

TAILORED EYES

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Informed consent for laser Iridotomy

The angle is the space between the clear cornea and colored iris in the front of the eye. The angle contains an internal drain that allows the fluid in the eye to drain out, helping to control eye pressure. Eye pressure goes up (angle closure glaucoma) if the angle is too narrow or if it closes up. This can happen quickly or slowly. The rise in pressure can damage the optic nerve, which connects the eye to the brain. It can cause glaucoma and permanent loss of vision.

Angle closure can also happen in the setting of cornea transplant surgery and in some refractive surgeries such as Implantable Collamer Lens surgery (ICL).

Your ophthalmologist (eye surgeon) recommends laser iridotomy surgery. The ophthalmologist uses a YAG laser to create a small hole in your iris. This hole will release fluid from behind your iris. Your iris can then move away from the cornea, and your angle will open. This same opening also prevents fluid from building up after cornea transplant surgery.

Benefits (how this surgery can help). The goal of laser iridotomy is to lower your eye pressure and help you keep the vision you have now. It will not bring back vision you have already lost from glaucoma. It will not cure glaucoma. The surgery may lower your eye pressure enough that you don't need to take more medications or have more surgery. But you may need to keep taking your glaucoma medications. If you have narrow angles but don't have glaucoma yet, the surgery may permanently open your angles. This reduces the risk of getting glaucoma.

Alternatives (options and choices).

- Iridotomy using a surgical instrument instead of a laser to cut the iris. This surgery is done in the operating room. This way of opening the angle can increase risk of bleeding or infection.
- No treatment for your narrow angles. If you don't get treatment, the eye pressure can rise and damage your optic nerve. You could lose all vision. You could also have severe pain.

Risks (problems the surgery can cause). Like all surgeries, there are risks with laser iridotomy. Your ophthalmologist cannot tell you all the risks. Here are some of the most common and serious ones:

- High eye pressure

- Corneal abrasion
- Inflammation
- Glare, halos, ghost images, blurry vision, light sensitivity, or other visual disturbances which may be permanent
- Change in pupil size or shape, which may be permanent
- Loss of vision
- Bleeding in the eye
- Need for additional surgery
- 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. The surgery might make your vision worse, cause blindness, or even the loss of the 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.

Laser iridotomy is performed under topical anesthesia, which means that eye drops are used to numb the eye. Though the eye is numb, you may still feel a pinch when the laser fires the first time. Typically, you will not feel additional laser spots after the first one. 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 surgery.

PATIENT CONSENT AND ACCEPTANCE OF RISKS

I have had ample opportunity to read this consent form (or it has been read to me), ask questions of my surgeon, and have been offered a copy of this consent form to take home. I voluntarily give my authorization and consent to the performance of the procedure(s) described above by my physician and/or his associates, assisted by hospital or surgery center personnel and other trained persons.

In signing this informed consent for surgery, I am stating that:

_____ I have been offered a copy of this consent to take home.

_____ I have filled in all the blank spaces.

_____ My ophthalmologist has answered all of my questions and this form has been fully explained to me.

_____ I understand I have narrow angles or am at risk of angle closure.

_____ I fully understand the possible risks, benefits, and complications the surgery.

_____ I have read this informed consent or this consent was read to me by

_____ (name).

On the basis of the above statements, I voluntarily consent and authorize Steven Kane, MD, (my ophthalmologist) to perform a laser iridotomy on my

_____RIGHT eye or _____LEFT eye.

Patient (or person authorized to sign for patient)

Date

Patient Printed Name