



The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse providing information except the legal and medical necessities.

The Information About Treatment Method

Cataract is an eye disease that results in the loss of the transparency and opacification of the eye lens, and consequently a decrease in vision. Cataract Surgery is suggested to your eye for your present complaint. The aim of this surgery is to take the eye lens, having lost its transparency and causing visual declination, and locate an artificial eye lens in place of it, and to provide visual increase. Before the surgery, drops will be dripped in order to extend eye pupil. If the surgery can be done with drop anesthesia, at first it will be done with this method. However, for some patients, it is improper to use an injection at the back of the eye and its circle. Rarely, General anesthesia is needed in prejudicial injection cases. Following to provide anesthesia, getting in with particular knife form suitable quadrant to front camera, by cleaning the cataract existing eye lens with high frequency sound waves (FACO SURGERY), an artificial eye lens will be put into the remainder pocket.

There are 2 types of artificial intraocular lenses.

- Farsighted lens: With these lenses, distance vision without glasses is possible to a large extent, but glasses should be used for near vision.
- Multifocal lenses: With these lenses, both distance and near vision without glasses are possible to a great extent; but lenses may lead to disintegration of lights at night. In addition, cataract surgery at short intervals may be required in both eyes to implant these lenses.

Thus the surgery will be completed. But in some cases, also it can be needed to suture the entry of the eye fields in FACO SURGERY. Before the surgery period, in the cases which is decided that the possibility of the surgery with FACO method is not present, or during the surgery, in the cases which is impossible to continue the surgery with FACO method, by extending the fields of the eye entry a little, eye lens can be taken out from here. In this case, suture is put to entry fields. Those sutures are taken in 1-3 months.

The success chance of the cataract surgery is very high. The surgery duration changes approximately between 20-30 minutes and generally patients are being discharged very soon after the surgery.

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The Treatment Complications and Risks

The Complications That Can Occur During Local/General Anesthesia

- Damage in the eye and/or back veins because of needle,
- Injury in the visual nerve because of anesthetic drug,
- Allergic reaction to anesthetic drug,
- Bleeding in the back of the eye,

The Complications that Can Occur During The Surgery

- Complications of cataract removal:
 - The laceration of the velamen which the artificial eye lens is put into, Breakdown of the eye (perforation)
 - Dropping of the pieces or all of Cataractous lens to the back part of the eye in patients with the lacerated velamen,
 - Bleeding or separation of the eye from the vein layer depending upon suddenly and extreme decrease of the intraocular pressure.
 - The loss of transparency of the cornea layer, burn at the incision site
 - Macular edema, if any, progress in the patient with macular degeneration
 - Uncomfortable and painful eye
 - Droopy eyelid, high eye pressure (glaucoma), diplopia
 - Bad eyesight or complete loss of vision, complete loss of eye
- Complications associated with intraocular lens (eyepiece):
 - Increased problems of night vision impairment, glare, halo or circle around the lights, double vision or virtual images
 - Displacement of the lens in the eye, lens falling into the eye during or after surgery
 - Correcting, replacing or removing the intraocular lens by a second operation, vitrectomy surgery or corneal laser vision correction surgery

The Complications that Can Occur After The Surgery

- Accumulation of the water in the cornea (water retention),
- Changes in the intraocular pressure (increasing or extremely decreasing),
- The infection in the front and back of the eyes,
- Vision reduction,
- Destruction to vision point due to surgery microscope's light,
- Blurring in the velamen, into which the artificial eye lens was put,
- Retraction error, coming into existence, depending upon sutures or FACO burn in the fields of the eye entry (advanced astigmatism),
- Bleeding in the front or back of the eye,
- Separation or torn formation in the retina layer,

The treatments of some of these complications are exist but, permanent vision loss can occur depending on the rest of the complications.

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Critical Lifestyle Recommendations for Patient's Health

Medications or eye drops that will be used after surgery usually have very low rate of side effects, side effects such as local allergy to antibiotic eye drops and high eye pressure due to cortisone eye drops may be observed. However, those are the side effects that can be avoided without a significant problem under doctor's care. You would be required use the eye drops for about 1 month after the operation, visit for examination within the recommended periods, not to allow water in your eye for 1 week and not to swim in the sea and pool for 1 month. After cataract operations, the problems of occasional glare and disintegration of lights can be observed. This complaint mitigates and disappears in time. In case of such problems, the patients in the occupational groups, especially those who drive at night, are more affected.

The Complications that Can Be Faced In Case of The Treatment Rejection

- Cataract can progress more but, also can melt by itself. However, in this case it can cause raising in the intraocular pressure and formation of a painful reaction,
- Vision can decrease more,
- The surgery can get hard in the delayed cataract operation and the duration can get long, the complication risk can increase.

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Diagnosis _____

Treatment/procedure to be applied _____

Side/grade if applicable Right sided Left sided Both sided Grade _____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

Patient's

Full Name: _____ Signature: _____ Date: _____ Time: _____

Date of Birth: _____

Legal Representative's

Full Name: _____ Signature: _____ Date: _____ Time: _____

Degree of Relationship: _____

Reason why the consent is delivered by legal representative of the patient:

Patient is not conscious

Patient is under 18

Patient is not entitled to make decision

Emergency

Witness'

Full Name: _____ Signature: _____ Date: _____ Time: _____

Informing Physician's

Full Name: _____ Signature: _____ Date: _____ Time: _____

Interpreter's (If required)

Full Name: _____ Signature: _____ Date: _____ Time: _____

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.