

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 surgery to remove or revise a glaucoma implant

You have already had glaucoma surgery. During the surgery, the ophthalmologist placed a shunt or stent (implant). Your implant is not working correctly. Implants that don't work well can move or leak, make your eye pressure too low or too high, or cause pain. Your ophthalmologist recommends surgery to remove or revise (fix) your implant.

Benefits (how the surgery can help). The goal of the surgery is to fix or remove an implant that isn't working correctly.

Risks (problems the surgery may cause). As with any surgical procedure, there are risks with implant removal or revision. 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
- Infection
- Bleeding in the eye
- Inflammation
- Mechanical problem with an implant requiring removal or repositioning
- Cataract (except if you have already had cataract surgery or if you are having cataract surgery at the same time as this glaucoma surgery)
- 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 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 to watch for other eye problems.

Glaucoma implant removal or revision surgery is performed under regional anesthesia. Anesthetic medicine is injected around the eye to numb the eye and keep it from moving. The ophthalmologist, anesthesiologist, or nurse anesthetist may also give you intravenous sedation 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. Very rarely, 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 your glaucoma implant is not working correctly.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist remove or revise the glaucoma implant in 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