



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्या, बेंगलूरु- 560 022.

EMPLOYEES' STATE INSURANCE CORPORATION

HOSPITAL, PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

INFORMED CONSENT FOR CATARACT SURGERY

I have been informed regarding the following aspects of cataract surgery by

The natural lens in the eye has turned cloudy, i.e. the cataract, causing blurred eye sight. If the cataract is not removed, the vision will probably gradually get worse. The purpose of the operation is to replace the cloudy lens (cataract) with a clear plastic lens (implant) inside the eye. An experienced surgeon will carry out the operation.

The vast majority of patients have improved eye sight following cataract surgery.

If other conditions such as diabetes, glaucoma, retinal problems are present, quality of vision may still be limited even after successful surgery. There is a small risk of complications, which are rare and can be treated effectively. In a small proportion of cases, further operation may be required.

Possible complication during the operation :

- * Tearing of the back part of the lens capsule, loss of the whole or part of the cataract into the back of the eye requiring further operation, bleeding inside the eye.

Some possible complication after the operation :

- * Swelling and burning of the eye, high pressure inside the eye, Clouding of the cornea, Incorrect strength or dislocation of implant, Swelling of retina-macular edema, detached retina which can lead to loss of sight, infection in the eye-end ophthalmitis - which can lead to loss of sight or even loss of eye. Allergy to medication used.

I have read the information carefully / I had it read out to me. Any doubts have been answered adequately to me in the language which I understood.

- * **I agree to, and request to have the procedure described.**
- * **Any procedure in addition to those described in the form will be carried out if it is necessary to prevent serious harm to my health or my eye.**

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Signature of Patient / Representative

Date :

.....
Witness

Date :

Doctor's Signature