CONSENT FOR YOUR CATARACT OPERATION

Patient label

Name of proposed procedure or treatment:
RIGHT/ LEFT Cataract Extraction and Lens Implant under local anaesthetic.

Any special requirement: (eg language or communication etc): N / Y
Statement of Surgeon:
I have explained the procedure to the patient. In particularly I have explained the intended <u>benefit</u> is to improve their vision.
Significant, unavoidable, or frequently occurring <u>risks</u> are: 1:50 risk of any complication, 1:250 chance of requiring further surgery, 1:1000 risk of total loss of vision.
I have also discussed what the procedure is likely to involve, the benefits and risks of any available treatment (including no treatment) and any particular concerns of this patient. I have provided the patient with a patient information sheet on cataract surgery before their appointment.

Surgeon's signature:………………………………………………… Date: ………………………………….

Name (PRINT) ……………………………………………… Job Title:

Statement of patient:
I confirm I have **received**, read and understood the patient information leaflet on cataract surgery. I confirm I have had the opportunity to discuss any concerns I have. The surgeon above will perform the procedure.
I **agree** to the procedure or treatment described on this form.
I **understand** that any procedure in addition to those described in the leaflet will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
I have had an **opportunity** to discuss the details of the local anaesthetic procedure prior to the operation.

Patient's signature:……………………………………………….. Date: …………………………………..

Name(PRINT)……………………………………………………………………………...........................

A **witness** should sign below if the patient is unable to sign but has indicated his or her consent.

Witness signature:…………………………………………………….. Date: …………………………………

Name (PRINT) ………………………………………………………………...

Important notes: (tick if applicable)
- See advance directives/living will (eg Jehovah's witness form)
- Patient has withdrawn consent (ask patient to sign here and date)

Signed: …………………………………………………………. Date:………………………………….

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

Signed: ……………………………………………………………… Date: …………………………………..

Name (PRINT): ……………………………………………………………………………………………….