



**CONSENT FORM  
FOR  
REMOVAL OF PTERYGIUM**

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

AFFIX LABEL HERE

**PROPOSED TREATMENT**

The doctor has explained that I, (*name of patient*) .....  
have a **pterygium** affecting my .....eye and that its **removal** is proposed:

**This means surgical removal of a wedge of tissue overgrowth, usually from the inner (nasal) corner of the eye.**

**Under local anaesthetic, the fibrous tissue is carefully separated from the surface of the eye and dissected back to its base on the surface of the eyeball. It is then cut away.**

**To help stop recurrence of the pterygium, the surgeon may cover the wound with grafts of surface tissue from the same eye (conjunctiva), or he/she may place a small dose of a drug in the eye. You will be asked to use eye drops for a short while after the operation.**

pterygium



**RISKS**

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your ophthalmic surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (*see separate Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea and skin rash.

I understand the procedure has the following **specific risks and limitations**:

- My eye may be red, swollen and irritable for up to a month after the operation, and will need protection from wind and bright sunlight.
- I may find reading uncomfortable for a few days afterwards.
- There is a reasonable chance my pterygium may recur after surgery.
- If the pterygium has been affecting my sight, eg causing astigmatism, this may improve after the operation, but I may need any spectacle prescription to be changed.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

**INDIVIDUAL RISKS**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....  
.....

[HOSPITAL]

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**DECLARATION BY PATIENT**

- I acknowledge doctors from the ophthalmic team have informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgical team any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of the surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.
- I understand these operations may be recorded for student training purposes. However, any recordings made for teaching are only used after all identifying material has been removed.

Signature of patient

Date

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name  
(please print)

Date

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's  
signature

Date

Interpreter's name  
(please print)