



**CONSENT FORM
FOR
TRABECULECTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

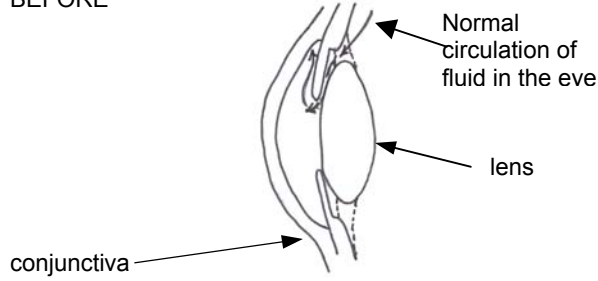
AFFIX LABEL HERE

PROPOSED TREATMENT

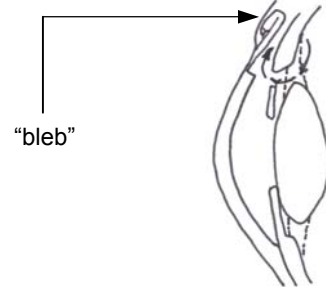
The doctor has explained that I, (*name of patient*)
have **glaucoma** affecting myeye and that a **trabeculectomy** is proposed:

Glaucoma is a disease which damages the optic nerve. At first there is loss of peripheral vision but if untreated, it can lead to loss of central vision and blindness. Lowering the pressure inside the eye slows down or prevents the development and worsening of glaucoma. Glaucoma is often treated with eye drops or laser. If these measures prove insufficient, surgery (trabeculectomy) is advised to lower the pressure in the eye further. The operation involves creating an artificial filter to drain fluid from inside the eye to the surface tissue of the eye. This tissue can scar and block and often anti-scarring medication will be used during and/or after the operation. Afterwards, the eye may require laser treatment, removal of stitches and/or injections to ensure success.

BEFORE



AFTER



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.

The aim of **trabeculectomy** is to lower pressure inside the eye and ultimately prolong useful vision. The benefit is long term (years), rather than immediate.

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

- The pressure inside my eye may not be lowered adequately in a few cases. Some patients will still need eye drops to lower pressure adequately.
- My vision will not improve. Often vision is temporarily worse as the level of pressure inside the eye stabilises. Sight may take weeks to return to normal. Some patients will find their vision is not quite as sharp after surgery. The benefit is slowing (or stopping) the rate of deterioration of glaucoma.
- My eye pressure may become too low after surgery. In the short term, this usually improves. If it remains long term, further surgery may be necessary.
- The operation cannot be guaranteed to stop the loss of vision in my eye.
- My eyelid may become droopy on the operated side.
- Eye surgery for any condition ALWAYS carries a small risk that vision may be worse or my eye may become blind after the operation. Rarely, the eye must be removed. In some cases, complications may occur weeks, months or even years later.
- There is a small chance I may develop infection or bleeding inside the eye after surgery. Either of these may require further treatment, but either may ultimately result in blindness.
- My operation may need to be repeated in years to come.
- There is a reasonable chance I may develop a cloudy lens (cataract) after surgery. This may require an operation.
- I understand that having had this operation my eye will be more prone to infection. I understand that even in years to come, if my eye becomes painful or red or my vision becomes blurred, I should seek immediate medical help.

RISKS CONTINUED OVERLEAF →

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RISKS CONTINUED

- I understand I will need to visit the eye surgical team frequently for a number of weeks after the operation.
- There is an extremely low risk (1:17000 cases) that my OPPOSITE eye to the one having surgery may become inflamed, weeks, months or even years later. This is called sympathetic ophthalmia and can affect any operation inside the eye. Although this can be treated, in some cases, eyesight may be lost.

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

INDIVIDUAL RISKS

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

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 personal 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 **Date**
(please print)

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**