

# Cataract Surgery Informed Consent Survey

\*C.O. Omolase<sup>1</sup>, C.O Fadamiro<sup>2</sup>, B.O Omolase<sup>1</sup>, A.A. Ayanniyi<sup>3</sup> and E. O. Omolade<sup>1</sup>

Nigerian Medical Practitioner Vol. 51 No 6, 2007 (133-135)

## Summary

To evaluate the importance patients attach to informed consent and the information they are given during counselling for cataract surgery. A total number of sixty one patients who came for cataract surgery during the eye camp in Owo in August, 2006 were randomly selected using simple random sampling and interviewed. Most respondents attached importance to informed consent and considered it as a legal document. The information the respondents considered most important was the chances of restoration of vision after operation. Chances of vision restoration was very important to the respondents.

**Keywords:** *Informed consent, cataract surgery.*

## Introduction

Cataract surgery is a very common surgical procedure in ophthalmology. The need to adequately inform the patients about the procedure cannot be overemphasised. Sharing information with the patient could be verbal or written, however adopting both methods of sharing information is preferred. Patients must be given sufficient information in a way that they can understand to enable them exercise the right (protected in law) to make informed decisions about their care.(1)

Verbal information is useful if it is provided in a manner intelligible to the hearer and at a pace which the recipient can digest it.(2) Patients have requested written information, not only to help them understand the problem but also to make the most of their consultation and legitimise seeking help.(3)

Informed consent has become an important part of medical practice,(4) and often a legal necessity for surgical procedures.(5) Many patients allowed their doctors to make decisions.(6) However patients considered informed consent to be important and expected all pertinent information to be communicated.(7)

This study was designed to evaluate the importance patients attach to informed consent and the information they are given during counselling for cataract surgery.

## Methodology

Informed consent was obtained from each of the respondents. A total number of sixty one patients were randomly selected using simple random sampling and

interviewed during the eye camp organized by Ramat Babalakin foundation in August this year in Owo, Ondo – State.

All the patients had cataract extraction. Information regarding biodata and importance of informed consent to the patients was obtained. The importance of information such as name of surgeon, technical details of cataract surgery, convalescence period, duration of stay in hospital, choice of anaesthesia, likely duration of surgery, chances of restoration of sight and cost of surgery to the patients was also established. Data obtained with the aid of study instrument was analysed using SPSS 12.0.1.

## Results

### *Socio – Demographic Characteristics:-*

The mean age of sixty one patients interviewed was 63 years while the median age was 65 years and the age range was 24 years to 98 years.

**Table 1 - Age Distribution of Respondents**

Age (years)	Frequency	Percentage
20-40years	10	16.4
41-60years	19	31.2
61-80years	24	39.3
81-100years	8	13.1
<b>Total</b>	<b>61</b>	<b>100</b>

**Table 2 - Educational Status of Respondents**

Educational status	Frequency	Percentage
No education	36	59
Primary education	12	19.7
Secondary education	6	9.8
Tertiary education	7	11.5
<b>Total</b>	<b>61</b>	<b>100</b>

As shown in figure 1, 55(80%) of the respondents were married while 1(2%) was widowed. Majority of them, 46(75%) were Christians while 15(25%) were muslims. None was a traditionalist.

<sup>1</sup>Department of Ophthalmology\*  
Federal Medical Centre,  
P.M.B 1053, Owo

<sup>2</sup>Department of Ophthalmology  
State Specialist Hospital, Akure.  
Ondo State

<sup>3</sup>Department of Ophthalmology  
University of Ilorin Teaching Hospital,  
Ilorin, Nigeria

\*Correspondence

**Table 3 shows the importance attached to information they are given prior to surgery**

Information	Not important Frequency (percentage)	Important Frequency percentage)	Very important Frequency (percentage)
Name of surgeon	10(16.4)	21 (34.4)	30(49.2)
Technical details of surgery	15 (24.6)	17 (27.9)	29(47.5)
Complications of surgery	9(14.8)	26 (42.6)	26 (42.6)
Convalescence period	9(14.8)	31 (50.8)	21 (34.4)
Duration of stay in hospital	14 (23)	26 (42.6)	21 (34.4)
Choice of Anaesthesia	14 (23)	24 (39.3)	23 (37.7)
Likely duration of admission	16 (26.2)	25 (41)	20 (32.8)
Chances of restoration of sight	5 (8.2)	20 (32.8)	36 (59.0)
Cost of surgery	15 (24.6)	28 (45.9)	18 (29.5)

