Code: FCIR-027 **Version:** 006 **Last Revision:** 11/02/2026	**INFORMED CONSENT FOR CATARACT REMOVAL SURGERY**	Clínica de Oftalmologia de Cali S.A

Ophthalmological **Clinic of Cali, LLC**

I, _____, of legal age, with ID Number._____, acting on my own behalf or as the legal representative of: _____, with ID Number _____, in full possession of my mental faculties.

I hereby state that:

I. I have attended an Ophthalmology consultation with Dr.:_____on _____, After being seen and questioned about my medical history, and examined, my diagnosis is: _____ and the most suitable treatment for my case is: **Cataract Removal Surgery**

II. I understand that the medical team consists of the attending physician, delegated or substitute physicians, as well as the healthcare professionals necessary for my treatment, along with the ancillary personnel providing healthcare services at the clinic.

III. I have been informed that:

a. A cataract is the opacity of the lens.

b. The lens is a transparent lens inside the eye that allows us to focus images, and when that lens becomes opaque, it causes a progressive decrease in vision.

c. The surgery consists of the extraction of the lens. There are several techniques for its implementation, such as:

- Intracapsular Extraction: This is a very old technique that involves the extraction of the lens including its capsule. The required incision must be large enough to allow the complete removal of the lens (approximately 10 mm). This increases the recovery time and the risk of astigmatism (corneal deformity). An intraocular lens cannot be implanted to replace the lens because there is no capsule to support it. Therefore, contact lenses or glasses with high convergent powers must be used after surgery.
- Extracapsular Extraction: This procedure involves making an incision of approximately 8 mm to achieve the removal of the entire nucleus. The capsule is not removed, which allows for the implantation of an intraocular lens. Multiple sutures are required, which must be carefully tensioned to avoid astigmatism.
- Phacoemulsification: This is the most modern technique for treating cataracts. It allows for the extraction of the lens through a 3 mm incision. Phacoemulsification (phaco) uses an ultrasound or laser probe to mechanically fragment the lens and then aspirate it. Finally, an intraocular lens is implanted to replace the lens. In most cases, no sutures are required as the incision is small enough to seal on its own.

d. There are other treatment alternatives, such as posterior phacoemulsification, which is used when combined retina/vitreous and cataract surgery is performed.

e. Despite choosing the appropriate technique and performing it correctly, there are risks of side effects and complications. The main ones are:

- Loss of the eyeball due to expulsive hemorrhage
- Opacity of the posterior capsule
- Increased ocular pressure
- Suture dehiscence
- Macular edema (decreased vision due to fluid in the center of the retina)
- Intraocular hemorrhage (bleeding)
- Dislocation of the lens leading to further intervention
- * Severe infection (infectious endophthalmitis)
- * Retinal detachment
- * Loss of corneal transparency
- * Pupillary deformity

- Other complications such as:
  1. Misdirectional glaucoma, 2. Need to replace the artificial lens due to unsatisfactory optical outcome. 3. Displacement of the artificial lens. 4. Double vision (diplopia). 5. Perforation of the eyeball during anesthesia injection. 7. Chronic inflammation of the eye (requires medication and sometimes surgery with removal of the artificial lens). 8. Increased sensitivity to light, halos, ghost images, "floaters."

IV. The specialist has answered the questions I have asked in a comprehensible manner, and the medical team will act with due prudence and diligence. However, it is understood that their obligation does not guarantee a specific outcome.

V. I have been informed about my rights and responsibilities as a patient, particularly my right to refuse treatment or revoke this consent.
If I choose not to undergo the treatment offered by the Doctor, the lens will become increasingly opaque, eventually leading to total vision loss due to uveitis or inflammation caused by the release of particles from the advanced cataract. There may also be an increase in ocular pressure because the cataract pushes the anterior segment toward the cornea. Additionally, the prognosis for surgery worsens because if the cataract continues to advance and I decide to have surgery later in the future, the surgery will be more difficult with a higher likelihood of corneal and retinal inflammation.

VI. The specialist has asked me questions about symptoms, past illnesses, coagulation disorders, the presence of prosthetics, pacemakers, prior hospitalizations or surgeries, medications, consumption of vitamins or dietary supplements, allergies, or adverse reactions to any medication or product, and, in general, all relevant aspects that may pose a risk to my life. I have responded truthfully, completely, and in detail to the above.

VII. I have been provided with information regarding the care I must follow before the procedure (pre-surgical recommendations).

VIII. In case it is necessary to preserve my life and personal integrity, I authorize the medical team to:

- Modify the procedure for which I have given my consent.
- Use of blood and/or blood products during or after the intervention.

IX. I hereby grant prior, express, and informed authorization to the Clinic, as the responsible party for the processing, to handle my personal and sensitive data contained in the medical history, its attachments, photos, and/or videos, for the purposes of clinical, scientific, and/or research studies, in accordance with Law 1581 of 2012 and other applicable regulations. In all cases, confidentiality, security, and privacy of the information will be guaranteed, as well as the exercise of the rights of the data subject in accordance with legal provisions.

X. I Authorized:

- The presence of trainee specialists in the treatment NO_____YES_____
- Providing information about my health condition to my family and companions during my stay at the clinic.

XI. I commit to the clinic and the medical team in the treatment of my illness, and I will adhere to medical appointments, medication prescriptions, diets, post-surgical recommendations for home care, and periodic follow-ups.

DECLARATIONS AND SIGNATURES

In witness whereof and complying with Medical Ethics Law No. 23 of 1981, I sign in Cali, on the _____ day of the month, _____of the year _____.

Patient Signature:_____ID Number _____

Legal Representative Signature:_____ID Number _____

Diagnostic Technician's Signature:_____ID Number _____

Signature and seal of the Doctor:_____Registration No. _____