



OA Eye Surgery Centre

眼科手術中心

Consent for Scleral Fixation of Intraocular Lens Surgery

I, _____ (The Patient), hereby voluntarily give my consent to undergo the procedure of
Scleral Fixation of Intraocular Lens Surgery
to be performed by Dr _____ under local anesthesia.

OR

I, _____, the father/ mother/ relative/ guardian of _____ (The Patient),
hereby voluntarily give my consent for the patient to undergo the procedure of Right / Left / Both Eye(s)
Scleral Fixation of Intraocular Lens Surgery
to be performed by Dr _____ under local anesthesia.

Possible risks and complications of Scleral Fixation of Intraocular Lens surgery and local anesthesia
- Must be read in conjunction with Notification for Scleral Fixation of Intraocular Lens Surgery

Signature for confirmation of having received the Notification mentioned above: _____

Remarks: The list of complications and risks is not exhaustive. Other unforeseen complications may occasionally occur. The actual risks may be different for different individuals, death may occur as a result.

I (the undersigned) have read and fully understand the contents of this consent and Notification for Scleral Fixation of Intraocular Lens Surgery. **All of the information and my related questions, including but not limited to the nature, purpose, risk and possible complications of this operation, were being explained and answered, and I totally understood.** I understand that by necessity, medical practitioners other than the Doctor may assist in performing this operation. I totally accept all the contents of this consent and notification.

Patient's Signature
ID/Passport No: _____
Date: _____ (dd/mm/yy)

Parent/Relative/Guardian's
Name & Signature
ID/Passport No: _____
Relationship: _____
Date: _____ (dd/mm/yy)

Signature of Witness
Witness's Name: _____
Witness (if any) – Staff Rank /
Relationship with Patient
Date: _____ (dd/mm/yy)

DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the operation to the patient/ individual signed above and have answered their questions. To the best of my knowledge, the patient / individual signed above has been adequately informed and has consented, and the details as such had been documented in the patient's clinical record.

Doctor's Name

Doctor's Signature

Date (dd/mm/yy)

Please contact your ophthalmologist for any enquiries.



Notification for Scleral Fixation of Intraocular Lens Surgery

Purpose of Scleral Fixation of Intraocular Lens Surgery

Intraocular lens is placed into the eye to improve vision after removal of the cataract. If the intraocular lens dislocates or if there is insufficient capsular support to place the lens, it is necessary to fixate the intraocular lens to the sclera.

Possible complications of Scleral Fixation of Intraocular Lens Surgery

Complications are not common. However, the conditions listed below may occasionally arise intra-operatively or post-operatively. Blindness as a result is extremely rare.

- Poor wound healing
- Wound dehiscence
- Severe intraocular hemorrhage
- Endophthalmitis
- Swelling and haziness of cornea including corneal decompensation
- Abnormally high or low intraocular pressure
- Drooping of eyelid
- Retinal and choroid detachment
- Pupil distortion
- Glare or vision distortion
- Macular oedema
- Retained cataract fragments – may require subsequent surgery
- Failure to implant intraocular lens
- Intraocular lens decentration, tilting, capture, subluxation, dislocation and damage
- Stitches related complication, such as inflammation, loosen etc.
- Sympathetic ophthalmia affecting the opposite eye
- Intraocular lens fogging
- Refractive surprise
- Blindness
- Might need reoperation including but not limited to intraocular lens removal or re-implantation
- May need multiple surgeries
- Complication related to anesthesia

Risks of anesthesia

Anaphylactic drug reactions, redness, swelling, pain, bleeding or infection at areas under anesthesia or injection sites may occur.

Remarks: The list of complications and risks is not exhaustive. Other unforeseen complications may occasionally occur.
The actual risks may be different for different individuals, death may occur as a result.

Please contact your ophthalmologist for any enquiries.

Source of Information: Hospital Authority
Hong Kong Ophthalmologic Society

Notification for Scleral Fixation of Intraocular Lens Surgery

Patient Signature: _____



Notification for Scleral Fixation of Intraocular Lens Surgery

Purpose of Scleral Fixation of Intraocular Lens Surgery

Intraocular lens is placed into the eye to improve vision after removal of the cataract. If the intraocular lens dislocates or if there is insufficient capsular support to place the lens, it is necessary to fixate the intraocular lens to the sclera.

Process of Scleral Fixation of Intraocular Lens surgery

Before the surgery, you may need undergo several non-invasive measurements (e.g. Eyeball length and corneal curvature etc.), all of which will provide the surgeon with important information in choosing the appropriate intraocular lens. An experienced ophthalmologist will examine your eyes and will be ready to answer all your questions.

On the day of the surgery, eye drops will be applied to your eyes for pupil dilation and anesthesia. Our nurses will accompany you into the operation room. You will be given a gown to put on. In operation room you will be asked to lie on the bed. Then the nurse will disinfect the skin around your eye and cover your face with a sterile drape. We will make sure that you can freely and comfortably breathe under the cover. You will be able to feel some minor sensations during the surgery (sometimes it might feel your eye is being pushed), but you will not feel any pain. A bright light will be shining right into your eye and you may feel that there is liquid going down your face and scalp.

