

INFORMED CONSENT FOR VITRECTOMY SURGERY

What is a vitrectomy?

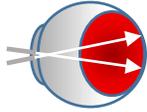
- Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye.
- This procedure may be done for several reasons. To remove scar tissue membranes from the retinal surface, to repair macular holes, to repair retinal detachments, to remove vitreous hemorrhage, as well as other less frequent indications.
- Patients with diabetes are particularly prone to retina problems for which a vitrectomy may be recommended (to remove blood in the vitreous gel caused by abnormal vessel growth and vessel hemorrhage).
- During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, and removes it by suction. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macula.
- At the end of the surgery, saline, air or a gas (perfluoropropane or sulfur hexafluoride), or silicone oil may be injected into the eye to replace the vitreous gel to restore normal pressure in the eye.

Alternatives to the surgery

- The available alternatives, some of which include pneumatic retinopexy or a scleral buckling procedure for those patients who have a retinal detachment. The potential benefits and risks of the proposed procedure, and the likely result without such treatment have been explained to me.
- Additional Comments:

HOW WILL THE VITRECTOMY PROCEDURE AFFECT MY VISION AND/OR CONDITION?

Vitrectomy has been shown to improve visual acuity in many people who have severe vitreous hemorrhage that has not cleared on its own. A vitrectomy can decrease the risk of severe bleeding complications in people who have begun to have bleeding into the vitreous gel. It can also reduce the risk of severe bleeding into the eye in people with growth of abnormal blood vessels in the iris. If the surgery is being done for a retinal detachment the visual result will depend on the extent of the detachment and absence of a secondary detachment later. If performed for epiretinal membrane or macular hole, there is a high likelihood of vision improvement, but there can be no guarantee.



WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE ITS MAJOR RISKS?

- A Vitrectomy is performed under local (injection) or anesthesia, with sedation. General anesthesia may be used instead in some cases. It is typically performed as an outpatient procedure. In some cases a hospital stay overnight may be required.
 - There are some risks associated with anesthesia, whether general or local. Complications of anesthesia injections around the eye may include: perforation of the eyeball, injury to the optic nerve resulting in loss of vision, hemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory depression. General anesthesia can result in heart and breathing problems, and in a very unusual and rare instances, death or diminished brain function can occur.
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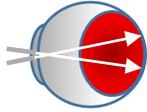
WHAT ARE THE MAJOR RISKS OF VITRECTOMY SURGERY?

There is no guarantee that the surgery will improve your condition. Sometimes it doesn't work. In addition, surgery is risky. Sometimes it can make the problem worse, cause an injury, or create a new problem; if it does, this is called a complication. Complications can happen right away or not until days, months, or years later. You may need more treatment or surgery to treat the complications.

This document lists the major risks of vitrectomy surgery to help you decide whether you are ready to accept the risks. After vitrectomy surgery, you may have vision loss, blindness, loss of the eye, as well as bleeding, infection, and injury to the eye or nearby body parts. Other major risks can include:

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- Retinal detachments that may require additional surgery or may be inoperable
 - Elevated eye pressure (glaucoma); this may be severe leading to permanent loss of vision with flying in airplane or travelling to high altitudes soon after certain surgeries and, therefore should not be undertaken for several weeks
 - Poorly healing or non-healing corneal defects
 - Corneal clouding and scarring
 - Cataract, which might require eventual or immediate removal of the lens
 - Double Vision
 - Eye lid droop
 - Loss of circulation to vital tissues in the eye, resulting in decrease or loss of vision
 - Phthisis (disfigurement and shrinkage of eyeball)
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Additional comments:



PATIENT'S ACCEPTANCE OF RISKS

- I have read the above information (or it was read to me) and have discussed it with my physician (Dr. Peddada). 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 and that more treatment or surgery may be necessary.
- I have also been informed that based on the availability of staff, equipment, other determinants the scheduled date and time is the earliest that the surgery can be performed. For various reasons the surgery date and time may be changed. There is a possibility for my eye condition to worsen in the meantime. I understand that I have the option of obtaining care from another retina specialist in town or outside in a nearby location for a more expedient treatment. The alternate retina specialist may also serve the purpose of offering a second opinion. I can obtain a referral to an alternate retina specialist through my primary eye doctor, primary medical doctor, or other sources.
- Also, I have consulted or will consult for surgical clearance with my primary care doctor or other specialist regarding my medications including blood thinners or diabetes medication if applicable in preparation for this surgery.
- Further, I am responsible for all eye drops that are needed for post-operative care. To be safe, I will check with my insurance or obtain the eye drops the day before the surgery. I will let my physician know if there is any difficulty filling the prescription prior to surgery. Alternative medications may not be as effective as the ones initially prescribed.

By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of vitrectomy surgery. I have been offered a copy of this document.

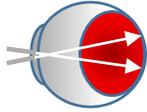
I wish to have a _____ operation on my "right" or "left" eye.

Patient (or person authorized to sign for patient)

Date

Physician

Date



WHAT TO EXPECT AFTER YOUR SURGERY

- Immediately after your surgery you may have blurred vision for several days. Vision improvement may take days or weeks depending on the type of surgery.
- You may experience mild discomfort in your eye for 24 to 48 hours. Take your eye drops per schedule.
- Your eye may be red on the white part of the eye. In itself, it is common and not considered a complication. This may take a few days to go away.
- To minimize contamination, do not wear eye make up, contact lens or swim for 7 days. Keep eye patch on for 7 days.
- If the eye becomes light sensitive, painful or a decrease in vision occurs, please call our office immediately at (334) 521-0041 or (706) 221-9702. If any other symptoms develop go to nearest Emergency Room.
- You may have to maintain a special head position post-operatively; check with the doctor or staff if you have questions.
- No water to face or eye for 7 days (use a cloth to wash your face).
- **DO NOT RUB THE EYE!!**

INSTRUCTIONS FOR EYE DROPS

Unless otherwise advised you must take **one drop** of each of the eye drops in the operated eye starting **the day after** the retina surgery. Please call the office at any time you have questions regarding these drops.

	Name of Eye Drop	Color of the Bottle Cap	Dosage
1.	Vigamox	Tan	Four times a day for 7 days then stop
2.	Atropine	Red	Three times a day for 7 days then stop
3.	Pred Acetate	Pink or White	Four times a day for 7 days then
			Three times a day for 7 days then
			Two times a day for 7 days then
			Once a day for 7 days then stop

Additional medications to be taken as instructed below.

	Name of Medicine	Route and Dosage	Duration
1.			
2.			
3.			

Other Instructions

1. _____

2. _____