

**Signature of Surgeon** 

EYE PHYSICIANS OF NORTHAMPTON, P.C. 101 University Dr., Amherst MA 01002 40 Main St., Ste. 106, Florence MA 01062 B Bleiman MD - R Hubbe MD - L Shatz MD D Shield MD - R Delaney OD - C Dostal OD (P) 413-584-6422 (F) 413-584-4346

## INFORMED CONSENT FOR YAG CAPSULOTOMY

Patient Name:	DOB:
After modern cataract with lens implant surgery, the back membrane of the cataract is left in place to support the lens implant. This membrane may become cloudy and cause blurred vision, and sometimes patients will see streaks or haloes around lights. These problems worsen with time.	
Your physician has recommended a YAG capsulo a small opening in the cloudy membrane behind my in This will allow light to pass more easily to my retina and	traocular lens implant that has impaired my vision.
The procedure is generally safe and effective there are still potential side effects. Laser surgery is still surgery. Complications can still occur. Some new floaters or spots may be seen. Retinal swelling or detachment can follow this type of surgery as well. The eye pressure may rise temporarily after the YAG laser treatment.	
<ol> <li>Patients who undergo this laser procedure have a 1% chance of developing a retinal detachment. Retinal detachment is a serious condition where the retina releases from its attachment to the back of the eye and can have serious visual consequences. The condition can be repaired surgically with a high rate of success.</li> <li>A rise in the pressure within the eye may occur shortly after the procedure. The pressure will be monitored and medication used to control this problem should it arise.</li> <li>On very rare occasions, swelling may develop in the retina after the procedure. This will cause a reduction in vision which may resolve spontaneously or may require medication, laser treatment, or both</li> </ol>	
By signing below I authorize <b>my physician</b> to perform <b>YAG CAPSULOTOMY</b> on my <b>RIGHT / LEFT (circle)</b> eye. I understand this consent form and that regular follow-up is required after surgery.	
Signature of Patient (or authorized person)	Date/Time
Signature of Witness	Date/Time

Date/Time