

Patient Name (print) _____

NOTICE:

**PROCEDURES WILL NOT BE SCHEDULED
UNTIL WE RECEIVE YOUR COMPLETED
CONSENT FORMS**

****Please be aware that several pages of the
consent forms require your signature****

**Please read and complete your consent forms.
When completed, please mail back to our office.**

**It may take up to 10 BUSINESS DAYS after we
have received your consent forms to schedule
your surgery.**

Pre-Operative Health Questionnaire

1. Are you Diabetic? YES / NO
2. Are you currently on dialysis? YES / NO
3. Are you currently taking FLOMAX or any drug to improve your urinary stream? YES / NO
4. Are you currently taking: LANOXIN DIGOXIN
5. Are you currently taking: COUMADIN WARFARIN
6. Please list any allergies to medications and/or medical devices:

7. Please list any previous eye surgery:

8. Please list your medications:

Informed consent for cyclophotocoagulation (CPC)

You have glaucoma. Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. Fluid imbalance or pressure problems in the eye damage the nerve. Glaucoma slowly gets worse over time and cannot be reversed. If it is not treated, it causes a painless loss of eyesight. In some cases, it can lead to blindness.

Alternatives (choices and options). The best choices for glaucoma treatment are those that lower the eye pressure with the fewest risks to the patient's eyesight and overall health.

- Usually eye drop medications or laser therapy are used first. Often, multiple medications are needed to get the desired pressure level.
- If medications and laser treatment do not work well enough, or if patients have trouble using eye drops because of cost, side effects, and other difficulties, then glaucoma surgery is required. There are many types of glaucoma surgery.
- You can decide to have no treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

Your ophthalmologist (eye surgeon) recommends

cyclophotocoagulation (CPC) surgery. Your ophthalmologist will use a laser to treat the cells in the eye that make fluid. Following treatment the cells create less fluid and the eye pressure goes down. The laser energy can be delivered in different ways:

- Trans-scleral approach. The ophthalmologist places the laser on the sclera (white wall of the eye), and the laser energy goes through the eye. The laser may damage the sclera.
- Endoscopic approach. The ophthalmologist makes a small incision (cut) in the eye and inserts a light. This allows the ophthalmologist to see where the laser is being applied. The endoscopic approach is more precise, but you can get an eye infection through the incision.

Benefits (how the surgery can help). The goal of cyclophotocoagulation is to lower your eye pressure and help you keep the vision you have now. It will not bring back the vision you have already lost from glaucoma.

Risks (problems the surgery can cause). As with any procedure, there are risks with cyclophotocoagulation. The surgery may not lower your eye pressure or control your glaucoma even when it is properly performed. Your ophthalmologist cannot tell you about every risk. Here are some of the most common and serious risks:

- Failure to control eye pressure, with the need for eye drops, laser treatment, or another surgery
- Abnormal collection of fluid in the eye, with the need for another surgery
- Worse or lost vision
- Pressure that is too low
- Damage to the eyeball
- Bleeding in the eye
- Infection
- Inflammation
- Cataract or clouding of the lens (except if you have already had cataract surgery or if you are having cataract surgery at the same time as this glaucoma procedure)
- Pain, irritation, or discomfort in the eye or surrounding tissues that may last
- Drooping of the eyelid
- Double vision
- Problems during surgery that need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this new problem.
- Other risks. There is no guarantee that the surgery will improve your vision. The surgery or anesthesia may make your vision worse, cause blindness, or even the loss of an eye. These problems can appear weeks, months, or even years after surgery.
- Careful follow-up is required after surgery. After your eye heals, you will still need regular eye exams to monitor your glaucoma and watch for other eye problems.

Cyclophotocoagulation is performed under regional anesthesia. An anesthetic medicine is injected around the eye to numb the eye and keep it from moving. The anesthesiologist, ophthalmologist, or nurse anesthetist may also give you intravenous sedative to help you relax.

- Risks of regional anesthesia include needle damage to the eyeball or optic nerve, which could cause vision loss; interference with circulation of the retina, which could cause vision loss; drooping of the eyelid, double vision, and bruising of the skin around the eyes.
- Intravenous sedation can cause heart and breathing problems. In rare cases, it can cause death.

By signing below, you consent (agree) that:

- You read this informed consent form or had it read to you.
- You were told you have glaucoma.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist perform cyclophotocoagulation (CPC) surgery on your _____ (“right,” “left”) eye.

Patient (or person authorized to sign for patient)

Date

Witness Signature

Date

Dear Patient,

You have been scheduled for surgery at Camp Lowell Surgery Center. Tucson Eye Care has a financial interest in this surgery center. Please inform our staff if for any reason you do not want your surgery performed at this surgery center. You will then be referred to another surgeon who will perform surgery at a different location.

I acknowledge the above and agree to have my surgery scheduled at Camp Lowell Surgery Center.

Patient Signature

Date