

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 anterior chamber reformation

After certain eye surgeries (such as glaucoma surgery), too much fluid can leave the eye and flatten the front part of it called the anterior chamber. The eye loses its normal shape and structure. This is not a stable or safe condition for your eye, and can cause permanent damage and vision loss. This has happened to your eye, so your ophthalmologist (eye surgeon) is recommending an anterior chamber reformation.

Your ophthalmologist will inject clear fluid or clear jelly into the anterior chamber. The injection might be through an incision (cut) in your eye that was made during a recent operation. Or the ophthalmologist may need to use a needle or a small scalpel to make a new incision before adding this fluid or jelly.

Benefits (how this procedure might help). The goal of an anterior chamber reformation is to restore your eye's normal shape and structure.

Alternatives (choices and options).

- Medications for adjusting your eye pressure. These medications might not work quickly enough to save your vision.
- No treatment. If you decide not to have treatment, then your eye problems can quickly get worse. You could have more vision loss or even blindness.

Risks (problems this procedure might cause). As with all surgery, there are risks with anterior chamber reformation. The surgery can cause vision loss or blindness. 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 operation
- Worse or lost vision
- Pressure that is too low
- Damage to the eyeball or structures inside the eye such as the iris or the lens
- Infection

- The need for more surgery
- Bleeding in the eye
- Inflammation
- Pain, irritation, or discomfort in the eye or surrounding tissues that may last
- 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. It might make your vision worse, cause blindness, or even the loss of an eye. These problems can appear weeks, months, or even years after surgery.

An anterior chamber reformation is performed under topical anesthesia, which means that eye drops are used to numb the eye. You must be able to cooperate with the surgeon to make sure you do not move your eye during surgery. Risks of topical anesthesia include injury to the eye by movement during surgery, drooping of the eyelid, and increased sensation during the procedure

By signing below, you consent (agree) that:

- You read this informed consent form or had it read to you.
- You were told that your eye has lost its normal shape and structure.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist perform an anterior chamber reformation 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