

**Consent for Implantable Collamer® Lens (ICL) Surgery**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The Patient), hereby voluntarily give my consent to undergo the procedure of Right / Left / Both Eye (s) Implantable Collamer® Lens (ICL) Surgery to be performed by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under local anesthesia.

**Possible risks and complications of Implantable Collamer® Lens (ICL) Surgery and local anesthesia**

- Must be read in conjunction with Notification for Implantable Collamer® Lens (ICL) 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 Implantable Collamer® Lens (ICL) 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 also consent to further or alternative operative measures as may be found to be necessary or advisable during the course of such Procedure. 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Implantable Collamer® Lens (ICL) Surgery**

IN GIVING PERMISSION FOR SURGERY, I DECLARE THAT I UNDERSTAND THE FOLLOWING INFORMATION:

PURPOSE: The purpose of this procedure is to eliminate or decrease your dependency on corrective lenses.

Some of the Risks and complications, though uncommon, may occur:

1. Over-correction or under-correction of refractive errors, which may require the use of glasses, contact lenses, or further laser refractive surgery.

2. Over-sizing or under-sizing of the ICL, which can lead to the following problems:

- ICL lens instability

- Cataract formation

- Increased intraocular pressure, potentially causing glaucoma

- Corneal endothelial cell loss, which may result in corneal edema or bullous keratopathy

3. Explanation of the ICL, with or without exchange for a new ICL, may be necessary in the above cases.

4. Uveitis may occur as a complication of the surgery

5. Other rare but potentially serious risks related to intraocular surgery include:

- Wound healing complications, which may lead to irregular astigmatism

- Intraocular hemorrhage

- There is an extremely rare chance (less than one in ten thousand) of severe intraocular infection which can lead to blindness.

6. Dry eye disease, which may cause prolonged discomfort and may require additional treatment for dry eye symptoms

7. Presbyopia would not be treated by ICL. For those who is presently wearing bifocal or reading glasses, reading prescription is still needed under certain condition.

8. I agree to additional medical/surgical care which may be deemed necessary during the

procedure due to complication

**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: Hong Kong Ophthalmologic Society**

**Patient’s Signature :**