

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 tube shunt surgery

You have glaucoma. Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. The damage to the optic nerve in glaucoma is caused by fluid imbalance or pressure in the eye. 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 ophthalmologist) recommends tube shunt surgery. Your ophthalmologist will implant a small plastic device in the sclera (the white wall of the eye). The device will shunt (move) fluid out of your eye into a space under the tissue that covers the eye. This will lower your eye pressure. The fluid is then absorbed into your bloodstream. In some patients, scar tissue can block the tube in the weeks or months right after surgery. In these cases, your ophthalmologist may recommend other surgery to restore the flow of fluid through the shunt.

Benefits (ways this surgery might help). The purpose of the operation is to help you keep the vision that you have now. When successful, a tube shunt lowers the eye pressure and lowers the chance that you will lose vision from glaucoma. It will not bring back the vision you have already lost from glaucoma.

Risks (problems this surgery can cause). As with all surgery, there are risks with trabeculectomy. While the ophthalmologist cannot tell you about every risk, here are some of the most common or 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
- Infection, soon after surgery or months or years later
- Abnormal collection of fluid in the eye, with the need for a second operation
- Bleeding in the eye
- Inflammation
- Mechanical problem with an implant requiring removal or repositioning
- Cataract or clouding of the lens (except if you have already had cataract surgery or are having cataract surgery at the same time as this glaucoma surgery)
- Pain, irritation, or discomfort in the eye or surrounding tissue that may last
- Drooping of the eyelid
- Double vision
- Problems during surgery that may need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this problem.
- Other risks. There is no guarantee that the surgery will improve your vision. The surgery or anesthesia might make your vision worse, cause blindness, or even loss of an eye. These problems can appear weeks, months, or years after the surgery.
- Careful follow-up is required after surgery. After your eye heals, you will still need regular exams to monitor your glaucoma and watch for other eye problems.

Tube shunt surgery is performed under regional anesthesia.

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 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 you have glaucoma.
- Your questions about the surgery were answered.
- You consent to have the ophthalmologist perform a tube shunt 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