

## **Multimedia interventions on the informed consent process for cataract surgery**

Dear Sir,

We read with interest the article by Karan *et al.*<sup>[1]</sup> describing the efficacy of multimedia interventions on the informed consent process for cataract surgery. The authors utilized multimedia aids during the informed consent process, providing patients with information on the surgical and postoperative procedure and general information regarding cataracts.

Their results showed that these measures are effective in improving patient comprehension. Given the success of their multimedia intervention, we would like to suggest that preoperative counseling for cataract surgery should also include counseling regarding possible intraoperative visual experiences that patients might encounter.

Many studies have reported that patients encounter a variety of visual sensations during different types of ocular surgery, including cataract surgery,<sup>[2,3]</sup> LASIK,<sup>[4]</sup> and vitreous surgery.<sup>[5]</sup> An important observation is that up to 16.2% of patients may be frightened by the visual sensations that they encounter during cataract surgery.<sup>[2,6]</sup> Fear experienced during cataract surgery is of clinical relevance as it may incite a sympathetic stress response and cause patients to become less cooperative during the surgery. These may increase the intraoperative morbidity as most cataract patients are in the geriatric age group and have significant concurrent chronic diseases such as hypertension and ischemic heart disease.<sup>[2-5]</sup> The variety of visual sensations experienced can be quite wide, ranging from experiencing the light, colors, movements, flashes, etc.<sup>[2,3]</sup>

It has been shown that preoperative counseling reduces both the percentage of patients who experience fear, as well as the severity of fear that patients experience. In addition, many patients have indicated during postoperative interviews that they would have preferred to have been informed of the possibility of visual sensations preoperatively.<sup>[4,5]</sup> Since the use of multimedia material in counseling appears to be more effective, it would be ideal to incorporate information on visual experiences into this counseling.

In summary, we agree with the authors that preoperative counseling is very important. We also urge the authors to incorporate counseling on visual sensations to their multimedia aids.

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