UKOA UK OPHTHALMOLOGY ALLIANCE

The ROYAL COLLEGE of OPHTHALMOLOGISTS

Patient details or pre-printed label

Surname ________________________________

First names ______________________________

Date of Birth _____________________________

NHS and/or hospital number ______________

Special requirements eg communication:

For adult patients with mental capacity to give valid consent to

Cataract removal and new lens implant / Phacoemulsification and IOL

Right eye / Left eye / Both eyes

Signed copy to be kept in health records, further copy to be given to patient

Source of Patient Information & Charities:

RNIB: https://www.rnib.org.uk/eye-health/your-guide-cataracts/when-should-i-have-cataracts-surgery

NHS.net: https://www.nhs.uk/conditions/cataract-surgery/

Hospital eye clinic leaflet – please ask for one if not provided

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Cataract removal and new lens implant _____Right / Left / Both eyes
To prevent pain you will be given drops
or other anaesthetic: [ ] injection [ ] general anaesthesia [ ] sedation

The intended benefit: **To improve vision**

Other benefit:

Serious, significant or frequently occurring risks:

Common up to 1 in 20

- **Clouding behind new lens needing laser**
- **Vision does not improve**
- **Complications in surgery that can be treated then or later such as rupture of membrane behind cataract or some cataract left in eye**
- **High pressure needing temporary treatment**

Uncommon up to 1 in 100

- **Need for further surgery**
- **Retina problems (detachment, fluid build-up)**
- **Inflammation or bleeding inside eye**
- **Significant focus problems needing glasses or contact lenses or surgery**

Rare up to 1 in 1000

- **Infection inside eye**
- **Glaucoma**
- **Severe or permanent vision loss**
- **Other e.g. pupil shape change, double vision, droopy eyelid**

Vere rare up to 1 in 10,000

- **Inflammation which could affect vision in both eyes**

Specific or material risks for this patient:

Has the patient ever been told by their doctor or by the public health authorities that they may be at risk of having CJD?

☐ No	Proceed as normal
☐ Yes	Ask for further explanation *
☐ Unable to respond	Proceed as normal unless high risk tissue *

* Quarantine instruments pending advice from with infection control

COVID-19: In the majority, COVID-19 causes a mild, self-limiting illness but symptoms may be highly variable amongst individuals and it is important you understand the specific risk profile to yourself.
There is no guarantee of zero risk of COVID-19 transmission.
For more information: www.gov.uk/coronavirus

Health Professional: I assess that this patient has capacity to give valid consent. I have discussed what the procedure is likely to involve, the benefits and risks of this and of any available alternative treatments and of no treatment and any particular concerns of this patient. The patient has been given the opportunity to ask questions. I have provided the **Cataract surgery leaflet**.

Signed_____________________________ Date _____________________________

Name _____________________________ Job title ___________________________

Patient: Please read this form carefully, it describes the benefits and risks of the treatment. **You will be given a copy of this form** to keep and a copy of an information leaflet about cataract surgery. **Please ask for a leaflet if not offered one.** If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure described on this form.
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that any procedure in addition to that described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my general or eye health.

Patient's signature___________________________ Date______________

Name (PRINT)____

Contact name and telephone if patient wishes to discuss later

____

Interpreter (where appropriate): I have interpreted the information above and the discussions between the patient and the professional to the best of my ability and in a way in which I believe s/he can understand.

Signed_________________________________ Date________________

Name (PRINT)____

A witness should sign if the patient is unable to sign but has indicated consent.

Signed_________________________________ Date________________

Name (PRINT)____