

## Consent for Cataract Surgery

### Introduction

This information is given to you so that you can make an informed decision about having an eye operation, before you sign the **INFORMED CONSENT DOCUMENT**. You have the right to ask any questions you might have about the operation before agreeing to undergo the surgery.

### The Condition

Inside every eye there is a natural **lens**. Light enters the eye and is bent (refracted) by the lens to project to the retina (inner surface of the back of the eye), which senses the light and transmits the signal to the brain. A cataract may stop light from reaching the retina and prevent the eye from seeing. In order for a child to develop vision, the child has to have clear light hit the retina so that the brain can receive a clear image. If there is a cataract blurring the light, it limits the child's visual development and results in amblyopia (also known as lazy eye). Prompt and sometimes immediate treatment is necessary to prevent permanent vision loss. This is in contrast to adults where cataracts develop after normal visual development has occurred, so the vision loss can be reversible.

### How Common Are Infantile and Childhood Cataracts?

Approximately 3 out of 10,000 children have a cataract. The incidence is, however, variable throughout the world.

### What Causes Cataracts in Children?

Cataracts in children often occur because of abnormal lens development during pregnancy. Cataracts can result from genetic problems, infections, or they can occur spontaneously. Lens malformations that occur in conjunction with medical problems are often the result of a genetic or metabolic problem. These cataracts may be present at birth or may develop during childhood. Most paediatric cataracts are isolated findings and are not associated with other abnormalities.

### How Are Cataracts Treated

Cataracts can only be removed with surgery.



## How Does Cataract Surgery Work?

- During cataract surgery, your child's eye surgeon will remove the cataract by making a tiny incision into the eye.
- The very soft and cloudy inner part of the child's lens is suctioned out of the capsule.
- A second opening is then made in the posterior lens capsule and sometimes some vitreous gel is removed (called a vitrectomy).
- An intra-ocular lens (IOL) is then placed within the empty lens capsule either during the same surgery or in a subsequent second surgery. This will depend on [the type of cataract and the complexity of the case, which will to be determined on a case by case basis].
- Dissolvable stitches are used to close the wounds.

## More Information about Measuring the IOL

While the method used to calculate the power of the IOL is very accurate in most adult patients, in children it is very different. A child's eye is still growing and thus the power of the eye changes over time. The duration of the time required is indeterminate as the growth of children varies. Thus the power of the IOL is managed with glasses and/or contact lenses.

## Anaesthesia

The surgery is done under general anaesthetic.

## After The Operation

- Your doctor will examine your child's eyes the day after the operation and at specific intervals thereafter, the frequency of which will be determined by your doctor.
- Your child will be given eye drops and an ointment to be used in the operated eye(s) as well as a post-operative care instruction sheet, which will be fully explained. It will be the parent's or



guardian's responsibility to ensure that the post-operative care instructions are fully complied with in order to ensure proper healing and/or functioning of the eye(s).

- A certain amount of swelling, bleeding, pain, discomfort and mucus discharge is to be expected after surgery.
- Your child must not rub the eye(s) as this can lead to further complications and a poor outcome. The eye(s) shield must stay on for 24 (twenty-four) hours a day for 1 (one) week after the surgery, and at bedtime for a second week after the surgery.
- The stitches will usually dissolve within 8 (eight) weeks, at which time glasses or contact lenses will be prescribed. These will be at an additional cost to the surgery and the parent / guardian must be aware of this.
- Glasses or contact lenses will need to be worn after cataract surgery for either near and/or distance vision and astigmatism (difference in the curvature of the front of the eye). This will change as your child grows.
- In order to get the best possible visual outcome for your child, rehabilitation of the eye is necessary. This will involve patching, glasses and/or contact lenses and frequent follow-up visits (initially a minimum of 1-2 visits per month, for a period not less than 2 months) to monitor for changes and ensure the image that falls on the retina remains clear.
- In some cases even with the best efforts of rehabilitating an eye, a less than optimal outcome can be experienced. This is indeterminate and varies from case to case.
- If you are concerned about any signs or symptoms being experienced please email Dr Cullen at [info@kidseyes.co.za](mailto:info@kidseyes.co.za) or present your child to the nearest hospital casualty.

### **Risks of Cataract Surgery in Infants and Children**

- Cataract surgery performed by an experienced surgeon is generally very safe. However, no surgical procedure is without risks.



- The risks of paediatric cataract surgery include, but are not limited to the following: anaesthetic risks, infection, inflammation, retinal detachment, development of glaucoma, displacement of the intra-ocular lens, development of capsular cloudiness and development of vitreous cloudiness.
- Parents / Guardians must note that each child may react differently to the surgery. Therefore, it is not possible to list all possible complications pertaining to cataract surgery.

### **Parent / Guardian Responsibilities**

- You should be aware that you have certain responsibilities when it comes to your child's surgical care.
- You have the responsibility to keep appointments and to notify the facility when you are unable to do so.
- You have the responsibility to follow the treatment plan(s) developed for your child. If you have concerns about your ability to follow the plan(s), you have the responsibility to express such concerns so that alternative plans can be discussed.

### **Patient Consent**

By signing this informed consent form as patient/parent/guardian, I declare that:

- I understand what the procedure entails.
- The doctor:
  - has explained to me what my/my child's eye condition is, and
  - has provided me with available treatment options.
- I have agreed to this particular procedure as outlined and explained.
- I was informed of my right to refuse treatment and the implications thereof.



- I have been informed of, and understand the benefits and risks of the procedure and accept that there are complications that exist with this surgical procedure as with any other surgical procedure.
- I have informed the doctor and personnel of all known allergies, previous eye as well as medical conditions.
- I have informed the doctor and personnel of all medications currently being taken.
- I am aware and accept that no guarantee about the results of the procedure have been made.
- I give the surgeon permission to do what he/she deems necessary in the case of a medical emergency or ocular emergency.
- I understand that the doctor may need to be assisted by a second doctor or trained staff member.
- I understand and agree thereto that I have to ensure that the procedure is paid for in full, and that I am legally liable to pay for the full amount irrespective of whether my medical scheme pays for the procedure in full or in part.
- I have been given an estimation of the cost involved with regard to the procedure, which cost estimation I have accepted as such.
- I understand that I have responsibilities in relation to my/my child's healthcare and eye care. I understand what I/my child should and should not be doing before and after the procedure. I have received instructions and agree to follow them.
- I was given the opportunity by the doctor involved to answer all questions regarding the procedure, which questions have been answered to my satisfaction.
- I give this consent with a sober mind and judgment.
- I agree that the terms of this consent are fair, just and reasonable.
- I exempt the Dr Claire Cullen from liability arising from the negligence of any trained staff member or third party Doctor appointed to assist in the procedure.



- I understand that the exemption from liability shall not hamper with the Doctor’s, trained staff’s and third party Doctor’s standard of professionalism and quality of the performance of the procedure.
- I was given sufficient time to read and consider the terms of this consent form

I, \_\_\_\_\_  
 \_\_\_\_\_ (name and relation), hereby authorise Dr Claire Cullen to perform cataract removal and insertion of an intraocular lens on right/left /both eyes on myself/my child  
 \_\_\_\_\_ (name).

Ophthalmologist	Date
Patient/Parent/Guardian	Date
Witness	Date

