



Valley Surgery Center

YAG Laser Posterior Capsulotomy Procedure Consent

(A) I acknowledge and understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient at Crescent City Surgery Center (the "Facility")

(B) Introduction: When cataracts are removed using the most up-to-date methods (extracapsular extraction or phacoemulsification), a thin membrane is left intact behind the pupil. This membrane is actually the back portion of the capsule of the natural lens. During cataract surgery the front portion of the capsule, as well as the cloudy substance within the capsule is removed. With time, cells often grow over this membrane and make it hazy. In the usual treatment for this condition, POSTERIOR CAPSULOTOMY, an opening is made in the cloudy membrane. This may be accomplished with a YAG laser. The YAG laser treatment is a brief procedure requiring no anesthesia. The vast majority of patients report no pain or discomfort. However, as some risk is involved, this procedure should be done only if blurred vision due to the membrane's clouding or specification is significant.

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(C) DNR (Do Not Resuscitate) Order:

If I have consented to a do not resuscitate order ("DNR"), I UNDERSTAND AND ACKNOWLEDGE THAT my consent to a DNR order is temporarily suspended/canceled while I undergo any elective, invasive, interventional and/or operative procedure performed at this Facility. I WILL BE RESUSCITATED. This temporary suspension (cancellation) of a DNR order will remain in effect until I am discharged from the facility or transferred to a higher level of care.

(D) Photographs: I consent to the taking and publication of any photographs in the course of this operation for the purpose of treatment and/or medical education.

(E) Human Immunodeficiency Virus (HIV) and Hepatitis Testing: I understand that in the event a health care worker sustains a significant exposure to my blood or body fluids, I may be asked to undergo testing for HIV, the virus that causes AIDS, and/or hepatitis. The results of any test will be confidential and will be treated in accordance with applicable state and federal law.

(F) No Guarantees: I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of the care and treatment which I have hereby authorized.

(G) I authorize the admittance of observer and/or Manufacturer's Representatives as deemed appropriate by my surgeon.

(H) Possible Complications: Complications of the YAG laser treatment are rare, but include:

1. Retinal detachment. This can cause loss of vision, but if detected early, corrective surgery is usually successful.
2. Glaucoma. Characterized by increased pressure within the eye, this condition can usually be treated successfully, but can occasionally cause loss of vision.
3. Pits or chips in the intraocular lens implant caused by improper focus of the laser. While this could not happen with conventional surgical posterior capsulotomy, the lens implant could be scratched or dislocated.

Any of the above potential complications may vary from mild to severe. In severe instances, they could lead to blindness; heart or brain damage; or even death.

(I) Certification and signatures: I certify that I understand the information regarding my procedure and that I have been fully informed of the risks and possible complications thereof, as well as, medically acceptable alternatives to my procedure. I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. I hereby authorize and permit the physician and whomever he/she may designate as his/her assistants to perform upon me the named procedure(s).

If any unforeseen condition arises during the procedure calling in his/her judgment for additional procedures or medications, I further request and authorize him/her to do whatever he/she deems advisable.

I voluntarily assume the risk of any injury damage to me and my unborn child if I am pregnant yes, no, n/a

I understand that certain procedures and/or drugs may be harmful to an unborn child. Yes, no, n/a

I refuse the facility urine pregnancy test yes, no, n/a