**This form is intended as a sample. It does not constitute the standard of care nor does it provide legal advice. It contains the information OMIC recommends the surgeon personally discuss with the patient.**

**How to use this sample**

* Please modify it to fit your actual practice.
* **Remove this instruction box.**
* Add your letterhead to the first page of the consent form.
* Change font size if necessary.

**After the patient signs the form**

* Give the patient a copy of the signed form.
* Send a copy to the hospital or surgery center as verification that you have obtained informed consent.
* Keep the original in the patient’s medical record.

**Version** 10/03/2014

**Repair of Conjunctivochalasis Consent Form**

**What is Conjunctivochalasis?**

The conjunctiva is the tissue that forms the clear outer coating overlying the white sclera of the eye. Conjunctivochalasis is a condition that causes the conjunctival tissue to become loose and wrinkled with the sagging tissue laying on the lower eye lid. The excess conjunctival tissue prevents the normal flow of tears from the tear gland to the tear drainage ducts, thus causing tearing, redness, and irritation of the eye. Although the symptoms of conjunctivochalasis may sound like dry eyes, these eyes typically do not respond to a variety of treatments that usually help dry eye syndrome. Scientists believe that the connective tissue that sits underneath the conjunctiva starts to degenerate so the conjunctiva is not tightly attached to the underlying sclera, thereby letting the tissue become loose and wrinkled.

**What are the symptoms of conjunctivochalasis?**

Conjunctivochalasis usually causes eye irritation and redness. Tearing is also very common because the sagging tissue blocks the normal flow of tears. Blinking makes the eyes feel worse, just the opposite of what occurs in dry eye syndrome. Activities that involve looking downward with your eyes, such as reading and knitting, may make them feel worse.

**Are there medical treatments for conjunctivochalasis?**

Since the symptoms of dry eye syndrome are so similar to those of conjunctivochalasis, it may be difficult to distinguish the two conditions. It may be worthwhile to try dry eye treatments such as frequent lubrication with artificial tears and ointments, topical cyclopsporin eye drops (e.g. Restasis), steroid eye drops, and even punctal plugs, to determine if they help. Typically, the patient with conjunctivochalasis will get not relief with these treatments.

**What surgical treatments are helpful for conjunctivochalasis?**

There are many possible surgical procedures to treat conjunctivochalasis, all of which involve excising the excess tissue, tightening the loose tissue, or replacing the abnormal conjunctival tissue. Conjunctival cautery can be used to create superficial scarring and tightening of the tissue. The abnormal tissue may be excised and new tissue allowed to grow back over the excision site. Alternatively, the abnormal tissue may be excised followed by placement of an amniotic membrane graft over the excision site.

**What is Ocular Surface Reconstruction?**

Ocular surface reconstruction involves excision of a strip of the abnormal conjunctival tissue (usually the portion that covers the inferior half of the eyeball) and placement of an amniotic membrane graft to cover the site of excised tissue. The amniotic membrane can be secured in place with sutures, tissue glue, or a combination of the two. Amniotic membrane is tissue that forms the inner lining of the placenta, and it has many regenerative properties. This membrane has anti-inflammatory properties, and promotes healing of the ocular surface.

Ocular surface reconstruction with amniotic membrane is usually performed in an outpatient setting, under local or topical anesthesia. One or both eyes may be treated at the same time. Your eye may be patched for the first night.

**What are the risks of ocular surface reconstruction?**

Ocular surface reconstruction is a superficial operation on the white sclera of the eye, but there are still some risks to the procedure which include: hemorrhage, infection, scarring on the surface, loss of the amniotic membrane tissue, double vision, droopy upper lid, recurrence of the conjunctivochalasis, failure of the procedure to help, the need for multiple additional procedures, loss of vision, and very rarely loss of the eye.

If an injection is administered for anesthesia, additional risks include a hemorrhage behind the eye ball, ecchymoses (bleeding under the eyelid skin), irregular heartbeat, inadvertent injection of the anesthetic into a blood vessel, and perforation of the eye ball with the needle.

If the complication happens during surgery, your surgeon may need to perform another surgery right away to treat it. Your surgeon may discover a new condition or problem for the first time during the surgery. The surgeon may need to change the plan for surgery to treat this problem or condition right away.

The eye may be irritated, red, and uncomfortable for the first 48 hours, but usually feels better after that initial period. You will need to be followed closely by your ophthalmologist until the ocular surface has healed, which may take 2-3 weeks. Ultimately, the redness, tearing, and irritation should resolve.

If you do not have this surgery, your symptoms of redness, irritation and tearing will persist and may worsen. Rarely will this condition cause any significant loss of vision. In general, treatment of conjunctivochalasis is elective, meaning a patient does not have to undergo any surgical procedure if they can live with the associated symptoms.

This procedure will not correct other causes of ocular irritation or tearing such as dry eye syndrome, blepharitis, blocked nasolacrimal ducts, or lagophthalmos (inability to fully close the eyelids when blinking or sleeping).

**Summary**

Conjunctivochalasis is a common condition that is frequently overlooked. It typically does not respond to topical medications, and the definitive treatment is usually a surgical procedure. Ocular surface reconstruction with amniotic membrane graft is one popular and successful form of treatment.

**PATIENT’S ACCEPTANCE OF RISKS**

Your signature on this document means:

* You have read it (or it has been read to you) and you understand this information.
* You have been offered a copy of this document.
* Your doctor has answered your questions to your satisfaction.
* You consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (procedure) on your \_\_\_\_\_\_\_\_\_\_\_\_ eye (state “left”, “right”, or “both eyes”).

I understand the risks, benefits, and alternatives of ocular surface reconstruction with amniotic membrane graft. My surgeon has adequately answered all of my questions to my satisfaction. I realize that all of the possible risks of the procedure may not be known, nor were they all listed in this consent form.

I agree to proceed with this procedure on my right/ left/ both/ eye(s). (circle one)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s signature date

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Print patient’s name

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Witness’ signature date