery with the phaco method in the preoperative period, or in cases where it is not possible to continue with the phaco method during the operation, the eyepiece can be removed from here by widening the eye access points. In this case, stitches are placed in the entrances. Stitches are removed within 1-3 months.

TREATMENT SUCCESS CHANCE AND DURATION:

Cataract surgery has a high chance of success. As it can be the case with any medical operation, there is a rare possibility of not getting the desired results from the surgery.

The duration of the operation varies between 40-60 minutes and patients can usually be discharged immediately after surgery.

TREATMENT COMPLICATIONS AND RISKS

Complications that may occur during local / general anesthesia:

- 1. Injury to the eye and / or the veins behind it with a needle,
- 2. Damage to the optic nerve with anesthetic substance,
- 3. Allergic reaction to anesthetic drug,
- 4. Bleeding behind the eyes,
- 5. Problems related to general anesthesia or transfusion of blood and / or blood products when necessary during anesthesia application
- 6. If general anesthesia (narcosis) is applied, drug side effects, complications related to ventilation

Complications that may occur during surgery:

- 1. The rupture of the membrane into which the artificial lens is placed.
- 2. Particles or all of the cataracted lens fall into the posterior part of the eye in patients with ruptured membrane in which the artificial lens is placed.

OPTIMED

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3. Separation or bleeding in the vascular layer of the eye due to a sudden and excessive drop in intraocular pressure.

Postoperative complications:

- 1. Fluid collection in the cornea
- 2. Intraocular pressure changes (rise or fall)
- 3. Infection in front and back of the eye
- 4. Impaired vision
- 5. Collection of fluid at the point of view
- 6. Damage to the visual point caused by the light of the operating microscope
- 7. Blurring of the membrane in which the artificial lens is placed
- 8. The intraocular lens slips out of place or falls behind the eye
- 9. Refractive error (high astigmatism) that may occur due to phaco burns at stitches or at the entrance to the eye.
- 10. Bleeding in the anterior and posterior part of the eye
- 11. Separation or tear formation in the web layer
- 12. Seam breaks
- 13. Suture inflammation
- 14. Iris discoloration
- 15. The pupil's deformations
- 16. Yellow point blistering

While some of these complications are treated, permanent vision damage may occur due to others. The eye can be lost.

Necessary interventions in accordance with medical science and technique may be required to correct and treat complications or unexpected emergencies that may arise during surgery.

Complications that may be encountered if treatment is not accepted:

- 1. Cataract can progress further and melt on its own, but in this case, it may cause an increase in intraocular pressure and a painful reaction.
- 2. Sight may decrease further
- 3. In delayed cataract surgery, the operation may become difficult and its duration may be prolonged, and the risk of complications may increase..

| PERSONAL INFORMATION: | | | | | | | | |
|-----------------------|------|-----|---------|-------------|-------|--|--|--|
| | | | | | | | | |
| Patient Name Surname: | | | | Signature : | Date: | | | |
| Doctor's | Name | and | Surname | :Signature | : | | | |
| Date: | | | | | | | | |



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I read the information described above and was informed by the doctor who signed below.

Doküman No: HD-FR-352 Yayın Tarihi :19.03.2021

Revizyon No:00 Revizyon Tar.: Sayfa No :3/3

Consent of the Patient:

| l learned about the purpose, | risks, complications and a | additional treatment | options of the intervention. | | | | | | | | | |
|--|----------------------------|-----------------------|----------------------------------|--|--|--|--|--|-----------------------|--|-------------|-------|
| I consent to the which is plant | anned to | | procedure, which is | | | | | | | | | |
| planned to be applied to my Right eye (), Left eye (), to be performed by Op.Dr and / or her assistants working under her supervision. I have read and signed this form consciously and without any need for additional explanation, under no | | | | | | | | | | | | |
| | | | | | | | | | pressure. | | | |
| | | | | | | | | | Patient Name Surname: | | Signature : | Date: |
| Patient Relative's: | | Signature : | Date: | | | | | | | | | |
| Name | Surname | | | | | | | | | | | |
| (Relation | | | | | | | | | | | | |
| | | | | | | | | | | | | |
|) | | | | | | | | | | | | |
| I have provided the above me | entioned patient/patient's | relative with suffici | ent and satisfactory information | | | | | | | | | |
| on his/her illness, the operat | ion to be performed, reas | sons and benefits | of the operation, post-operative | | | | | | | | | |
| maintenance and care, expected risks, type of anesthesia if to be used and its risk and complications. | | | | | | | | | | | | |
| The patient/patient relative has read, approved, and signed this form with his own consent, which means | | | | | | | | | | | | |
| that he/she has been sufficie | ntly informed. | | | | | | | | | | | |
| Doctor's Name Surname: | | | | | | | | | | | | |
| Signature : | | Date: | | | | | | | | | | |