

PTERYGIUM EXCISION CONSENT FORM

INTRODUCTION

Please read this document carefully and completely. If you require additional assistance, you may have this document read to you. If you have any questions, do not hesitate to ask your eye doctor. Do not sign this document unless you are satisfied that you understand what you are signing. Your decision should be based on your own visual needs following a thorough consultation with your eye doctor. You are under no obligation to undergo this surgery.

A **pterygium** is a growth on the conjunctiva (the thin mucous membrane that coats the outside of the eyeball) that often looks red, yellow, and thickened. Usually, it starts in the corner of your eye and progressively extends in a wing-shaped fashion onto the cornea (the clear, outer layer of your eye that covers the iris and pupil).

A pterygium is usually caused by exposure to wind, dust, chemicals, or the ultraviolet (UV) rays of the sun. Dryness of the eyes often causes the eyes to be more sensitive to these irritants. Often, pterygia cause redness, irritation, itching, burning, and sometimes even blurred vision. They can often be prevented by wearing UV-blocking sunglasses outdoors (especially ones with side protection), wearing safety glasses or goggles when you are exposed to harsh chemicals or dust, and using eye drops to treat dryness in your eyes.

If a pterygium does not cause any problems, it does not need to be treated. If it causes redness or irritation, you can use eye drops called artificial tears. A pterygium may grow and cause vision problems. It can begin to block light entering your eye. Also, a growing pterygium can change the shape of your cornea and cause blurred and distorted vision. A pterygium that causes vision problems or persistent discomfort can be removed with surgery.

PROCEDURE

The skin around your eye will be cleaned with a special fluid that reduces the risk of infection. A sterile plastic sheet will be used to keep your eyelashes out of the area where the doctor will operate. Your doctor will then remove the abnormal conjunctival growth (pterygium).

On certain occasions, the doctor may decide to apply a medicine to the eye during the surgery to help lower the risk of recurrence. The area is often covered with normal conjunctiva (conjunctival auto-graft) that is usually obtained from an unaffected area from the same eye. This conjunctival graft will be sutured with sutures that may or may not need to be removed. In some situations, a special membrane (called *amniotic membrane*) may be used to cover exposed areas to reduce the chance of recurrence. Tissue from a donor cornea may also be used to help reduce recurrence of the pterygium.

The surgery will last approximately 1 hour. After your surgery, you will need to use antibiotic and anti-inflammatory drops, and you will be instructed on their use at that time. You may have significant discomfort during the first day after surgery, but wearing a patch

over your eye and using drops or ointment should help you to become comfortable relatively quickly. In the United States, the Food and Drug Administration (FDA) approves drugs and devices for use in defined circumstances (indications). When a FDA approved drug or device is used for a reason different from those approved indications, it is called off-label use. Depending on your needs, the drugs or devices used during your procedure or care may be used for offlabel indications.

RISKS OR DISCOMFORTS

Any surgical procedure carries potential risks, and it is possible that this surgery may make your vision worse. Complications associated with pterygium surgery, or the medication used to prevent recurrence of the pterygium may include: hemorrhage (bleeding) on the surface of your eye, loss of corneal clarity or stability, cataract formation, astigmatism, infection, drooping of the eyelid, scarring, light sensitivity, watering of your eye, double vision and recurrence of the pterygium.

These or other complications may occur and may result in poor vision, total loss of vision, or loss of your eye. Some complications could result in the need for further eye surgery.

Complications due to anesthesia are possible, such as drug reactions or other problems. These complications may involve other parts of your body, including the possibility of brain damage or even death. Since it is not possible to list every potential complication that may occur as a result of any surgery, this list may be incomplete, and there may be risks associated with this surgery that are currently unknown.

All patients, even those who have not had eye surgery, should wear safety glasses for situations where they may get struck in the eye, but this is especially important if you have had previous eye surgery. You should continue to wear sunglasses with side protection.

Contact your doctor with any problems noticed after the surgery, such as an increase in pain or light sensitivity, loss of vision, or excessive or purulent discharge from the operative eye. Many complications are manageable if caught early. You are responsible for reporting any symptoms and making arrangements to be evaluated and are also responsible for the associated fees.

BENEFITS

Although the results of your surgery cannot be guaranteed, the expected benefit is improved comfort and a decrease in visual disturbances that you may be experiencing. Specific results from this treatment cannot be guaranteed.

ALTERNATIVE TREATMENTS

You may elect not to have this surgery. In this situation, normally your condition will stay the same or, perhaps, worsen over time. Non-surgical treatments such as artificial tears and dark glasses may be helpful in some situations.

**PTERYGIUM EXCISION
CONSENT TO PERFORM THE SURGICAL PROCEDURE**

I have been given an opportunity to ask any questions concerning the surgery. My doctor and his/her staff have answered my questions. I understand I am able to receive a copy of this consent form. By signing this document, I am stating I have read this document (or it has been read to me) and had explained to me the possible risks, complications, and benefits associated with the surgery.

I hereby willingly give my consent to have this surgery performed on my (circle one):

Right Eye

Left Eye

Patient Signature: _____ Date: _____

Printed Name of Patient: _____ Time: _____
_____:____ a.m./ p.m.

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

DOCTOR'S STATEMENT

I have discussed this surgery with the patient (and/or his or her legally authorized representative) using language that is understandable and appropriate. I believe I have informed the patient of the nature of this surgery and its possible benefits and risks, and I believe the patient understood this explanation.

Doctor's Signature: _____ Date: _____

Printed Name of Doctor: _____

On _____ / _____ / _____, this consent form was read to the patient by
(Date)
_____ (who has the relationship to the patient
(First and last name)
of _____), because the patient was unable to read this form.
(Relationship to patient)