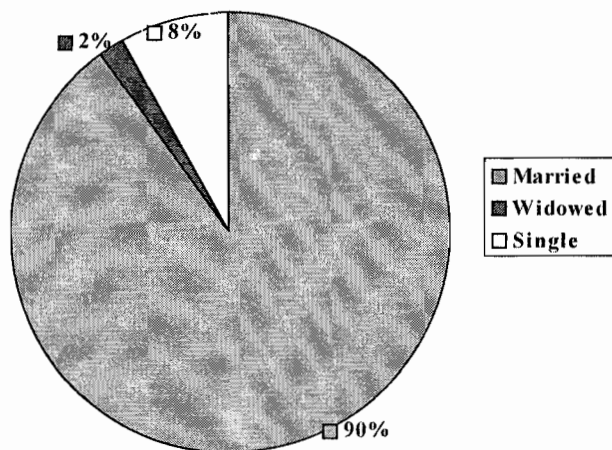
**Educational status** -majority of the respondents, 36(59%) had no education, 12(19.7%) had primary education while 6(9.8%) had secondary education and 7(11.5%) had tertiary education. (Table2).

**Previous cataract surgery** – majority of the respondents 45(73.8%) were having cataract surgery for the first time while few 16(26.2%) had previous cataract surgery.

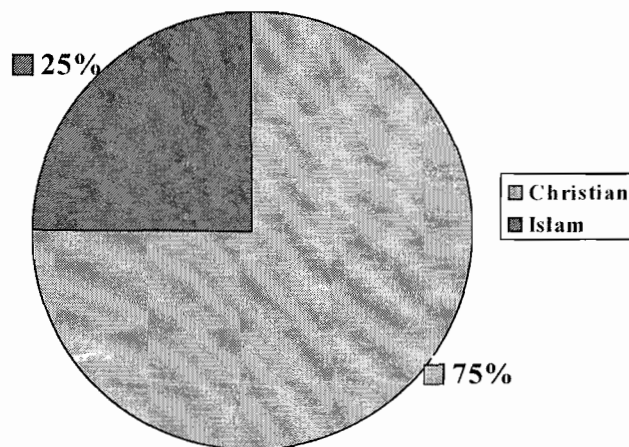
**Preoperative counselling:-** Majority of the respondents, 37(60.7%) felt they were not adequately counselled prior to surgery while some 24 (39.3%) were adequately counselled.

**Informed consent as a legal document.** Most respondents, 37(60.7%) acknowledged informed consent as a legal document while few 24 (39.3%) did not accept it as a legal document.

**Importance of informed consent:** Majority of the respondents, 49 (80.3%) considered informed consent important while few 12(19.7%) felt that it was not important. **Importance attached to information given before cataract surgery:-** As shown in Table 3 most respondents, 36(59%) considered chances of restoration of vision as very important while some 20(32.8%) considered likely duration of admission as very important.



**Figure 1- Marital Status of Respondents**



**Figure 2- Religion of Respondents**

**Discussion**

**Socio-demographic characteristics-** In this study the mean age of the respondents was sixty three years, this is not surprising in view of the association between ageing process and development of cataract. It is also in conformity with the findings of P K Nirmalan et al in India in which the prevalence of definite age-related cataracts of all types increased significantly with increasing age. The fact that most of the respondents had no formal education is also not unexpected bearing in mind that the respondents were mostly middle aged and elderly and thus may not have had the opportunity to go to school.

