**PLACE LETTERHEAD HERE AND REMOVE NOTE.**

NOTE: THIS FORM IS INTENDED AS A SAMPLE FORM. IT CONTAINS THE INFORMATION OMIC RECOMMENDS YOU AS THE SURGEON PERSONALLY DISCUSS WITH THE PATIENT. PLEASE REVIEW AND MODIFY TO FIT YOUR ACTUAL PRACTICE. GIVE THE PATIENT A COPY. **Version 11/09/16**

**INFORMED CONSENT FOR EVISCERATION/ENUCLEATION**

**(Removal of part or the entire eye)**

**WHAT CAUSES THE NEED FOR EYE REMOVAL?**

Because of trauma or disease such as diabetes or malignant tumor that leads to blindness and pain (phthisis), it is sometimes necessary to remove part (evisceration) or all (enucleation) of the eye. Most blind eyes do NOT need to be removed if they are not painful or if they have no malignant tumor. If a malignant tumor such as a retinoblastoma or melanoma is found in the eye, enucleation may be required. If an eye has become very painful with no useful vision from trauma or multiple intraocular surgeries, part of the eye may need to be removed by evisceration to stop the pain.

**HOW IS THE SURGERY PERFORMED?**

During an enucleation, the patient is typically placed under general anesthesia (completely asleep) and the entire eyeball (the globe) is removed. Usually, an implant is placed in the socket under the soft tissues and attached to the eye muscles to fill up the space left from the removed eye. With an evisceration, the white part of the eye (sclera) with its attached muscles is left alone. Only the inside degenerated part is removed. The implant is then placed inside the sclera and closed up under the soft tissue. The goal of surgery is to eliminate the tumor or pain and leave the patient with a good cosmetic outcome.

**HOW WILL THIS SURGERY AFFECT MY ACTIVITIES AND MY APPEARANCE?**

In most cases, the removal of a damaged and scarred eye will improve the cosmetic appearance but these judgments are always subjective (beauty is in the eye of the beholder). Because most patients having this surgery are already blind in the eye to be removed, their daily activities change little if at all.

**WHAT ARE THE MAJOR RISKS OF THIS SURGERY?**

Risks of eye removal include (but are not limited to) bleeding, infection, scarring and the complete and total loss of the eye contents forever. In addition, there can be problems with the implant that may require additional surgery to correct but this is uncommon. There may be additional costs if the surgery needs to be repeated or if revisions are required.

**WHAT ARE THE ALTERNATIVES?**

You may simply decide to live with the pain and associated problems that a blind and painful eye can cause. However, if you have a tumor in the eye, you may require other procedures such as chemotherapy or radiation to deal with the malignancy.

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

Eye removal can be performed under sedation with local anesthesia (injections around the eye), but is usually done under general anesthesia. Risks of anesthesia include but are not limited to damage to the surrounding tissues and structures, breathing problems, and, in extremely rare circumstances, stroke or death.

**PATIENT’S ACCEPTANCE OF RISKS**

* I understand that it is impossible for my doctor to inform me of every possible complication that may occur.
* I have been informed that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there may be additional costs associated with more treatment.
* By signing below, I agree that my doctor has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of eye removal surgery, and the costs associated with this surgery and future treatment. I feel that I am able to accept the risks involved.

I have been offered a copy of this document

I consent to EVISCERATION ENUCLEATION surgery on the:

Right Left side: \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient (or person authorized to sign for patient) Date