**THIS IS A SAMPLE CONSENT FORM: REVIEW AND REVISE AS NEEDED.**

**Keep each section together on the same page: move it as needed.**

**Remove the section in red.**

**Add your letterhead to the first page of the consent form.**

**Change font size for large print.**

**Version 2/12/20**

**Informed consent for glaucoma revision surgery**

You have already had glaucoma surgery. Your surgery is not working correctly, so your ophthalmologist wants to revise (fix) it. There are several types of glaucoma revision surgery. Your ophthalmologist will tell you which is best for your.

* Bleb revision: During your glaucoma surgery, the ophthalmologist created a structure called a bleb under your upper eyelid. The bleb in your eye is not working correctly. Blebs that don’t work well can cause bleb leak, infection, eye pressure that is too low or too high, and eye pain.
* Glaucoma implant revision or removal: During your glaucoma surgery, the ophthalmologist put in a shunt or stent (implant). Your implant is not working correctly. Implants that don’t work well can leak, move out of position, or cause eye pressure that is too low or too high, and eye pain.
* Choroidal drainage: Sometimes the eye pressure becomes too low after glaucoma surgery and causes swelling or bleeding of the choroid (a layer of tissue in the back of the eye). This leads to decreased vision and pain. If the swelling or bleeding does not go away on its own, your ophthalmologist will do surgery to drain the fluid and/or blood out of the choroid.

**Risks (problems the surgery can cause).** As with all surgery, there are risks with glaucoma revision surgery. The surgery may not lower your eye pressure or control your glaucoma even when it is properly performed. The ophthalmologist cannot tell you about every risk. Here are some of the most common and serious risks:

* Failure to control eye pressure, with the need for eye drops, laser treatment, or another surgery
* Abnormal collection of fluid in the eye, with the need for another surgery
* Worse or lost vision
* Pressure that is too low
* Damage to the eyeball
* Infection, soon after surgery or months or years later
* Bleeding in the eye
* Inflammation
* Mechanical problem with an implant requiring removal or repositioning
* Cataract or clouding of the lens (except if you have already had cataract surgery or if you are having cataract surgery at the same time as the glaucoma surgery)
* Pain, irritation, or discomfort in the eye or surrounding tissues that may last
* Drooping of the eyelid
* Double vision
* Problems during surgery that need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this new problem.
* Other risks. There is no guarantee that the surgery will improve your vision. The surgery or anesthesia might make your vision worse, cause blindness, or even loss of an eye. These problems can appear weeks, months, or even years after surgery.
* Careful follow-up is required after surgery. After your eye heals, you will still need regular eye exams to monitor your glaucoma and watch for other problems.

**Glaucoma revision surgery can be performed under topical or regional anesthesia.** With either type of anesthesia, the anesthesiologist, ophthalmologist, or nurse anesthetist may also give you intravenous sedation to help you relax.

* With topical anesthesia, eye drops are used to numb the eye. You must be able to cooperate with the ophthalmologist to make sure you do not move your eye during surgery. Risks of topical anesthesia include injury to the eye by movement during surgery, drooping of the eyelid, and increased sensation during the procedure
* With regional anesthesia, anesthetic medicine is injected around the eye to numb the eye and keep it from moving. Risks include needle damage to the eyeball or optic nerve, which could cause vision loss; interference with circulation of the retina, which could cause vision loss; drooping of the eyelid; double vision; and bruising of the skin around the eyes.
* Intravenous sedation can cause heart and breathing problems. Very rarely, it can cause death.

**The ophthalmologist may use anti-scarring medication to keep a scar from forming.** Scarring can happen weeks or months after surgery. You may need more anti-scarring medication to restore the flow of fluid through the channel. Mitomycin-C (MMC), 5-Fluorouracil (5FU), and Avastin (bevacizumab) are the most commonly used anti-scarring medications. MMC is approved by the Food and Drug Administration (FDA) for use in eye surgery. 5FU and Avastin were originally approved by the FDA for cancer treatment. However, physicians can use FDA-approved drugs for other purposes (this is called “off-label” use). These medications should not be used in women who are pregnant, planning to become pregnant, or nursing.

**By signing below, you consent (agree) that:**

* You read this informed consent form or had it read to you.
* You were told you need a glaucoma revision surgery.
* Your questions were answered about glaucoma revision surgery and the type of surgery you will have.
* You consent to have the ophthalmologist perform a glaucoma revision surgery on your \_\_\_\_\_\_\_\_\_\_\_ (“right,” “left”) eye.
* You consent to the glaucoma revision surgery. **Circle** the procedure you will have.
	+ Bleb revision surgery with possible injection of anti-scarring medication
	+ Glaucoma implant revision or removal surgery
	+ Glaucoma implant removal surgery
	+ Choroidal drainage surgery

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Patient Signature (or person authorized to sign for patient) Date