Most respondents were having cataract surgery for the first time; this could be due to the fact that the only functional eye clinic in the community located at FMC, Owo established in February, 2006 was yet to be equipped at the time of carrying out this study. The other factor that could account for this is the removal of cost as a barrier to uptake of cataract extraction thus enabling more patients to access cataract surgery, as the operations were done at no cost to patients. In a study carried out by M.M. Rabi in Katsina state, the main barrier to seeking cataract surgery was cost of services.(9) Poverty was the main identified reason for the unwillingness to pay for cataract surgery in

Nepal.(9) Some patients(11.1%) were also waiting to have free surgical service in Kathmandu valley.(10)

Thus some of the respondents could actually have been waiting for free cataract surgery, thereby accounting for the huge turn out of those having cataract surgery for the first time. Adequate community sensitization and mobilization could also have contributed to huge turn out of patients accessing cataract surgery for the first time.

Majority of the respondents felt that they were not adequately counselled before operation. This could be due to the fact that in an eye camp setting as in this case due to high output of cataract extraction, eye care providers are likely to have limited time to adequately inform the patients. It is also remarkable to note that most respondents considered informed consent as a legal document and as such more efforts should be made to adequately inform patients.

The information considered most important to the respondents is the chances of visual recovery; this is in keeping with the findings of MJ Elder and A Suter in New Zealand.(11) This also explains why most of the respondents attach importance to possible complications. In this study most respondents attach importance to informed consent; this is also in keeping with the findings of PJ Dawes and P. Davison in an ENT study,(12) in which most respondents wanted to know about their condition, the treatment and important side effects.

Technical details of surgery was considered not to be important to few of the patients. This could be due to the fact that majority of them had no formal education. Cost was not considered important to few of the patients as the operations were offered free to the patients. Bearing in mind that most patients were discharged the following day after surgery it is not surprising that some of them did not consider likely duration of admission as important.

### Conclusion and Recommendation

**Conclusion:-** Most respondents attach importance to informed consent and they consider it as a legal document. The information respondents attached most importance to the chances of restoration of vision.

Cost of surgery was not very important to few of the respondents.

#### Recommendation

Eye care providers should try as much as possible to adequately counsel patients preoperatively even in an eye camp setting.

The need to enhance surgical skills of ophthalmologists cannot be overemphasised as patients attach most importance to restoration of vision postoperatively.

### Acknowledgement

We give God the glory for making this work come to pass. Special thanks to the respondents for graciously

accepting to participate in this study. We also appreciate Ramat Babalakin Foundation for organizing the eye camp.

### References

1. General medical council. Seeking patients consent: the ethical considerations. GMC 2001
2. Brown H, Ramchandani M, Gillow JT and Tsaloumas MD. Are patient information leaflets contributing to informed consent for cataract surgery? *J med Ethics* 2004; 30: 218 – 220.
3. Contler A. Sharing decisions with patients: is the information good enough? *Br Med J* 1999; 318-22
4. Nisselle P. Informed consent. *N Z Med J* 1993; 106. 331 – 2
5. Health and Disability commissioner's Regulation (1996) of NZ. *Wellington*, New Zealand: Government printer, 1996.
6. Merakou K. Satisfying patients' Right; a hospital patient survey. *Nurs Ethics* 2001; 8 (6); 499-509.
7. Scanlan D, Siddiqui F, Perry G and Hutrik CM. Informed consent for cataract surgery: what patients do and do not understand. *J Cataract Refract Surg.* 2003; 29 (10); 1904 – 12.
8. Nirmalan PK, Robin AL, Katz J, Tielsch JM, Thulasiraj RD, Krishnadas R et al. Risk factors for age related cataract in a rural population of southern India: The Aravind Comprehensive Eye Study. *Br J Ophthalmol* 2004;88:989-994
9. Rabi MM. Cataract blindness and barriers to uptake of cataract surgery in rural community in Northern Nigeria. *Br J Ophthalmol* 2001; 85:776-778
10. Shrestha MK, Thakur J, Gurung CK, Joshi AB, Pokhrel S and Ruit S. Willingness to pay for cataract surgery in Kathmandu valley. *Br J Ophthalmol* 2004; 88: 319-320
11. Elder MJ and Suter A. What patients want to know before they have cataract surgery. *Br J Ophthalmol* 2004; 88:331-332
12. Dawes PJ and Davison P. Informed consent: what do patients want to know? *J R Soc Med* 1994; 87 (3): 149-152.