

# TAILORED EYES

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## **YAG LASER CAPSULOTOMY INFORMED CONSENT**

### **Posterior Capsule Opacification (PCO)**

The IOL or lens implant in your eye after cataract surgery is supported in place by a capsular bag. This bag helps maintain the lens position. In some patients, the capsular support bag can become cloudy which can lead to blurry vision. Some patients will report seeing streaks or halos around lights, glare, or as if they are looking through a “dirty shower curtain.” These changes tend to worsen over time.

### **Anterior capsule Opacification**

Rarely, the anterior lens surface of the IOL may opacify in a similar manner as the posterior capsule. This can cause the vision to become cloudy or blurry and in some instances can cause the lens to shift in position.

### **YAG LASER**

The ophthalmologist can treat the capsular opacification by using a YAG laser to cut a small opening in the posterior or anterior capsule. This allows light to pass through the eye and lens once more without the distortion caused by the capsular changes. The procedure is typically painless.

### **Risks of YAG LASER**

Just like any other surgery, laser surgery has risks. Risks of YAG laser capsulotomy include but are not limited to: new floaters or spots in your vision, retinal swelling or detachment, lens implant dislocation, rise in eye pressure or glaucoma, bleeding, infection, inflammation, damage to the eye or surrounding tissues. Though rare, complications can still occur and your ophthalmologist may not be able to predict all possible complications.

If a complication happens during surgery, your surgeon may need to perform another surgery right away to treat it. Your surgeon may discover a new condition or problem for the first time during the surgery. The surgeon may need to change the plan for surgery to treat this problem or condition right away.

**Alternatives:**

Alternatives to YAG capsulotomy include observation. You do not have to have the laser capsulotomy though it is likely that your vision will continue to worsen if you choose not to have it.

**PATIENT CONSENT AND ACCEPTANCE OF RISKS**

I have had ample opportunity to read this consent form (or it has been read to me), ask questions of my surgeon, and have been offered a copy of this consent form to take home. The alternate treatment options and their risks and benefits have been explained to my satisfaction. I voluntarily give my authorization and consent to the performance of the procedure(s) described above by my physician and/or his associates, assisted by hospital or surgery center personnel and other trained persons.

In signing this informed consent, I am stating that:

\_\_\_\_\_ I have been offered a copy of this consent.

\_\_\_\_\_ I have filled in all the blank spaces.

\_\_\_\_\_ My ophthalmologist has explained my condition and has answered all of my questions and this form has been fully explained to me.

\_\_\_\_\_ I fully understand the possible risks, benefits, and complications of the procedure.

\_\_\_\_\_ I have read this informed consent or this consent was read to me by

\_\_\_\_\_ (name).

I voluntarily consent and authorize Steven Kane, MD, (my ophthalmologist) to perform a YAG laser capsulotomy on my \_\_\_\_\_ RIGHT eye or \_\_\_\_\_ LEFT eye.

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date