

## Pre-Operative Health Questionnaire

1. Are you Diabetic? YES / NO
2. Are you currently on dialysis? YES / NO
3. Are you currently taking any of the following medications for  
glaucoma: TRAVATAN LUMIGAN XALATAN
4. Are you currently taking FLOMAX or any drug to improve your urinary  
stream? YES / NO
5. Are you currently taking: LANOXIN DIGOXIN
6. Are you currently taking: COUMADIN WARFARIN
7. Please list any allergies to medications and/or medical devices:

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8. Please list any previous eye surgery:

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9. Please list your medications:

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## INFORMED CONSENT FOR YAG POSTERIOR CAPSULOTOMY

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.

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 is no interruption in physical activities and no patch after the laser treatment is needed.

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.

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 RIGHT/LEFT EYE WITH THE YAG LASER.

You have been scheduled for surgery at Camp Lowell Surgery Center. Dr. Kaye has a financial interest in this surgery center. Please inform our staff if for any reason you do not want your surgery performed at this surgery center. It will then be scheduled at another facility, as time and schedules permit.

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Patient (or person authorized to sign for patient)

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Date

\_\_\_\_\_  
Witness

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Date