**THIS IS A SAMPLE 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 2/13/20**

**Informed consent for glaucoma surgery**

You have glaucoma. Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. Fluid imbalance or eye pressure problems damage the nerve. Glaucoma slowly gets worse over time and cannot be reversed. If it is not treated, it causes a painless loss of eyesight. In some cases, it can lead to blindness.

**Alternatives (choices and options).** The best choices for glaucoma treatment are those that lower the eye pressure with the fewest risks to the patient’s eyesight and overall health.

* Usually eye drop medications or laser therapy are used first. Often, multiple medications are needed to get the desired pressure level.
* If medications and laser treatment do not work well enough, or if patients have trouble using eye drops because of cost, side effects, and other difficulties, then glaucoma surgery is required. There are many types of glaucoma surgery.
* You can decide to have no treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

**Benefits (how this surgery might help).** The purpose of the surgery is to lower your eye pressure and help you keep the vision that you have now. It will not bring back the vision you have already lost from glaucoma.

**Your ophthalmologist will discuss the different types of glaucoma surgery with you and tell you which one is recommended.**

* Trabeculectomy (“filtering surgery”): Your ophthalmologist will create a channel in the sclera (the white wall of the eye) for fluid to leave the eye and lower your eye pressure. The fluid collects in a structure under your upper eyelid called a bleb, and is reabsorbed into your bloodstream. The ophthalmologist will use anti-scarring medication to keep scar tissue from forming in the channel. If scar tissue forms after the surgery, the ophthalmologist may give you more anti-scarring medication or do surgery to fix the bleb.
* Express Shunt: Your ophthalmologist will create a channel in the sclera (the white wall of the eye) and implant a stainless steel stent called an “Express Shunt” to keep the channel open. Fluid leaves your eye through the stent and your eye pressure goes down. The fluid collects in a structure under your upper eyelid called a bleb and gets absorbed into your blood stream. Anti-scarring medication is used at the time of surgery to keep scar tissue from forming. If scar tissue forms again after the surgery and blocks the channel, the ophthalmologist may recommend more anti-scarring medication or surgery to fix the bleb.
* XEN Microstent: Your ophthalmologist will implant a small stent made of gelatin-like material (about the size of an eyelash) in the sclera (the white wall of the eye). The fluid leaves the eye, and your eye pressure goes down. The fluid collects in a structure under your upper eyelid called a bleb, and gets reabsorbed into your bloodstream. Anti-scarring medication is used at the time of surgery to keep scar tissue from forming. If scar tissue forms again after the surgery and blocks the channel, the ophthalmologist may recommend more anti-scarring medication or surgery to fix the bleb.
* Aqueous shunt (“tube shunt” or “glaucoma drainage device”): Your ophthalmologist will implant a small plastic device in the sclera (the white wall of the eye). The fluid leaves the eye through the shunt, and your eye pressure goes down. The fluid is reabsorbed into your bloodstream. Scar tissue can form after the surgery and block the shunt. If that happens, your ophthalmologist may recommend anti-scarring medication or surgery to fix the shunt.

**Anti-scarring medication.** 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.

**Risks (problems glaucoma surgery can cause).** As with all surgery, there are risks with glaucoma surgery. While the ophthalmologist cannot tell you about every risk, here are some of the most common and serious ones:

* 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 operation
* Scar tissue that blocks the channel, with the need for anti-scarring medication or surgery to fix the bleb
* 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 surgery is performed under regional anesthesia.** Anesthetic medicine is injected around the eye to numb the eye and keep it from moving. The ophthalmologist, anesthesiologist, or nurse anesthetist may also give you intravenous sedation to help you relax.

* Risks of regional anesthesia include needle damage to the eyeball or optic nerve, which could cause loss of vision; interference with circulation of the retina, which could cause loss of vision; 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.

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

* You read this informed consent form or had it read to you.
* You were told that you have glaucoma.
* Your questions about the types of glaucoma surgery, the surgery recommended for you, and anti-scarring medication have been answered.
* You consent to have the ophthalmologist perform glaucoma surgery on your \_\_\_\_\_\_\_\_\_\_\_ (“right,” “left”) eye.
* You consent to the following type of glaucoma surgery (**circle one**):
  + Trabeculectomy surgery with injection of anti-scarring medication
  + Express shunt surgery with injection of anti-scarring medication
  + Xen Mircrostent surgery with injection of anti-scarring medication
  + Aqueous shunt surgery

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