

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 bleb revision surgery

You have already had glaucoma surgery. During that surgery, the ophthalmologist (eye surgeon) created a channel for fluid to drain from your eye. The fluid collected in a structure called a bleb. The bleb in your eye is not working correctly. Your ophthalmologist recommends a bleb revision surgery to fix the problem.

Benefits (how this surgery might help). The goal of bleb revision surgery is to get the bleb to work correctly again. This will lower your eye pressure and help you keep the vision you have now. Bleb revision will not bring back vision you have already lost from glaucoma.

Alternatives (choices and options).

- Medications to adjust the eye pressure. These may not work well enough to help your eye.
- No treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

Your ophthalmologist may use anti-scarring medication during the surgery. Scarring can block the channel and develop weeks or months after surgery. Mitomycin-C (MMC), 5-Fluorouracil (5FU), and Avastin (bevacizumab) are the most commonly used anti-scarring medications. MMC is approved by the Food and Drug Administration (FDA) for use in eye surgery. 5FU and Avastin were originally approved by the FDA for cancer treatment. However, physicians can use FDA-approved drugs for other purposes (this is called “off-label” use). These medications should not be used in women who are pregnant, planning to become pregnant or nursing.

Risks (problems the surgery may cause). As with any surgery, there are risks with bleb 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, soon after surgery or years later
- Bleeding in the eye
- 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 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 ophthalmologist may need to do more surgery right away or change your surgery to treat this new problem.
- Other risks. There is no guarantee that bleb revision 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.

Bleb revision surgery can be performed under topical or regional anesthesia. With either type of anesthesia, the ophthalmologist, anesthesiologist, or nurse anesthetist may also give you intravenous sedation to help you relax.

- With topical anesthesia, eye drops are used to numb the eye. You must be able to cooperate with the ophthalmologist to make sure you do not move your eye during surgery. Risks of topical anesthesia include inadvertent injury to the eye by movement during surgery, drooping of the eyelid, and increased sensation during the procedure

- With regional anesthesia, anesthetic medicine is injected around the eye to numb the eye and keep it from moving. 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 the bleb in your eye is not working correctly.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist perform a bleb revision 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