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YAG LASER CAPSULOTOMY

Treatment Leaflet and Patient Consent Form

The posterior capsule is the fine membrane behind your natural lens, which is left in the eye to support your artificial lens implant. In approximately 10% of patients, the transparent membrane becomes thickened, causing a gradual reduction in vision. This can occur months to years after surgery.

The purpose of a laser treatment (capsulotomy) is to create an opening in the cloudy membrane in order to restore vision with the intention of improving your eyesight.

Consent

- Before agreeing to undergo laser treatment you will need to sign a consent form signifying that you understand the risks and benefits of the procedure.
- We encourage you to ask any questions which may arise before signing the consent form.

Risks

As with any procedure, laser treatment has risks. An improvement in eyesight cannot be guaranteed although serious complications are rare.

The main risks of laser capsulotomy are:

Retinal detachment – the retina, which is the inner lining of the eye, can become detached. If untreated, this can lead to reduced or complete loss of eyesight, but if detected early it can usually be successfully treated. The incidence of retinal detachment after laser capsulotomy is less than 1%.

Macular oedema – the retina can become swollen causing blurring of vision. This can be treated medically but may take several weeks to improve. The chance of macular oedema after laser capsulotomy is approximately 1%, but may be higher in diabetics.

Persistent floaters which interfere with your vision - Very occasionally people may request surgery to remove the floaters but this is usually not necessary.

Worsening of glaucoma or causing glaucoma (raised pressure) in the eye. This usually can be medically treated.

Rarely the lens may be damaged by the laser causing visual problems. In exceptional circumstances, the lens may subsequently need to be changed.

Very rarely, additional medical or laser treatment may be needed after the procedure to obtain the best vision.

Change in need for glasses

Loss of vision.

*Micro-incision
Cataract
Surgery*

*Vitreo-Retinal
Surgery*

*Diabetic
Retinopathy*

Glaucoma

*General
Ophthalmology*

*Age-Related
Macular
Degeneration*

The procedure

- Your vision will be checked, so please bring your glasses with you.
- Drops to dilate your pupil will be put into one or both eyes, which will blur your vision for several hours.
- You will not be able to drive home after the drops, so please bring a companion or make suitable transport arrangements.
- The procedure is performed with the laser machine connected to a conventional slitlamp (microscope).
- Anaesthetic and pressure-lowering drops are instilled prior to treatment.
- A contact lens is placed on the eye to focus the laser beam and keep the eye open.
- The procedure lasts approximately 5-10 minutes, during which time you will hear beeping noises and experience bright lights.
- There is minimal discomfort, if any.

After your treatment

Your vision will be blurred after the treatment, but should improve over the following few hours.

Commonly you may notice floaters, but these tend to settle within the first few weeks.

If you experience a sudden shower of floaters, flashes of light in the eye, or the feeling of a curtain coming over your vision, you should contact us as, rarely, this may indicate a retinal detachment

You should also contact us if you experience severe pain or loss of vision after the laser treatment.

Most patients have improvement in vision within 24 hours and there is usually no need for a follow up hospital visit

You may resume driving the following day.

You may visit the optician a week after the treatment to check if your glasses need changing.

Please read this form carefully. If you have any further questions, please ask - we are here to help you. You have the right to change your mind at any time, even after you have signed the form.

You can resume normal activities once you have been discharged from hospital. If you experience eye pain or loss of vision:

Please contact Mr Tanner's team on 0800 644 0700 or 0800 644 0900.

Out of hours Main Hospital Switchboards are :

Princess Margaret Hospital, Windsor - 01753 743434

Spire Dunedin Hospital, Reading - 01189 587676

Circle Hospital, Reading - 0118 922 6888

Eye Casualty at Royal Berkshire Hospital, Reading - 0118 322 7162/3

PATIENT CONSENT

Patient details

The above explanation has been read by/to me. The nature of my eye condition has been explained to me and the proposed treatment has been described. The risks, benefits, alternatives, and limitations of the treatment have been discussed with me. All my questions have been answered.

- I hereby authorise Mr Tanner to carry out yag laser capsulotomy treatment to my left right or both eyes

Patient's Signature

Date

Confirmation of consent

I have confirmed with the patient that he or she has no further questions and wishes the procedure to go ahead.

Mr Vaughan Tanner **Date**