

SURGERY INFORMED CONSENT FORM

Form Disclaimer

This form has been developed by cataractlens.ca as a free public educational resource to support patient understanding and informed decision-making.

It is intended to reflect general professional standards and practices in Ontario and to help patients better understand their rights, options, and the cataract surgery process.

This form is provided for informational purposes only and may not reflect the specific policies or procedures of your clinic, surgeon, or healthcare provider. Patients are encouraged to review all information carefully and discuss any questions with their eye care professional before making decisions.

Use of this form is voluntary and at the discretion of the patient and provider. Cataractlens.ca assumes no responsibility for its use in clinical or non-clinical settings.

Patient Name: _____

Date of Birth: _____

Health Card Number (optional): _____

Clinic / Surgical Centre: _____

Surgeon: _____

Date: _____

Procedure

I understand that I am scheduled to undergo cataract surgery on:

☐ Right Eye ☐ Left Eye ☐ Both Eyes (separate procedures)

Cataract surgery involves removing the cloudy natural lens of the eye and replacing it with an artificial intraocular lens (IOL).

Purpose of Surgery

The purpose of cataract surgery is to restore a clear path for light to reach the back of the eye, which may improve vision and quality of life.

Expected Benefits

- ☐ Improved clarity of vision
- ☐ Reduction of symptoms such as glare or blurred vision
- ☐ Improved ability to perform daily activities

I understand that results may vary, and perfect vision is not guaranteed.

Risks and Potential Complications

I understand that, as with any surgical procedure, there are risks involved. These may include but are not limited to:

- ☐ Infection
- ☐ Inflammation
- ☐ Bleeding
- ☐ Swelling of the retina (macular edema)
- ☐ Retinal detachment
- ☐ Increased eye pressure
- ☐ Need for additional treatment or surgery
- ☐ Temporary or permanent vision changes or loss (rare)

I understand that most complications are uncommon and many can be treated if identified early.

Alternatives

I understand that alternatives to cataract surgery may include:

- ☐ Updating glasses or contact lenses
- ☐ Choosing to delay surgery

I understand that cataracts may continue to progress over time if surgery is not performed.

Anesthesia

I understand that cataract surgery is typically performed using local anesthesia (eye drops and/or injection), sometimes with mild sedation.

Post-Operative Care

I understand that I will be required to follow post-operative instructions, including the use of prescribed eye drops and attending follow-up visits.

I understand that my recovery and visual outcome depend in part on following these instructions.

Acknowledgment and Consent

By signing below, I confirm that:

- I have been informed about the nature and purpose of cataract surgery.
- I understand the expected benefits, risks, and alternatives.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I understand that outcomes cannot be guaranteed.
- I consent to proceed with cataract surgery.

Patient Signature: _____

Date: _____

Witness / Staff Name: _____

Signature: _____

Date: _____

Notes (if applicable)