

Think Before Using Knife.

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Doctors do still hold the place of demi-gods in some societies though this idea is much less prevalent in today's world than even before. More and more litigations against doctors everyday is a testimony to the fact that doctors actions are being questioned with regard to both quality and intent. It is in such atmosphere that the issue of ethics in the medical profession in general and the surgical field in particular becomes most important. Ethics are not laws.

Issues involving medical ethics are complex, decision making is difficult and individualized. The biggest mistake one can make is to consider an individual patient to be just a part of a group, religious or geographical, and making generalizations based on these fact. Each patient is different, each problem unique and thus demands a personalized protocol for management depending on the situation.

In day to day surgical patient care, the issue of ethics most commonly plays a role while acquiring consent from the patient. According to American medical association, it is important both from the moral and ethical point of view that the patient participates in decision making in matters pertaining to his care. It is imperative that the surgeon not only makes a right diagnosis, but also discusses the various probable avenues of care with the patient explaining merits and demerits and thus reach the desired mode of treatment based on best available knowledge, respecting the suggestions of the patients and involving him in the decision making process. Written expressed consent for surgical intervention, taken after detailed discussion is to have informed consent and is desired. In most situations, it is preferable to both implied consent and verbal consent. It is the legal jacket in the ambit of which the surgeon works to achieve the best outcome for the patient.

To obtain a valid consent, the surgeon must explain the various treatment options with probable outcomes

pertinent to the patient without giving extraneous data. To walk the line between what is pertinent and what is extraneous requires prudent judgment.

In this regard about the post operative infections the AIOS guidelines and "the do's & don'ts" of the NPCB guidelines of DHS(O) dt. 16.12.2010 has already been circulated with a request to follow it strictly. (If you have not got it, Dr.P.K.Nanda will provide you on request.)

In this context a model preoperative patient consent form is given here for further guidance.

Patient consent :

Cataract surgery by itself means the removal of the natural lens of the eye by a surgical technique. In order for an IOL to be implanted in my eye, I understand, I must have to undergo cataract surgery performed either at the time of the IOL implantation or before IOL implantation (Except in cases phakic IOL). If my cataract was previously removed, I have been informed that my eye is medically acceptable for IOL implantation. I understand that a doctor other than the consultant surgeon may conduct the procedure. I understand this could be a doctor undergoing further training. I consent to the administration of anesthesia and to the use of such anesthetics as may be deemed necessary in the judgment of the medical staff.

The basic procedures of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks and possible complications of alternative treatment have been explained to me by my ophthalmologist. I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed off sensitively by the hospitals.

Risk of cataract surgery include, but are not limited to :

1. Complications of removing the natural lens may

include hemorrhage (bleeding), rupture of the capsule that supports the IOL, perforation of the eye, a cloudy cornea which may or may not settle (this may require further surgery), an acute inflammatory reaction causing pain (this may need further treatment), swelling in the central area of the retina (called cystoid macular edema), which usually improves with time, retained pieces of lens or cortical matter in the eye, which may need to be removed surgically, infection, detachment of retina, which is definitely and increased risk for highly near sighted patients, but which can usually be repaired, uncomfortable or painful eye, droopy eyelid, increased astigmatism, glaucoma, and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, Total loss of vision, or loss of the eye in rare situations. Additional surgery may be required to treat these complications. Any of these complications may occur but these complications are now rare.

2. Complications associated with the IOL may include increased night glare and/ or halo, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems. In some instances, corrective spectacle lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

3. Complications associated with local anesthesia injections around the eye include perforation of the eye, injury to the optic nerve, interference with the circulation of the retina, droopy eyelid, respiratory depression, hypotension, cardiac problems, and in rare situations brain damage or death. Complications of surgery in general, as the procedure is generally done under local anesthesia the risk to life is less than 0.5%.

4. If an IOL is implanted, it is done by a surgical method. It is intended that the small plastic, silicon, or acrylic IOL will be left in the eye permanently.

5. If a monofocal IOL is implanted, either distance or reading glasses or contact lens will be needed after cataract surgery for adequate vision.

6. If complications occur at the time of surgery, the

doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.

7. Complications associated with multifocal IOLs - While multifocal IOL can reduce dependency on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some visual side effects such as rings or circles around lights at night. Driving at night may be affected. If complications occur at the time of surgery, a monofocal IOL may be needed to be implanted instead of multifocal IOL.

8. Although you may have opted for phacoemulsification surgery and the same may have been planned by your surgeon after preoperative examination. If during surgery, phacoemulsification found to be unsafe or not feasible, your surgeon will have the liberty to perform surgery by any of the conventional techniques in the interest of patient safety.

9. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age related macular degeneration, power of IOL, your individual healing ability; and if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.

10. The selection of the proper IOL, while based upon sophisticated equipment and computer formulas, is not an exact science. After your eyes heal, its visual power may be different from what was predicted by preoperative testing. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL or refractive laser surgeries may be needed if you are not satisfied with your vision after cataract surgery. I am fully aware that the surgery is being performed in good faith and that no guarantee or assurance has been given as to the result that may be obtained. I understand that photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. I will not be identified in any photo or video.

Although it is impossible for the doctor to inform

me for every possible complications that may occur, the doctor has answered all my questions to my satisfaction.

After the operation :

It is normal to feel mild discomfort for a while after cataract surgery. In most cases, healing will take about two to six weeks, after which new glasses can be prescribed by your optician. You will be given eye drops to reduce inflammation. The hospital staff will explain how and when to use them. Please do not rub your eye and follow the post operative advice strictly. Copy of the routine post operative advice has been given to me and I will follow it strictly.

Certain symptoms could mean that I need prompt consultation, i.e., Excessive pain/watering, redness and, gross decreased vision or loss of vision. If it occurs and I promise to inform and consult my Ophthalmologist immediately.

Based on above information I, the under signed (the patient and preferably one near relative), hereby give my consent for the operation of left eye/right eye with the full knowledge of possible complications. And no guarantee has been given about my visual prognosis. Complication due to infection or surgical procedures or due to anaesthesia or drug related complications if occurs or in case of any mishaps, I or we will not claim any type of compensation or will not go to any type of legal procedures against the

doctors or hospital staffs or hospital management and they will not be responsible for this mishap.

I/we certify that I/we have read this informed consent/or it has been read over to me/us and explained to me/us in my/our mother tongue and I/ we have understood everything and give my/our full consent for the surgery.

Signature/LTI of patient Signature / LTI of relative.

A signed copy of post operative advice, follow up dates (1st, 3rd, 7th, 28th) and post operative medications should be kept along with all records of the patients. However The surgeon should not deviate from the guidelines. All aseptic measures, preoperative, operative and post operative and operation theatre care should be strictly adhered. There is a very little margin between complications and negligence. Negligence is punishable even if done free of cost or in camps. Hence managing the complications are also important. Taking help of competent surgeons and another doctors opinion and consulting well equipped referral centres as soon as possible is very important. Hope this will help our friends.

References:

AIOS guidelines, NPCB guidelines i.e. "DO'S and Don'ts" of cataract surgery of dt 16.12.2010. of DHS(O).

*To worship God even for the sake of salvation or any other reward is equally degenerate. Love knows no reward.
Give your love unto to God, but do not ask anything in return even from Him through pray.*

That man has reached immortality who is disturbed by nothing material.

- Vivekananda