



Queensland Government

Eye Surgery

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

Surgery is recommended for an eye problem involving. *(Doctor to tick as applicable)*

- Cataract extraction Glaucoma
 Vitreous/ Retina Eyelid/ Lacrimal
 Cornea Conjunctivitis
 Squint Orbit
 Other

The following procedure will be performed:
(Doctor to tick which side relevant to the procedure and write a description of the procedure)

- Left eye Right eye
-
-

C. Risks of this procedure

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment or surgery. This could cause blindness or loss of the eye.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.
- Retinal detachment. This may require further surgery.
- The operation may not achieve what was intended. Further surgery may be needed.
- The condition may not be improved, may come back or may get worse. This may need further surgery.
- Equipment/prosthesis failure. This may need further surgery.
- Glaucoma. High intra-ocular pressure may cause damage to the eye and vision.
- Glare and sensitivity to light.
- Eyesight may be worse.
- Blindness in one or both eyes. This can be permanent.
- Loss of the eye which will result in permanent blindness on that side.
- Operation on one eye may result in damage or loss of sight to the other eye.
- Cloudy cornea. This may affect eyesight and may need further surgery.
- Disfigurement of the eye.
- Decrease in size of the eye, with loss of intraocular pressure and corneal scarring.
- Position of eyelid may be changed. This may alter your appearance and can be disfiguring.
- Pupil changes such as permanent dilation and/ or a change in shape.
- Cataracts may develop. This may require further surgery.
- Ocular pain. The degree of pain may vary. This requires pain-killers, though severe pain is rare.

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- Where operations are performed for tumours, there is a risk of tumour recurrence.
- Double vision or blurred vision in one or both eyes.
- Malposition of the eyes.

Other risks specific to squint surgery:

- Under or over correction of squint.
- The squint may come back.
- An eye may remain lazy (poor vision) or become lazy.

Other risks specific to cataract surgery:

- The cataract may fall into the back of the eye and this may require further surgery.
- Loss of fluid from the eye.
- Collection of fluid in the retina (back layer of the eye).
- The artificial lens of the eye may fall out of place.

Other risks specific to vitreous and retinal surgery:

- You may not be able to fly or go up to high altitudes after surgery. Please ask your doctor, as this may result in high intraocular pressure and blindness.
- Post-operative positioning may be necessary.
- The retina may not reattach. This may require further surgery.
- Loss of sight in the eye.
- One eye may be a different power to the other.

Other risks specific to eyelid, lacrimal and orbit surgery:

- Disfigurement due to the surgery.
- Under or over correction of the condition.
- The eye may be a different size or shape to the other eye.
- Tumour may come back. This may need more surgery.

Other risks specific to corneal surgery:

- Corneal graft failure. This may need further surgery.
- The cornea may become milky or scarred. This can cause loss of sight.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

Significant risks Include:

- poor vision
- blindness
- poor appearance
- other

These complications may permanently damage sight and any of these complications may need further surgery.

.....

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....

DO NOT WRITE IN THIS BINDING MARGIN



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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- Anaesthetic Eye Operation
- Eye Surgery

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

If applicable:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
 (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

1. What do I need to know about this procedure?

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

Surgery is recommended for an eye problem involving. *(Doctor to tick as applicable)*

- | | |
|---|---|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Vitreous/ Retina | <input type="checkbox"/> Eyelid/ Lacrimal |
| <input type="checkbox"/> Cornea | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> Squint | <input type="checkbox"/> Orbit |
| <input type="checkbox"/> Other | |

The following will be performed:
(Doctor to tick which side relevant to the procedure and write a description of the procedure).

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Left Side | <input type="checkbox"/> Right Side |
|------------------------------------|-------------------------------------|
-
-
-

2. My anaesthetic

This procedure will require an anaesthetic. See 'Anaesthetic Eye Operation' for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment or surgery. This could cause blindness or loss of the eye.
- Bleeding could occur and may require a return to the operating room. Bleeding is

- more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.
- Retinal detachment. This may require further surgery.
- The operation may not achieve what was intended. Further surgery may be needed.
- The condition may not be improved, may come back or may get worse. This may need further surgery.
- Equipment/prosthesis failure. This may need further surgery.
- Glaucoma. High intra-ocular pressure may cause damage to the eye and vision.
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