

CONSENT FOR CATARACT SURGERY

I have been informed in best of my knowledge, in the language best understand that I have _____ which requires surgery _____ under guarded visual prognosis.

I have been explained about the complications of Surgery like:

- Anesthesia related Complication
 - Retrolubar haemorrhage
 - Perforation of globe
 - Subconjunctival haemorrhage
 - Oculocardiac reflex
 - Spontaneous dislocation of lens
- Operative Complications Like:
 - Rupture of Posterior Capsule
 - Posterior Loss of Lens Fragments
 - Posterior dislocation of IOL
 - Suprachoroidal haemorrhage
 - Acute postoperative endophthalmitis
 - Delayed-onset postoperative endophthalmitis
 - Posterior capsular opacification
 - Anterior capsular contraction
 - Corneal oedema
 - Retinal detachment
 - Cystoid macular oedema
- IOL Related Complications like:
 - Posterior dislocation of IOL
 - Malposition of IOL

After knowing all this complications, I give my consent for the above Surgery.

Sign of Pt: _____
Name: _____
Address: _____

Ph No: _____

Sign of Doctor: _____
Name: _____
Address: _____

Ph No: _____

Sign of Relative _____
Name: _____
Address: _____

Ph No: _____

Sign of Witness: _____
Name: _____
Address: _____

Ph No: _____

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