

SNOWDEN RIVER SURGERY CENTER
Consent for Laser Capsulotomy after Cataract Surgery

A thin membrane called the lens capsule surrounds the natural lens of the human eye. In modern surgery, when the cloudy lens of the eye is removed the back surface of the lens capsule is intentionally left intact to help support the intraocular lens (which is implanted to replace the natural lens), and to maintain the natural separation between the front and back chambers of the eye.

This capsule is normally clear. But, with the passage of time, the capsule can become cloudy or wrinkled, which is a normal occurrence as part of the body's natural healing process. The wrinkling or cloudiness can interfere with vision in ways similar to the original cataract. Not everyone will experience capsule haziness; however, in 40 to 50% of eyes the posterior capsule will eventually become hazy.

When the haziness reaches a point where it reduced the patient's vision, a laser is used to make a small opening in this membrane so that the patient can once again see clearly. This procedure is totally painless, requires only anesthetic eye drops, takes only a few minutes and virtually never needs to be repeated.

In preparation for laser surgery, your eye will be dilated and anesthetic eye drops will be installed. During the laser surgery, you may hear a clicking sound and observe a flashing light. These sensations are entirely normal during YAG laser surgery. After the treatment, you will normally see clearly within a few hours and can resume normal activities immediately. Your vision may continue to improve in the days and weeks following the procedure.

Since in this procedure nothing enters the eye except the invisible beam of light of the laser, complications are very rare. However, as with all surgical procedures, some complications may arise. These include hemorrhage, damage to or dislocation of the intraocular lens, elevated intraocular pressure (usually only temporary), swelling of the retina, retinal detachment, or damage to the iris or pupil.

Additionally, should you experience any of the following three symptoms please call your doctor as soon as possible: 1) Severe ache or acute pain in the treated eye; 2) Headache above the treated eye; 3) Significant decrease in vision in the treated eye. In the rare cases where patients experience these symptoms, they usually occur within 4 to 6 hours.

I acknowledge that I have been given an opportunity to read and/or receive a copy of the **Privacy Practices of the Snowden River Surgery Center.**

I, _____ hereby authorize Dr. _____
to perform a YAG Laser Capsulotomy on my RIGHT / LEFT / BOTH Eye(s). The benefits of this procedure, the risks, and potential complications have been explained to my satisfaction.

Patient: _____ Date: _____
(Guardian, if appropriate)

Witness: _____ Date: _____

Doctor: _____ M.D. Date: _____

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INFORMED CONSENT FOR YAG POSTERIOR CAPSULOTOMY

After modern cataract with lens implant surgery, the back membrane of the cataract is left in place to support the lens implant. This membrane may become cloudy and cause blurred vision, and sometimes patients will see streaks or haloes around lights. These problems worsen with time.

In the past, a trip back to the operating room was necessary. A small cut was made and a needle introduced to cut the cloudy membrane. Complications of the surgery included possible infection, retinal swelling, or retinal detachment with possible loss of vision. An anesthetic injection was necessary and complications from the injection included heart or breathing disturbances, damage to the optic nerve, or perforation of the eyeball with the needle.

Fortunately, a modern YAG laser treatment can be done without a need for an anesthetic injection or a small cut. Many of the complications noted previously are thereby eliminated. There is no interruption in physical activities and no patch after the laser treatment is needed.

Laser surgery is still surgery. Complications can still occur. Some new floaters or spots may be seen. Retinal swelling or detachment can follow this type of surgery as well. The eye pressure may rise temporarily after the YAG laser treatment.

THE ALTERNATE TREATMENTS AND THEIR RISKS AND BENEFITS HAVE BEEN EXPLAINED TO MY SATISFACTION. I HEREBY GIVE MY INFORMED CONSENT FOR A POSTERIOR CAPSULOTOMY IN MY RIGHT/LEFT EYE WITH THE YAG LASER.

Patient (or person authorized to sign for patient)

Date