**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 2/12/20**

**Informed consent for MIGS (minimally-invasive 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 pressure in the eye damages 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.

**There are new glaucoma surgeries called “minimally-invasive glaucoma surgery” (MIGS).** MIGS controls the eye pressure with fewer complications than traditional glaucoma surgery. MIGS alters the eye’s drainage system to lower the eye pressure and reduce the need for medications. The surgery is performed through an incision (cut) that is less than 3 mm long (smaller than 1/8 inch). Your ophthalmologist will explain the types of MIGS procedures and tell you which is best for you.

* iStent Trabecular Microbypass or Hydrus Microstent: Your ophthalmologist implants one of these devices in an area of the eye called Schlemm’s Canal to allow fluid to leave your eye. The stents are made out of inactive titanium. You can safely have an MRI with these stents.
* Goniotomy (using Trabectome or Kahook Dual Blade): Your ophthalmologist makes an incision in a part of your eye’s drainage system called the trabecular meshwork to allow fluid to leave your eye. No device is implanted.
* Canaloplasty: Your ophthalmologist injects a non-toxic jelly to inflate and stretch parts of your eye’s drainage system (the trabecular meshwork, Schlemm’s Canal, and collector channels) to allow fluid to leave your eye. No device is implanted.
* Goniosynechialysis: Your ophthalmologist removes or reduces scar tissue from your eye’s drainage system to allow fluid to leave your eye. No device is implanted.
* Endoscopic cyclophotocoagulation: Your ophthalmologist makes an incision (cut) and passes a light into the eye to guide the laser. The laser treat the cells in the eye that make fluid. The cells create less fluid, and your eye pressure goes down. No device is implanted.

**Benefits (how the surgery can help).** The goal of MIGS is to lower your eye pressure and prevent more vision loss. MIGS will not bring back vision you have already lost from glaucoma.

**Risks (problems the surgery may cause).** As with any surgical procedure, there are risks with MIGS. The surgery might not lower your eye pressure or control your glaucoma even when it is properly performed. Your ophthalmologist cannot tell you about every risk. Here are some common or 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 surgery
* Worse or lost vision
* Pressure that is too low
* Damage to the eyeball
* Infection
* 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 this 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 may make your vision worse, cause blindness, or even the 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 eye problems.

**MIGS can be performed under topical or regional anesthesia.** With either type of anesthesia, the anesthesiologist, ophthalmologist, or nurse anesthetist may also give you intravenous sedative 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 of regional anesthesia 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. In rare cases, 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 you have glaucoma.
* Your questions were answered about MIGS and the surgery recommended for you.
* You consent to have the ophthalmologist perform MIGS on your \_\_\_\_\_\_\_\_\_\_\_ (“right,” “left”) eye.
* **Circle** the procedure you will have:
	+ iStent surgery
	+ Hydrus microstent surgery
	+ Goniotomy surgery (with Trabectome or Kahook Dual Blade)
	+ Canaloplasty surgery
	+ Goniosynechialysis surgery
	+ Endoscopic cyclophotocoagulation surgery

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