

CONSENT FOR VITREOUS SURGERY

DESCRIPTION:

Vitreous surgery involves the removal of the gel-like fluid that fills the inside of the eyeball and replacing it with a clear liquid or gas bubble.

INDICATION FOR SURGERY:

- VITREOUS HEMORRHAGE**
 - MACULAR PUCKER**
 - MACULAR HOLE**
 - RETAINED LENS DEBRIS**
 - VITREOUS DEBRIS**
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SURGERY:

The doctor performs a **VITRECTOMY** by making three (3) small openings in the white part of the eye. Using tiny instruments, the doctor removes the gel and any debris in the gel, and replaces it with a clear liquid or gas bubble (**FLUID GAS EXCHANGE**), depending on your circumstance. Sometimes laser is done (**ENDOLASER**) if the doctor identifies abnormal blood vessel growth or other pathology. If scar tissue is identified on the retina, it will be peeled (**MEMBRANE PEEL**) from the surface of the retina using tiny picks and forceps. At the end of surgery, small stitches will close the openings that will dissolve over time.

ANESTHESIA:

Most surgeries are done under local anesthesia. Medicine is given through an I.V. for sedation and a local anesthetic will be placed around the eye that will last 5-6 hours. General anesthesia is recommended if patients have claustrophobia, are very anxious, have back problems, or if the surgery is anticipated to take longer than an hour.

BENEFITS:

The specified goal of vitreous surgery depends on your circumstance and the doctor will have already discussed this with you. The goal may be to preserve vision, reduce symptoms, or to give you a chance of visual improvement.

COMPLICATIONS OF SURGERY:

1. Failure to accomplish intended goal which may result in the need for additional surgery
2. Bleeding in the eye
3. Infection in the eye
4. Swelling of the macula (center of vision)
5. Change in refractive error (may be more near-sighted)
6. Double vision
7. Ptosis (droopy eyelid)
8. Cataract
9. Loss of vision
10. Loss of the eye

VITREO RETINAL SURGEONS

THOMAS G. WARD, D.O.

CONSENT FOR VITREOUS SURGERY

COMPLICATIONS OF ANESTHESIA:

1. Retrobulbar hemorrhage
2. Ocular perforation
3. Injury to the optic nerve
4. Loss of vision
5. Stroke
6. Heart attack
7. Death

PATIENT'S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits and alternatives of the proposed surgery.

I wish to have a _____ OPERATION

on my **RIGHT/LEFT** eye.

ANESTHESIA: LOCAL / GENERAL

PATIENT SIGNATURE

DATE