You can speak with your surgeon in case you have any discomfort during the surgery, but please avoid moving your head while doing so. The doctor might tell you where to look during the operation.

Possible complications of Scleral Fixation of Intraocular Lens surgery

Complications are uncommon. However, the conditions listed below may occasionally arise during or after the surgery. Blindness caused by cataract surgery is extremely rare.

1. Poor wound healing	2. Wound dehiscence
3. Sever intraocular hemorrhage	4. Endophthalmitis
5. Drooping of eyelid	6. Swelling and haziness of cornea including corneal decompensation
7. Abnormally high or low intraocular pressure	8. Retinal and choroid detachment
9. Pupil distortion	10. Glare or vision distortion
11. Macular oedema	12. Retained cataract fragments – may require subsequent surgery
13. Failure to implant intraocular lens	14. Intraocular lens decentration, tilting, capture, subluxation, dislocation and damage
15. Stitches related complication, such as inflammation, loosen etc	16. Sympathetic ophthalmia affecting the opposite eye
17. Intraocular lens fogging	18. Refractive surprise
19. Blindness	20. Might need reoperation including but not limited to intraocular lens removal or re-implantation
21. May need multiple surgeries	22. Complication related to anesthesia



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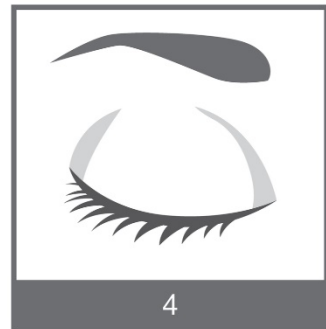
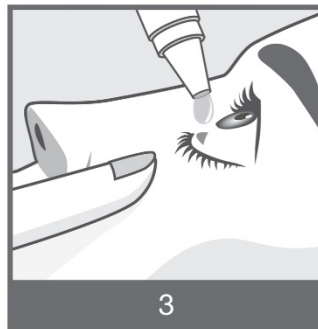
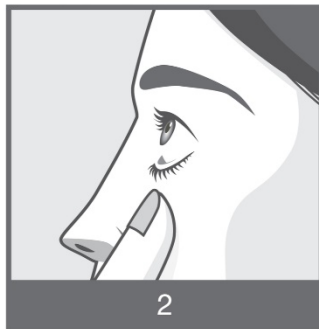
Pre Surgery Care

- Prior to surgery, your ophthalmologist will perform a comprehensive eye exam to check the overall health of your eyes. These measurements are essential to help your surgeon select the proper power of the intraocular lens and give you the best vision possible after surgery.
- Please use the eye drops and medications as the doctor prescribed, even when you feel that your eyes are fine.
- Dress in comfortable clothing and do not wear makeup, cosmetics, perfume or cologne to the surgical center.
- Most patients will be awake during surgery and will have local anesthetic to numb the eye.
- Make sure your eye care provider knows if you take other medications regularly as certain medications may need to be taken differently.
- If you are going to be put to sleep using general anesthesia or sedated, then you will not be allowed to eat or drink before surgery, and this can vary from 6-12 hours beforehand. Your eye clinic should advise you on fasting prior to surgery but also ask them to confirm this if you are unsure or have not been advised.

After Surgery Care

- Have someone drive you to your follow-up visit. Avoid driving until your eye doctor has verified that it is safe for you to drive.
- Do not go into hot tubs or go swimming (for 2 weeks) following your procedure.
- Wear your protective eye covering while you sleep and avoid sleeping on the side that has been operated on.
- Wear comfortable clothing with a top that buttons or zips down the front. Please do not wear jewelry or makeup.

How to Use Eye Drops Properly



1. Wash your hands thoroughly with soap and water.
2. While tilting your head back, pull down the lower lid of your eye with your index finger to form a pocket. Hold the dropper (tip down) with the other hand, as close to the eye as possible without touching it.
3. While looking up, gently squeeze the dropper so that a single drop falls into the pocket made by the lower eyelid. Remove your index finger from the lower eyelid.
4. Wipe any excess liquid from your face with a tissue. If you are to use more than one drop in the same eye, wait at least 5 minutes before instilling the next drop.



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Remarks: The list of complications and risks is not exhaustive. Other unforeseen complications may occasionally occur. The actual risks may be different for different individuals, death may occur as a result.

I (the undersigned) have read and fully understand the contents of this consent and Notification for Surgery. All of the information and my related questions, including but not limited to the nature, purpose, risk and possible complications of this operation, were being explained and answered, and I totally understood. I understand that by necessity, medical practitioners other than the Doctor may assist in performing this operation. I totally accept all the contents of this consent and notification.

Patient's Name

Parent/Relative/Guardian's
Name

Doctor's Name

Patient's Signature

Parent/Relative/Guardian's
Signature

Doctor's Signature

Date (dd/mm/yy)

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