

YAG LASER EYE TREATMENT INFORMATION AND CONSENT FORM

This 5 page document provides you with

1. Some understanding of the eye condition you are referred for.
2. Information on what to expect on the day of your treatment and afterwards;
3. Information on some of the common side effects and serious complications you need to read or have read out to you and which you must understand and agree with.

You must write down and ask any questions you have prior to proceeding with your laser eye treatment.

You must not sign the final part of your Consent Form unless you are satisfied and all your questions are answered to your satisfaction.

BACKGROUND OF THE EYE CONDITION YOU ARE REFERRED FOR

The eye condition you are referred for is called "Posterior Capsule Opacification." During your cataract eye surgery, the Operating Surgeon intentionally leaves behind a clear membrane part of your Cataract as a scaffold to hold your artificial lens in place. With time this clear membrane becomes frosted, obstructing the entry of light reaching the back of your eye, hence contributing to your reduced vision. With the laser beam an opening is made in the frosted membrane to allow the entry of light unhindered by the frosted capsule. The aim is to improve your vision. If there are other problems in your eye, for example macular degeneration or glaucoma or indeed any other eye disease, then you may not get the full benefit of your laser eye treatment.

It is advisable to book an appointment with your Optometrist in 7 to 10 days from the date of your planned laser eye treatment for post laser eye check and likely change of glasses if necessary.

THE DAY OF THE LASER EYE TREATMENT AT CANOLFALAN LECHYD Y FELINHELI, ROWEN Y FELINHELI GWYNEDD LL56 4RX.

- Your eye specialist will examine your eyes and answer any questions you have. -

Only if you satisfied, you should sign the final part of the Consent Form. - Some eye drops will be instilled in your eye and laser applied.

- Laser treatment is not painful. However, you may feel slight pressure on your eye due to a small lens placed on your eye with anaesthetic drops to prevent your eye from moving.
- The laser treatment procedure usually lasts less than 10 minutes and you hear clicking noises during the laser application.

- Your eye and vision are checked post-laser and you are allowed home. -

Your total attendance time at the Clinic is usually less than 90 minutes. -

You will be provided with eye drops to use for 5 days

- You are advised not to drive on the day of your laser eye treatment. There are, however, no physical restrictions with this type of laser eye treatment.

Routine post laser appointment with Mr Amjad is usually not necessary. If you have any post laser concerns you are advised to contact:

- Sharon Davies on 01248 363477 week days for non emergency concerns. - For serious concerns requiring emergency attendance, kindly contact your nearest NHS ophthalmic emergency department or your Optometrist or contact Mr Amjad on mobile number 07759 433614. Please leave a message if no reply.

SAFETY OF THIS PROCEDURE

This particular laser eye treatment is quite safe. The risk of complications is less than one percent. In other words, 99 out of 100 patients treated are happy and have no problems. With any type of treatment, however, there can never be hundred percent guarantees.

COMMON SIDE EFFECTS

1. Floaters. Seeing floaters following this type of laser treatment is common and expected. You are likely to become less aware of the floaters with the passage of time.

2. Some rise of eye pressure post laser is not uncommon. Your eye doctor will put some eye drops in your eye as a precaution. If you suffer from glaucoma, then it is important to have your eye pressure checked with your Optometrist a week following your laser eye treatment.

3. Some inflammation in the eye post laser is normal and you are provided drops for this.

4. Pitting or marks of laser on your artificial lens implant. Except for glare and haloes in your vision in rare instances, Pitting has almost no effect on your vision. These pitting marks may however be noticeable by your Optometrist afterwards while examining your eye.

5. Night vision disturbances such as glare and halos, double vision or seeing ghosts around images are common immediately after laser Capsulotomy treatment. In most cases these symptoms reduce over the following weeks or months. In rare cases such problems can persist for longer or could be

permanent

6. This treatment once carried out is not reversible. Exchanging the lens inside the eye following this treatment becomes very difficult with higher complications. The need for lens exchange is however rare.

7. In very few cases the procedure may need to be repeated to enlarge the opening with further laser application or remove remnants of the capsule if required.

8. Rarely there can be movement or dislodgement of the artificial lens inside your eye.

RARE BUT SERIOUS COMPLICATIONS

1. Leaking of retina blood vessels. Its clinical name is "Macular Oedema". Blood vessels at Retina can leak leading to reduced central reading vision. This condition usually improves over time but can take many months and likely to require long term use of eye drops and tablets. Rarely this could result in permanent reduction of central vision.

2. Retinal detachment is a serious complication. The overall risk of retinal detachment is less than one percent. If you have a weak retina or other risk factors like previous retinal tears, being short sighted prior to Cataract surgery or any other reason for a weak retina then the risk of Retinal detachment is greater than one percent depending on your eye condition.

If Retinal detachment happens then the only treatment is emergency retinal detachment surgery. The following are some of the symptoms of retinal tear or detachment you need to be aware of and for which you must attend your nearest eye emergency unit or optometrist as an emergency without delay:

- Seeing flashes of light for no reason.
- A curtain coming over your eye obstructing part or all of your vision.

3. Infection. There have been very rare cases of reactivation of bugs and infection in the eye reported in the medical literature following YAG laser treatment of this type. The medical name for this condition is "Propionibacterium Acnes" This can be serious and can lead to loss of vision

4. A scratch (corneal abrasion) or infection of the surface of the eye is also a risk.
5. If you have a special artificial lens inserted in your eye, for example accommodative lens, then post YAG laser your artificial lens will lose its special accommodative properties.

ALTERNATIVES TO YAG LASER CAPSULOTOMY

This type of laser eye treatment is elective treatment. This means there is usually no rush and you can choose whether or not to have this treatment.

If you choose not to have this treatment the chances are that the Frosted capsule membrane of your eye will get even more opaque reducing your vision further. It is possible to create opening in your frosted capsule with surgical procedure rather than laser. Non-laser surgical procedure however carries much higher risks than YAG Laser.

CORONA VIRUS INFECTION RISK RESULTING IN ILL HEALTH and / or DEATH

While we are taking all reasonable precautions as per Welsh Government Corona related advice, the risk of the ongoing changing Corona Virus infection cannot be predicted or eliminated hundred percent.

QUESTIONS:

Prior to your laser eye treatment, please do write down, sign and date any questions you have below :

4.

By signing this final last page [page 5] of this 5-page document you agree and consent to proceeding with your laser eye treatment and also agree that all your questions have been answered to your satisfaction prior to undergoing YAG Laser eye procedure.

Patient's Name:

Date of Birth: Post Code.....

I hereby give my Consent to Dr / Mr to carry out YAG Laser procedure on my Right / Left Eye.

Patient's Signature: Date:

..... **TO BE SIGNED BY THE OPHTHALMOLOGIST.**

I certify that I have explained and answered all the questions in relation to YAG laser capsulotomy procedure to the best of my abilities to the abovenamed patient and / or his next of kin with the patient's permission.

SURGEON'S NAME SIGNATURE

..... GMC No.

Date

5.

© Mr S Amjad. Consultant Eye Surgeon.