

**Jacqueline Co, MD**  
403 W Campbell rd #310, Richardson, TX 75080

**INFORMED CONSENT FOR YAG POSTERIOR CAPSULOTOMY**

**Patient name:**

**Please report to: PRESTON PLAZA. / PARK CENTRAL SURGICAL CENTER**

*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 halos around lights. These problems worsen with time.*

*In the past a trip back to the operating room was necessary. A small cut was made and a needle introduced to cut the cloudy membrane. Complications of the surgery included possible infection, retinal swelling, or retinal detachment with possible loss of vision. An anesthetic injection was necessary and complications from the injection included heart or breathing disturbances, damage to the optic nerve, or perforation of the eyeball with the needle.*

*Fortunately a modern YAG laser treatment can be done without a need for an anesthetic injection or a small cut. Many of the complications noted previously are thereby eliminated. There are no restrictions on physical activities and no patch is needed after the laser treatment.*

*Laser surgery is still surgery. Complications can still occur. Some floaters or spots may be seen. Retinal swelling or detachment can follow this type of surgery as well. The eye pressure may rise temporality after the YAG laser treatment.*

**THE ALTERNATE TREATMENTS AND THEIR RISKS AND BENEFITS HAVE BEEN EXPLAINED TO MY SATISFACTION. I HEREBY GIVE MY INFORMED CONSENT FOR A POSTERIOR CAPSULOTOMY IN MY EYE WITH THE YAG LASER.**

**RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_**

**Patient signature:**

**Date:**

**Witness Signature**

**Date:**