

CONSENT FOR VITREO-RETINAL SURGERY

I have been informed in the language that I fully understand that I am suffering from _____
for which I consent to undergo _____
surgery in my right/left eye.

I have been explained the procedure of the surgery in detail.

Vitreo-Retinal Surgery is a major eye surgery. Because of the nature of the surgery inherent risks exist in the outcome of surgery. The vision may or maynot improve and there may be decrease in vision or complete loss of vision in hte eye to be operated. The eye may shrink in size (pthisis) or the cornea may whiten (corneal decompansation) after surgery. The surgery may fail primarily or later at any time in future the condition may recur. Re-Surgery may be advised in future in the even it is deemed required for the primary ocular condition or any of the post-operative complications. In addition, complications of all varieties can occur in vitreo-retinal surgery including ocular and systemic complications such as cataract, glaucoma, vitreous hemorrhage, infection, inflammation, endophthalmitis, retinal detachment, retinal vascular occlusion, optic neuropathy. There may be post-operative symptoms such as Redness, Irritation, Watering or Pain. The surgery will be done under Local/General anaesthesia and risks of anaesthetic complications exist such as peri-orbital ecchymosis, Ptosis, Retro-bulbar hemoerrhage, Globe perforation, seizures, Arrythmias, Shock, Stroke and very rarely Death.

The Doctors, Nursing Staff or the Hospital will not be responsible for any inadvertent outcome of the surgery at operation or anytime after surgery. Knowing all these, I agree to undergo surgery under local/general anaesthesia.

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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