

# TAILORED EYES

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## **CONJUNCTIVOCHALASIS REPAIR, OCULAR SURFACE RECONSTRUCTION AND AMNIOTIC MEMBRANE TISSUE GRAFT INFORMED CONSENT**

### **BACKGROUND**

The conjunctiva is the skin that covers the white part of the eye. With aging and sun damage the conjunctiva and underlying tissue can become wrinkled and thickened, similar to how skin wrinkles form on the rest of the body. When this happens on the eye, the excess skin (conjunctivochalasis) interferes with the normal flow of the tear film and can prevent the tears from coating the eye and from draining out the tear ducts. The excess skin takes the place of the normal tear lake. This can lead to symptoms of dry eye such as chronic irritation as well as overflow tearing. It can also make it difficult to see when trying to read.

### **TREATMENT OPTIONS**

There are no successful medical treatments for conjunctivochalasis, however since the symptoms overlap with dry eye and blocked tear ducts it may be frequently helpful to try a dry eye lubricating treatments or having the tear ducts tested (punctal probing) before considering surgery.

Since the excess eye skin and underlying connective tissue is the main cause of the symptoms, removing the redundant tissue and recreating the space for the tear lake is a highly successful solution. There are many different methods for achieving this including conjunctival cautery or excision of the abnormal tissue and placement of an amniotic membrane graft over the area to reconstruct the lower fornix (pocket for the tear film).

### **OCULAR SURFACE RECONSTRUCTION**

Ocular surface reconstruction is a surgery in which the abnormal conjunctival tissue, usually the skin covering the lower half of the eye and placement of an amniotic membrane graft to cover the area. The amniotic membrane can be secured in place with sutures or glue.

### **AMNIOTIC MEMBRANE TISSUE GRAFT**

The amniotic membrane is the innermost layer of the placenta and enwraps the fetus during pregnancy. This membrane is harvested and processed after C-section surgery and provides a foundation for cells to grow over for a smooth ocular surface. The benefit of amniotic membrane grafts includes less scarring, shorter surgery, and faster recovery. These membranes deliver powerful healing properties to the tissues and are used in spinal cord surgery, for burn victims and in eye surgery. Amniotic membrane tissue for pterygium surgery aids in wound healing and

reducing inflammation that can lead to recurrence. These tissue grafts can also reduce post-operative pain, scarring, and unwanted blood vessel formation.

### **RISKS OF OCULAR SURFACE RECONSTRUCTION**

All operations and procedures carry risk and can result in unsuccessful results, complications, and injury from both known and unknown causes. Complications that may occur days, weeks, or even months later include but are not limited to: recurrence of the conjunctivochalasis or your symptoms, double vision, poor vision; eye pain, loss of corneal clarity; bleeding; infection; cornea or scleral melting, perforation of the eye, and injury to parts of the eye and nearby structures from the procedure or anesthesia. You may need additional treatment or surgery to treat these complications.

If a complication happens during surgery, your surgeon may need to perform another surgery right away to treat it. Your surgeon may discover a new condition or problem for the first time during the surgery. The surgeon may need to change the plan for surgery to treat this problem or condition right away.

If you do not have this surgery, your symptoms of redness, irritation and tearing will persist and may worsen. Rarely will this condition cause any significant loss of vision. In general, treatment of conjunctivochalasis is elective, meaning a patient does not have to undergo any surgical procedure if they can live with the associated symptoms. This procedure will not correct other causes of ocular irritation or tearing such as dry eye syndrome, blepharitis, blocked nasolacrimal ducts, or lagophthalmos (inability to fully close the eyelids when blinking or sleeping).

### **PATIENT CONSENT AND ACCEPTANCE OF RISKS**

In signing this informed consent for pterygium removal 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 fully understand the possible risks, benefits, and complications of surgery.
- \* I have read this informed consent or this consent was read to me.

On the basis of the above statements, I voluntarily consent and authorize Steven Kane, MD, to perform an ocular surface reconstruction with amniotic membrane graft surgery on my

\_\_\_\_\_RIGHT eye or \_\_\_\_\_LEFT eye.

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Patient's signature

date

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Print patient's name

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Witness' signature

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date