

Patient Name (ID):

D.O.B.:

Date:

# SILK VISION

## & SURGICAL CENTER

### **INFORMED CONSENT FOR ENTROPION SURGERY**

#### **WHAT CAN CAUSE THE NEED FOR EYELID SURGERY?**

With age, the skin, muscles and tendons of the eyelids can sag and droop. In addition, the fat that surrounds and cushions the eyeball can bulge forward through the skin of the lids. As the tendons of the lid sag, the upper or lower lid can invert and turn inward with the lashes rubbing the eyeball. This can lead to tearing, mucous discharge (mattering), crusting of the eyelashes and scratching of the cornea.

#### **HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?**

The results of entropion repair depend upon each patient's symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Entropion repair only corrects the droopiness and sagginess but is not considered a cosmetic procedure. By correcting this droopiness of the eyelid, the surgery typically improves tearing and mucous discharge as well as the foreign body sensation that is caused by lashes rubbing the eye. Entropion repair does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye.

Because saggy in-turned eyelids are typically consequences of aging, most patients feel that entropion repair improves their appearance and makes them look better with eyes that are not red all the time. Some patients, however, have unrealistic expectations about how changes in appearance will impact their lives. Carefully evaluate your goals before agreeing to this surgery.

#### **WHAT ARE THE MAJOR RISKS?**

Risks of entropion repair include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, difficulty closing the eyes (which may cause damage to the underlying corneal surface), double vision, tearing or dry eye problems, inability to wear contact lenses, numbness and/or tingling near the eye or on the face, and, in rare cases, loss of vision. You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery. Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result. For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions.

#### **WHAT ARE THE ALTERNATIVES?**

You may be willing to live with the symptoms and appearance of droopy saggy eyelids with tearing, red eyes and mucous discharge and decide not to have surgery on your lids at this time.

#### **WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE THE MAJOR RISKS?**

Most lid surgeries are done with "local" anesthesia (lidocaine or novocaine), that is, injections around the eye to numb the area. You may also receive sedation from a needle placed into a vein in your arm or pills taken

before surgery. Deeper anesthesia can be provided if the patient wishes but most do very well with light sedation. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

**PATIENT’S ACCEPTANCE OF RISKS**

- I understand that it is impossible for my doctor to inform me of every possible complication that may occur.
- I have been informed that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there may be additional costs associated with more treatment.
- By signing below, I agree that my doctor has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of entropion repair, and the costs associated with this surgery and future treatment, and that I feel I will be able to accept changes in my appearance.

I have been offered a copy of this document.

I consent to entropion repair surgery on:

Upper lid: Right Left Both

Lower lid: Right Left Both

Other: \_\_\_\_\_

– Patient Consent to Entropion

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there are additional costs associated with more treatment. By signing below, I agree that my physician has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of entropion, and the costs associated with this surgery and future treatment, and that I feel I will be able to accept changes in my appearance.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

– Witness Signature for Entropion

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Providers

- Lamise Rajjoub, MD