

CONSENT FORM:
CATARACT EXTRACACTION

Cataract is one of the most common causes of visual disturbance in the mature age group. It is present in 2/3 of the population over the age of 60. Cataract is a condition in which the eye's lens loses its transparency. The aim of the operation is to remove the opaque lens, and in most cases, to implant an artificial lens in its place.

The type of lens and its optical power will be determined by the physician, in accordance with the eye's parameters and the course of the operation. There are cases in which a lens cannot be implanted due to unsuitable conditions. In these cases, only removal of the lens will be performed. There are cases in which only at the time of the operation is it discovered that the conditions for being able to implant a lens are not fulfilled. Some patients may have to wear spectacles after the operation.

The operation is usually performed under local anesthesia.

I declare and confirm that it has been explained to me that there are no alternative ways to treat cataract.

I hereby declare and confirm that I have been given an explanation of the results that are hoped for and of the operation's possible side effects, including pain and discomfort.

The possible risks and complications have also been explained to me, including: infection, bleeding, loss of vitreous, subluxation of the lens, dislocation of the intraocular lens, complications connected to late reactions of the eye to the operation, as well as the possibility of refractive disturbances after the operation, which would necessitate the use of spectacles. In rare cases, loss of vision in the operated eye. Rarer complications are: ptosis, chronic inflammatory response, negative effect of the implanted lens on the cornea necessitating surgical removal of the of the lens and sometimes the need for a corneal transplant, retinal detachment and macular edema. Sometimes a secondary cataract occurs, necessitating laser treatment.

I hereby give my consent to perform the primary operation.

I hereby also declare and confirm that it has been explained to me and I have understood that there is a possibility that during the course of the primary operation, it will turn out that there is a need to be broaden its scope, alter it or to perform other or additional procedures for the purpose of saving life or preventing physical damage, including additional surgical procedures that cannot now be anticipated with certainty or completely, but their significance has been made clear to me. I therefore also consent to such broadening, change or the carrying out of other or additional procedures, including surgical procedures that the physician will consider to be vital or needed during the course of the primary operation.

My consent is given also for performing local anesthesia, after having been explained the risks and complications of local anesthesia, including: bleeding, infection, damage to the eye, and in rare cases, loss of vision. If it is decided to perform the operation under general anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

I am aware that in the event that the medical center has a university branch, during the evaluation and treatment, students may take part in under full control and supervision.

I consent that the hospital treatments be performed by the appointed person as stipulated in the hospital's regulations and rules, and I hereby declare that I was not promised that all of them or some of them will be performed by a specific person.

Patient's / Guardian's signature: _____
(חתימת המטופל / אפוטרופוס)

I, the undersigned, am aware that at the time of my discharge, the physician who operates on me might not be present in the hospital. In this case, I give my consent for any other physician to perform the discharge procedure on his behalf.

Patient's Name : _____
 (שם המטופל/ת) Last Name / שם משפחה First Name / שם פרטי Father's Name / שם האב ID No. / ת.ז.

I hereby declare and confirm that I have been given a detailed oral explanation by Dr. (מד"ר): _____
 Last Name / שם משפחה First Name / שם פרטי

concerning the need to perform a cataract extraction in my ☐ **right (ימין) eye**
☐ **left (שמאל) eye**
☐ **with (עם)** implantation of an intraocular lens (henceforth: "the primary operation").
☐ **without (בלי)** implantation of an intraocular lens (henceforth: "the primary operation").

 Date / תאריך Time / שעה Patient's Signature / חתימת המטופל/ת

 Guardian's Name (Relationship)/ שם האפוטרופוס (קרבה) Guardian's Signature (for incompetent, minor or mentally ill patients)/ חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)

I hereby confirm that I have given the patient / the patient's guardian / the patient's interpreter* a detailed oral explanation of all the above-mentioned facts and considerations as required and that the patient / guardian has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

אני מאשר/ת כי הסברתי בעל פה למטופל/ת / לאפוטרופוס של המטופל/ת / למתרגם של המטופל/ת* את כל האמור לעיל בפירוט הדרוש וכי המטופל/ת / האפוטרופוס חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסבריי במלואם.

 Physician's Name / שם הרופא/ה Signature / חתימה License No. / מספר רישיון

 Name of interpreter / שם המתרגם/ת Relation to patient / קשריו למטופל/ת

* Cross out irrelevant option / מחק/י את המיותר